

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



Form 990-PF

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

For c	alen	lar year 2009, or tax year beginning		, and ending		<u> </u>
G C	heck	all that apply: Initial return		rmer public charity	Final return	
		Amended return	X Address chang	ge L_	Name change	
lise	the I	Name of foundation			A Employer identification	number
	ibel.	THE PHILIP DEVON FAMI.		N INC.		
	erwis	e, C/O PATRICK J. COSTEL	LO, CPA		13-3498743	
ţ	rint	Number and street (or P O box number if mail is not de	livered to street address)	Room/suite	B Telephone number	
	type	20 2::01 01::1:0 ::	AVENUE, SUI	TE 340	201-368-25	<u>58 </u>
See					C If exemption application is po	ending, check here
ınstr	UCTIO	MAYWOOD, NJ 07607			D 1. Foreign organizations	, check here
		type of organization X Section 501(c)(3) ex	empt private foundation		Foreign organizations me check here and attach co.	mputation
			Other taxable private founda	tion	E If private foundation stat	us was terminated
I Fai	r mai	rket value of all assets at end of year J Accounting	ng method X Cash	Accrual	under section 507(b)(1)	
(fro	om P	Part II, col. (c), line 16)	ner (specify)		F If the foundation is in a 6	60-month termination
>	\$	332,582. (Part I, colui	nn (d) must be on cash b	pasis)	under section 507(b)(1)	(B), check here 🔛 🗀
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes
		necessanty equal the amounts in column (a)	expenses per books	Income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received				
		Check X if the foundation is not required to attach Sch B				***************************************
	3	Interest on savings and temporary cash investments				
		Dividends and interest from securities	14,000.	14,000.	14,000.	STATEMENT 1
₹	5a	Gross rents				
ာ	b	Net rental income or (loss)				
ا ي ا	6a	Net gain or (loss) from sale of assets not on line 10	<17,892.	>		
اقع		Gross sales price for all assets on line 6a 93,009.				
Revenue		Capital gain net Income (from Part IV, line 2)		0.		
		Net short-term capital gain			N/A	
		Income modifications	In restriction of the state of			
	-	Gross sales less returns and allowances				
		Less Cost of goods sold				
		Gross profit or (loss)				
2		Other income				
ן ש	12	Total. Add lines 1 through 11	<3,892.	> 14,000.	14,000.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
		Other employee salaries and wages				
		Pension plans, employee benefits				
es		Legal fees				
eus		Accounting rees RECEIVED				
ğ		Other professional fees				
/e E	17	Interest 5				
ati	18	Other professional fees Interest Taxes Depreciation and depletion				
istr	19	Depreciation and depletion 12				
Operating and Administrative Expenses	20	Occupancy OGDEN, UT				
Adr		Travel, conferences, and meetings				
힏	22	Printing and publications				
g		Other expenses STMT 2	1,278.	957.	957.	321.
÷		Total operating and administrative	<u> </u>			
er	_ •	expenses. Add lines 13 through 23	1,278.	957.	957.	321.
ö	25	Contributions, gifts, grants paid				
	i .	Total expenses and disbursements.				
	_~	Add lines 24 and 25	1,278.	957.	957.	321.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	<5,170.	>		<u></u>
		Net investment income (if negative, enter -0-)		13,043	•	
	1	Adjusted net income (if negative, enter -0-)		, , , ,	13,043.	
	_		<u> </u>			

THE PHILIP DEVON FAMILY FOUNDATION INC.

