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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Fo	ог са	lendar	year 2009, 0	or to	ax year begi	nning			, 2009	, and endi	ing			, 20
			hat apply		Initial retui		i	nitial return	of a former p	oublic chai	rity		Final ret	urn
					Amended	return_		Addre	ss change		Na	ame change		
			Name of fou	ndat	tion							A Employer identi	fication numbe	er
ι	Jse th	ne IRS	THE SEXT	ron	FAMILY	FOUND	OATION				- 1			
	lab	el.	c/o o. (GRI	FFITH SE	XTON						13	-7106277	<u> </u>
(wise,	Number and	stre	et(orPO box	number if	mail is not d	elivered to stree	et address)	Room/su	nte	B Telephone number (s	ee page 10 of the ma	structions)
	pr or ty	int 												
S	_	ype. pecific	410 COC	UNC	T PALM F	ROAD		<u> </u>		<u> </u>		() -	·
		ctions.	City or town,	, sta	te, and ZIP co	de					- 1	C If exemption applied pending, check here.	cation is	▶∐
											- 1:	D 1. Foreign organiz		, . ▶ 🔛
			VERO BEA	ACH	l, FL 329	63						2. Foreign organiz		e
H	Che	ck type	e of organiza	tion	X Secti	on 501(here and attach	▶□
l	s	ection 4	4947(a)(1) no	nexe	empt charitable				rivate founda			E If private foundati	on status was terr	ninated —
I	Fair	marke	et value of all	ass	ets at end	J Acco	unting me	ethod 🔼 C	ash 💹 Acc	crual	- 1	under section 507		
	•		m Part II, col				ther (spec				1	F If the foundation	s in a 60-month to	ermination
_		▶ \$			806.		column (c	i) must be o	n cash basıs)	· · · · · · · · · · · · · · · · · · ·		under section 507(
Ŀ	art	Analy	ysis of Reve	nue	and Expens	es (The	(a) Rev	venue and	(b) Net inve	estment	(c) Adjusted net		ırsements arıtable
		may r	not necessaniv	eau	al the amount	s <i>in</i> l	expe	nses per	incon	ľ	,,,	income	i .	oses
_		colúm	n (a) (see pag	e 11	of the instruc	tions))	D-	ooks						asis only)
ļ	1	Contribu	tions, gifts, grants,					6,085	<u> </u>				-	
	2	Check	attach	Sch	dation is not req B				ļ				 	
1	3		on savings and					112 007	,,,	2 007			1 7 7 611	
	4	Divider	nds and intere	est fr	om securities			113,907	1.1	3,907.		0	ATCH	
	5 a	Gross r	rents						ļ				 	
	b	Net ren	tal income or (lo	ss) _	_ 			11 000	ļ			1		
пe	6 a b	Net gan	n or (loss) from sales price for all	sale (of assets not on	line 10		-11,083	<u> </u>			- REC	EIVED	
Revenue			on line 6a		150	<u>, 000</u> .			-			1	-IVLD	-0 -
3ev	7	Capita	l gain net inco	me ((from Part IV,	ine 2) .						IOI NOV	1 0 0010	
-	8		ort-term capita	-					ļ	<u></u>		ISI NON .	8 2010	101
	9 10 a		e modifications ales less retums		 I	• • • •			 					
	_	and allo	wances · · ·	• • }				· · · ·				OGD	N, UT	
			ost of goods sold						ļ. <u> </u>					
			profit or (loss)					3,835		0.		0	ATCH	2
	11		income (attach					112,744		3,907.		0	111011	
_	12		Add lines 1 th		•			0		3,307.			+	
	13		nsation of office						1			·····		
Sa	14		employee sala						 			- 		
Sui	15		on plans, empl						 				 	
хbе	108	Accoun	fees (attach sc nting fees (att	neut	asbodulo ATC	 н 3		6,085	 	0.		0		6,085
ØE.								-,	1				+	<u> </u>
ítlý	17		professional fe it					·				·	+	
štra	18		attach schedule)			-11.		4,821		986.		0	 	0
ių	19	•	altach schedule) Diation (attach	•									 	
몆	20	•	ancy		•	•						·	+	
S@perating.andixidministrative Expenses	21		conferences,							-			1	
an	22		g and publicat		•				1				- 	
ď	23		expenses (atta										1	
Ŧ	24		operating and		•				<u> </u>					
9	-		es 13 through					10,906		986.		0		6,085
9	25		butions, gifts,					177,555					.1_	177,555
J)	26		enses and disbur	-	-			188,461		986.		0		183,640
	27		ct line 26 fron					•						
			of revenue over ex			ents .		-75,717					<u> </u>	
			vestment inco						13	2,921.				
			ed net income		_							-00		

