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### Form **990-PF**

## Grant Grant

charitable Trust dation 2009

OMB No 1545-0052

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

101	4016111	ial year 2009, or tax year beginning		,		
G C	heck	all that apply Initial return	Initial return of a fo		Final return	
		Amended return	Address chang	<u>je</u>	Name change	
Use	the II	Name of foundation			A Employer identification	number
	abel.	THE FARRIS CHARITABLE	TRUST		10 5140006	
Oth	erwis	e, C/O DAVID FARRIS			13-7148226	<del></del>
	print	Number and street (or P O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number	
	type				908-221-05	07
	Spec ructio	City of town, State, and ZIP code			C If exemption application is pe	
ınsu	ucuo	BERNARDSVILLE, NJ 07	924-1707		D 1. Foreign organizations	, check here
H C	heck	type of organization: X Section 501(c)(3) ex	cempt private foundation		Foreign organizations med check here and attach cor	eting the 85% test, pulling the 85% test, pulling the 85% test,
	Sec	tion 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation stat	us was terminated
l Fa	ır mai	ket value of all assets at end of year   J   Account	ng method X Cash	Accrual	under section 507(b)(1)(	
(fr	om P		ther (specify)		F If the foundation is in a 6	0-month termination
<b></b>	\$	1,896,861. (Part I, colu	mn (d) must be on cash b	oasis.)	under section 507(b)(1)	(B), check here
Pa	ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes
,		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	Income	income	(cash basis only)
	1	Contributions, gifts, grants, etc , received			N/A	
		Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	19,521.	19,521.		STATEMENT 1
	4	Dividends and interest from securities	25,304.	13,625.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
Revenue	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				, , , , , , , , , , , , , , , , , , , ,
	7	Capital gain net income (from Part IV, line 2)		0.		
ď	8	Net short-term capital gaRECEIVED				
	·	Income modifications	5.			
	۱	^	6			
	ı	Less Cost of goods Splan JUN 1 6 2010	P			
	l .	Gross profit or (loss)	2			· · · · · · · · · · · · · · · · · · ·
	11	Other income OGDEN 117	= [			
	12	Total. Add lines 1 through 11	44,825.	33,146.		
-	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
penses	16a	Legal fees				
en	b	Accounting fees STMT 3	1,750.	875.		875.
	C	Other professional fees				
Ϋ́	17	Interest				
rat	18	Taxes STMT 4	434.	434.		0.
ાં <b>દ</b>	19	Depreciation and depletion				
Ξ	20	Occupancy				
ુક્	21	Travel, conferences, and meetings		·		
2 <b>2</b> 0	22	Printing and publications				
وَّ	23	Other expenses STMT 5	180.	150.		30.
₹ĕ	24	Total operating and administrative				
≅ૄૅ		expenses. Add lines 13 through 23	2,364.	1,459.		905.
ĭ. ⊃ʻo	25	Contributions, gifts, grants paid	79,250.			79,250.
	26	Total expenses and disbursements.				
<u> </u>		Add lines 24 and 25	81,614.	1,459.		80,155.
SCANNED WAY 6 6 50 16 Operating and Administrative Ex	27	Subtract line 26 from line 12				
Ĭ	а	Excess of revenue over expenses and disbursements	-36,789.			
	b	Net investment income (if negative, enter -0-)		31,687.		
	C	Adjusted net income (if negative, enter -0-)			N/A	

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

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Form 990-PF (2009)