13-3498743 Form 990-PF (2009) C/O PATRICK J. COSTELLO, **CPA** Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Part II (a) Book Value (b) Book Value (c) Fair Market Value 51,338 8,951. 51,338. 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 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 52,150. 50,816. 10a Investments - U S and state government obligations $\ensuremath{\text{STMT}}$ 3 50,977. b Investments - corporate stock 143,652. 144,199. STMT 4 $\overline{192,843}$ c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less. accumulated depreciation 12 Investments - mortgage loans 84,895. STMT 5 44,862. 46,657. Investments - other 13 Land, buildings, and equipment basis Less: accumulated depreciation Other assets (describe 292,463. 332,582. 297,633. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 0. 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 297,633. 292,463. 29 Retained earnings, accumulated income, endowment, or other funds 292,463. 297,633. 30 Total net assets or fund balances. 297,633. 292,463. 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

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	297,633.
2	Enter amount from Part I, line 27a	2	<5,170.>
	Other increases not included in line 2 (itemize)	3	0.
	Add lines 1, 2, and 3	4	292,463.
-	Decreases not included in line 2 (itemize)	5	0.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	292,463.

Page 3

Part IV Capital Gains a	nd Losses for Tax on Ir	vestment	t Income						
	be the kind(s) of property sold (e g ehouse, or common stock, 200 sha			` P	low ac - Purcl - Dona	11450	(c) Date a (mo , da	cquired ly, yr)	(d) Date sold (mo , day, yr)
1a									
b SEE ATTACHED	STATEMENT			_					<u> </u>
<u>c</u>				<u> </u>					
<u>d</u>				1					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					in or (loss) (f) minus (
a									
<u>b</u>	<u> </u>								
<u>c</u>									
g 93,009.			110,90	1.				-	<17,892.
	gain in column (h) and owned by	the foundation	 			<u>(1)</u>	Gains (Co	ol. (h) gain	
Compate any terreserving	(j) Adjusted basis	1	cess of col (I)				(k), buṫ n	ot less thai	1 - 0-) or
(i) F M V. as of 12/31/69	as of 12/31/69		col (j), if any				Losses (from col (h))
a							_		
b									
С									
d									
е									<17,892.
	∫ If gain, also enter	r in Part I, line	7	〕					417 000
2 Capital gain net income or (net cap	ital loss) 🠧 If (loss), enter -0	- ın Part I, line	7	<i>J</i>	2				<17,892.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) an	nd (6)		٦١					
If gain, also enter in Part I, line 8, c	olumn (c)			 					<187.
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Poducod	Tay on Net	Upy	oetn	ent Inc	me		<u> </u>
(For optional use by domestic private t	oungations subject to the section 4	4940(a) tax on	net investment in	ICOIIIE	,,				
If section 4940(d)(2) applies, leave this	s part blank.								
Was the foundation liable for the section	on 4942 tay on the distributable am	nount of any ve	ear in the hase nei	nnd?					Yes X No
If "Yes," the foundation does not qualif				1100					
1 Enter the appropriate amount in ea	ch column for each year, see instr	uctions before	making any entri	es.					
(a)	(b)			(c)				Dietrib	(d) ution ratio
Base period years Calendar year (or tax year beginning	n) Adjusted qualifying dis	tributions	Net value of no	nchai	ritable-	use assets	(col (b) div	ided by col_(c))
2008	2	6,530.				5,138			.086944
2007		6,474.			36	1,239	•		.073287
2006		7,542.				7,339			.074977
2005		6,610.			37	8,984	•		.070214
2004	2	7,125.			<u> 39</u>	1,582	•		.069270
							1 1		274600
2 Total of line 1, column (d)							2		.374692
3 Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of ye	ars				074020
the foundation has been in existent	ce if less than 5 years						3		.074938
		_					.		316,365.
4 Enter the net value of noncharitable	e-use assets for 2009 from Part X,	line 5					4		310,303.
							_		23,708.
5 Multiply line 4 by line 3			•				5	-	23,700.
	4404						_		130.
6 Enter 1% of net investment income	(1% of Part I, line 2/D)	•					6		150+
7 Add base 5 and 5							,		23,838.
7 Add lines 5 and 6							 ' 		20,000.
9 Enter qualifying distributions from	Part VII. line A						8		321.
8 Enter qualifying distributions from		4h and an	lota that as → ····-	n o 41	0/ tau -	rato			
If line 8 is equal to or greater than ! See the Part VI instructions	INE 7, CHECK THE DOX IN PAR VI, IINE	i io, and comp	Note that half nou	iy a l'	/D (4X I	alo			

