



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization PHILIP HOFER CHARITABLE TRUST DTD 12/15/81		D Employer identification number 04-6469904
		Doing Business As		E Telephone number (617) 248-5255
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite CHOATE LLP P O BOX 961019		G Gross receipts \$ 309,091.
		City or town, state or country, and ZIP + 4 BOSTON, MA 02196		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981 **M State of legal domicile:** MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: GRANTS TO THE HOUGHTON LIBRARY AT HARVARD UNIVERSITY.

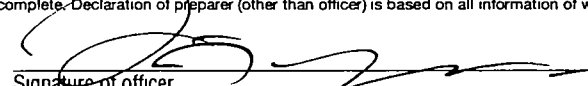
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3	3
4	3
5	0
6	0
7a	0.
7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 11)	80,891.	167,473.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,891.	167,473.
13 Grants and similar amounts paid (Part IX, column (A), lines 13-19)	101,392.	78,926.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 16)		
16b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,026.	38,747.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	133,418.	117,673.
19 Revenue less expenses Subtract line 18 from line 12	-52,527.	49,800.
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	2,291,802.	2,341,602.
22 Net assets or fund balances Subtract line 21 from line 20	2,291,802.	2,341,602.


Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶  Date 11/15/2010

F. DAVIS DASSORI, TRUSTEE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 11/10/10

Check if self-employed

Preparer's identifying number (see instructions)

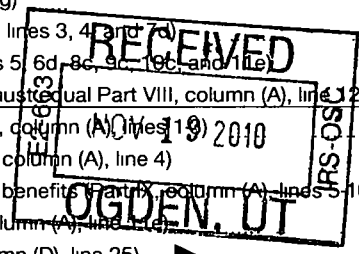
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **CHOATE HALL & STEWART LLP**
P O BOX 961019
BOSTON, MA 02196

EIN ▶

Phone no. ▶ (617) 248-5255

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 15 2010



2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE TRUST WAS CREATED AND SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF AND IN CONNECTION WITH THE DEPARTMENT OF PRINTING AND GRAPHIC ARTS OF THE HOUGHTON LIBRARY AT HARVARD UNIVERSITY A MASSACHUSETTS CHARITABLE AND EDUCATIONAL CORPORATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code.) (Expenses \$ 87,208. including grants of \$ 78,926.) (Revenue \$) HOUGHTON LIBRARY AT HARVARD UNIVERSITY - HOUSING AND STUDY OF RARE BOOKS AND MANUSCRIPTS.

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 87,208.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

PHILIP HOFER CHARITABLE TRUST

Form 990 (2009)

DTD 12/15/81

04-6469904

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
CHOATE HALL & STEWART LLP - (617) 248-5255
TWO INTERNATIONAL PLACE, BOSTON, MA 02110

PHILIP HOFER CHARITABLE TRUST

Form 990 (2009)

DTD 12/15/81

04-6469904 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	106,065.			106,065.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	203026.			
		b	Less: cost or other basis and sales expenses	141618.			
		c	Gain or (loss)	61,408.			
		d	Net gain or (loss)	61,408.			61,408.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities See Part IV, line 19	a				
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		167,473.	0.	0.	167,473.	

PHILIP HOFER CHARITABLE TRUST

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	78,926.	78,926.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a AND GRANT ADMINISTRATIO	32,138.	3,214.	28,924.	
b O'CONNOR & DREW, P.C. -	3,800.	3,800.		
c CHOATE HALL & STEWART L	2,300.	1,150.	1,150.	
d FOREIGN TAXES WITHHELD	383.		383.	
e COMMONWEALTH OF MASSACH	70.	70.		
f All other expenses	56.	48.	8.	
25 Total functional expenses Add lines 1 through 24f	117,673.	87,208.	30,465.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

PHILIP HOFER CHARITABLE TRUST

Form 990 (2009)

DTD 12/15/81

04-6469904 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	376,365.	2 450,771.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D		
		10a		
	b	Less. accumulated depreciation		10c
	10b			
	11	Investments - publicly traded securities	1,915,437.	11 1,890,831.
	12	Investments - other securities See Part IV, line 11		12
	13	Investments - program-related See Part IV, line 11		13
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,291,802.	16 2,341,602.	
Liabilities	17	Accounts payable and accrued expenses		17
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	0.	26 0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	2,289,382.	30 2,338,004.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31 0.
	32	Retained earnings, endowment, accumulated income, or other funds	2,420.	32 3,598.
33	Total net assets or fund balances	2,291,802.	33 2,341,602.	
34	Total liabilities and net assets/fund balances	2,291,802.	34 2,341,602.	

