

# 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



Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

Control and make apply:   Install return   Install return   Address change   Name of tourishoon   Name of tourishoon   Name of this property is the stable   Name of tourishoon   Name of this property   Name of this prope	For	calen	dar year 2009, or tax yea	r beginning	<u>.</u>		, and er	ıding		
Use the IRS   Name of foundation   A Employer identification number   05-0508471	G	heck	all that apply:	Initial return				harity	Final return	<del></del>
DBLPRETE FAMILY FOUNDATION Office of the company of				Amended return		Address chan	nge		Name change	
DELPRETE FAMILY FOUNDATION   Preparation of the Content of Part of the Content of Part of the Content of Part of Par	Use	the	Name of foundation						A Employer identification	number
print in the contract of the c										
or type. 251 SMITH STREET  City or town, state, and 2/P code   1	Oth	erwi	se, DELPRETE I	FAMILY FO	UND	ATION			<u>05-0508471</u>	
See Specific Clay of Lowin, Satio, and ZIP Code PROVIDENCE, RI 02908  H Check type of organization (S. Section 59/16/16) Section 59/16/16 (Section 59/16/16/16) Section 59/16/16 (Section 59/16/16/16/16/16/16/16/16/16/16/16/16/16/		•	· ·	O box number if mail	is not de	elivered to street address)		Room/suite	•	
Instructions   PROVITIONICE, RI   0.2908				STREET					(401) 272-	9773
PROVIDENCES   RT   0.2908				nd ZIP code					C If exemption application is p	ending, check here
Section 497(a)(1) nonexempt charable trust  Other trabels private foundation	11191	ucue	"" PROVIDENCE	E, RI 02	908				D 1. Foreign organizations	s, check here
Far market value of all assets at end of year inches or cash passes or cash passe	H_ (	heck	type of organization:	X Section 501(d	c) <u>(3) e</u> >	kempt private foundation			Foreign organizations me check here and attach co	eting the 85% test, mputation
Fair market value of all assets at end of year		Se	ction 4947(a)(1) nonexem	npt charitable trust		Other taxable private found	ation		F. If private foundation sta	tus was terminated
Part I Analysis of Revenue and Expenses (The total of amounts in column (a) must be on cash basis)  Part I Analysis of Revenue and Expenses (The total of amounts in column (a) (a) Revenue and column (a) (b) Net innestment (c) Adjusted ret income	1 Fa	ır ma	rket value of all assets at e	end of year J Ac	counti	ng method: X Cash	Accri	ıal		
Part II   Analysis of Revenue and Expenses   (a) Revenue and coperisos per looks   (b) Net Investment   (c) Adjusted net   (c	(fr	om F		[					F If the foundation is in a	60-month termination
The side of amounts in columns (b), can dight may not suppressed by the columns of the columns o			<del></del>		I, colu	mn (d) must be on cash	basis)		under section 507(b)(1)	(B), check here
2	Pa	ırt I	The total of amounts in colu	mns (b), (c), and (d) ma	y not					for charitable purposes
Second   Content   Conte		1	Contributions, gifts, gran	ts, etc., received					·	
A Dividends and interest from securities   57,793.   57,793.   57,793.   STATEMENT 1			Check X if the foundation	n is not required to attach Se	ch B					
A Dividends and interest from securities   57,793.   57,793.   57,793.   STATEMENT 1		3	Interest on savings and tempo	orary						
Sa Gross rents		4				57,793.	5	7,793.	57,793.	STATEMENT 1
Second Part		5a	Gross rents						•	
9 Income modifications 10a arise laborations 10a arise and office a laborations 10a arise and office a laborations 10a arise profits of (loss) 11 Other income 12 Total. Add lines 1 through 11 55,075. 57,793. 57,793. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes STMT 2 975. 195. 0. 780. 17 Interest 18 Taxes STMT 3 1/849. 0. 0. 1,849. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 50. 0. 0. 50. 24 Total operating and administrative expenses. Add lines 13 through 23 2,874. 195. 0. 2,679. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 84,374. 195. 0. 84,179. 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0·) 2 Adjusted net income (if negative, enter -0·) 3 Income modifications COGDEN, UT  OCGDEN, UT  OCCUPATION  OCCUPATI		b	Net rental income or (loss)							
