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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2000 2000

-	_			ay be able to use a copy of this		orang requirements.	
-			dar year 2009, or tax year beginning		, and ending		
(3 (heck	all that apply: Initial return		former public charity	Final return	Π
-			Amended return	Address char	1ge <u>L</u>	Name change	
	Use	the	IRS Name of foundation			A Employer identification	n number
		abel		WILLIAM ROUND	MT ON	06 160440	•
		erwi				06-1604496	<u> </u>
		print r type		t delivered to street address)	Room/suite	B Telephone number	•
		Spe	SE S			8606464277	
		ructio	one City of town, State, and ZIP code			C if exemption application is	
_			MANCHESTER, CT 0604			D 1. Foreign organization	
ŀ		¬ ` `		exempt private foundation		Foreign organizations m check here and attach c	omputation
-	<u></u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private found		E If private foundation sta	
ı			· —	inting method: X Cash	Accrual	under section 507(b)(1)(A), check here
			Part II, col (c), line 16)	Other (specify)	took l	F If the foundation is in a	
Г		\$	7,653. (Part I, co	olumn (d) must be on cash	Dasis.)	under section 507(b)(1	1
Ļ	Pa	<u>irt l</u>	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
-		-	necessarily equal the amounts in column (a))	expenses per cooks	<u> </u>		(cash basis only)
Fra		1	Contributions, gifts, grants, etc., received	7,500.		N/A	
SCANNEC		2	Check If the foundation is not required to attach Sch. B.		 		OMA MENSON 1
>		3	Interest on savings and temporary cash investments	22.	22	•	STATEMENT 1
Z		4	Dividends and interest from securities				
\mathbb{Z}			Gross rents				
		_	Net rental income or (loss)				
	ne	l	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
AAM	Revenu	_b	assets on line 6a	_	0	REC	EIVED
	æ	_	Capital gain net income (from Part IV, line 2)		<u> </u>	1,1,1	4IVED
 0		8	Net short-term capital gain	" -	<u> </u>	1444	
ဇာ		40-	Income modifications Gross sales less returns		-	H YAM I	 2 2010
2010		Ι.	and allowances			 	
		l	Less Cost of goods sold			OGDE	10
·		į .	Gross profit or (loss)			CODE	IA OI
		l	Other income Total Add lines 1 through 11	7,522.	22		
-		12	Total. Add lines 1 through 11	7,322.			0.
		14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.	·	•	<u> </u>
			Pension plans, employee benefits				
	ses	1	Legal fees				
	Š	ı	Accounting fees				
	ď		Other professional fees			- 	-
	ĎП	17	Interest			-	
	ativ	18	Taxes STMT 2	1.	0		0.
	str	19	Depreciation and depletion	<u> </u>	<u> </u>	•	0.
	Ē	20	Occupancy			-	
	Adn	21	Travel, conferences, and meetings				
	٦	22	Printing and publications				
	gai	23	Other expenses			 	
	Operating and Administrative Expens	24		-			
	era	• •	expenses. Add lines 13 through 23	1.	. 0		0.
	Ö	25	Contributions, gifts, grants paid	10,000		•	10,000.
		26		10,000.		1	10,000.
		~	Add lines 24 and 25	10,001.	. 0		10,000.
-		27	Subtract line 26 from line 12:	10,001.	<u> </u>		10,000.
			Excess of revenue over expenses and disbursements	-2,479.			
		l	Net investment income (if negative, enter -0-)	4,413.	22	1	
		l	Adjusted net income (if negative, enter -0-)			N/A	
-						1 11/44	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Part III Analysis of Changes in Net Assets or Fund Balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg, and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	5,132.
2	Enter amount from Part I, line 27a	2	-2,479.
3	Other increases not included in line 2 (itemize) UNCLEARED CHECKS	3	7,500.
4	Add lines 1, 2, and 3	4	10,153.
5	Decreases not included in line 2 (itemize) ► PRIOR YEAR CHECKS CLEARED	5	2,500.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,653.

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0 0.

5,132.

5,132.

5.132.

0.

7,653.

7,653.