Form 990 (2009)

PHILIP HOFER CHARITABLE TRUST

Form 990 (2009)

DTD 12/15/81

04-6469904 Page 12

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **PHILIP HOFER CHARITABLE TRUST** Employer identification number **04-6469904**
DTD 12/15/81

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PRESIDENT AND FELLOWS	04-21035802		X		X		X		78,926.
Total									78,926.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Employer identification number
04-6469904

Name of the organization **PHILIP HOFER CHARITABLE TRUST**

DTD 12/15/81

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUGHTON LIBRARY - HARVARD UNIVERSITY - HARVARD YARD, HARVARD UNIVERSITY - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	78,926.	0.			THE LIBRARY ACQUIRES, ORGANIZES, PRESERVES, AND MAKES READILY AVAILABLE COLLECTIONS OF SCHOLARLY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

▶ 1. ▶

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

PHILIP HOFER CHARITABLE TRUST

DTD 12/15/81

Schedule I (Form 990) 2009

04-6469904

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HOUGHTON LIBRARY - HARVARD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE LIBRARY ACQUIRES, ORGANIZES, PRESERVES, AND MAKES READILY AVAILABLE COLLECTIONS OF SCHOLARLY MATERIALS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization PHILIP HOFER CHARITABLE TRUST DTD 12/15/81	Employer identification number 04-6469904
---	--

FORM 990, PART VI, SECTION B, LINE 11: THE ANNUAL FORM 990 (AND STATE FORM PC) ARE PROVIDED TO THE PROFESSIONAL, MANAGING TRUSTEE, F. DAVIS DASSORI, FOR HIS REVIEW AND SIGNATURE. MR. DASSORI, AN ATTORNEY AND PROFESSIONAL FIDUCIARY, REVIEWS THE RETURNS BEFORE SIGNING THEM. THE RETURNS ARE ALSO PROVIDED TO THE CPA FIRM THAT PERFORMS A REVIEW OF THE FINANCIAL STATEMENTS IN ACCORDANCE WITH GAAP.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

