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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

For t	alen	dar year 2011 or tax year beginning JUL	1, 2011	, and ending	JUN 30, 2012				
Nar	ne of	foundation			A Employer identification number				
					1				
T	ΗE	O'HERRON FAMILY FOUNDA		13-3244207					
Nun	nber a	nd street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number				
2	C	ROOKED MILE ROAD			203 253-05	49			
Crty	or to	own, state, and ZIP code			C If exemption application is p	ending, check here			
		IEN, CT 06820]				
GC	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here			
		Final return	Amended return						
		X Address change	Name change		Foreign organizations me 2. check here and attach co	eeting the 85% test,			
H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation sta				
	_		Other taxable private founda	ation	under section 507(b)(1)				
l Fa		rket value of all assets at end of year J Accounting		Accrual	1	• •			
		· 1 ——	her (specify)		F If the foundation is in a under section 507(b)(1)				
•		159,464 . (Part I, colu		basis.)		,(o), 0.100k 11010			
Pa	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
<u> </u>		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	expenses per books	income	income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	560,000.		N/A				
	2	Check If the foundation is not required to attach Sch B			5.7.3.				
	3	Interest on savings and temporary cash investments			1	 			
	4	Dividends and interest from securities	12.	12.		Statement I			
	5a	Gross rents							
		Net rental income or (loss)			,				
	۱ ـ	Net gain or (loss) from sale of assets not on line 10		***************************************					
Revenue	b	Gross sales price for all	,	······································	 				
Λe	7	assets on line 6a Capital gain net income (from Part IV, line 2)	meraname mama mamera	Ō.]				
æ	8	Net short-term capital gain							
	g		······································	·· ······ · · · · · · · · · · · · · · ·					
		Income modifications		······································					
	10a		1.11	······································	······································	·········· // // // // // // // // // //			
		Less Cost of goods sold .				<u> </u>			
		Gross profit or (loss)			 	 			
	11	Other income	560,012.	12.					
	12	Total. Add lines 1 through 11	0.	0.					
	13	Compensation of officers, directors, trustees, etc	0.			0.			
	14	Other employee salaries and wages			45° 8'	 			
S	15	Pension plans, employee benefits			ECENED	 			
Š	103	Legal fees				51			
ğ,	0	Accounting fees			10V 2 1 2012	D1			
Ш. О		Other professional fees			14114 - 4				
Ę	1/	Interest			The second secon	-			
stra	18	Taxes			GDEN, UT				
Ë	19	Depreciation and depletion			7002	<u> </u>			
þ	20	Occupancy			 				
g iz	21	Travel, conferences, and meetings			 				
3 5	22	Printing and publications	6 175			125			
Z.B	23	Other expenses Stmt 2	6,175.	0.	 	175.			
ž a	24	Total operating and administrative	(175	_		1.55			
b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements			6,175.	0.		175.			
			492,500.			492,500.			
_	26	Total expenses and disbursements.	400 55=	_	}				
٦_	L	Add lines 24 and 25	498,675.	0.		492,675.			
Ž	27	Subtract line 26 from line 12.			, , , , , , , , , , , , , , , , , , , ,				
=	а	Excess of revenue over expenses and disbursements .	61,337.						
5		Net investment income (if negative, enter -0-)		12.					
5	3	Adjusted net Income (if pegative, enter -0-)			N/A				

159,464.

13-3244207

Decreases not included in line 2 (itemize)