9 Income modifications 10a arise laborations 10a arise and office a laborations 10a arise and office a laborations 10a arise profits of (loss) 11 Other income 12 Total. Add lines 1 through 11 55,075. 57,793. 57,793. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes STMT 2 975. 195. 0. 780. 17 Interest 18 Taxes STMT 3 1/849. 0. 0. 1,849. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 50. 0. 0. 50. 24 Total operating and administrative expenses. Add lines 13 through 23 2,874. 195. 0. 2,679. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 84,374. 195. 0. 84,179. 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0·) 2 Adjusted net income (if negative, enter -0·) 3 Income modifications COGDEN, UT  OCGDEN, UT  OCCUPATION  OCCUPATI	9	6a	Net gain or (loss) from sale of	assets not on line 10		<2,718.	>			CU/CD
9 Income modifications 10a arise laborations 10a arise and office a laborations 10a arise and office a laborations 10a arise profits of (loss) 11 Other income 12 Total. Add lines 1 through 11 55,075. 57,793. 57,793. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes STMT 2 975. 195. 0. 780. 17 Interest 18 Taxes STMT 3 1/849. 0. 0. 1,849. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 50. 0. 0. 50. 24 Total operating and administrative expenses. Add lines 13 through 23 2,874. 195. 0. 2,679. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 84,374. 195. 0. 84,179. 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0·) 2 Adjusted net income (if negative, enter -0·) 3 Income modifications COGDEN, UT  OCGDEN, UT  OCCUPATION  OCCUPATI	Z.	b	Gross sales price for all		5.				REC	LEIVED
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b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 55,075. 57,793. 57,793.  13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0. 0.  14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Accounting fees STMT 2 975. 195. 0. 780.  17 Interest 18 Taxes STMT 3 1/849. 0. 0. 1,849. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 50. 0. 0. 50.  24 Total operating and administrative expenses Add lines 13 through 23 2,874. 195. 0. 2,679.  25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 84,374. 195. 0. 84,179.  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		9	Income modifications					•	ŏ	S
Company	Ϋ́	10a								
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees	$\supset$	b	Less Cost of goods sold						OG	DEN, UI
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees	<u>J</u>	C	Gross profit or (loss)							
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees	么 2	11	Other income							
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees	<u> </u>	12	Total. Add lines 1 throug	ıh 11		55,075.	5	<u>7,793.</u>		
15 Pension plans, employee benefits   16a Legal fees   b Accounting fees   STMT   2   975   195   0   780   .		13	Compensation of officers, dire	ectors, trustees, etc		0.		0.	0.	0.
16a Legal fees		14	Other employee salaries a	and wages						
c Other professional fees  Interest Int	"	15	Pension plans, employee	benefits						
c Other professional fees  Interest Int	Se	16a	Legal fees							
23 Other expenses STMT 4 50. 0. 0. 50.  24 Total operating and administrative expenses. Add lines 13 through 23 2,874. 195. 0. 2,679.  25 Contributions, gifts, grants paid 81,500. 81,500.  26 Total expenses and disbursements. Add lines 24 and 25 84,374. 195. 0. 84,179.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  57,793.	pen	b	Accounting fees	STMT	2	975.		<u> 195.</u>	0.	780.
23 Other expenses STMT 4 50. 0. 0. 50.  24 Total operating and administrative expenses. Add lines 13 through 23 2,874. 195. 0. 2,679.  25 Contributions, gifts, grants paid 81,500. 81,500.  26 Total expenses and disbursements. Add lines 24 and 25 84,374. 195. 0. 84,179.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  57,793.	Ä	ı	·							
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Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  57,793.	_	ı		•		81,500.				61,500.
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  57,793.		26		ursements.		04 274		105		04 170
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  57,793.		07		. 10		54,3/4.		TA2.	<u> </u>	04,1/9.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  57,793.	c	l				_20 200				
c Adjusted net income (if negative, enter -0-)		l			S	<u> </u>		7 500		
		ł				<del></del>		1,330.	57 793	
	9235	01			uction	Act Notice see the instruc	tions		<u>، در ۱ , ۱ , ۱ , ۱ , ۱ , ۱ , ۱ , ۱ , ۱ , ۱ </u>	Porm 990-PF (2009)