Б	art II	Ralanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
	1		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ng			
	2		cash investments	-15,339.	70,026.	70,026.
ı	3	Accounts receivable ▶				
		Less allowance for dou	btful accounts ▶		_	
	4					
		Less allowance for dou	btful accounts ▶			
	5					
1	6		fficers, directors, trustees, and other			
			ich schedule) (see page 16 of the instructions)			
	7		eceivable (attach schedule)		··· -	
	′		btful accounts			
	_					
)ts	8		e			
Assets	9		eferred charges			
Ä			e government obligations (attach schedule)	3,375,295.	3,214,213.	3,085,780
		· · · · · · · · · · · · · · · · · · ·	stock (attach schedule) ATCH 5 .	3,313,293.	3,214,213.	3,003,700
	11 C	Investments - land, building				
		(attach schedule)	ation >			
	12		loans		 	
	13 14	Land, buildings, and	ach schedule)		<u></u>	
		Less accumulated deprecia (attach schedule)	ation			
	15	Other assets (describe	>)			
	16		pleted by all filers - see the			
		instructions Also, see p	age 1, item l)	3,359,956.	3,284,239.	3,155,806
	17	Accounts payable and a	ccrued expenses		·= · · · ·	
	18					i
Ś						
iţi	20		ors, trustees, and other disqualified persons			
Ē	21		otes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
Liabilities	22		e >)	-		
	22	Other habilities (describe	· · · · · · · · · · · · · · · · · · ·			
	23	Tetal liabilities (add lass	on 17 through 32)			
_	23		es 17 through 22)			
			low SFAS 117, check here ▶			
w		and complete lines	24 through 26 and lines 30 and 31.			
ces	24	Unrestricted				
lan	24 25 26	Temporarily restricted				
Ba	26	Permanently restricted .				
Бп			not follow SFAS 117,			
Ŀ		check here and com	plete lines 27 through 31. ▶ X			
6	27	Capital stock, trust prin	cipal, or current funds			
its	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			
Net Assets	29		ulated income, endowment, or other funds	3,359,956.	3,284,239.	
Ä	30	Total net assets or fund	d balances (see page 17 of the			
Ne				3,359,956.	3,284,239.	
	31	Total liabilities and net	assets/fund balances (see page 17			
				3,359,956.	3,284,239.	
E	art II	Analysis of Cha	anges in Net Assets or Fund I			<u> </u>
			alances at beginning of year - Part II,		agree with	
•			d on prior year's return)			3,359,956.
2	Ento	r amount from Doct !	line 27a	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · - ' -	-75,717
2	CHE	r amount nom Patti,	line 27a	• • • • • • • • • • • • • • • • • • • •		157,11
			ed in line 2 (itemize)			3,284,239
						3,204,239
5	Decr	eases not included in	line 2 (itemize) ▶alances at end of year (line 4 minus l		5	3,284,239
6	Lota	i net assets or tund ba	Blances at end of year (line 4 minus l	ine 5) - Part II column (b)	line 30	J, Z04, Z39.

(a) List an	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)
a SEE PART IV SCHE	DULE				
b					
С					
d	· · · · · · · · · · · · · · · · · · ·				
е				L	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mine	
a					
b					
C					
<u>-</u>					
					
	howing gain in column (h) and owr	ned by the foundation on 12/31/69		Gains (Col (h) g	ain minue
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less to Losses (from co	than -0-) or
2					
<u>a</u> b					
C					
d				-	
					-
<u>e</u>	. If	gain, also enter in Part I, line 7			
! Capital gain net income or	· (not canital loss)	(loss), enter -0- in Part I, line 7	2		-11,083.
Net short-term capital dair	יי	•	- -		
	, line 8, column (c) (see pages 13				
			,		
Part V Qualification III	line 8	ucad Tay on Net Investment Inc	rome		
	the section 4942 tax on the distrib		ase perio	d۶ [Yes X N
	not qualify under section 4940(e)				
	ount in each column for each year	, see page 18 of the instructions be	etore mak	(ing any entries (d)	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2008	194,962.	3,417,470.			0.057049
2007	220,549.	4,178,765.			0.052779
2006	211,509.	3,886,009.			0.054428
2005	181,234.	3,581,744.			0.050599
2004	178,497.	3,434,814.			0.051967
Takal of head and comment (d)					0.266822
2 Total of line 1, column (d)			2		
	for the 5-year base period - divide	•			0 052264
number of years the foun	dation has been in existence if less	s than 5 years	3		0.053364
		as Dod V. has 5		2	762 410
Enter the net value of nor	ncharitable-use assets for 2009 fro	m Paπ X, line 5	4		762,410.
Multiply line 4 by line 3			5		147,413.
widitiply line 4 by line 3					
Enter 10/ of not investigation -	int income (10) of Bort Line 275				1,129.
Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		+, 149.
T Add has 5 == 10			1 1		
7 Add lines 5 and 6					148 542
			7		148,542.
n Falana att a title	and from Dark VIII. line 4				
Enter qualifying distribution	and from Dark VIII. line 4		8		183,640.

Par	t VI 、Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	page 18 of the	ne ins	tructio	ns)
143	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	ł			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1,1	29.
	here Mand enter 1% of Part I, line 27b				
С	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	_	1 1	29.
3	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	·	1 1	29.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			29.
6	Credits/Payments 2009 estimated tax payments and 2008 overnayment credited to 2009 6a 3, 835.				
а	2003 estimated tax payments and 2000 overbayment distance to 2003				
b	Exempt foreign organizations-tax withheld at source				
С	Tax paid with application for extension of time to like (Form 6000).	l			
đ	Backup withholding erroneously withheld	_		3 8	35.
7	Total credits and payments Add lines 6a through 6d	7			-33.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2 7	06.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		2,,	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 2,706. Refunded ▶				
	t VII-A Statements Regarding Activities			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		1a	163	X
_	participate or intervene in any political campaign?		""		
D			1ь		Х
	of the instructions for definition)?		· · ·		
	published or distributed by the foundation in connection with the activities	3			
_	Did the foundation file Form 1120-POL for this year?		1 c		Х
ا ا	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		<u> </u>		
d	(1) On the foundation (2) On foundation managers \$				1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo			!	
•	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
-	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, article	s of	1		
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?		4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				X
٠	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or			1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions	that			
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and		7	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of				
	instructions) CT, FL,	- 			
b	•••			X	
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation		8 b	<u> </u>	├
9	is the foundation claiming status as a private operating foundation within the meaning of section 494				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV				x
	27)? If "Yes," complete Part XIV		9	 	 ``
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list names and addresses ATTACHMENT 6	sting their	10	х	
	names and addresses			1	1