7,653

	I Losses for Tax on Ir			7.I.T.C	N		06-	1604	496	Page 3
·	the kind(s) of property sold (e.g		t income	(b) Н	low ac	quired (c) Date acq	ured	(d) Dat	e sold
	ouse; or common stock, 200 sh			` P -			(mo., day,		(mo., d	
1a										
b NONE										
c									-	
d				ļ						
<u>e</u>		T								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain (e) plus (f))	
a	<u> </u>									
b										
С		ļ					. <u> </u>			
d		ļ								
Complete only for assets showing ga	in in column (h) and owned by	the foundation	on 12/21/60	- +			Causa (Cal.)	/b\		
Complete only for assets showing ga		1	cess of col. (i)				Gains (Col. (k), but not l			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any				Losses (fro			
a										
b		<u> </u>								
C		<u> </u>	_							
<u>d</u>	· -								•	
е				$\overline{}$						
2 Capital gain net income or (net capital	loss) { If gain, also enter -0	r in Part I, line	7 7	•	2					
3 Net short-term capital gain or (loss) as			,	7						
If gain, also enter in Part I, line 8, colu	, ,	iiu (o).)						
If (loss), enter -0- in Part I, line 8					3					
Part V Qualification Unde	er Section 4940(e) for	r Reduced	l lax on Net	tinve	estm	nent Inco	me			
f section 4940(d)(2) applies, leave this parties foundation liable for the section of Yes," the foundation does not qualify use the appropriate amount in each	4942 tax on the distributable an nder section 4940(e). Do not co	omplete this pa	art.					[X No
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchari	ıtable-	use assets	(col) Distribu I. (b) divid	d) tion ratio led by col.	. (c))
2008	· _	7,999.		•		4,697			3.8	32020
2007		0.				3,532				00000
2006	1	0,000.				1,467				<u> 16633</u>
2005		5,046.				3,109.				23030
2004		296.	L <u>.</u>			<u>5,236</u> .	 		. 0	<u>56532</u>
2 Total of line 1, column (d)							2		12.3	28215
Average distribution ratio for the 5-year	ar base period - divide the total	on line 2 by 5	or by the number	r of vea	ars			· · · · · · · · · · · · · · · · · · ·	12.5	20213
the foundation has been in existence i		oo E o, o,	or by the names	. 0. ,00			3		2.4	65643
	•									
Enter the net value of noncharitable-us	se assets for 2009 from Part X,	line 5					4		2	<u>,258.</u>
5. Multimbulian Albudian 2									_	E 6 7
Multiply line 4 by line 3							5			<u>,567.</u>
Enter 1% of net investment income (1	% of Part I, line 27b)						6			0.
,	, ,							,		
Add lines 5 and 6							7		5	<u>,567.</u>
B Enter qualifying distributions from Pai	rt VII. lung 4								1 0	,000.
, , , <u>, , , , , , , , , , , , , , , , </u>	•	a 1h and	alata that ac-t	na n 40	/ ta	mta.	8		10	,000.
If line 8 is equal to or greater than line See the Part VI instructions.	r, check the box in Part VI, line	e 10, and comp	olete that part usir	nga 19	∕o (3X I	ate.				
923521 02-02-10								Foi	m 990-	PF (2009)