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

(a) List and des	cribe the ki	esses for Tax on Inv nd(s) of property sold (e.g., or common stock, 200 shs	real estate,	Income	1 P-F	w acquired Purchase Donation	(c)	Date acquired no., day, yr.)	(d) Date solo (mo , day, yr
12									
b NC	ONE								
<u>c</u>					}		<u> </u>		
d		······································			<u> </u>		<u> </u>		
8					<u> </u>		<u> </u>		
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale			(6	(h) Gain or (lo e) plus (f) minu	
a	 			 -					
<u> </u>	ļ								
<u>c </u>	 								
1	 								
Complete only for assets show	ina asia in	column (h) and owned by th	a foundation	on 12/21/60			//\ C-	ina (Onl. (b.) a	·ii
Complete only for assets show	T					c		ins (Col. (h) ga , but not less t	
(i) F.M.V as of 12/31/69] '	(j) Adjusted basis as of 12/31/69		cess of col. (i) col (j), if any			Lo Lo	sses (from co	l. (h))
	 -			0,, 4					
a h	 								
<u>b</u>	+				-+				
c d	 								
6	 			_	-				
		(16 ania nina ania a	n Dod I II- 1		$\neg +$				
Capital gain net income or (net o	anital Inss	If gain, also enter i If (loss), enter -0- i	n Part I, line	/ 7	 	2			
					7	-			
Net short-term capital gain or (le If gain, also enter in Part I, line 8			(6):		٦١				
If (loss), enter -0- in Part I, line I		υ γ.			P	3			
Part V Qualification		ection 4940(e) for I	Reduced	Tax on Net	Inve	stment Ir	ncon	ne	
/as the foundation liable for the se "Yes," the foundation does not qu	alify under	section 4940(e). Do not con	nplete this pa	rt.					Yes X
Enter the appropriate amount in	each colu	mn for each year, see instruc	ctions before	making any entri	es.	·			
(a) Base period years		(b)		Not color of	(c)	. h. l			(d) tribution ratio
Calendar year (or tax year beginn	ning in)	Adjusted qualifying distr		Net value of no	ncnanta			(col. (b)	divided by col. (c))
2010			,425.			52,00			8.4889
2009			2,145.			30,76			13.395
2008		263	3,216.			64,60			4.0742
2007			2,298.			55,63			6.5120
2006			,330.			79,57	0.		2.831
							- }		25 202
Total of line 1, column (d)							· }	2	35.302
Average distribution ratio for the	-	•	• .	•	•		1		7 0601
the foundation has been in exist	ence it less	man 5 years					}	3	7.060
Fatantha matualisa af manahada	. 						Ì		105 54
Enter the net value of noncharita	IDIO-USO AS	sets for 2011 from Part X, lii	ne 5 .		•••		·	4	105,50
M. Washi Care A hardens O							ļ	_	745 31
Multiply line 4 by line 3						•	·	5	745,3
Fator 40/ of act investment inco	/40/ af	Dod Libra 075)							
Enter 1% of net investment inco	me (1% or	Part 1, line 270)					· }	6	·
Add lines Fred C							ļ	_	745 2
Add lines 5 and 6	• • • •						· }	7	745,3
Enter qualifying distributions for	m Dark VII	line 4							492,6
Enter qualifying distributions fro							٠٤	8	472,0
If line 8 is equal to or greater the See the Part VI instructions	an line 7, cl	neck the box in Part VI, line 1	ib, and comp	lete that part usin	ng a 1%	tax rate.			

Form	1990-PF (2011) THE O'HERRON FAMILY FOUNDATION 13-32			Page 4			
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e inst	ructio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	•		0.			
	of Part I, line 27b		,,,,,,, ,,,	···········			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	,		0.			
3	Add lines 1 and 2			0.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.			
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.			
6	Credits/Payments -	************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
a	2011 estimated tax payments and 2010 overpayment credited to 2011		,				
	Exempt foreign organizations - tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)						
			,				
, u	Total credits and payments. Add lines 6a through 6d	,	2	791.			
,			2,	71.			
0							
40			2	791.			
10	10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax 2,791 • Refunded 11						
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► 2, 791 • Refunded ► 11 Left VII-A Statements Regarding Activities			<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Voc	No			
Ia	any political campaign?	ļ		X			
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	12		$\frac{\mathbf{x}}{\mathbf{x}}$			
U	· · · · · · · · · · · · · · · · · · ·	<u>1t</u>		 ^-			
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or		1				
_	distributed by the foundation in connection with the activities.	١,	1	l .			
	Did the foundation file Form 1120-POL for this year?	- 19		X			
0	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1			
_	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.		-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ŀ	1	1			
_	managers ▶\$ 0.	1		.,			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
_	If "Yes," attach a detailed description of the activities.	- }	1 :				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4	X			
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4 <u>t</u>	-	1			
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.	- 1					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	- 1	1				
	By language in the governing instrument, or	1	1				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	F					
	remain in the governing instrument?	. 6	<u> </u>				
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X				
	If "Yes," complete Part II, col. (c), and Part XV.	ŀ					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_					
	NY	_	1	1			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation	8t	X	1			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			T			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	1	X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X			