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			
meaning of section 512(b)(15) in ites, attach scriedule (see page 20 of the instructions)	11_		<u>X</u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	İ		
August 17, 2008?	. 12		<u> </u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address N/A			
website address ► O. GRIFFITH SEXTON Telephone no ► 206-	-2/5-46	00	
Website address 14 The books are in care of ▶ O. GRIFFITH SEXTON Located at ▶410 COCONUT PALM ROAD VERO BEACH, FL 206- 219+4 ▶ 3296 219+4 ▶ 3296	-		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · ·		▶	
and enter the amount of tax-exempt interest received or accrued during the year	15]		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	- -	Van	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	res	NO
1a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange or leasing of property with a disqualified person? Yes X No.	,		
(1) Eligage in the sale of exchange, or leasing of property with a disqualities person	,		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
disqualified betson:			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	-		
(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 of use of a disqualified person)	١ ١		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if		1	
the foundation agreed to make a grant to or to employ the official for a period after	_		
termination of government service, if terminating within 30 days /	°	ĺ	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1ъ		x
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	· · · 113	+	<u> </u>
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	10		x
were not corrected before the first day of the tax year beginning in 2009?	· · · ' ' '	+	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
de, Part XIII) for tax year(s) beginning before 20097.	"		
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 incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2 b		X
to all years listed, answer "No" and attach statement - see page 20 of the instructions)	==		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a Did the foundation hold more than a 2% direct or indirect interest in any business			
enterprise at any time during the year?			
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 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)	3 b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
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?	4b		Х

Pai	t VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requ	ired (continued)			
5 อ	During the year did the foundation pay or incur any amou	nt to					
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No			
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,				
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or oth						
	(4) Provide a grant to an organization other than a chari						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (Yes X No			
	(5) Provide for any purpose other than religious, charitat			· _ _			
	purposes, or for the prevention of cruelty to children or animals?						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans-			. — —			
-	Regulations section 53 4945 or in a current notice regard				5b		
	Organizations relying on a current notice regarding disast	-	· · · -				
_	If the answer is "Yes" to question 5a(4), does the foundation						
·	because it maintained expenditure responsibility for the gr			Yes X No			
	If "Yes," attach the statement required by Regulations sect						
۰.		· ·	nou promutmo				
ьа	Did the foundation, during the year, receive any funds, d			Yes No			
.	on a personal benefit contract? Did the foundation, during the year, pay premiums, direct				6ь		
В		city of indirectly, on a	personal benefit contrat	³¹ ,			
- -	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a par	rty to a probabilised toy	shalter transaction?	Yes X No			
	If yes, did the foundation receive any proceeds or have a			•		X	
						<u> </u>	
	and Contractors		_				
1_	List all officers, directors, trustees, foundation m		compensation (see				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		se account, owances	
	(a) Name and address		(If not paid, enter				
		hours per week	-0-)	employee benefit plans and deferred compensation		owances	
AT		hours per week	(c) Compensation (if not paid, enter -0-)	employee benefit plans		owances	
AT		hours per week	-0-)	employee benefit plans and deferred compensation		owances	
AT	TACHMENT 7	hours per week	-0-)	employee benefit plans and deferred compensation		owances	
AT	TACHMENT 7	hours per week	-0-)	employee benefit plans and deferred compensation		owances	
AT	TACHMENT 7	hours per week	-0-)	employee benefit plans and deferred compensation		owances	
AT	TACHMENT 7	hours per week	-0-)	employee benefit plans and deferred compensation		owances	
	TACHMENT 7	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances	
	TACHMENT 7	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances	
	TACHMENT 7	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	0	
2	TACHMENT 7	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	owances	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	
2 (a	TACHMENT 7 Compensation of five highest-paid employees (ot if none, enter "NONE."	hours per week devoted to position ther than those income (b) Title, and average hours per week devoted to position	0.	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0 ase account,	

Form 990-PF	(2009)	13-7106277	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)	anagers, Highly Paid Emplo	
3 Five hig	hest-paid independent contractors for professional services (see page 2	23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total numb	per of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical in	nformation such as the number	Expenses
1 N/A			
2			
	-		
3			
4			
	Summary of Program-Related Investments (see page 23 of the		
Describe th	e two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 NONE	: 		
2			
All other or	ogram-related investments See page 24 of the instructions		
3 NONE			
Total Add	lines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn foundation	s,
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	2,728,718.
b	Average of monthly cash balances	1b	75,759.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	2,804,477.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	O 1.4 4 1 O 6 1 4 -1	3	2,804,477.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	af the continue to an a	4	42,067.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,762,410.
6	Minimum investment return. Enter 5% of line 5	6	138,121.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this j		
1	Minimum investment return from Part X, line 6	1	138,121.
2 a	1 120		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	1	
	Add lines 2a and 2b	2c	1,129.
3	Distributable amount before adjustments Subtract line 2c from line 1		136,992.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	136,992.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	136,992.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	 	
\equiv		 	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 _a	183,640.
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1b	0.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	<u> </u>
2		,	0.
_	purposes	2	-
3	Amounts set aside for specific charitable projects that satisfy the	20	0.
a	Suitability test (prior IRS approval required)	3a 3b	0.
b	Cash distribution test (attach the required schedule)	4	183,640.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	-	103,040.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	1,129.
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	182,511.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years	vnetner the fou	naation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)	·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7			– – – –	136,992.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only	· ·····			
b	Total for pnor years 20 07 .20 06 .20 05				
3	Excess distributions carryover, if any, to 2009				
а	Excess distributions carryover, if any, to 2009 From 2004				
	From 2005				
	From 2006 20,071.				
d	From 2007				
	From 2008	75 200			
f	Total of lines 3a through e	75,299.			
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 183,640.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
C	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				136,992.
	Remaining amount distributed out of corpus	46,648.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	121,947.			
b	Prior years' undistributed income Subtract		10		
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions	 			
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				
7	distributed in 2010				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	9,192.		, , , , , , , , , , , , , , , , , , , ,	
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	112,755.			
10	Analysis of line 9				
а	Excess from 2005 4,679.				
b	Excess from 2006				
c	Excess from 2007 14,763.				
	Excess from 2008 26,594.				
е	Excess from 2009 46,648.				