Fo	rm 99	00-PF (2009) DELPRETE FAMILY FOUNDAT:	ION	05-0	)508471 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
뜨	ar t	Balance Sheets   column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			· · · · · · · · · · · · · · · · · · ·
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	1,444,438.	1,415,139.	1,428,587.
	14	Land, buildings, and equipment basis ▶			
	ŀ	Less accumulated depreciation			
	15	Other assets (describe ►			
		,			
	16	Total assets (to be completed by all filers)	1,444,438.	1,415,139.	1,428,587.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ý	19	Deferred revenue	-		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
aþi	1	Mortgages and other notes payable			
Ξ	1	Other liabilities (describe >			
		, , , , , , , , , , , , , , , , , , , ,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ès	24	Unrestricted			
and	25	Temporarily restricted			
Bal	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
2	ļ	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	1,444,438.	1,415,139.	
<u>f</u> et	30	Total net assets or fund balances	1,444,438.	1,415,139.	
_					
	31	Total liabilities and net assets/fund balances	1,444,438.	1,415,139.	
쁘	art	Analysis of Changes in Net Assets or Fund Ba			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	1,444,438.
2	Ente	r amount from Part I, line 27a		2	<29,299.>
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,415,139.
5	Decr	eases not included in line 2 (itemize)		5	0.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,415,139.
					Form <b>990-PF</b> (2009)

Part IV	Capital Gains	and Los	ses for Tax on In	vestmen	t Income						
					acquired ay, yr.)	(d) Date sold (mo., day, yr.)					
1a GMAC	5.85 1/14	/09							01/2	4/08	01/14/09
b CAP	ONE USA 3.	6 11/							05/0	6/08	11/16/09
	TRYWIDE 3.		2/09							6/08	05/12/09
d GMAC	5.25 11/1	5/09							10/2	7/04	05/18/09
e UNIT	ED HEALTH	3.75	2/10/09	,		<u>L.</u>			10/2	2/04	02/10/09
(e) Gr	oss sales price		preciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
<u>a</u>	50,000.				48,88	0.				·	1,120.
_b	100,000.				100,00						0.
_c	100,000.				100,00						0.
_d	20,995.		·		25,00						<4,005.
_e	50,000.		· · · · · · · · · · · · · · · · · · ·		49,83	3.					167.
Complete	only for assets showir	ng gain in co	lumn (h) and owned by t	the foundation	on 12/31/69			(I)	Gains (C	ol. (h) gain	minus
(i) F.M.V	/. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (1) col. (j), if any			COI.	Losses	not less tha (from col. (	n -U-) <b>or</b> (h))
_a											1,120.
<u>b</u>											0.
_ C											0.
_d											<4,005.
е				_							167.
2 Capital gair	n net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-			}	2				<2,718.
3 Net short-t	erm capital dain or /los	ss) as define	ed in sections 1222(5) an								
	o enter in Part I, line 8,			iu (0).		)					
If (loss), er	nter -0- in Part I, line 8					<u>I</u>	3		_		1,120.
Part V	Qualification U	Inder Se	ction 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional u	ise by domestic private	e foundation	s subject to the section 4	1940(a) tax on	net investment in	come	e.)		-		
	3/d\/0\	L	1.								
II Section 4940	O(d)(2) applies, leave the	nis part bian	к.								
Was the found	lation liable for the sec	tion 4942 ta	x on the distributable am	ount of any ye	ear in the base per	rod?					Yes X No
			ction 4940(e). Do not co				_				<del> </del>
1 Enter the a	ippropriate amount in	each columr	n for each year; see instru	uctions before	making any entrie	es.		<u> </u>			
F	(a) Base period years		(b)			(c)				Distrit	(d) oution ratio
Calendar ye	ar (or tax year beginni	ng in)	Adjusted qualifying dist		Net value of no.					(col. (b) div	rided by col. (c))
	2008			<u>8,997.</u>		_1	<u>, 32</u>	4,559	•		.059640
	2007			2,467.		1_		1,448			<u>.084470</u>
	2006			7,000.		_1		9,653			.049153
	2005			9,597.				<u>9,199</u>			.058404
	2004		4	<u>1,285.</u>	· · · · · · · · · · · · · · · · · · ·		<u>76</u>	<u>1,958</u>	•		.054183
2 Total of lin	e 1, column (d)								2	·	.305850
3 Average dis	stribution ratio for the	5-year base	period - divide the total o	on line 2 by 5,	or by the number	of ye	ars				
the founda	tion has been in existe	nce if less th	ian 5 years						3		.061170
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5				4		1,365,859.					
											02 550
5 Multiply lin	e 4 by line 3								5		83,550.
6 Enter 1% o	f net investment incon	ne (1% of Pa	art I, line 27b)						6		576.
7 Add lines 5	and 6								7	·	84,126.
8 Enter qualit	fying distributions fron	n Part XII, lır	ne 4						8		84,179.
	equal to or greater than rt VI instructions.	n line 7, chec	ck the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax r	ate.			