orm	990-PF (2011) THE O'HERRON FAMILY FOUNDATION 13-3244	<u> 207</u>		Page 5
Pa	rt 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)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
-	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► LAZARD, LLC Telephone no ►212 63	2-6	515	
'-	Located at ▶ 30 ROCKEFELLER PLAZA NEW YORK, NY ZIP+4 ▶10			
16	Out to 4047(1)(4) and the shall be a shall be shall be a shall be		_	
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	لــــا
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10		1	162	X
	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	16		
	·			
D.	country Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	أسسسا	
2	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	During the year did the foundation (either directly or indirectly)	ļ	163	140
ıa]		•
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		,	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			*
		-1		
]		
	(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)?	. :		
	for the benefit or use of a disqualified person)?	1		
	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.)			
IJ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1		
		1b		
_	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			X
•	before the first day of the tax year beginning in 2011?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of the year 2011, did the foundation have any undistributed income (lines 6d and 6e. Bort XIII) for the year (c) hearning	, ;		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?			
h	If "Yes," list the years \(\bigsim_\) is the years \(\bigsim_\) is the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect)			
u	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 instructions.)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 20		
		-		
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
- u	during the year? Yes X No			
Ь	If "Yes," did it have excess business holdings in 2011 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,			
	37/3	3b		
An	Form 4720, to determine if the foundation had excess business holdings in 2011.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		
u	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		х
		, , , , ,		

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	Jed)	
5a During the year did the foundation pay or incur any amount to:	·— -			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	🗀 Ye	s 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	ectly,		
any voter registration drive?		🔲 Ye	s X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	🗀 Ye	s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		1	1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f	for		1 1
the prevention of cruelty to children or animals?	··· · ·	Ye	s X No	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	in Regulations	-	1 4
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A. L	5b
Organizations relying on a current notice regarding disaster assistance check h	nere		▶□	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined	ļ	
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s 🔲 No 📗	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		•	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			_	1 1
a personal benefit contract?		🗀 Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s			s 🕱 No 📗	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	allowances
	PRES./DIR.			
C/O LAZARD 30 ROCKEFELLER PLAZA				
NEW YORK, NY 10020	0.00	0.	0.	0.
CHARLES M. STIEGLITZ	V.P./DIR.			
C/O LAZARD 30 ROCKEFELLER PLAZA	_		,	
NEW YORK, NY 10020	0.00	0.	0.	0.
	<u> </u>			
	1			
]			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	()=
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	1			
	1			
				<u> </u>
	1			l
	1			
	1		,	ļ
Total number of other employees paid over \$50,000			▶	0

Form 990-PF (2011) THE O'HERRON FAMILY FOUNDATION	<u> 13–3</u>	3244207 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		. • 0
Part IX-A Summary of Direct Charitable Activities		<u>. P 1</u>
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 paper	s produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2	Amount
1 N/A		
		0.
2		
All other program-related investments. See instructions.		

0.

Total. Add lines 1 through 3

1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	exerage monthly fair market value of securities	1a	0.
	verage of monthly cash balances	1b	107,177.
	air market value of all other assets	10	
	otal (add lines 1a, b, and c)	1d	107,177.
	leduction claimed for blockage or other factors reported on lines 1a and		
	c (attach detailed explanation)		
2 <i>P</i>	acquisition indebtedness applicable to line 1 assets	2	0.
	Subtract line 2 from line 1d	3	107,177.
	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,608.
	let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	105,569.
	Minimum Investment return. Enter 5% of line 5	6	5,278.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1 1	Ainimum investment return from Part X, line 6	1	5,278.
	ax on investment income for 2011 from Part VI, line 5		
b I	ncome tax for 2011. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,278.
4 F	Recoveries of amounts treated as qualifying distributions	4	0.
5 <i>A</i>	Add lines 3 and 4	5	5,278.
6 (Deduction from distributable amount (see instructions)	6	0.
<u>7 [</u>	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	5,278.
Pa	rt XII Qualifying Distributions (see instructions)		
1 /	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a E	expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	492,675.
b F	Program-related investments - total from Part IX-B	1b	0.
2 /	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 /	Amounts set aside for specific charitable projects that satisfy the:		
a 8	Suitability test (prior IRS approval required)	3a	
b (Cash distribution test (attach the required schedule)	3b	
4 (Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	492,675.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ncome. Enter 1% of Part I, line 27b	_5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	492,675.