• 1	., THE PHILIP DEVON FAMILY FOUNDATION INC.		•		,, ?
Form		3-349			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - sec	instru	ctior	is)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here And enter 1%	1		20	61.
	of Part I, line 27b .				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		2	$\frac{0.}{61.}$
_	Add lines 1 and 2	3		2 (0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		2	61.
	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			<u></u>
	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 259				
	2003 detailated tax payments and 2006 overpayment				
	Exempt totally organizations tax manners at course				
	Tax paid with application for extension of time to tim				
	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d	7		2	61.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	ı		Yes	
-	any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or			
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		10		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			-	
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ O .				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				ı
	managers > \$O.			1	v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		,		Х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?	-1, 11	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-		
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				İ
6					İ
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state I 	aw			ĺ
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		. 7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.				
82	Enter the states to which the foundation reports or with which it is registered (see instructions)		_		
-	NY		_		į
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
-	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar			
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	<u> </u>	X
			Form 990	-PF(2009)

	THE PART OF PERSON STATES TO THE PERSON STATES			
• }	THE PHILIP DEVON FAMILY FOUNDATION INC.		•	,, D 5
	990-PF (2009) C/O PATRICK J. COSTELLO, CPA 13-3498	743		Page 5
	rt VII-A Statements Regarding Activities (continued)	т—		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	١		v
	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			v
42	August 17, 2008?	12	Х	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13		
4.4	Website address ► N/A The books are in care of ► PATRICK J. COSTELLO, CPA Telephone no ►201-36	0 2	515	
14	Located at ≥25 E SPRING VALLEY AVENUE, SUITE 340, MAYWOOD, NJ ZIP+4 ≥07		<u> </u>	
16	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	007	_	
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
D,	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- 14	<u>/ A</u>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1.	During the year did the foundation (either directly or indirectly)		163	140
ıa				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
	termination of government service, if terminating within 90 days) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b	·	
	, contract of the second of th			********
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			Х
_	before the first day of the tax year beginning in 2009?	10		
Z	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
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) beginning before 2009?			
	•			
	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
D				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	25		
_	•	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
٥.	Did the female to the second t			
33	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			
L.	• • • • • • • • • • • • • • • • • • • •			
D	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 dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A	3r	•	
A		3b 4a	-	<u>x</u>
44	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	44		

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

Form **990-PF** (2009)

THE PHILIP DEVON FAMILY Form 990-PF (2009) C/O PATRICK J. COSTELLO,		NC.	13-34987	743· F	age 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
Sa. 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))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955),		rectly,			
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3? .		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	. or educational purposes, or				
the prevention of cruelty to children or animals?	, 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described				
section 53 4945 or in a current notice regarding disaster assistance (see instru		rrogulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check l				-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined .			
expenditure responsibility for the grant?			es 🔲 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					
a personal benefit contract?	pay premiums on		s X No		
•	norconal hanafit contract?	· · · · · · · · · · · · · · · · · · ·		6ь	Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	Detaction Deligit Contract,		 	00	
If "Yes" to 6b, file Form 8870.	haltas transastran O		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L 16		7b	
b If yes, did the foundation receive any proceeds or have any net income attribut				/0	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, migni	y 		
1 List all officers, directors, trustees, foundation managers and their		17	1 4 56		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account, allowan	other
(a) Name and address PATRICK J. COSTELLO	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account,	other
	hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	account,	other
PATRICK J. COSTELLO	hours per week devoted to position	(If not paid,	(CI) Contributions to employee benefit plans and deferred compensation	account,	other
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	compensation	account,	other ces
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON	hours per week devoted to position DIRECTOR 0.00	(If not paid, enter -0-)	compensation	account,	other ces
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT	hours per week devoted to position DIRECTOR 0.00	(If not paid, enter -0-)	Compensation O .	account,	other ces
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-)	compensation	account,	other ces
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON	hours per week devoted to position DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	Compensation O .	account,	other ces
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD	DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O .	O .	account,	O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-)	Compensation O .	account,	other ces
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD	DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O .	O .	account,	O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD	DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O .	O .	account,	O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-) O . O .	O .	account,	O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted)	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-) O . O . enter "NONE."	O .	account, allowan	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O .	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	(If not paid, enter -0-) O . O . enter "NONE."	O .	account, allowan	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted)	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.
PATRICK J. COSTELLO 25 E SPRING VALLEY AVENUE, SUITE 340 MAYWOOD, NJ 07607 DWIGHT DEVON 5403 SOUTH FULTON COURT AVON, CO 80111 DANA DEVON 220 ST GEORGES ROAD ARDMORE, PA 19003 Compensation of five highest-paid employees (other than those incompleted in the state of the	hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR (b) Title, and average hours per week	(If not paid, enter -0-) O . O . enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Expe account,	O. O.