923521 02-02-10

orm 990-F	F (2009) DELPRETE FAMILY FOUNDATION  Excise Tax Based on Investment Income (Section 4940)	0(a), 49	40(b) 4940(e)	05 or 494	-050 3 - see	8471 instru		Page 4
	of operating foundations described in section 4940(d)(2), check here and en				1			
	of ruling or determination letter: (attach copy of letter if nece		4		İ			
	stic foundations that meet the section 4940(e) requirements in Part V, check here			1	ľ		5	76.
	t i, line 27b							
	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I.	line 12, col. (b)		ŀ			
	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	-	, ,	2				0.
	nes 1 and 2		, - ,	3			5	76.
	le A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers ente	er -0-)	4	_			0.
	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		,	5	_		5	76.
	s/Payments:				_			
	estimated tax payments and 2008 overpayment credited to 2009	6a	1,4	00.				
	ot foreign organizations - tax withheld at source	6b						
	and with application for extension of time to file (Form 8868)	6c						
	p withholding erroneously withheld	6d						
	credits and payments. Add lines 6a through 6d			7	-		1.4	00.
	any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attac	ched		8			_ , _	
	ue. If the total of lines 5 and 8 is more than line 7, enter amount owed	onou		<b>▶</b> 9				
	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10			Ω	24.
•	the amount of line 10 to be: Credited to 2010 estimated tax		824. Refunde			<del></del>		0.
	-A Statements Regarding Activities		O Z I S I I CIUNUC		<u></u>			<del>-••</del>
	the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or d	fid it participate or inte	rvene in			Yes	No
	olitical campaign?		na n par norpato or mit			1a		
	spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see in	astructions for definiti	n)?		1b	_	X
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities and					"		
	puted by the foundation in connection with the activities.	COPICS	or any materials par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		
	e foundation file Form 1120-POL for this year?					1c		х
	the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:				''		
	n the foundation. > \$ 0 . (2) On foundation managers.			0.				
	the reimbursement (if any) paid by the foundation during the year for political expendit		nnocad on foundation					
	gers. $ ightharpoonup $ \$	IUI C IAX III	nposed on roundation					
	e foundation engaged in any activities that have not previously been reported to the IR	202				2		х
	s, " attach a detailed description of the activities.	10:				-		
	e foundation made any changes, not previously reported to the IRS, in its governing in	netrumani	t articles of incorpora	tion or				
	s, or other similar instruments? If "Yes," attach a conformed copy of the change		i, articles or incorpora	11011, 01		3		х
_	e foundation have unrelated business gross income of \$1,000 or more during the year					4a	-	X
	," has it filed a tax return on <b>Form 990-T</b> for this year?	1 7			N/A	4b		
	nere a liquidation, termination, dissolution, or substantial contraction during the year?				11/11	5		X
	s," attach the statement required by General Instruction T.							
	e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ther						
	anguage in the governing instrument, or	uior.						
	state legislation that effectively amends the governing instrument so that no mandatory	v direction	ns that conflict with th	etate law				
	ain in the governing instrument?	y un conor	is that commet with the	, state law		6	X	
	e foundation have at least \$5,000 in assets at any time during the year?					7	X	
	s, " complete Part II, col (c), and Part XV					'-		
	the states to which the foundation reports or with which it is registered (see instruction	ne\ ►	NONE					
va LIIICI	and states to million the roundation reports of with million it is registered (see histiliction		1101111					
h If the	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney Ge	eneral (or designate)					
	h state as required by General Instruction G? If "No," attach explanation	y ut	orar (or doorgrate)			8b	X	
	foundation claiming status as a private operating foundation within the meaning of sec	ction 4941	2(1)(3) or 4942(1)(5) fe	ır Calendar		- 55		
	009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co			. Gaioridai		9		<u>x</u>
	y persons become substantial contributors during the tax year? if "Yes," attach a schedul					10	-	X
.5 51441	, por contraction of the contraction of the tax years in test, attach a scrieduli	o namy me	on marijos aiju aujurosses		Fo	rm <b>990</b>	-PF(	