Pa	rt XIV. Private Oper	rating Foundations (see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE		
	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							
Ь	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)							
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total		
2.0	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 1041		
	I or the minimum investment return from Part X for each							
	year listed		_					
D	85% of line 2a							
С	Qualifying distributions from Part							
d	XII, line 4 for each year listed . Amounts included in line 2c not							
•	used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities. Subtract line							
	2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying under section							
	4942(j)(3)(B)(i)							
þ	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed							
С	"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 sup-							
	port from an exempt organization							
	(4) Gross investment income		<u> </u>					
Pa	at any time of	during the year - se	e page 28 of the in	only if the founda structions.)	ation had \$5,000	or more in assets		
1	Information Regardin							
а	List any managers of	the foundation who h	nave contributed more	e than 2% of the tota	l contributions receiv	red by the foundation		
	before the close of any		ley have contributed i	nore than \$5,000) (Se	ee section 507 (u)(2))			
	O. GRIFFIT							
b	List any managers of ownership of a partner	the foundation who rship or other entity) o	own 10% or more of fwhich the foundatior	the stock of a corpo has a 10% or greater	oration (or an equally interest	large portion of the		
	N/A							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		-		
						and does not accept		
	unsolicited requests f				28 of the instruction	ons) to individuals or		
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d				
а	The name, address, a N/A	nd telephone number	of the person to whon	n applications should be	e addressed			
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include			
		NS SHOULD BE SU	JBMITTED IN WRI	TING.				
С	Any submission deadle	ii leS						
	NONE							
d	Any restrictions or li factors				ble fields, kinds of	institutions, or other		
	NO RESTRICT	TIONS OR LIMITA	ATTONS ON AWARD)S				

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Name and address (home or business) Purpose of grant or status of recipient r							
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for h	tuture Payment	T			
Name and address (home as husaness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount			
Name and address (nome or business)	or substantial contributor	recipient	<u> </u>				
a Paid during the year							
ATTACHMENT 8							
ATTACHMENT 0							
				;			
		ļ					
		1					
		1					
]					
		1					
Total	<u> </u>	1	▶ 3a	177,555			
b Approved for future payment	<u> </u>						
a Approved for lattice payment							
	<u> </u>	<u></u>					
Total	<u> </u>		<u> ▶ 3b</u>				

Form 990-PF	(2009)			13-	-7106277	Page 12
Part XVI		cing Activ	vities			
	amounts unless otherwise indicated	r	ated business income	Excluded by	y section 512, 513, or 514	(e)
·		(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
•	n service revenue					the instructions)
a						······································
			<u>.</u>			
				 		
			_			
f						
-	s and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash investments			14	113,907.	
	ds and interest from securities			14	115, 907.	-
	tal income or (loss) from real estate					
	ot-financed property					
	debt-financed property					
	al income or (loss) from personal property		-	0.1		
	vestment income			01	11 002	
-	loss) from sales of assets other than inventory	_		18	-11,083.	
9 Net inco	ome or (loss) from special events					
10 Gross p	rofit or (loss) from sales of inventory		ļ. <u></u>			
11 Other re		110000	2 225			
P EXC	CISE TAX REFUND	110000	3,835.			
c						
d						
е						
12 Subtota	I Add columns (b), (d), and (e)		3,835.		102,824.	
13 Total. A	dd line 12, columns (b), (d), and (e)				13	106,659.
(See works	heet in line 13 instructions on page 28					
Part XVI						
Line No.	Explain below how each activ					
▼	the accomplishment of the fo	oundation's	exempt purposes (of	ther than I	by providing funds for	such purposes) (See
	page 29 of the instructions)					<u>.</u>
			NOT APPLICABL	Е		
				•		
		 				·
			<u>-</u>			
						. = 11
						
	· · · · · - ·					
						<u> </u>
						
						
						

Part XVII

Form	990-PF	(2009)				1	3-710627	77		Pa	ge 13
	rt XVII			ransfers To and	Transac	tions a	nd Relati	onships With	Nonch	narit	able
1	ın se	he organization directly ction 501(c) of the Cozations?	y or indirectly ode (other than	engage in any of the section 501(c)(3) orga	inizations)	with an or in se	y other org	anization described relating to political		Yes	No
а		. •		oncharitable exempt organi					12(1)		Х
											<u> X</u>
b		transactions.									
	(1) Sa	ales of assets to a nonch	naritable exempt o	organization					1b(1)		X
				exempt organization							Х
				ets							Х
											<u>X</u>
											X
				fundraising solicitations							$\frac{\lambda}{X}$
C		•	•	ther assets, or paid employed						four s	
d		•		Yes," complete the folloces given by the repo							
		_		gement, show in colum							
	Value	in any transaction of	Silaring arran	genient, snow in colum	(u) tile	s value e	inc good	o, other assets, or	30,100		
(a) l	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organiza	ation	(d) Descr	iption of transf	fers, transactions, and sh	anng amar	gemei	nts
		N/A				N/A					
			<u> </u>						-		
							 				