	Poliping Shoots Attached schedules and amounts in the description		Beginning of year	End of	End of year		
P	Part II Balance Sneets column should be for end-of-year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value		
	2	Cash - non-interest-bearing Savings and temporary cash investments Accounts receivable ►	318,786.	281,997.	281,997.		
		Less allowance for doubtful accounts ▶		•			
	4	Pledges receivable ►					
		Less allowance for doubtful accounts					
	5	Grants receivable			<del></del>		
	6	Receivables due from officers, directors, trustees, and other					
	7	disqualified persons Other notes and loans receivable					
	'	Less: allowance for doubtful accounts		Ì			
y,	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	C	Investments - corporate bonds STMT 6	250,000.	250,000.	223,200.		
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	l	Investments - mortgage loans Investments - other STMT 7	1,519,595.	1,519,595.	1,391,664.		
	13		1,319,393.	1,319,393.	1,331,004.		
	14	Land, buildings, and equipment basis	ŀ	1			
	15	Other assets (describe					
	"	Other assets (describe >					
	16	Total assets (to be completed by all filers)	2,088,381.	2,051,592.	1,896,861.		
Se		Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
Ė	20	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	• • • • • • • • • • • • • • • • • • • •					
_	22	Other liabilities (describe					
	22	Tatal liabilities (add lines 17 through 99)	0.	0.			
	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here		0.			
		and complete lines 24 through 26 and lines 30 and 31.					
ès	24	Unrestricted					
Net Assets or Fund Balance	25	Temporarily restricted					
Ba	26	Permanently restricted					
Ę		Foundations that do not follow SFAS 117, check here					
Ϋ́		and complete lines 27 through 31.	F 101 250	F 101 2F0			
sts	27	Capital stock, trust principal, or current funds	5,181,250.	5,181,250.			
SSE	28	Paid-in or capital surplus, or land, bldg, and equipment fund	-3,092,869.	-3,129,658.			
et 🌶	29	Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances	2,088,381.	2,051,592.			
Z	30	I Utal net assets or lunu parances	2/000/301.	2,031,332.			
	31	Total liabilities and net assets/fund balances	2,088,381.	2,051,592.			
			·				
P	art	Analysis of Changes in Net Assets or Fund B	aidnces				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30				
	•	st agree with end-of-year figure reported on prior year's return)		1	2,088,381.		
		r amount from Part I, line 27a		2	-36,789.		
		r increases not included in line 2 (itemize)		3	2,051,592.		
		lines 1, 2, and 3		4	2,031,392.		
		reases not included in line 2 (itemize)   I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	nlumn (h) line 30	5 6	2,051,592.		
<u>.</u>	rula	i not assets of fund balances at end of year finte 4 fillings line 3) - Part II, C	organia (D), and SO		Enrm <b>990-PF</b> (2009)		

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C/O DAVID FARRIS

(a) List and d	escribe the ki	osses for Tax on In ind(s) of property sold (e g or common stock, 200 shs	, real estate,	Income	(b) How P - PL D - Do	acquired irchase onation	(c) Date (mo , d	acquired lay, yr )	(d) Date sold (mo , day, yr )
1a									
_b1	NONE				ļ				·
					<u> </u>				
<u>d</u>					<del> </del>				
	<del></del>				<u> </u>				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis opense of sale				ain or (loss) s (f) minus (	
<u>a                                      </u>	_								
<u>b</u>								<del></del>	· · · · · · · · · · · · · · · · · · ·
<u>c</u>									
<u>d</u>									
8				40/04/00					
Complete only for assets sho								Col. (h) gain not less thai	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (i)			Losses	(from col (	h))
<u>a</u>									
b									
C					-+				
<u>d</u>									
<u>e</u>						<u></u>		<del> </del>	
2 Capital gain net income or (ne	et capital loss	If gain, also enter ) { If (loss), enter -0-	in Part I, line 7 in Part I, line 1	7 7	} 2				
3 Net short-term capital gain or	(loss) as def	ined in sections 1222(5) an	d (6)						
If gain, also enter in Part I, lin	e 8, column (		- (-)		}				
If (loss), enter -0- in Part I, lin  Part V Qualification	linder S	Section 4940(e) for	Reduced	Tax on Net	Inves	tment In	come	-	
If section 4940(d)(2) applies, lea  Was the foundation liable for the  If "Yes," the foundation does not	section 4942 qualify under	tax on the distributable am section 4940(e) Do not co	mplete this pa	rt					Yes X No
1 Enter the appropriate amoun	t in each colu		actions before	making any entri					(d)
(a) Base period years Calendar year (or tax year beg	inning in)	(b) Adjusted qualifying dis		Net value of no				Distrit (col (b) div	oution ratio rided by col. (c))
2008			8,013.			20,40			.082281
2007			7,493.			85,61			.057634
2006			2,899.			71,46			.062957
2005			6,937.			75,08			.076225
2004		10	8,996.		2,2	11,01	<del>/ •                                    </del>		.070223
<b></b>							_		.377227
2 Total of line 1, column (d)	4b - 5 b -			ar bu tha awaba	- 06 1100 110		2	<del> </del>	• 51122
3 Average distribution ratio for the foundation has been in ex	=	·	on line z by 5,	or by the number	r or years		3		.075445
4 Enter the net value of noncha	ritable-use as	sets for 2009 from Part X,	line 5				4		1,560,969
5 Multiply line 4 by line 3							5_		117,767
6 Enter 1% of net investment in	ncome (1% o	f Part I, line 27b)					_6_		317.
7 Add lines 5 and 6	•						7		118,084
8 Enter qualifying distributions	from Part VII	line 4					8		80,155
			1h and same	lata that next wair	00 0 10/ *	av rata			
If line 8 is equal to or greater See the Part VI instructions.	uiaii iinė 7, C	HECK HIE DOX IN PAR VI, IINE	io, and comp	iete tilat part USII	ny a 1% li	א ומנט			