Part VILA Statements Regarding Activities (section)	05-0508	3471	1	Page 5
Part VII-A Statements Regarding Activities (continued)		<del>                                     </del>		
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			i	
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u> </u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
August 17, 2008?		12		<u>X</u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
Website address ► N/A	- / <b>/ ( )</b>	070	07	72
	o. ► <u>(401)</u>	<u>272</u>	-9/	13
Located at ► 251 SMITH STREET PROVIDENCE RI	ZIP+4 ▶ <u>02</u>	1908		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	. 1 1		,,,▶	
and enter the amount of tax-exempt interest received or accrued during the year  Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<b>▶</b> 15	N	/A	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year did the foundation (either directly or indirectly):		<b></b>		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	163 [21] 110			
a disqualified person?	Yes X No		i	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		İ	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available	100 [22] 110		l	
for the benefit or use of a disqualified person)?	Yes X No	.		
(6) Agree to pay money or property to a government official? (Exception. Check "No"	100 [22] 110			
If the foundation agreed to make a grant to or to employ the official for a period after				
	Yes X No			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	100 [22] 110			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	16		
Organizations relying on a current notice regarding disaster assistance check here		10		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the first day of the tax year beginning in 2009?		10	1	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ın	10		
defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begins	าเกต			
before 2009?	Yes X No		1	
If "Yes," list the years ▶ , , , ,				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorr	ect		Ì	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta				
statement - see instructions.)	N/A	2b	i	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	21, 22			
<b>&gt;</b>				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?	Yes X No			
b If "Yes," did it have excess business holdings in 2009 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				
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule	•			
Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that			
had not been removed from jeonardy before the first day of the tay year beginning in 20092		[ Ab [		x

923541 02-02-10

Form **990-PF** (2009)

orm 990-PF (2009) DELPRETE FAMILY FOUNDATI	ON		<u>05-05084</u>	71 ' Pa	ge <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
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))?	Y6	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?	o. 000000000000000000000000000000000000		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i		.0		
section 53.4945 or in a current notice regarding disaster assistance (see instru	·	iii riogalations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance (see list of	·			30	
• • • • • • • • • • • • • • • • • • • •		anod.			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?		[/A	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<del></del> 1			
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b .	<u>X_</u>
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		Y€	es 🗶 No 📙		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	_	1	(4)		
(a) Alama and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expen	se ther
(a) Name and address	to position	enter -0-)	compensation	allowance	
DANIEL B DELPRETE	TRUSTEE				
51 SMITH STREET					
PROVIDENCE , RI 02908	0.00	0.	0.		0.
		1			
		•			
		<u> </u>			—
·		1			
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		L	—
Compensation of five riighest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expen	se.
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, of	ther
	devoted to position		compensation	allowance	<u> </u>
NONE					
				<del></del>	
		1			
				L	
	·				
				<u></u>	
otal number of other employees paid over \$50,000			<b>•</b>	<del></del>	0
			Form	990-PF (20	09)