0

Total number of other employees paid over \$50,000

THE PHILIP DEVON FAMILY FOUNDATION FORM 990-PF(2009) C/O PATRICK J. COSTELLO. CPA		2400742
Information About Officers, Directors, Trustees, Foundat		-3498743 Page 7
1 aid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
		_
	₫	
	 	
	-	
	 	
	-	
	 	
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the	Expenses
1 N/A		
		1
2		
]
3		
		<u> </u>
4		_
		_
Part IX-B Summary of Program-Related Investments		<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Amount
1 N/A		
		1
2		
_]
All other program-related investments See instructions		
3		

Form **990-PF** (2009)

0.

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign f	oundations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	[1a	291,039.
	Average of monthly cash balances	1b	291,039. 30,144.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	321,183.
8	Reduction claimed for blockage or other factors reported on lines 1a and		"
	1c (attach detailed explanation)	<u>).</u>	
2	Acquisition indebtedness applicable to line 1 assets	. 2	0.
3	Subtract line 2 from line 1d	3	321,183.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,818.
5	Net value of nuncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	316,365.
6	Minimum Investment return. Enter 5% of line 5	6	15,818.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part)	and certain	
1	Minimum investment return from Part X, line 6	1	15,818.
	Tax on investment income for 2009 from Part VI, line 5		
b	05 D. 43/13		
C	Add lines 2a and 2b	20	261. 15,557.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,557.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	15,557.
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	15,557.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		001
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 <u>a</u>	321.
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		
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	321.
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	321.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundati	on qualifies for th	e section

Form **990-PF** (2009)

4940(e) reduction of tax in those years

Page 9

C/O PATRICK J. COSTELLO, CPA 13-3498743 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,	00,000		2000	2500
line 7				_15,557.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only		· · · · · · · · · · · · · · · · · · ·	0.	••••••••••••••••••••••••••••••••••••••
b Total for prior years				
		0.		**********
3 Excess distributions carryover, if any, to 2009.				
a From 2004 7,870 a b From 2005 7,975 a	<u>.</u>			
b From 2005 7,975.				
c From 2006 9,481.				
d From 2007 8,732.				
B From 2008 11,587.				
f Total of lines 3a through e	45,645.	·····		
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 321.	<u>니</u>		0	
a Applied to 2008, but not more than line 2a		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			321.
d Applied to 2009 distributable amount				321.
e Remaining amount distributed out of corpus	0.			15 226
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	15,236.			15,236.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	30,409.			
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			<u></u>	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.				
Subtract lines 7 and 8 from line 6a	30,409.			
0 Analysis of line 9				
a Excess from 2005 609				
b Excess from 2006 9,481				
c Excess from 2007 8,732				
d Excess from 2008 11,587	•			
e Excess from 2009	<u></u>		<u></u>	

C/O PATRICK J. COSTELLO, CPA Form 990-PF (2009) 13-3498743 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2009 (b) 2008 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a 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 Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\bigcup \big[X \) If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include. C Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE PHILIP DEVON FAMILY FOUNDATION INC.