THE FARRIS CHARITABLE TRUST

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>4948</u>	<u>- see ir</u>	nstru	ctior	<u>าร)</u>
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			6	34.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			6	34.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			6	34.
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,831	•				
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d	_	1			
7	Total credits and payments Add lines 6a through 6d .	7			3,8	31.
8	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	g	l			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	l		3 <u>,1</u>	97.
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 3, 197. Refunded ▶	11				0.
	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 interve	ne in			Yes	-
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	7		16	<del> </del>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	hed or	İ			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ 0 . (2) On foundation managers. ▶ \$	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers > \$O.		ł			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	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	ı, or				.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		- / -	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	Г	A\N	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	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					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law			v	
	remain in the governing instrument?			6	X	
7	• • • •			7	X	
_	If "Yes," complete Part II, col (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  NJ					
b	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	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar	!			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		1	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		X
			Forr	n <b>990</b>	-PF (	(2009)

	THE FARRIS CHARITABLE TRUST	,	•,		
rm	990-PF (2009)' C/O DAVID FARRIS	13-7148	226		Page 5
Pa	rt VII-A   Statements Regarding Activities (continued)				
1	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 instructions)		11		X
2	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	<u> </u>
	Website address ► N/A				
4	The books are in care of ▶ DAVID J FARRIS Telephone	no. ▶908-22		507	
	Located at ▶ 71 CREST DRIVE, BERNARDSVILLE, NJ	ZIP+4 ▶07	924		
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<b>•</b>	$\cdot$
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	<u>/A</u>	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	Yes X No			
	(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?	Yes X No			
	(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)?	Yes X No			
	(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 )	🗌 Yes 🛛 X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		
	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 correct	ed			
	before the first day of the tax year beginning in 2009?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating found	ation			
	defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) be	ginning			
	before 2009?	Yes X No			
	If "Yes," list the years <b>&gt;</b> , , , , ,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to inc	orrect			
	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 )	N/A	2b		ļ
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	<b>&gt;</b>				
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified personal states of the foundation of of the				
	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 Sched				
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		

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4a

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

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

THE FARRIS CHARITABLE TR	ŲST			
Form 990-PF (2009) C/O DAVID FARRIS			<u>13-71482</u>	26 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955), of	r to carry on, directly or indire	ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	ler the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			_	
expenditure responsibility for the grant?	N	/A Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)			
5a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		[] Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribut				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>	
List all officers, directors, trustees, foundation managers and their	compensation.			
List all officers, affectors, tradeces, realisation managers and tree				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
· · · · · · · · · · · · · · · · · · ·	hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID J FARRIS	hours per week devoted	(If not paid,	ano pererreo	(e) Expense account, other allowances
DAVID J FARRIS 71 CREST DRIVE	hours per week devoted to position TRUSTEE	(If not paid,	ano pererreo	(e) Expense account, other allowances
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924	hours per week devoted to position TRUSTEE 0.00	(If not paid, enter -0-)	and beterred compensation	allowances
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS	hours per week devoted to position TRUSTEE	(If not paid, enter -0-)	and beterred compensation	allowances
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	and beterred compensation	allowances
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924	hours per week devoted to position TRUSTEE 0.00	(If not paid, enter -0-)	and beterred compensation	allowances  0 •
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00	(If not paid, enter -0-)	and beterred compensation	allowances  0 •
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	and beterred compensation	allowances  0 .
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	and deterred compensation	allowances  O .
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	and deterred compensation	allowances  O .
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	and deterred compensation	allowances  O .
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS	nours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)  O.  O.	O .  O .	allowances  O.  O.
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those incompared to the state of the stat	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .	O. O. O.
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924	hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)  O.  O.	on observed compensation	allowances  O.  O.
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those incompared to the state of the stat	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other
DAVID J FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JILL FARRIS 71 CREST DRIVE BERNARDSVILLE, NJ 07924 JULIE ELLEN VALENTINE 30 WINWOOD ROAD BERNARDSVILLE, NJ 07924 JENNIFER LOUISE MOSS 3 LAURELWOOD DRIVE BERNARDSVILLE, NJ 07924 2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE  0.00 TRUSTEE	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deterred	allowances  O.  O.  O.  (e) Expense account, other