				· ·		•					
_	_										
				- · · · · · · · · · · · · · · · · · · ·							
2 a				ited with, or related to,		ore tax-ex	empt organi	zations described in		_ 🗔	No
_		n 501(c) of the Code (oth s." complete the following		501(c)(3)) or in section 52	<i>"</i>	• • • • •	• • • • • •	• • • • • • • • • • •	Ye	s <u>_</u>	סא ה
	II TE	(a) Name of organization		(b) Type of organ	nization			(c) Description of relatio	nship		
		(-,	· · · · · · · · · · · · · · · · · · ·	(-, -, -,	-			· ·			
	Under belief,	penalties of perjury, I declift is true, correct, and com	are that I have explete Declaration	amined this return, including of preparer (other than taxpa	accompany eyer or fiduc	ciary) is base	ed on all infor	mation of which prepar	of my kn er has an	owled y knov	ge and wledge
a	<u>-</u>	gnature of officer or trustee	MA OB	ブ ト	1	11/13 Date	12010	TRUSTER TITLE			
ere	- 31	gnature or officer of trustee			Date	Date /	<u>, , , , , , , , , , , , , , , , , , , </u>	Preparer	s identify	ına	
Sign Here	Paid Preparer's Use Only	Preparer's signature	aun a	2 CR CA		dio	Check if self-employ	number (See Signa the instru	ture o	
	Paid repare Jse On	Firm's name (or yours if				LONE L	LP	EIN ▶ 13-385	905		
	د ۵	self-employed), address		SE 28TH STREET,	SUITE		10				
		and ZIP code	MER J EI	R ISLAND, WA		980	40	Phone no			
			-						Form 99 (J-PF	(2009)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

THE SEXTON FAMILY FO		13-7106277
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ındation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
		tion
	4947(a)(1) nonexempt charitable trust treated as a private founda	lion
	501(c)(3) taxable private foundation	
General Rule X For an organization (, (8), or (10) organization can check boxes for both the General Rule and a stilling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II	
Special Rules	ne contributor Complete Farts Farta II	
For a section 501(c) sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 331/3% support teend 170(b)(1)(A)(vi), and received from any one contributor, during the yea 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	r, a contribution of the greater
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charitabs, or the prevention of cruelty to children or animals. Complete Parts I, II, an	le, scientific, literary, or
the year, contribution aggregate to more the year for an exclusively applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from as for use <i>exclusively</i> for religious, charitable, etc., purposes, but these compan \$1,000. If this box is checked, enter here the total contributions that way religious, charitable, etc., purpose. Do not complete any of the parts unless it received nonexclusively religious, charitable, etc., contributions.	ntributions did not rere received during the ss the General Rule butions of \$5,000 or more
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file S t answer "No" on Part IV, line 2 of its Form 990, or check the box on line H , to certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ,
For Privacy Act and Pananyork Pedus	stian Act Natice see the Instructions Schedule	B (Form 990, 990, F7, or 990, PF) (2009)

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

THE SEXTON FAMILY FOUNDATION C/O O. GRIFFITH SEXTON Name of organization

Employer identification number 13-7106277

Part I Contributors	(see instructions)
---------------------	--------------------

raiti	Continuators (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	O. GRIFFITH SEXTON 410 COCONUT PALM ROAD VERO BEACH, FL 32963-3709	\$\$.	Person X 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)
(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 - PART IV

Kind of P	roperty		Desc	cription		or D	Date	Date sold
					Excess of	D	acquired Gain	- -
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	FMV over		or	
penses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	\coprod	or (loss)	
						П		
		5,978.564	SHS VANGUAR	D TOTAL STO	CK MKT I	Р	VARIOUS	VARIOUS
			YPE: SECURI		_			
			IFE. SECONI	1165			-11,083.	
50,000.		161,083.					-11,003.	
TAL GAIN(LO	1221						-11,083.	
IND CAIM (BC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • •				=======================================	
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- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

ADJUSTED NET INCOME	
NET INVESTMENT INCOME	22. 68,604. 243. 4,541. 23,941. 16,555.
REVENUE AND EXPENSES PER BOOKS	22. 68,604. 243. 4,541. 23,941. 16,555.
DESCRIPTION	JP MORGAN PRIME MONEY MARKET SELECT VANGUARD - HIGH YIELD CORPORATE ADM VANGUARD - PRIME MONEY MARKET VANGUARD - INDEX TRUST - SMALL CAP STOCK VANGUARD - INDEX TRUST - TOTAL STOCK MAR VANGUARD - TOTAL INTERNATIONAL PORTFOLIO MSILF CASH DIVIDENDS

ы	
INCOME	
OTHER	
F	
Н	
PART	
990PF,	
FORM	

ADJUSTED NET INCOME 0.	0.
NET INVESTMENT INCOME 0.	0
REVENUE AND EXPENSES PER BOOKS 3,835.	3,835.
	TOTALS
Q	
DESCRIPTION EXCISE TAX REFUND	

PART I - ACCOUNTING FEES FORM 990PF,

CHARITABLE PURPOSES	6,085.	6,085.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	.0	0.
REVENUE AND EXPENSES PER BOOKS	6,085.	6,085.
		TOTALS
DESCRIPTION	TAX PREPARATION FEES	