THE PHILIP DEVON FAMILY FOUNDATION INC.

Form 990-PF (2009) C/O PATRICK J. COSTELLO, CPA Part XV Supplementary Information (continued)

13-3498743 Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual,						
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
a Paid during the year	of substantial continuitor	Todiplont					
a Taid doming the year							
NONE							
	,						
!							
Total		<u> </u>	▶ 3a	0.			
b Approved for future payment							
NONE							
NONE							
Total		<u> </u>	▶ 3b	0.			
10191			- 30				

Form 990-PF (2009)

C/O PATRICK J. COSTELLO, CPA

13-3498743 Page 12

Inter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
•	code		COGE		
<u> </u>					
b			+		·
<u> </u>					_
d					
·		. 	+		
† 					
g Fees and contracts from government agencies	-				
Membership dues and assessments			-+		
Interest on savings and temporary cash investments					·
Dividends and interest from securities .			14	13,990.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	<17,891.	•
Net income or (loss) from special events	·				
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b				-	
	1 1				··
d			 - - 		
•	_ 				
Subtotal Add columns (b), (d), and (e)).	<3,901.	•
Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	<3,90
* * * * *	a \			'°—	13/30
ee worksheet in line 13 instructions to verify calculation		-1:-1			
'art XVI-B Relationship of Activitie					
ine No. Explain below how each activity for which the foundation's exempt purposes (other			I-A contributed	importantly to the accom	plishment of
					_
					·-
					
				· -	

13-3498743 Pag

	art X		egarding Transfers To nizations		and Relation		ncharitable		ige 13
1	Did th	ne organization directly or ind	irectly engage in any of the follow	wing with any other organiza	tion described in sec	ction 501(c) of		Yes	No
	the C	ode (other than section 501(c	c)(3) organizations) or in section	527, relating to political org	anızations?				
а	Trans	sfers from the reporting found	lation to a noncharitable exempt	organization of					
(1) Cash							1a(1)		X
(2) Other assets							1a(2)		Х
b	Other	transactions.							
	(1) 8	Sales of assets to a noncharita	able exempt organization				1b(1)		X
	(2) F	Purchases of assets from a no	oncharitable exempt organization				1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets				1b(3)		Х
	(4) F	Reimbursement arrangements	;				1b(4)		X
	(5) L	oans or loan guarantees					1b(5)		X
	(6) F	Performance of services or me	embership or fundraising solicita	tions			1b(6)		X
C	Shari	ng of facilities, equipment, ma	ailing lists, other assets, or paid e	employees			10		<u>X</u>
a)		• • •	foundation if the foundation receive other assets, or services receive (c) Name of noncharita	<u>d</u>	- 1	on of sharing arrange		- rangeme	ents
_			N/A						
_									
_									
									
				- · · · · · · · · · · · · · · · · · · ·					
			<u></u>						
							·		
_									
								_	
 2a		-	ethy affiliated with, or related to, or	· -	nizations described] No
h		s," complete the following sch	er than section 501(c)(3)) or in se	outoff JZI '			Yes	[43	טאו ר
_ <u>u</u>	11 16	s, complete the following sch (a) Name of org		(b) Type of organization		(c) Description of re	elationship		
_		N/A	, <u></u>	(2) 1)		(0)		_	
_						· · · · · · · · · · · · · · · · · · ·			
_	_								
_				 		· · · · · · · · · · · · · · · · · · ·			
_					 				
Ī	Under p	enalties of penjury, I declare that I i	have examined this return, including ac	companying schedules and state	ements, and to the best	of my knowledge and be	elief, it is true, corre	ect,	
İ	and con	nplete Declaration of preparer (other	er than payer of fiducian) is based	on all information of which prepar					
1		Milson	Centula	8/1/10	74	EDS VAEZ	_		
פ	SI	gnature of officer or trustee	<u></u>	Date	Title				
	້. ຊັ ≯ັ	Preparer's signature			ls	Check if self-	Preparer's identif	ying num	ber
,	돌불증	Firm's name (or amure				EIN >	l		
	Paid Preparer's Use Only	Firm's name (or yours if self-employed),				Elle -			