Form **990-PF** (2011)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				5,278.
2 Undistributed income, if any, as of the end of 2011				,
a Enter amount for 2010 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011	,+11,			
a From 2006 223,501.				
b From 2007 364,440.				
c From 2008 260,013.				
d From 2009 410,607.				
e From 2010 438,825.				
f Total of lines 3a through e	1,697,386.			
4 Qualifying distributions for 2011 from	· · · · · · · · · · · · · · · · · · ·	***************************************		
Part XII, line 4: ►\$ 492,675.			,	· .
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		······································		
vears (Election required - see instructions)		0.		,
c Treated as distributions out of corpus			**************************************	
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		'''''''''''''''''''''''''''''''''''''	· · · · · · · · · · · · · · · · · · ·	5,278.
e Remaining amount distributed out of corpus	487,397.			
5 Excess distributions carryover applied to 2011	0.	**************************************	HI'- I-HHIIIII.IHHIIIIIIII	0.
(If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as				·
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,184,783.			
b Prior years' undistributed income. Subtract				,
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,	0.	•	
d Subtract line 6c from line 6b. Taxable				·
amount - see instructions	,	0.		
e Undistributed income for 2010. Subtract line	······································	<u> </u>		
4a from line 2a. Taxable amount - see instr			0.	, ,
f Undistributed income for 2011. Subtract		······································		
lines 4d and 5 from line 1. This amount must		,	, , ,	
be distributed in 2012	·			0.
7 Amounts treated as distributions out of		**************************************	}	······································
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			. ,
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	223,501.			,
9 Excess distributions carryover to 2012.	220,002			
Subtract lines 7 and 8 from line 6a	1,961,282.			
10 Analysis of line 9				
a Excess from 2007 364,440.				
b Excess from 2008 260,013.				
c Excess from 2009 410,607.				
d Excess from 2010 438,825.				
105 005				,
e Excess from 2011 . 487, 397.	<u> </u>	<u> </u>	£	Form 000-DE (2011)

THE O'HERRON FAMILY FOUNDATION

Form 990-PF (2011)

13-3244207

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or contribution status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN RED CROSS PUBLIC UNRESTRICTED 520 WEST 49 STREET NEW YORK, NY 10019 10,500. CAPE COD HEALTHCARE FOUNDATION PUBLIC UNRESTRICTED 348C GIFFORD STREET FALMOUTH, MA 02540 4,000. CATHOLIC CHARITIES OF THE ARCHDIOCESE PUBLIC UNRESTRICTED OF NY 1011 FIRST AVENUE NEW YORK, NY 10022 41,000. COALITION FOR BUZZARDS BAY PUBLIC UNRESTRICTED 620 BELLEVILLE AVENUE NEW BEDFORD, MA 02745 25,500. COMMUNITY FUND OF DARIEN PUBLIC UNRESTRICTED PO BOX 926 DARIEN, CT 06820 5,000. See continuation sheet(s) **▶** 3a Total 492,500. b Approved for future payment None Total **▶**_3b 0.

Part XVI-A	Analy	sis of	Income-F	Producing	Activities

	Unrelated	ousiness income	Evaludad I	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Amount	- Idilotion moonto
a					
b				· _	
<u> </u>	ļ				
d	 				
e					
·					
g Fees and contracts from government agencies		·			
2 Membership dues and assessments	\ 				
Interest on savings and temporary cash					
investments	 		14	12.	
Dividends and interest from securities		······································	14	12.	
Net rental income or (loss) from real estate	<u> </u>		`-		
a Debt-financed property	 +	 			
b Not debt-financed property	 				
Net rental income or (loss) from personal	1		}		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events	 		-11-		1
Gross profit or (loss) from sales of inventory		···			
1 Other revenue:	}		1		
1					
b					
<u> </u>				··	
d	 				
e 2 Subtotal. Add columns (b), (d), and (e)	ļ 		0.	10	
				12.	
3 Total. Add line 12, columns (b), (d), and (e)		• • • • • • • • • • • • • • • • • • • •		13_	
See worksheet in line 13 instructions to verify calculations)					·
Part XVI-B Relationship of Activities t	o the Accor	nplishment of	Exempt P	'urposes	
Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than				d importantly to the accon	nplishment of
N/A					
					_
				<u></u>	
		· - · · · · · · · · · · · · · · · · · · ·			
				··	····