4
ATTACHMENT

	CHARITABLE PURPOSES		•0
	ADJUSTED NET INCOME	0	•0
	NET INVESTMENT INCOME	.0	986.
	REVENUE AND EXPENSES PER BOOKS	3,835.	4,821.
FORM 990PF, PART I - TAXES	DESCRIPTION	INTERNAL REVENUE SERVICE FOREIGN TAXES WITHHELD	TOTALS

PART II - CORPORATE STOCK

FORM 990PF,

2	
ATTACHMENT	

ENDING <u>FMV</u>	907,780. 1,120,406. 652,180. 405,414.	3,085,780.
ENDING BOOK VALUE	1,240,655. 1,099,726. 551,613. 322,219.	3,214,213.
BEGINNING BOOK VALUE	1,240,655. 1,260,808. 551,613. 322,219.	3,375,295.
DESCRIPTION	VANGUARD - HIGH YIELD CORP. VANGUARD - TOTAL STOCK MARKET VANGUARD - TOTAL INTL STK IDX VANGUARD - SMALL CAP STOCK ADM	TOTALS

CONTRIBUTORS
NEW SUBSTANTIAL C
l II
NE 10 -
LINE 10
VII-A,
PART VII-A,
RM 990PF, PART VII-A,

NAME AND ADDRESS

DATE

DIRECT PUBLIC SUPPORT

6,085.

VARIOUS

TOTAL CONTRIBUTION AMOUNTS

O. GRIFFITH SEXTON
410 COCONUT PALM ROAD
VERO BEACH, FL 32963-3709

6,085.

•	•
ATTACHMENT 7	EXPENSE ACCT AND OTHER ALLOWANCES
ATTACH	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES
	COMPENSATION
VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

。

0

.

TRUSTEE

O. GRIFFITH SEXTON 410 COCONUT PALM ROAD VERO BEACH, FL 32963

NAME AND ADDRESS

GRAND TOTALS

AMOUNT	4,000	1,000	1,000	8,500	2,360.	1,000
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS	ST BARNABUS EPISCOPAL CHURCH 954 LAKE AVENUE GREENWICH, CT 06831	CAMP BOGGY CREEK 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	DEERFIELD ACADEMY DEERFIELD, MA 01342	ADVANCING NATIVE MISSIONS PO BOX 5303 CHARLOTTESVILLE, VA 22905	THE CHINA CARE FOUNDATION GREENWICH, CT	MEMORIAL SLOAN KETTERING CANCER 1275 YORK AVENUE NEW YORK, NY 10021

ATTACHMENT 8 (CONT'D)

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GREENWICH ADULT DAY CARE	NONE	CHARITABLE CONTRIBUTION	250
GREENWICH, CT 06830	PUBLIC CHARITY		
COOKE FOUNDATION FOR SPECIAL EDUCATION	NONE	CHARITABLE CONTRIBUTION	6,500.
475 RIVERSIDE DRIVE SUITE 730	PUBLIC CHARITY		
NEW YORK, NY 10115-0797			
UNITED WAY OF GREENWICH	NONE	CHARITABLE CONTRIBUTION	5,000.
1 LAFAYETTE COURT	PUBLIC CHARITY		
GREENWICH, CT 06830			
SAN FRANCISCO OCEAN FILM FESTIVAL	NONE	CHARITABLE CONTRIBUTION	500.
1007 GENERAL KENNEDY AVENUE	PUBLIC CHARITY		
SAN FRANCISCO, CA 94129			
PEACE TREES VIETNAM	NONE	CHARITABLE CONTRIBUTION	4,000.
BAINBRIDGE, WA 98110	PUBLIC CHARITY		
GREENWICH HOSPITAL	NONE	CHARITABLE CONTRIBUTION	1,000.
5 PERRYRIDGE ROAD	PUBLIC CHARITY		
GREENWICH, CT 06830-4697			

ATTACHMENT 8 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PRINCETON UNIVERSITY BOX 46 PRINCETON, NJ 08544-0046	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	30,000
COTTAGE 1886 FOUNDATION, INC 51 PROSPECT AVENUE PRINCETON, NJ 08540	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
AMVETS ST. PETERSBURG, FL	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	250
THE CHILDREN'S STOREFRONT P O BOX 1313 70 EAST 129TH STREET NEW YORK, NY 10035	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	200
THE ROBIN HOOD FOUNDATION 111 BROADWAY NEW YORK, NY 10006	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	4,000
GREENWICH EMS 1111 EAST PUTNAM AVENUE RIVERSIDE, CT 06878	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	250

THE SEXTON FAMILY FOUNDATION

13-7106277

ATTACHMENT 8 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
STANFORD GRADUATE SCHOOL OF BUSINESS STANFORD, CA	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000.
AMOGERONE VFC GREENWICH, CT	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	250.
DENISON ANNUAL FUND 100 SOUTH ROAD GRANVILLE, OH 43023	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	200
EAST HARLEM SCHOOL 340 EAST 104TH STREET NEW YORK, NY 10029	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,500
BOYS AND GIRLS CLUB OF GREENWICH GREENWICH, CT 06830	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
ECKERD COLLEGE 4200 S4TH AVENUE SOUTH ST PETERSBURG, FL 33711	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	15,000