923551 02-02-10

Form 990-PF (2009) DELPRETE FAMILY FOUNDATION	05-0	0508471 Page 7
Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If no	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
· · · · · · · · · · · · · · · · · · ·		
	<del></del>	
		<del></del> .
Total number of others receiving over \$50,000 for professional services	<del></del>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relev	vant statistical information such as the	C
number of organizations and other beneficiaries served, conferences convened, research pa	ipers produced, etc.	Expenses
1 <u>N/A</u>		
2		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		<del></del>
rai outoi program rolateu myosunonto. Oee mouteutions.		
·		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete	this part Foreign foun	idations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	s:		
a			1a	1,386,659.
b			1b	
C			1c	
ď	Total (add lines 1a, b, and c)		1d	1,386,659.
	Reduction claimed for blockage or other factors reported on lines 1a and			<u> </u>
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	1,386,659.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions	s)	4	20,800.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	1,365,859.
6	Minimum investment return. Enter 5% of line 5		6	68,293.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private foreign organizations check here  and do not complete this part.)	operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	68,293.
2a	Tax on investment income for 2009 from Part VI, line 5	576.	1	
b	Income tax for 2009. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	<u>576.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	67,717.
4	Recoveries of amounts treated as qualifying distributions	1	4	0.
5	Add lines 3 and 4		5	67,717.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	67,717.
P	art XII Qualifying Distributions (see instructions)	····	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		-	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	84,179. 0.
b		ļ.	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose	es [	2	
3	Amounts set aside for specific charitable projects that satisfy the:		1	
a	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	84,179.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b	ļ.	5	576.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	83,603.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the foundation q	ualifies for	the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

#### Part XIII Undistributed Income (see instructions)

<del> </del>	(2)	<u>/b)</u>	(-)	/4\
	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	30.600		2000	
line 7				67,717.
2 Undistributed income, if any, as of the end of 2009				<u> </u>
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years:				
	İ	0.	i	
3 Excess distributions carryover, if any, to 2009:			•	
a From 2004 3,617.				
b From 2005 7,943.				
<b>c</b> From 2006				
d From 2007 47,079.				
e From 2008 14,138.				
f Total of lines 3a through e	72,777.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 84,179.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				67,717.
e Remaining amount distributed out of corpus	16,462.			<del></del>
5 Excess distributions carryover applied to 2009	0.			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	89,239.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	<u>.</u>	
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.	<u>.</u>	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				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 2004	2 64 5			
not applied on line 5 or line 7	3,617.			
9 Excess distributions carryover to 2010.	05 600			
Subtract lines 7 and 8 from line 6a	85,622.		<del></del>	
10 Analysis of line 9:				
a Excess from 2005 7,943.				
b Excess from 2006				
c Excess from 2007 47,079.				
d Excess from 2008				
e Excess from 2009   16,462.				Farm 000 PE (0000)

Form **990-PF** (2009)

	E FAMILY FO				0-0508471	Page 10
Part XIV   Private Operating F		· · - · · · · · · · · · · · · · · · · ·	A, question 9)	<u> N/A</u>		
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo			▶ ∟			
<b>b</b> Check box to indicate whether the found		ng foundation described i		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(1) 0000	Prior 3 years	(4) 0006	(a) Tatal	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total	
investment return from Part X for						
each year listed			_			
<b>b</b> 85% of line 2a			<u>.</u>			
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the	<del></del>					
alternative test relied upon:						
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>						
• •						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
<b>b</b> "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:			-			
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on						
securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public						•
and 5 or more exempt						
organizations as provided in					1	
section 4942(j)(3)(B)(iii)			<del></del>			
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income  Part XV Supplementary Info	rmation (Comple	to this part only i	f the foundat	tion had \$5 000	or more in asset	
at any time during t			i tile loullat			
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation wh			ibutions received by	y the foundation before	the close of any tax	
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)				
NONE		·				
<ul> <li>List any managers of the foundation wh other entity) of which the foundation ha</li> </ul>			or an equally large p	portion of the ownershi	p of a partnership or	
• •	3 a 1070 of greater interes	J.,				
NONE	ion Cromb Citt I com	Cabalarahin ata Dr				
2 Information Regarding Contribute Check here ► X if the foundation of				and not appent uppelied	tod requests for funds. If	
the foundation makes gifts, grants, etc.						
	<u> </u>		<del></del>	13, complete items 24, i	, o, and a.	
a The name, address, and telephone num	per of the person to who	m applications should be	addressed:			
h. The form in which analysis and should h	a submitted and informs	tion and materials they sh	ould include:			
<b>b</b> The form in which applications should be	oe sanumusa sua miolinis	non and materials they Si	oviu iliciuut.			
c Any submission deadlines:						
d Any restrictions or limitations on award	s such as by geographic	al areas, charitable fields	kinds of institutions	s or other factors:		
2 7 mg (coalidations of annitations on award.	o, saon as by goograpino	arozo, onarizadio noido,	SS SI MORIGIONS	,		