0

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		<del></del>
(a) Name and address of each person paid more than \$50,000 (b) Type of service NONE	ee	(c) Compensation
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1. N/A	E	expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A	/	Amount
2		·
All other program-related investments. See instructions		<del>_</del>
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Form 990-PF (2009)

-	11 330-11 (2003) C/O DAVID FARRIS				7140220	raye o
P	art X Minimum Investment Return (All domestic foundations	must complete this pa	ırt. Foreign foui	ndations, s	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitate	le, etc., purposes				
-	Average monthly fair market value of securities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 <sub>1a</sub>	1,279	930.
	Average of monthly cash balances			1b	1,279 304	810.
	Fair market value of all other assets			10		
d	Total (add lines 1a, b, and c)			1d	1,584,	740.
	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e	0.			
2	Acquisition indebtedness applicable to line 1 assets			2		0.
3	Subtract line 2 from line 1d			3	1,584	740.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount	t, see instructions)		4		771.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	n Part V, line 4		5	1,560,	,969.
6	Minimum Investment return. Enter 5% of line 5			6	78,	048.
P	art XI  Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here and do not complete this part		ig foundations ar	nd certain		
1	Minimum investment return from Part X, line 6	·		1	78	048.
2a		2a	634.			
b	Income tax for 2009 (This does not include the tax from Part VI)	2b				
C	Add lines 2a and 2b			2c		634.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	77,	414.
4	Recoveries of amounts treated as qualifying distributions			4		0.
5	Add lines 3 and 4			5	77,	414.
6	Deduction from distributable amount (see instructions)			6		0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	77,	414.
P	art XII Qualifying Distributions (see instructions)		·			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rposes				
а				1a	80,	155.
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 charita	ble, etc , purposes		2		
3	Amounts set aside for specific charitable projects that satisfy the					
а	Suitability test (prior IRS approval required)			3a		
þ	Cash distribution test (attach the required schedule)			3b		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, a	ind Part XIII, line 4		4	80,	155.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invi-	estment				
	income. Enter 1% of Part I, line 27b			5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	80,	155.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whethe	r the foundation (	qualifies for	the section	

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4940(e) reduction of tax in those years

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			
line 7			.,,'	77,414.
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		V •		
a From 2004 59,898.				
b From 2005 31, 168.				
c From 2006 112,938.				
d From 2007 23,071.				
e From 2008 64,091.				
f Total of lines 3a through e	291,166.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ 80,155.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		·
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			77 414
d Applied to 2009 distributable amount	0.741			77,414.
e Remaining amount distributed out of corpus	2,741.	·		0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	293,907.			
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				0
be distributed in 2010	·			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)			,	
8 Excess distributions carryover from 2004	59,898.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2010.	337030.	······		
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	234,009.			
10 Analysis of line 9	201,000			
a Excess from 2005 31, 168.				
b Excess from 2006 112,938.				
c Excess from 2007 23,071.				
d Excess from 2008 64,091.				
e Excess from 2009 2,741.				
<del></del>			<del></del>	Form 990-PF (2009)