F. DAVIS DASSORI - CHOATE HALL & STEWART LLP TWO INT'L PLACE
BOSTON, MA 02110

ARTHUR E. VERSHBOW - CHOATE HALL & STEWART LLP TWO INT'L PLACE
BOSTON, MA 02110

ERNEST E. MONRAD - CHOATE HALL & STEWART LLP TWO INT'L PLACE
BOSTON, MA 02110

ACCT 2YX6 474885019
 FROM 01/01/2009
 TO 12/31/2009

CHOATE, HALL & STEWART LLP
 STATEMENT OF CAPITAL GAINS AND LOSSES
 PHILIP HOFER CHARITABLE TRUST

PAGE 29

RUN 02/01/2010
 01 00 34 PM

TRUST YEAR ENDING 12/31/2009

TAX PREPARER TPK
 TRUST ADMINISTRATOR EHV
 INVESTMENT OFFICER CRH

LEGEND F - FEDERAL S - STATE I - INHERITED
 E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM
50000 0000 MORGAN J P & CO DTD 01/25/99 MTNSB 6 0% DUE 01/15/2009 - 61688AAX6						
SOLD		01/15/2009	50000 00			
ACQ	50000.0000	03/23/1999	50000 00	49015.15	984.85	LT15
35000 0000 UNITED STATES TREAS NTS DTD 2/11/2004 3% 2/15/2009 - 912828BZ2						
SOLD		02/17/2009	35000 00			
ACQ	35000 0000	02/20/2004	35000.00	34879.69	120.31	LT15
50000 0000 CIT GROUP INC NEW SUB NT 144A DTD 12/18/2008 12% 12/18/201 - 125581FS2						
SOLD		04/30/2009	21250.00			
ACQ	50000 0000	05/04/2006	21250 00	48826.22	-27576.22	LT15
0000 AMERICAN INTL GROUP INC COM NEW - 026874784						
SOLD		10/27/2009	791.41			
ACQ			791.41		791.41	LT15
CHANGED 11/10/09 TTT						
3840 0000 GENERAL ELEC CO COM - 369604103						
SOLD		12/17/2009	60670 43			
ACQ	3840 0000	02/17/1982	60670 43	4856.00	55814.43	LT15
2160 0000 GENERAL ELEC CO COM - 369604103						
SOLD		12/17/2009	34127.12			
ACQ	2160 0000	11/15/1982	34127.12	4041.00	30086.12	LT15
TOTALS			201838.96	141618.06		

SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE	1250 GAIN
SUBTOTAL FROM ABOVE	0.00	0.00	60220.90	0.00	0.00	0.00*
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDENDS	11.03	0.00	561.53			625.29
	11.03	0.00	60782.43	0.00	0.00	625.29
STATE						
SUBTOTAL FROM ABOVE	0.00	0.00	60220.98	0.00	0.00	0.00*
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDENDS	11.03	0.00	561.53			625.29
	11.03	0.00	60782.43	0.00	0.00	625.29

* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

FEDERAL	0.00	0.00
MASSACHUSETTS	0.00	0.00

Philip Hofer Charitable Trust

474885019

As Of December 31, 2009

List of Assets

Description

*Shares / Face Amt
of Tax Lots*

*Market Value
Cost*

*Market Price
Cost Per Unit*

*Estimated Income
Income Rate*

*Current
Yield*

Cash & Equivalents

US Govt Obligations Tax Managed Fund - Income	3,597.520	3,597.52	1.00		1
		3,597.52	1.00		
US Govt Obligations Tax Managed Fund - Principal	447,173.740	447,173.74	1.00		126
		447,173.74	1.00		

Total Cash & Equivalents

\$450,771.26
\$450,771.26

0.03%

Fixed Income

Corporates

Maturing Before 3 Months

General Elec Cap Corp Medium Term Dtd 1/19/2000 7.375% 1/19/2010	75,000.000	75,182.03	100.24	5,531	7.36%
		74,953.73	99.94	7.38	

Maturing After 3 Months

SBC Communications Dtd 3/19/2001 Glbnt 6.25% 3/15/2011	50,000.000	52,948.65	105.90	3,125	5.90%
		49,275.00	98.55	6.25	
Dupont Dtd 11/12/2002 4.75% 11/15/2012	50,000.000	53,670.65	107.34	2,375	4.43%
		50,875.00	101.75	4.75	

Total Corporates

\$181,801.33
\$175,103.73

6.07%

US Govt & Agencies

Maturing Before 3 Months

United States Treas Nts Dtd 2/15/2000 6.5% 2/15/2010	125,000.000	125,908.26	100.73	8,125	6.45%
		125,882.82	100.71	6.50	

Maturing After 3 Months

Philip Hofer Charitable Trust

474885019

As Of December-31, 2009

List of Assets

Description	Shares / Face Amt # of Tax Lots	Market Value Cost	Market Price Cost Per Unit	Estimated Income Income Rate	Current Yield
United States Treas Nts Dtd 5/1/2006 4 875% 4/30/2011	50,000 000	52,664 05	105.33	2,438	4 63%
	1	49,882.81	99.77	4.88	
United States Treas Nts Dtd 5/15/2003 3 625% 5/15/2013	50,000 000	52,937.51	105.88	1,813	3 42%
	1	50,593.75	101 19	3.63	
United States Treas Nts Dtd 5/15/2004 4 75% 5/15/2014	40,000 000	44,012 49	110.03	1,900	4 32%
	1	40,025 00	100.06	4.75	
United States Treas Nts Dtd 5/15/2005 4 125% 5/15/2015	50,000.000	53,312 51	106.63	2,063	3.87%
	1	49,562.50	99.13	4.13	
Total US Govt & Agencies		\$328,834.82		\$16,339	4.97%
		\$315,946.88			
US Large Capitalization					
Northeast Invs Tr Sh Ben Int	18,101.545	105,713 02	5 84	7,240	6 85%
	2	177,000 00	9.78	0 4000	
Total US Large Capitalization		\$105,713.02		\$7,240	6.85%
		\$177,000.00			
Total Fixed Income		\$616,349.17		\$34,610	5.62%
		\$668,050.61			
Equity					
Consumer Discretion					
Leggett & Platt Inc	2,000 000	40,800.00	20.40	2,080	5 10%
	1	45,895 00	22.95	1 0400	
McGraw Hill Companies Inc	1,200.000	40,212 00	33.51	1,080	2.69%
	1	36,894.00	30 75	0.9000	
Total Consumer Discretion		\$81,012.00		\$3,160	3.90%
		\$82,789.00			
Consumer Staples					