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Part XVI	Information Re Exempt Organ		sfers To a	and Ti	ransactions a	nd Relations	ships With Nonchar	itable)	
1 Did the	organization directly or indi		of the following	g with a	ny other organizatio	on described in sec	tion 501(c) of		Yes	No
	le (other than section 501(c							} .		ŧ
	rs from the reporting found							}		
	sh							1a(1)		X_
	ner assets		_					1a(2)		X
	ransactions		·	•						
	les of assets to a noncharita	ble exempt organizat	ion					16(1)		Х
	rchases of assets from a no							1b(2)		X
	ntal of facilities, equipment,							1b(3)		X
	imbursement arrangements							1b(4)		X
	ans or loan guarantees							16(5)		X
	rformance of services or me							1b(6)		Х
	of facilities, equipment, ma							10		Х
							market value of the goods, o		sets.	
							n or sharing arrangement, si		,	
	(d) the value of the goods,				nan nan manat van	o in any transaction				
(a) Line no	(b) Amount involved		noncharitable		t organization	(d) Description	on of transfers, transactions, and s	harino a	mangeme	ents
(a) cine no	(B) Fundant inventor	(6) 1.0	N/A	-		(0,000,000				
			417 22							
										
							· · · ·			
										
						- 				
					<u> </u>					
-	·	<u> </u>								
		-								
	·····									
										
in secti	oundation directly or indirect ion 501(c) of the Code (othe " complete the following sch	or than section 501(c)						☐ Yes	X	No
	(a) Name of org			(b) Ty	pe of organization		(c) Description of relationsl	nip		
	N/A									
Sign Here	der penalties of perjury, I declared belief, it is true, correct, and co	mplete. Declaration of pr		n taxpay	er) is based on all Inform		rer has any knowledge.	the IRS m with the below	v (see in:	rer
	Signature of officer or trusted		Droporarie a		Date	Date	Check If PTIN			
Daid	Printe∕Type preparer's n	ате	Preparer's s	ignature		Date	self- employed			
Paid	Timber 1		L			<u> </u>	Firm's FIN			
Prepare Use Onl	ly						Firm's EIN ►			
	Firm's address ▶									
							Phone no.			

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

13-3244207 THE O'HERRON FAMILY FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE O'HERRON FAMILY FOUNDATION

13-3244207

<u> </u>	HERRON PARTET FOUNDATION		<u> </u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JONATHAN O' HERRON C/O LAZARD 30 ROCKEFELLER PLAZA NEW YORK, NY 10020	\$560,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there Is a noncash contribution.)

Name of organization

Employer Identification number

THE O'HERRON FAMILY FOUNDATION

13-3244207

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Employer identification number

	HERRON FAMILY FOUNDATIO	JN	13-3244207			
art III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more that year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) \$					
) No.	Use auplicate copies of Part III if additional	u space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Parti		 				
-						
-						
-						
	(e) Transfer of gift					
	··· •					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
Γ.						
١.						
1.						
a) No.			·····			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-						
— ·						
-						
		(e) Transfer of gif	it			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
 -						
-						
-	(e) Transfer of gift					
	(v) Housier or But					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

a) No	··					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
[-						
⊢	(e) Transfer of gift					
	(c) transici oi Aut					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	Transfer o memor addition and 1.4		rollations of transferor to transferoe			
1						

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) recipient or substantial contributor PUBLIC UNRESTRICTED DARIEN EMS POST 53 BOX 2066 500. DARIEN, CT 06820 DARIEN LAND TRUST PUBLIC UNRESTRICTED BOX 1074 500<u>.</u> DARIEN, CT 06820 DARIEN LIBRARY PUBLIC UNRESTRICTED 35 LEROY AVENUE 500. DARIEN, CT 06820 DIOCESE OF BRIDGEPORT PUBLIC UNRESTRICTED 238 JEWETT AVENUE BRIDGEPORT, CT 06606 20,000. FAITH IN THE FUTURE PUBLIC UNRESTRICTED 51 SUTTON STREET BROOKLYN, NY 11222 500. HARVARD BUSINESS SCHOOL PUBLIC UNRESTRICTED-ALUMNI TEELE HALL SOLDIERS FIELD FUND BOSTON, MA 02163 27,000. HEALTHCARE CHAPLAINCY INC PUBLIC UNRESTRICTED 307 EAST 60 STREET NEW YORK, NY 10022 1,000. HORIZONS PUBLIC UNRESTRICTED 545 PONUS RIDGE ROAD PO BOX 997 NEW CANAAN, CT 06840 10,000. HORIZONS AT GFA PUBLIC UNRESTRICTED 35 BEACHSIDE AVENUE PO BOX 998 GREENS FARM, CT 06838 2,000. INNER-CITY FOUNDATION PUBLIC UNRESTRICTED 238 JEWITT AVENUE BRIDGEPORT, CT 06606 10,000. Total from continuation sheets 406,500.