	m 990-PF (2009) THE HIGHLAND PARK FAMI						1604			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940	(a), 4	1940(b),	4940(e), or 4	948	see i	nstru	ction	1S)
1a	a Exempt operating foundations described in section 4940(d)(2), check here	e 🕨 🔙 and en	ter "N/A	A" on line 1.	}					
•	Date of ruling or determination letter: (attach co	py of letter if nece	ssary-	see instruc	tions)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part \	V, check here	\mathbf{x}	and enter 1	% }	1				0.
	of Part I, line 27b									
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organ				ol. (b) 丿					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for	undations only. Oth	iers en	ter -0-)		2				0.
3	Add lines 1 and 2					3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for	oundations only. Other	hers en	iter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or le	ess, enter -0-				5				<u>0.</u>
	•	1	1 1	ı						
	a 2009 estimated tax payments and 2008 overpayment credited to 2009		6a							
	b Exempt foreign organizations - tax withheld at source		6b							
	c Tax paid with application for extension of time to file (Form 8868)		6c							
	d Backup withholding erroneously withheld		6d_							_
7	Total credits and payments. Add lines 6a through 6d					7				0.
			hed			8				
	•				>	9				0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the am	nount overpaid			, >	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				Refunded >	_11_				
	art VII-A Statements Regarding Activities							····	Vaal	Na
1a	a During the tax year, did the foundation attempt to influence any national, s	itate, or local legisla	ation or	did it partio	ipate or intervene	ın		<u> </u>	Yes	No
	any political campaign?							1a		<u>X</u>
b	b Did it spend more than \$100 during the year (either directly or indirectly) f							1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of to	the activities and	copie	s of any m	atenais publishe	d or				
	distributed by the foundation in connection with the activities							١.		v
	c Did the foundation file Form 1120-POL for this year?							1c		<u>X</u>
đ	d Enter the amount (if any) of tax on political expenditures (section 4955) in				0					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On four				0.					
е	e Enter the reimbursement (if any) paid by the foundation during the year fo	or political expenditi	ure tax	imposeo oi	i toundation					
•	managers. > \$ 0.	s connected to the ID	ca					١,		v
2	Has the foundation engaged in any activities that have not previously been	reported to the in	٥,					2		X
2	If "Yes," attach a detailed description of the activities	in its governing in	otrum.	ant artialas	of incornaration					
J	Has the foundation made any changes, not previously reported to the IRS, bylaws, or other similar instruments? If "Yes," attach a conformed copy			ent, articles	or incorporation, t	,,		3		v
4.	a Did the foundation have unrelated business gross income of \$1,000 or mo							4a		<u>X</u>
	b If "Yes," has it filed a tax return on Form 990-T for this year?	ore during the year	•			N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction	n during the year?				41	/ 43	5		X
·	If "Yes," attach the statement required by General Instruction T	in during the year						<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through	4945) satisfied eit	her.							
·	By language in the governing instrument, or	to to journamed on								
	By state legislation that effectively amends the governing instrument so	that no mandatory	directi	ons that co	iflict with the state	law				
	remain in the governing instrument?	indi no mandalor,						6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the ye	ar?						7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.									
8a	a Enter the states to which the foundation reports or with which it is register	red (see instruction	is) 🕨							
	CT	,	-, -							
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Forn	m 990-PF to the At	tornev	General (or	designate)					
Í	of each state as required by General Instruction G? If "No," attach exp		,	:-· (».				8b	х	
9	Is the foundation claiming status as a private operating foundation within t	•	tion 49	942(j)(3) or	4942(j)(5) for cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part							9		_ <u>X</u> _
10		•	-					10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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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) Catry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
 (2) Influence the outcome of any specific public election (see section 4955), or 	or to carry on, directly or indire				
any voter registration drive?			s 🗶 No 📗		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s 🗶 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?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described (ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	I.	I/A Ye	s L No		
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d)		1		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X_
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s 🗶 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	inagers, Highly	/		
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(0)	Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	unt, other
	to position	`enter`-0-)	compensation	alic	wances
TIM DEVANNEY	TRUSTEE				
317 HIGHLAND ST			•	ŀ	0
MANCHESTER, CT 06040	0.00	0.	0.		0.
MARY DEVANNEY	TRUSTEE				
317 HIGHLAND ST			0	1	0
MANCHESTER, CT 06040	0.00	0.	0.	+	0.
					
	{				
				-	
	-				
	-				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accu	unt, other owances
NONE		<u> </u>			
	-				
	1				
	1				
					
	1				
		<u> </u>	<u></u>		
Total number of other employees paid over \$50,000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	8	(c) Compensation
NONE		
		
		<u></u>
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>	0
<u> </u>		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	!	Expenses
1 N/A		
		0.
2		
	\rightarrow	
•		
3		
4		
Dot IV DIO		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	\dashv	
Total, Add lines 1 through 3	>	0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	0.
b		1b	2,292.
_	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	2,292.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,292.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,258.
6	Minimum investment return Enter 5% of line 5	6	113.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	113.
2a	Tax on investment income for 2009 from Part VI, line 5		
ь	Income tax for 2009. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	113.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	113.
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	113.
P	art XII Qualifying Distributions (see instructions)		
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	10,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	10,000.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	10,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	·	·		
line 7				113.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years:		_		
3 Excess distributions carryover, if any, to 2009:		0.		
1 1				
a From 2004 b From 2005 4,670.				
c From 2006 9,927.				
d From 2007		İ		
e From 2008 17, 766.				
f Total of lines 3a through e	32,363.			
4 Qualifying distributions for 2009 from	3273331	 		
Part XII, line 4: ► \$ 10,000.				
a Applied to 2008, but not more than line 2a			0.	
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				113.
e Remaining amount distributed out of corpus	9,887.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d) the same amount must be shown in column (a))	0.	-		0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,250.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			· · · · · · · · · · · · · · · · · · ·	
amount - see instructions		0.		
e Undistributed income for 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				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	40 050			
Subtract lines 7 and 8 from line 6a	42,250.			
10 Analysis of line 9:				
a Excess from 2005 4,670. b Excess from 2006 9,927.		ļ		
c Excess from 2007]		
d Excess from 2008 17,766.				
e Excess from 2009 9,887.	•			
5,007 • J,007 •				5 000 DE 10000