Phone no

address, and ZIP code

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c)

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

m n

2

<17**,**892.>

<187.>

FORM 990-PF DIVIDEN	DS AND	INTER	EST 1	FROM	SECU	RITIES	STATEME	ENT
SOURCE		GROSS AMOUNT			CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
CORPORATE BOND INTEREST DIVIDEND INCOME US INTEREST	-	10,443. 1,813. 1,744.		0. 0. 0.		10,443. 1,813. 1,744.		
TOTAL TO FM 990-PF, PART I,	LN 4 =		14,0	000.		0.	1	4,000
FORM 990-PF	0.	THER E	XPENS	SES			STATEME	INT
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVE I INC		(C) ADJUSTED NET INCOM	CHAR	D) RITABL RPOSES
FILING FEES BANK FEES INVESTMENT MANAGEMENT FEES		100. 221. 957.			0. 0. 957.	95	0.	100 221 0
TO FORM 990-PF, PG 1, LN 23		1,278.			957.	95	7.	321
FORM 990-PF U.S. AND	STATE/O	CITY GO	OVER	NMENT	OBL	GATIONS	STATEME	NT
DESCRIPTION		U.S GOV'		THER OV'T	вос	OK VALUE	FAIR MA VALU	
US TREAS NOTES 20M 4.25% 11/1 FHLB 20M 2.625% 5/20/11 FHLB 10M 5.25% 6/12/09 FEDERAL FARM CREDIT BANK 2.13		X X X X				21,356. 19,434. 0.		1,544 0,481 0
6/18/12	4 J T	Λ				10,026.	1	0,125
TOTAL U.S. GOVERNMENT OBLIGATION	TIONS					50,816.	5	2,150
TOTAL STATE AND MUNICIPAL GOV	VERNME	NT OBL	IGAT:	IONS				,
TOTAL TO FORM 990-PF, PART I	I, LIN	E 10A				50,816.	5	2,150

FORM 990-PF	CORPORATE BONDS		STATEMENT 4	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
US BK NATL ASSN 50M 6.3 BELLSOUTH CORP 25M 6.08 GE CAP CORP 50M 5.45% 1 AMERICAN INTL GRP 25M 4 CIT GROUP HLDGS 10M 4.7 JOHN DEERE 10M 5.07% 4/ WAL MART STORES 20M 7.2 ATLANTIC RICHFIELD 15M SHELL INTL FIN BV 4% 3/ ELECTRONIC DATA CORP 6% MCDONNELL DOUG CORP 9.7 TOTAL TO FORM 990-PF, F	8 10/15/11 1/15/13 1.25% 5/15/13 75% 12/15/10 715/14 25% 6/1/13 8.5% 4/1/12 721/14 8 8/1/13	0. 26,775. 16,110. 0. 0. 9,469. 22,362. 16,896. 23,265. 11,199. 17,576.	0. 27,033. 15,946. 0. 0. 9,733. 23,072. 17,128. 22,958. 11,054. 17,275.	
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 5	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
VANGUARD INDEX 500 FUND	COST	46,657.	84,895.	
TOTAL TO FORM 990-PF, F	PART II, LINE 13	46,657.	84,895.	