As Of December 31, 2009

474885019

Philip Hofer Charitable Trust

List of Assets

Description	Shares / Face Amt # of Tax Lots	Market Value Cost	Market Price Cost Per Unit	Estimated Income Income Rate	Current Yield
Coca Cola Co	1,600,000 1	91,200.00 52,412.00	57.00 32.76	2,624 1,6400	2.88% 2.90%
Procter & Gamble Co	3,600,000 2	218,268.00 10,517.50	60.63 2.92	6,336 1,7600	2.90%
Sysco Corp	1,600,000 1	44,704.00 40,796.00	27.94 25.50	1,600 1,0000	3.58%
Walgreen Co	3,800,000 1	139,536.00 53,071.75	36.72 13.97	2,090 0,5500	1.50%
Total Consumer Staples		\$493,708.00 \$156,797.25		\$12,650	2.56%
Energy					
B P PLC Sponsored ADR	1,500,000 2	86,955.00 10,936.82	57.97 7.29	5,040 3,3600	5.80%
Exxon Mobil Corp	2,000,000 1	136,380.00 7,206.25	68.19 3.60	3,360 1,6800	2.46%
Total Energy		\$223,335.00 \$18,143.07		\$8,400	3.76%
Financials					
CitiGroup Inc	1,600,000 2	5,296.00 79,284.00	3.31 49.55	64 0,0400	1.21%
Washington Real Estate Invt Tr Sh Bn Int	2,000,000 1	55,100.00 49,150.00	27.55 24.58	3,460 1,7300	6.28%
Weingarten Rlty Invs Sh Ben Int	2,250,000 1	44,527.50 40,337.50	19.79 17.93	2,250 1,0000	5.05%
Wells Fargo & Co New	2,400,000 1	64,776.00 82,332.00	26.99 34.31	480 0,2000	0.74%
Total Financials		\$169,699.50 \$251,103.50		\$6,254	3.69%

As Of December 31, 2009

474885019

Philip Hofer Charitable Trust

List of Assets

Description

<i>Description</i>	<i>Shares / Face Amt # of Tax Lots</i>	<i>Market Value Cost</i>	<i>Market Price Cost Per Unit</i>	<i>Estimated Income Income Rate</i>	<i>Current Yield</i>
Healthcare					
Boston Scientific Corp	2,300,000	20,700.00	9.00	0	0.00%
	1	37,458.26	16.29		
Bristol Myers Squibb Co	1,600,000	40,400.00	25.25	2,048	5.07%
	1	16,071.75	10.04	1,280	
Cardinal Health Inc	600,000	19,344.00	32.24	420	2.17%
	1	25,787.50	42.98	0.7000	
Johnson & Johnson	3,400,000	218,994.00	64.41	6,664	3.04%
	1	6,413.25	1.89	1,960	
Pfizer Inc	2,000,000	36,380.00	18.19	1,280	3.52%
	1	50,260.00	25.13	0.6400	
Total Healthcare		\$335,818.00		\$10,412	3.10%
		\$135,990.76			
Industrials					
Emerson Elec Co	3,000,000	127,800.00	42.60	4,020	3.15%
	1	18,518.75	6.17	1,340	
United Technologies Corp	900,000	62,469.00	69.41	1,386	2.22%
	1	56,673.00	62.97	1,540	
Total Industrials		\$190,269.00		\$5,406	2.84%
		\$75,191.75			
Information Technology					
Analog Devices Inc	1,000,000	31,580.00	31.58	800	2.53%
	1	37,420.00	37.42	0.8000	
Automatic Data Processing	1,500,000	64,230.00	42.82	2,040	3.18%
	2	69,123.90	46.08	1,360	
Broadridge Finl Solutions Inc	375,000	8,460.00	22.56	210	2.48%
	2	7,399.85	19.73	0.5600	