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA PUBLIC UNRESTRICTED 485 N KELLER ROAD SUITE 101 500. MAITLAND, FL 32751 MIDDLEBURY COLLEGE PUBLIC UNRESTRICTED MIDDLEBURY COLLEGE 14,500. MIDDLEBURY, VT 05753 MARINE BIOLOGICAL LABORATORY PUBLIC UNRESTRICTED 7 MBL STREET 1,000. WOODS HOLE, MA 02543 NATIONAL LEADERSHIP ROUNDTABLE ON PUBLIC UNRESTRICTED CHURCH MANAGEMENT 1350 CONNECTICUT AVENUE NW SUITE 825 8,000. WASHINGTON, DC 200361701 PUBLIC NATIVITY MISSION CENTER UNRESTRICTED 204 FORSYTH STREET NEW YORK, NY 10002 10,000. NEW CANAAN COUNTRY SCHOOL PUBLIC UNRESTRICTED PO BOX 997 14,200. NEW CANAAN, CT 06840 NORTHSIDE CENTER FOR CHILD PUBLIC UNRESTRICTED DEVELOPMENT 152 WEST 57TH STREET 10,000. NEW YORK, NY 10019 PUBLIC PANCREAS CENTER NEW YORK PRESBYTERIAN HOSPITAL 161 FORT WASHINGTON AVE NEW YORK, NY 10032 12,500. OTTERBEIN UNIVERSITY PUBLIC UNRESTRICTED 131 W PARK STREET WESTERVILLE, OH 43081 500. PAN-MASSACHUSETTS CHALLENGE PUBLIC UNRESTRICTED 77 FOURTH AVENUE NEEDHAM, MA 02494 4,200. **Total from continuation sheets**