ATTACHMENT 8 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
STEADMAN HAWKINS SPORTS MEDICINE 181 WEST MEADOW DRIVE SUITE 1000 VAIL, CO 81657	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	200
JOHNS ISLAND FOUNDATION VERO BEACH, FL	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,500
UNION SETTLEMENT ASSOCIATION 237 EAST 104TH STREET NEW YORK, NY 10029	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	200
JONES INSTITUTE FOR REPRODUCTION 601 COLLEY AVENUE NORFOLK, VA 23507	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	5,000
NATIONAL CHILDHOOD CANCER FOUNDATION PO BOX 60012 ARCADIA, CA 91066-6012	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	5,000
ASSOCIATION OF SMALL FOUNDATIONS 4905 DEL RAY AVENUE, SUITE 308 BETHESDA, MD 20814	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	ል ር

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PORT CHESTER CARVER CENTER 400 WESTCHESTER AVENUE PORT CHESTER, NY 10573	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000.
REACH PO BOX 54 HELSTON CORNWALL TR 13, 8WD	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	6, 500
NAVY SEAL WARRIOR FUND C/O EVENT ASSOCIATES INC 162 WEST 56TH STREET, SUITE 405 NEW YORK, NY 10019	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,500
NORWALK COMMUNITY COLLEGE 188 RICHARDS AVENUE NORWALK, CT 06854-1655	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,500.
POSSE FOUNDATION 14 WALL STREET, SUITE 0A-60 NEW YORK, NY 10005	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	4,000.
ADOPT-A-DOG GREENWICH, CT 06831	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,000

ATTACHMENT 8 (CONT'D)

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ATTACHMENT 8 (CONT'D)

ATTACHMENT 8 (CONT'D)

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PART XV	
FORM 990PF,	

INDIAN RIVER MEDICAL CENTER 1000 36TH STREET VERO BEACH, FL 32960 UNITED WAY OF INDIAN RIVER COUNTY VERO BEACH, FL 32961 PUBLIC CHARITY VERO BEACH, FL 32961 RONE FISK UNIVERSITY 1000 17TH AVENUE NORTH MASHVILLE, TN 37208 BOYS AND GIRLS CLUB OF INDIAN RIVER COUNTY NONE	STATUS OF RECIPIENT	CHARITABLE CONTRIBUTION CHARITABLE CONTRIBUTION CHARITABLE CONTRIBUTION	5,000 20,000
CENTER RIVER COUNTY TH OF INDIAN RIVER COUNTY		ITABLE CONTRIBUTION ITABLE CONTRIBUTION ITABLE CONTRIBUTION	5,000
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RIVER COUNTY TH OF INDIAN RIVER COUNTY		ITABLE CONTRIBUTION	20,000
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RTH OF INDIAN RIVER COUNTY	>		2,500
OF INDIAN RIVER COUNTY			
	СНАВ	CHARITABLE CONTRIBUTION	2,500
2629 PIPER DRIVE PUBLIC CHARITY	٠ <u>٠</u>		
VERO BEACH, FL 32960			
CHILDREN'S HOSPITAL TRUST NONE	CHAR	CHARITABLE CONTRIBUTION	1,000
1 AUTUMN STREET, #731 PUBLIC CHARITY	Ţ.		
BOSTON, MA 02215-5301			
GLOBAL PARTNERSHIP FOR AFGHANISTAN NONE	CHAR	CHARITABLE CONTRIBUTIONS	500.
PUBLIC CHARITY	. .		
NEW YORK, NY 10036			

ATTACHMENT 8 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
			į
FOP - FLORIDA	NONE	CHARITABLE CONTRIBUTION	250
242 OFFICE PLAZA	PUBLIC CHARITY		
TALLAHASSEE, FL 32301			
INDIAN RIVER COMMUNITY FOUNDATION	NONE	CHARITABLE CONTRIBUTION	2,000
4625 HIGHWAY AIA	PUBLIC CHARITY		
VERO BEACH, FL 32963			
FRIENDS OF PRINCETON ATHLETICS	NONE	CHARITABLE CONTRIBUTION	250
PRINCETON, NJ	PUBLIC CHARITY		
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY	NONE	CHARITABLE CONTRIBUTION	200
2926 PIPER DRIVE	PUBLIC CHARITY		
BUILDING #13			
VERO BEACH, FL 32960			
THE CMIT TOWN	MANE	CHADITABLE CONTETUTION	00.5
))
41 MADISON AVE, 28TH FLOOR	PUBLIC CHARITY		
NEW YORK, NY 10010			
THE WATERSIDE SCHOOL	NONE	CHARITABLE CONTRIBUTION	4,000
535 FAIRFIELD AVENUE	PUBLIC CHARITY		

STAMFORD, CT 06902

ATTACHMENT 8 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
USO PO BOX 96860 WASHINGTON, DC 20090-6860	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	. 250 .
JOHN'S ISLAND COMMUNITY SERVICE LEAGUE BENEFIT INDIAN RIVER SHORES, FL 32963	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	001
HALO USA 850 SEVENTH AVENUE, SUITE 506 NEW YORK, NY 10019	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	200
INDIAN RIVER HABITAT FOR HUMANITY 4568 N US HWY 1 VERO BEACH, FL 32967	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
HIBISCUS CHILDREN'S CENTER 2400 NE DIXIE HWY JENSEN BEACH, FL 34957-5949	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000.
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021	NONE PUBLIC CHARITY	CHARITABLE CONTRIBUTION	250