		IV Private Operating Fo	oundations (see in:	structions and Part VI	I·A. question 9)	N/A	140220 raye ii
		foundation has received a ruling or			, , , , , , , , , , , , , , , , , , , ,	247 22	
٠.		dation, and the ruling is effective for					
		ck box to indicate whether the found		•	in section	4942(j)(3)_or	4942(j)(5)
		r the lesser of the adjusted net	Tax year		Prior 3 years	4342()/(3/_01	1342())(3)
- (		me from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
			(2) 2000	(2) 200	(0) = 0.0	(", "	(0) 10:21
		stment return from Part X for					
		year listed			<del> </del>		
		of line 2a			-		<del></del>
(		ifying distributions from Part XII,					
		4 for each year listed	<del> </del>			<del> </del>	<del> </del> -
(		unts included in line 2c not					
		I directly for active conduct of					
		npt activities			<del> </del>	<del> </del>	<del>- </del>
•		ifying distributions made directly			1		
		ctive conduct of exempt activities					
3		tract line 2d from line 2c					
3		plete 3a, b, or c for the native test relied upon					
ě		ets" alternative test - enter					
	(1)	Value of all assets			ļ		<del></del> _
	(2)	Value of assets qualifying					
_		under section 4942(j)(3)(B)(i)				-	
t		owment" alternative test - enter of minimum investment return					
		wn in Part X, line 6 for each year					
	liste	d .			ļ		ļ <u></u> -
(	: "Sup	port" 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	-				
	` '7	and 5 or more exempt					
		organizations as provided in section 4942(j)(3)(B)(iii)					
	(3)	Largest amount of support from				<del></del>	<del></del>
	(0)	an exempt organization					
	(4)	Gross investment income			<del></del>		<del></del>
P	art >		rmation (Comple	te this part only	if the foundation	had \$5,000 or r	nore in assets
• •	<u></u>	at any time during t	he vear-see the i	nstructions.)			
1	Info	rmation Regarding Foundatio			·	<del> </del>	<del></del>
-		any managers of the foundation who	•	than 2% of the total cont	ributions received by the	foundation before the o	lose of any tax
•		(but only if they have contributed m			inductions reconved by the	Touridation bolore the C	nood of any tax
SF	E :	STATEMENT 8	, .				
		any managers of the foundation who	o own 10% or more of th	e stock of a cornoration	(or an equally large port)	on of the ownership of a	nartnership or
	othe	r entity) of which the foundation has	s a 10% or greater interes	st	(or all equally large porti	on of the ownership of t	partitorship of
NC	NE	••	•				
2		rmation Regarding Contributi	on Grant Gift Loan	Scholarship etc. Di	roarame:		
		ck here <b>X</b> if the foundation of				not accept uncolleited re	augets for funds. If
		oundation makes gifts, grants, etc. (					
		name, address, and telephone numb	<del>` </del>	<del></del>			
•	2 1110	name, address, and telephone numb	nei oi ille heizoli (o miloi	н аррисацииз эпоши ве	auu18558u		
_		form in which contractions should b	o cubrotted and informat	tion and materials that of	hould include		<del></del>
'	u ine	form in which applications should b	e submitted and intoffila	tion and materials they Si	noula include		
_	- Anv	submission deadlines					
•	, will	submission deadlines					
1	1 Anv	restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors	
,		or minutions on analog	.,		united and the second of the second	<del></del>	
						_	

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13-7148226 Form 990-PF (2009) C/O DAVID FARRIS Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation **Amount** status of Name and address (home or business) recipient a Paid during the year SEE STATEMENT 9 79,250. **▶** 3a Total b Approved for future payment NONE

Total 923611 02-02-10

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**▶** 3b

0.

923621 02-02-10

C/O DAVID FARRIS

Enter gross amounts unless otherwise indicated	Unrelated	business income		led by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue.	code		code	7,11100111	1011011011110
a	- <del> </del>		+ +	····	<del></del>
	1 1		1		
	l i				
e	1	<del></del>	1-1		
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	19,521. 25,304.	
4 Dividends and interest from securities		·····	14	25,304.	
5 Net rental income or (loss) from real estate	-				· <u>··············</u>
a Debt-financed property					
b Not debt-financed property			┼		
6 Net rental income or (loss) from personal					
property			+		<del></del>
7 Other investment income			+ - +		
8 Gain or (loss) from sales of assets other					
than inventory  Net income or (loss) from special events			++		···
O Gross profit or (loss) from sales of inventory					
1 Other revenue			1 1		
a					
b					
C	1		1		
d	1 1	•			
8					
2 Subtotal Add columns (b), (d), and (e)		0.	,	44,825.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	44,825
	1			<del></del> -	
See worksheet in line 13 instructions to verify calculations	1		_	Purposes	
		mplishment of E	xempt	•	
Part XVI-B Relationship of Activitie	s to the Acco			· · · · · · · · · · · · · · · · · · ·	lichment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	dishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of
Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which i	s to the Acco	column (e) of Part XVI-A		· · · · · · · · · · · · · · · · · · ·	lishment of