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

● If voi	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		3	×X
, , , ,	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 fi	led Fo	rm 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corpc	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I o	·	•	•	•
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar come tax returns.	exten	nsion of time	
	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension	n of ti	me to file one of th	e returns
noted b not aut ou mus	nelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files of the complete of the for Chanties & Nonprofits.	cally if	f (1) you want the a ated Form 990-T. I	dditional
ype or		Employer identification number		
, III.	C/O PATRICK J. COSTELLO, CPA			
ile by the lue date fo ling your	Number, street, and room or suite no. If a P.O. box, see instructions.			
etum See				
	type of return to be filed (file a separate application for each return):			
	orm 990			
_	orm 990-BL			
	orm 990-EZ Form 990-T (trust other than above)			
F	orm 990-PF			
	PATRICK J. COSTELLO, CPA			
	books are in the care of > 25 E SPRING VALLEY AVENUE, SUITE 340 -	MAY	WOOD, NJ	07607
The				
			-	
Telep	phone No. ► 201–368–2515 FAX No. ► 201–368–7056			· 🗆
Telep	phone No. ► 201-368-2515 FAX No. ► 201-368-7056 gorganization does not have an office or place of business in the United States, check this box		r the whole group,	· 🗆
Telepoint Telepo	phone No. ► 201–368–2515 FAX No. ► 201–368–7056	s is fo		check this
Telepo If the	whome No. ► 201-368-2515 FAX No. ► 201-368-7056 The organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unterpretations.	s is foi memb	ers the extension	check this
Teleport If the pox P	cohone No. ► 201–368–2515 FAX No. ► 201–368–7056 To organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a	s is foi memb	ers the extension	check this
Teleport If the pox In Ir	cohone No. ► 201–368–2515 FAX No. ► 201–368–7056 To organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for:	s is foi memb	ers the extension	check this
Telepose If the pox I	cohone No. ► 201–368–2515 FAX No. ► 201–368–7056 To organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a	s is foi memb	ers the extension	check this
Telepo If the If this pox	The phone No. ► 201-368-2515 FAX No. ► 201-368-7056 The organization does not have an office or place of business in the United States, check this box is 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 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a for the organization's return for: **X** calendar year 2009 or	s is formemb	ers the extension	check this
Telepo If the If this pox	Some No. ► 201–368–2515 FAX No. ► 201–368–7056 The organization does not have an office or place of business in the United States, check this box is is 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 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named and of or the organization's return for: X calendar year 2009 or, and ending, and ending	s is formemb	The extension	check this
Telepo If the If this pox If I I I I I I I I I I I I I I I I I I	Solution Properties of the group of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: ■ X calendar year 2009 or tax year beginning , and ending Initial return Final return	s is formemb	The extension	check this will cover.
Telepo If the If this pox If I I I I I I I I I I I I I I I I I I	Some No. ► 201–368–2515 FAX No. ► 201–368–7056 The organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named at for the organization's return for: □ X calendar year 2009 or tax year beginning, and ending this tax year is for less than 12 months, check reason: Initial return Final return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	s is formemb	The extension Change in accoun	check this will cover.
Telep If the If this pox >	Solution No. ► 201–368–2515 FAX No. ► 201–368–7056 The organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box The image is a comparation of the group of the group, check this box The image is a comparation of the group of	s is formemb	The extension Change in accoun	check this will cover.
Telep If the If this pox If the If this pox If I I I I I I I I I I I I I I I I I I	Solution No. ► 201–368–2515 FAX No. ► 201–368–7056 The organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitial AUGUST 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: X calendar year 2009 or and ending and ending and ending and ending and ending this tax year is for less than 12 months, check reason: Initial return Final return this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any correfundable credits. See instructions. 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. False Countries and EINs of Brown in the States in the United States, check this box to end of the United States, check this box to end of the United States, check this box the United States, check this box the United States, check this box the United States, check this box to end of the United States, check this box the United States, check this box the United States, check this box the United States, check this box the United States, check this box the United States, check this box the United States, check this box the United States, check this box the United States, check this box and attach a list with the names and EINs of all the United States, check this box and attach a list with the names and EINs of all the United States, check this box and attach a list with the names and EINs of all the United States, check this box and attach a list with the names and EINs of all the United States, check the United States, check the United States, check	s is formemb	The extension Change in accoun	check this will cover.
Telep If the If this pox > 1 Irr	Solution No. ► 201–368–2515 FAX No. ► 201–368–7056 The organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box The image is a comparation of the group of the group, check this box The image is a comparation of the group of	s is formemb	The extension Change in accoun	check this