Part XV Supplementary Informati	on (continued)		05 050	O T T T T T T T T T T T T T T T T T T T
3 Grants and Contributions Paid During the		Payment	.,	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
AMERICAN RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE		CHARITABLE	5,000.
AMOS HOUSE 413 FRIENDSHIP STREET PROVIDENCE, RI 02907	NONE		CHARITABLE	5,000.
CROSSROADS 160 BROAD STREET PROVIDENCE, RI 02903	NONE		CHARITABLE	5,000.
THE SALVATION ARMY 201 PITMAN STREET PROVIDENCE, RI 02907	NONE		CHARITABLE	5,000.
PROVIDENCE CENTER 528 NORTH MAIN STREET PROVIDENCE, RI 02904	NONE		CHARITABLE	51,500.
RISPCA 186 AMARAL STREET RIVERSIDE , RI 02915	NONE		CHARITABLE	10,000.
Total			<b>▶</b> 3a	81,500.
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.

923611 02-02-10

Form **990-PF** (2009)

Part XVI-A	Analysis of Income-Prod	ucing Activities
Enter gross amounts unless otherwise indicated.		Unrelated bu

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
a	- <del>    -</del>		+		<del></del>
b	_			· ·	
c		·	<u> </u>		
				<del></del>	
e	_	<del>.</del>			
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	57,793.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					<2,718.>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	_				
c					
d					
e	_				
12 Subtotal. Add columns (b), (d), and (e)			).	57,793.	
13 Total. Add line 12, columns (b), (d), and (e)				13	55,075.
See worksheet in line 13 instructions to verify calculations.	)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

LINE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).								ie accomplishment of	
4 0	<del>                                     </del>								CUADIMADIE	DIMPOGEG
4,8	INCOME	15	OSED	SOLELY	TO	PROVIDE	FUNDS	FOR	CHARITABLE	PURPUSES
						<del> </del>				
				· <del>-</del>		-				
				<del>_</del>					<del></del>	
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Form **990-PF** (2009)

923621 02-02-10

	art X\		ETE FAMILY egarding Transfe			and Relations	05-0508 nips With Nonchai			ge 13
<u> </u>		Exempt Organ		no round r			iipo iiidi iidiidiidi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	Did th	ne organization directly or indi	rectly engage in any of th	ne following with a	any other organizati	on described in secti	on 501(c) of	T	Yes	No
		ode (other than section 501(c								
8	Trans	fers from the reporting found	ation to a noncharitable e	exempt organizati	on of:					
(1) Cash								1a(1)		X
(2) Other assets								1a(2)		X
b	Other	transactions:								
	(1) 8	Sales of assets to a noncharita	ble exempt organization					1b(1)		X
	(2) F	Purchases of assets from a no	ncharitable exempt organ	nization				1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets					1b(3)		X
	(4) F	Reimbursement arrangements	i					1b(4)		X
	(5) L	oans or loan guarantees						1b(5)	_	<u> X</u>
	(6) F	Performance of services or me	mbership or fundraising	solicitations				1b(6)	<u> </u>	_X_
		ng of facilities, equipment, ma	•					1c		_X_
d		answer to any of the above is							sets,	
		vices given by the reporting f			than fair market vali	ue in any transaction	or sharing arrangement, sl	10W IN		
<i>(-</i> )		nn (d) the value of the goods,								
(a)	Line no	(b) Amount involved	<u> </u>	ncharitable exemp	it organization	(d) Description	of transfers, transactions, and s	haring an	rangeme	nts
_				N/A						
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						<del>- </del>				iens.
				<del> </del>	<del></del>					
							•			
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2 a	Is the	foundation directly or indirec	tly affiliated with or relate	ed to one or more	e tax-exempt organ	zations described				
		tion 501(c) of the Code (other				24.0.00	F	Yes	X	] No
b		s," complete the following sch					_			
		(a) Name of org		<b>(b)</b> Ty	pe of organization	(	c) Description of relationsh	ıp		
		N/A			<u> </u>					
		•								
										.=
					. <u> </u>					
			·····		·	<u> </u>				
		enalties of perjury, I declare that I hat I hat I hat I hat I hat I hat I have the perfect of the new forces of the perfect of the new forces of the new for					my knowledge and belief, it is t	rue, corre	ect,	
	J. J 0011	The second control property (only	7///		-1/-	wiy mowioogo				
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후	Sı	gnature of officer of trustee		····	Date	Title		to at 12		
Sign Here	<b>o</b> -	Preparer's			ļ	1 001	I	's identify	ying num	Der
<u>ب</u> ز	Paid Preparer's Use Only		RY PORCARO,			6/30/10  em	ployed 🕨 🔲			
-	Paid epare se On		NDO, PORCAR		OCIATES,	LTD.	EIN ▶			
	కైప		GREENWICH							
	address, and ZIP code WARWICK, RI 02886						Phone no. (401)	<u> 739</u>	<u>-92</u>	<u>50</u>