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10050507 702027 5571110

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN RED CROSS NONE PUBLIC 500. GENERAL SUPPORT 97 BROAD STREET CHARITY MIDDLETOWN, CT 064573236 ASSUMPTION SCHOOL NONE 250. PUBLIC GENERAL SUPPORT 51 NORTH CLIFF STREET CHARITY ANSONIA, CT 06401 ECHN FOUNDATION NONE GENERAL SUPPORT 2,500. PUBLIC 71 HAYNES STREET CHARITY MANCHESTER, CT 06040 MANCHESTER ROAD RACE NONE PUBLIC GENERAL SUPPORT 5,000. P.O. BOX 211 CHARITY MANCHESTER, CT 06045 ST. JAMES SCHOOL NONE PUBLIC GENERAL SUPPORT 1,000. FOUNDATION CHARITY 73 PARK STREET MANCHESTER, CT 06040 JUVENILE DIABETES NONE 750. PUBLIC GENERAL SUPPORT RESEARCH FOUNDATION CHARITY 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004 10,000. Total **►** 3a b Approved for future payment NONE Total **▶** 3b 0. 923811 02-02-10 Form **990-PF** (2009)

Form 990-PF (2009) THE HIGHLAND	PARK FAMII	LIES FOUN	OATION	06-1	60 44 96 Pag
Part XVI-A Analysis of Income-Pro	ducing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded b	y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Allount	
a			-		
b					
c					
d		·	-		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		··-	14	22.	
4 Dividends and interest from securities					
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		<u></u>			
11 Other revenue:					
8					
b					<u></u>
C					
d					
e					·
12 Subtotal, Add columns (b), (d), and (e)			0.	22.	

(See worksheet in line 13 instructions to verify calculations.)

13 Total Add line 12, columns (b), (d), and (e)

Part XVI-B	Relationship of	Activities to	the Accompl	lishment of	Exempt Purpose
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NO	the foundation's exempt purposes (other than by providing funds for such purposes).
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13

· · · · · · · · · · · · · · · · · · ·		izations descri	Dea	
in section 501(c) of the Code (other than section 501(c)(3)) or in se	ction 527?			Yes X No
If "Yes," complete the following schedule.				
(a) Name of organization	(b) Type of organization		(c) Description of	relationship
N/A		1		
				- · · · · · · · · · · · · · · · ·
		<u> </u>		
Under penalties of perjury, I declare that I have examined this return, including ac	companying schedules and staten	nents, and to the	best of my knowledge and	belief, it is true, correct.
and complete Declaration of preparer (gifter than taxpayer or fiduciary) is based of	in all information of which prepare	r has any knowle	dge	•
Something () Oppose a see	1/5/11/12)		
	# O/11 / 10	<u> </u>		
Signature of amper of trustee	Date /	- Intie		
Preparer's	[Date		Preparer's identifying number
			l self-	
	In section 501(c) of the Code (other than section 501(c)(3)) or in set If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including act and complete Declaration of preparer (other than taxpayer or fiduciary) is based of the Code example. Signature of officer of trustee	If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater and complete Declaration of preparer (given than taxpayer or fiduciary) is based on all information of which prepare Signature of officers of trustee Date	If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowled Signature of officers. Signature of officers or trustee Date Title	If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of N/A 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 and complete Declaration of preparer (giffer than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee Date Check if

860.561.0020

if self-employed),

EIN ▶

Phone no.

FILOMENO & COMPANY, P.C., CPA'S

80 SOUTH MAIN STREET

WEST HARTFORD, CT 06107

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

	THE HIGHLAND PARK FAMILIES FOUNDATION	06-1604496
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 50	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	
·-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in implete Parts I and II	money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of thon (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conor use exclusively for religious, charitable, etc., purposes, but these contributions did not a necked, enter here the total contributions that were received during the year for an exclusivation complete any of the parts unless the General Rule applies to this organization because table, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000. vely religious, charitable, etc ,
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line of filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· ·

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE HIGHLAND PARK FAMILIES FOUNDATION

06-1604496

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TIMOTHY J. DEVANNEY 70 PORTER STREET MANCHESTER, CT 06040	\$ <u>6,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
AMERICAN EAGLE FEDERAL CREDI	22.				
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	-		22.
FORM 990-PF	TAX	ES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FEDERAL TAX 2008 BALANCE DUE	1.	0.			0.