13-7106277

ATTACHMENT 8 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	CHARITABLE CONTRIBUTION 1,000	CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION 1,000	1,000	CHARITABLE CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE
	RECIPIENT NAME AND ADDRESS	PARTNERSHIP FOR A DRUG FREE AMERICA 405 LEXINGTON AVENUE, SUITE 1601 NEW YORK, NY 10174	VERO BEACH POLICE BENEVOLENT ASSOCIATION 4401 41ST STREET VERO BEACH, FL 32967	VIETNAM VETERANS MEMORIAL FUND 2600 VIRGINIA AVENUE, NW SUITE 104 WASHINGTON, DC 20037	VNA FOUNDATION 20 N WACKER DR SUITE 3118 CHICAGO, IL 60606	INSTITUTE FOR SPORTS MEDICINE

177, 555. TOTAL CONTRIBUTIONS PAID

PAGE 35 ATTACHMENT 8

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SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

THE SEXTON FAMILY FOUNDATION

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2009

(C/O O. GRIFFITH SEXTON				13-71062	277	
Note	e: Form 5227 filers need to complete only F						
Pai	t I Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
					-		
					1		
b	Enter the short-term gain or (loss), if any	from Schedule D)-1, line 1b			1b	
2	Short-term capital gain or (loss) from Foi	ms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partne	rshins Sicornora	tions, and other	r estates or trusts		3	
4	Short-term capital loss carryover Enter t	he amount, if an	y, from line 9 of	the 2008 Capital Los	s		
5	Carryover Worksheet			Enter here and on lu		4	()
_	column (3) on the back					5	
Pa	rt II Long-Term Capital Gains and Loss	ses - Assets Held	More Than O	ne Year	T (a) Cast as other	han:a	(A Coin or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
						_	. ,-
	Enter the long-term gain or (loss), if any,	from Schadula D	1 line 6h			65	-11,083.
J							11,0001
7	Long-term capital gain or (loss) from For	ms 2439, 4684,	6252, 6781, ai	nd 8824		7	
8	Net long-term gain or (loss) from partner	ships, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	-
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the	ne amount, if any	, from line 14 o	of the 2008 Capital Lo	SS		()
12	Carryover Worksheet	es 6a through 11	I in column (f)	Enter here and on l		11	
	column (3) on the back	<u> </u>	 <u></u>		<u>}</u>		-11,083.
For	Paperwork Reduction Act Notice, see the Inst	ructions for Form 1	1041.		Sc	hedul	e D (Form 1041) 2009

Sched	dule D (Form 1041) 2009						Page 2
Par			(1) Benef		(2) Esta		(3) Total
	Caution: Read the instructions before completing this	part.	(see pa	ge 5)	or trus	t's	(0) Total
13	Net short-term gain or (loss)	13					ļ.
14		1		}			11 002
а	Total for year	14a					-11,083.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)						
	28% rate gain						-11,083.
	Total net gain or (loss). Combine lines 13 and 14a						
to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fort V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	rm 990 Part IV a	-T, Part I, line and the Capit a	4a) If line Loss Car	s 14a and 15 ryover Works	, columi heet, as	n (2), are net gains, go s necessary
Par	t IV Capital Loss Limitation						
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, I			-	I .		2 000
a	The loss on line 15, column (3) or b \$3,000	. ; ;				16 (3,000)
Note Carry	The loss on line 15, column (3) or b \$3,000 or if Form 1041, pag over Worksheet on page 7 of the instructions to figure your capital loss carryove	je 1, lin Pr	e 22 (or Forn	1 990-1, 11	ne 34), is a id	ss, con	npiete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate						· · · · · · · · · · · · · · · · · · ·
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu) are gains,	or an an	nount is ente	ered in	Part I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo	re tha	n zero				
	tion: Skip this part and complete the worksheet on page 8 of the instru	ctions	ıf				
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					المصامينا	in income in Deat I
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa						
	orni 990-1, and F orni 990-1, line 34, is more than zero Skip this pa er line 14b, col. (2) or line 14c, col. (2) is more than zero	iri and	complete	HE WOLK	sneet on pa	ge o c	of the instructions if
		2.43	147				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17	· -			
18	Enter the smaller of line 14a or 15 in column (2)						
40	but not less than zero		\dashv \vdash		-		
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified				1		
20	dividends included in income in Part I of Form 990-T) . 19 Add lines 18 and 19		\dashv \vdash				
20			\dashv				
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-		1 i				
22	amount from line 4g, otherwise, enter -0- ▶ 21 Subtract line 21 from line 20 If zero or less, enter -0-						
22	Subtract line 22 from line 17 If zero or less, enter -0-	• • •	23				
23	Subtract line 22 from line 17 fr zero or less, enter -0	• • •	23				
24	Enter the smaller of the amount on line 17 or \$2,300		24				
	Is the amount on line 23 equal to or more than the amount on line 24		• • 24				
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box						
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24				-		
27	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or h	ine 22	27				
	100. Skip iiilos 27 tiliu 30. go to iiilo 31		-				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
	Enter the amount mont into 20 (if this 20 to blank, other 0)						
29	Subtract line 28 from line 27		29				
30	Multiply line 29 by 15% (15)					30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rat			states ar			
••	(see the Schedule Ginstructions in the instructions for Form 1041).					31	
	And the control of th			• • • •	· · · · · ·		
32	Add lines 30 and 31					32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rat			states ar	–		
	(see the Schedule Ginstructions in the instructions for Form 1041)				1	33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33				–		

Schedule D (Form 1041) 2009

Employer identification number Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side 13-7106277 THE SEXTON FAMILY FOUNDATION Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold acquired (mo , day, yr) (mo, day, yr) instructions) 6a 5,978.564 SHS VANGUARD -11,083. **VARIOUS** 150,000 161,083. TOTAL STOCK MKT IDX ADM **VARIOUS** -11,083.