(401)739-9250 Form **990-PF** (2009)

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	C	OLUMN (A)	•
MORGAN STANLEY	_		57,793.		0.		57,79	93.
TOTAL TO FM 990-PF, PART I, LN 4		57,793.			0.		57,793.	
FORM 990-PF	ACC	COUNTI	NG FEES			ST	ATEMENT	2
DESCRIPTION	(A EXPEN PER E		(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		(D) CHARITAE PURPOSE	
ACCOUNTING		975.		195.		0. 7		30.
TO FORM 990-PF, PG 1, LN 16B		975.		195.			780	
FORM 990-PF		TAX	ES			ST	'ATEMENT	3
DESCRIPTION	(A EXPEN PER E	ISES	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		(D) CHARITAE PURPOSE	
FEDERAL INCOME TAX	1	.,849.		0.	<del></del>	0.	1,84	19.
TO FORM 990-PF, PG 1, LN 18 =	1	,849.		0.		0.	1,84	9.
FORM 990-PF	ľO	THER E	XPENSES			ST	ATEMENT	4
DESCRIPTION	(A EXPEN PER E		(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		(D) CHARITAE PURPOSE	
FILING FEES		50.		0.	***************************************	0.	5	50.
TO FORM 990-PF, PG 1, LN 23		50.		0.		0.		50.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY	COST	1,415,139.	1,428,587.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	1,415,139.	1,428,587.

### Form **8868**

(Rev. April 2009) -

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

File a separate application for each return.

If you a	e filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright X$
If you a	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	rm 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporat	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I only				ightharpoons
All other c	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exter	sion of tim	e
	me tax returns.			
noted belo not auton ou must :	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file by/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you wa ated Form	nt the additional 990-T. Instead,
ype or	Name of Exempt Organization	Emp	loyer iden	ification number
print	DELDEGRE ENTLY EQUINDANTON	٨	E 0E0	0 1 7 1
ile by the	DELPRETE FAMILY FOUNDATION  Number, street, and room or suite no. If a P O box, see instructions.	<u> </u>	5-050	54/I
lue date for l ling your	251 SMITH STREET			
eturn See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	PROVIDENCE, RI 02908		=	
heck tvr	e of return to be filed (file a separate application for each return):			
<b>-</b>	1 990			
	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52			
X Form				
			· · · · · · · · · · · · · · · · · · ·	
Telepho If the or	oks are in the care of ► 251 SMITH STREET PROVIDENCE RI - 02908 one No. ► (401) 272-9773 FAX No. ► ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box ► and attach a list with the names and EINs of all	s is fo		group, check this ension will cover
	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt $\frac{AUGUST\ 15,\ 2010}{}$ , to file the exempt organization return for the organization named a the organization's return for:		The extens	sion
_	Calendar year 2009 or			
<b>▶</b> [	tax year beginning, and ending			
			<del></del>	
2 If thi	s tax year is for less than 12 months, check reason: Initial return Final return		Change in	accounting period
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			_
	efundable credits. See instructions.	3a_	\$	<u>575</u> .
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated		_	1 400
	payments made. Include any prior year overpayment allowed as a credit.	3b_	\$	1,400
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			
	instructions.	3c	s	0 .
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form			
HA Fo	r Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Forr	n <b>8868</b> (Rev. 4-2009

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