Philip Hofer Charitable Trust

474885019

As Of December 31, 2009

List of Assets

Description	Shares / Face Amt # of Tax Lots	Market Value Cost	Market Price Cost Per Unit	Estimated Income Income Rate	Current Yield
Hewlett Packard Co com	1,500 000 1	77,265 00 28,526 06	51.51 19 02	480 0.3200	0.62%
Intel Corp	4,000 000 2	81,600.00 84,593 75	20 40 21.15	2,240 0.5600	2.75%
Microsoft Corp	1,300 000 1	39,624.00 34,372 00	30.48 26.44	676 0.5200	1.71%
Nokia Corp Sponsored ADR	2,400 000 1	30,840 00 35,904 00	12.85 14.96	943 0.3930	3.06%
Total Information Technology		\$333,599.00 \$297,339.56		\$7,389	2.21%
Intl Developed Markets					
iShares Germany	1,400 000 1	31,416.00 31,032 96	22.44 22.17	39 0.0277	0.12%
Vanguard Europe Pacific Equities	2,500 000 1	85,500.00 85,978.25	34.20 34.39	7,970 3,1880	9.32%
Total Intl Developed Markets		\$116,916.00 \$117,011.21		\$8,009	6.85%
Telecommunications					
Fairpoint Communications Inc Com	28,000 4	0.84 117 00	0.03 4 18	28 1 0300	1,333.33%
Verizon Communications	1,500,000 4	49,695 00 25,637 30	33.13 17.09	2,850 1,9000	5.73%
Total Telecommunications		\$49,695.84 \$25,754.30		\$2,878	5.79%
Unclassified					
Carefusion Corp Com	300 000 1	7,503 00 10,218 50	25.01 34.06	0	0.00%

Philip Hofer Charitable Trust

474885019

As Of December 31, 2009

List of Assets

Description	Shares / Face Amt # of Tax Lots	Market Value		Market Price Cost Per Unit	Estimated Income Income Rate	Current Yield
		Cost				
Total Unclassified		\$7,503.00	\$0			0.00%
		\$10,218.50				
Utilities						
Dominion Res Inc VA New	1,400.000	54,488.00	2,450	38.92	2,450	4.50%
	1	52,441.06	1,7500	37.46	1,7500	
Total Utilities		\$54,488.00	\$2,450			4.50%
		\$52,441.06				
Total Equity		\$2,056,043.34	\$67,008			3.26%
		\$1,222,779.96				
Total Assets		\$3,123,163.77	\$101,745			3.26%
		\$2,341,601.83				

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

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization PHILIP HOFER CHARITABLE TRUST DTD 12/15/81	Employer identification number 04-6469904
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions CHOATE LLP P O BOX 961019	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02196	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CHOATE HALL & STEWART LLP

- The books are in the care of ▶ **TWO INTERNATIONAL PLACE - BOSTON, MA 02110**
 Telephone No ▶ **(617) 248-5255** FAX No ▶ **(617) 502-5255**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization PHILIP HOFER CHARITABLE TRUST DTD 12/15/81	Employer identification number 04-6469904
	Number, street, and room or suite no. If a P.O. box, see instructions CHOATE LLP P O BOX 961019	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02196	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CHOATE HALL & STEWART LLP

- The books are in the care of **▶ TWO INTERNATIONAL PLACE - BOSTON, MA 02110**
Telephone No **▶ (617) 248-5255** FAX No. **▶ (617) 502-5255**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ Michael J. Pasella** Title **▶ CPA** Date **▶ 8/9/2010**