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient show any relationship to any foundation manager **Foundation** Purpose of grant or **Amount** status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC UNRESTRICTED PAX PER MUSICAM 1 GRACIE TERRACE 5,000. NEW YORK, NY 10028 SPONSORS FOR EDUCATIONAL OPPORTUNITY PUBLIC UNRESTRICTED 55 EXCHANGE PLACE 5,000. NEW YORK, NY 10005 PUBLIC UNRESTRICTED ST ALOYSIUS CHURCH 21 CHERRY STREET NEW CANAAN, CT 06840 1,000. UNRESTRICTED ST JOSEPH'S CHURCH PUBLIC 33 MILLFIELD STREET PO BOX 3 WOODS HOLE, MA 02543 3,000. PUBLIC UNRESTRICTED ST MARGARET MARY SCHOOL 121 EAST 177 STREET 10,000. BRONX, NY 10453 UNRESTRICTED ST MARY'S CHURCH PUBLIC 178 GREENWICH AVENUE 11,000. GREENWICH, CT 06830 ST. JOHN'S CHURCH PUBLIC UNRESTRICTED 1986 POST ROAD 19,000. DARIEN, CT 06820 PUBLIC UNRESTRICTED ST. PAUL'S SCHOOL 325 PLEASANT STREET 43,000. CONCORD, NH 03301 PUBLIC UNRESTRICTED ST. THOMAS MORE CHURCH 374 MIDDLESEX ROAD 6,000. DARIEN, CT 06820 STAMFORD HOSPITAL PUBLIC UNRESTRICTED 2015 WEST MAIN STREET STAMFORD, CT 06902 13,500. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor THE 300 COMMITTEE LAND TRUST PUBLIC UNRESTRICTED 1570 LOCUST STREET FALMOUTH MA 02540 500. VISITING NURSE & HOSPICE OF FAIRFIELD PUBLIC UNRESTRICTED COUNTY BOX 489 WILTON, CT 06897 1,000. WAVENY CARE NETWORK PUBLIC UNRESTRICTED 3 FARM ROAD NEW CANAAN, CT 06840 1,000. WESTMINSTER SCHOOL PUBLIC UNRESTRICTED PO BOX 337 SIMSBURY, CT 06070 10,500. Unrestricted-alumni WESTMINSTER SCHOOL PUBLIC PO BOX 337 PUND SIMSBURY CT 06070 14,000. WILLIAM COLLEGE PUBLIC UNRESTRICTED 75 PARK STREET 6,500. WILLIAMSTOWN, MA 01267 WILLIAM COLLEGE PUBLIC UNRESTRICTED-ALUMNI FUND 75 PARK STREET WILLIAMSTOWN, MA 01267 27,000. WOODWAY SCHOLARSHIP FUND PUBLIC UNRESTRICTED 540 HOYT STREET DARIEN, CT 06820 600. YOUNG LIFE PUBLIC UNRESTRICTED 8 SOUND SHORE DRIVE GREENWICH CT 06830 1,000. CALVARY HOSPITAL PUBLIC UNRESTRICTED 1740 EASTCHESTER ROAD BRONX NY 10461 5,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor COLLEGE LIGHT OPERA COMPANY PUBLIC UNRESTRICTED BOX 906 FALMOUTH, MA 02541 1,000. COMPASSIONATE CARE ALS PUBLIC UNRESTRICTED PO BOX 1052 WEST FALMOUTH, MA 02540 500. CONGREGATION ADAS EMUNO PUBLIC UNRESTRICTED 254 BROAD AVE LEONIA, NJ 07605 2,000. GOLF FIGHTS CANCER PUBLIC UNRESTRICTED PO BOX 663 FALMOUTH, MA 02541 500. FALMOUTH YOUTH HOCKEY LEAGUE PUBLIC CAPITAL CAMPAIGN 9 SKATING LANE FALMOUTH, MA 02540 3,500. DARIEN HISTORICAL SOCIETY PUBLIC UNRESTRICTED 45 OLD KINGS HIGHWAY NORTH DARIEN CT 06820 300. FORDHAM UNIVERSITY PUBLIC UNRESTRICT 113 WEST 60TH STREET NEW YORK, NY 10023 5,000. KAYAK FOR A CAUSE PUBLIC UNRESTRICTED PO BOX 599 NORWALK, CT 06854 500. KOLBE CATHEDRAL HIGH SCHOOL PUBLIC UNRESTRICTED 33 CALHOUN PLACE BRIDGEPORT, CT 06604 20,000. NATIVITY SCHOOL OF WORCESTER PUBLIC UNRESTRICTED 67 LINCOLN STREET WORCESTER, MA 01605 1,000. Total from continuation sheets

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient PUBLIC UNRESTRICTED ST LAWRENCE UNIVERSITY 23 ROMODA DRIVE 5,000. CANTON, NY 13617 PUBLIC UNRESTRICTED ST REGIS HIGH SCHOOL 55 EAST 84TH STREET 500. NEW YORK, NY 10028 INNER CITY SCHOLARSHIP PUBLIC UNRESTRICTED 1011 FIRST AVENUE NEW YORK, NY 10022 9,700. INSTITUTE FOR ADVANCED CATHOLIC PUBLIC UNRESTRICTED STUDIES UNIVERSITY OF SOUTH CA RELIGIOUS CTR STE 102 LOS ANGELES, CA 90089 10,000. PUBLIC UNRESTRICTED FAMILY REACH FOUNDATION 35 BEACHSIDE AVENUE PO BOX 998 UNRESTRICTED GREENS FARM, CT 06838 1,000. PUBLIC COMMISSION ON AGING COMMUNITY FUND OF DARIEN PO BOX 926 DARIEN, CT 06820 15,000. **Total from continuation sheets**

Form 990-PF	Other Expenses		Statement 2	
Description	(a)	(b)	(c)	(d)
	Expenses	Net Invest-	Adjusted	Charitable
	Per Books	ment Income	Net Income	Purposes
NEW YORK STATE FILING FEE	50.	0.		50.
SECRETARIAL SERVICES	6,000.	0.		0.
ANNUAL NOTICE	125.	0.		125.
To Form 990-PF, Pg 1, ln 23	6,175.	0.		175.

Form 990-PF Other F	unds	Statement 3
Description	(A) Beginning Year	(B) of End of Year
Endowment Fund	98,	159,464.
Total to Form 990-PF, Part II, line 29	98,	159,464.