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	. Exempt Organizations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	Did the organization directly or indirectly engage in any of the follow	ing with any other organizati	on described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section	527, relating to political orgai	nizations?			
а	Transfers from the reporting foundation to a noncharitable exempt	organization of				
	(1) Cash			1a(1)		X
	(2) Other assets			1a(2)		X
b	Other transactions					
	(1) Sales of assets to a noncharitable exempt organization			<u>1b(1)</u>		X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		X
	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
	(6) Performance of services or membership or fundraising solicitation	tions		1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid e	mployees		1c		X
d					ets,	
	or services given by the reporting foundation. If the foundation rece		ue in any transaction or sharing arrangement	, show in		
	column (d) the value of the goods, other assets, or services receive		1			
a) L	Line no (b) Amount involved (c) Name of noncharital		(d) Description of transfers, transactions, a	nd sharing an	rangeme	ents
	N/A	·				
						<del></del>
2a	Is the foundation directly or indirectly affiliated with, or related to, of		izations described	<u> </u>	_ <b>_</b>	<b>-</b> 1
	in section 501(c) of the Code (other than section 501(c)(3)) or in se	ection 527?		Yes	Δ	☐ No
b	o if "Yes," complete the following schedule	(h) Type of propagation	(c) Description of relatio	nchin		
	(a) Name of organization	(b) Type of organization	(c) Description of relatio	iisiiip		
	N/A					
		<del>                                     </del>		<u> </u>		
Т	Under penalties of penury, I declare that the examined this return, including ac	companying schedules and state	nents, and to the best of my knowledge and belief, it	is true, corre	ct,	
	and complete Declaration of prepaper (offer than taxpayer or fiduciary) is based	on all information of which prepare	r has any knowledge			
ı	\/A//\*	16-10-10	NTP			
<u>e</u>	Signature of officer or trustee	Date	Title	<del></del>		
<u> </u>	Desperario N			arer's identif	ying nur	nber
[ [	Preparer's signature	la	Cot self-	•	-	
:  مَ	2 O TITLO WALLET WALLET O S		PA EIN >			
•	Firm's name (or yours PAPTELL PRASTELLED &	COL, CIR DI	CIN			
	address, and ZIP code MENDHAM, NJ 07945	-0210	Phone no			
	HENDHAM, NO 07343	<u> </u>		Form <b>990</b>	-PF	(2009)

FORM 99.0-PF INTEREST ON SAVI	INGS AI	ND TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE	· —	· •				AMOUNT	
MERRILL LYNCH ACCOUNT						19,5	21.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, CO	LUMN A			19,5	21.
FORM 990-PF DIVIDEND	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
MERRLL LYNCH ACCOUNT MERRLL LYNCH ACCOUNT -	-		13,625.		0.	13,6	25.
NONDIVIDEND DISTRIBUTIONS			11,679.		0.	11,6	79.
TOTAL TO FM 990-PF, PART I, I	LN 4		25,304.		0.	25,3	04
FORM 990-PF	ACC	COUNTI	NG FEES			STATEMENT	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
PROFESSIONAL FEES	•	1,750.	875.			8	75.
TO FORM 990-PF, PG 1, LN 16B		1,750.		875.		8	75.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID		434.		434.	-		0.
TO FORM 990-PF, PG 1, LN 18		434.		434.		<del></del>	0.

FORM 990-PF	OTHER EXPENSES				STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
MERRILL LYNCH BROKER FEES NJ REGISTRATION FEE	150. 30.		150.			0. 30.
TO FORM 990-PF, PG 1, LN 23	180.	====	150.			30.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE	r
ERRILL LYNCH ACCOUNT			250,000.		223,200.	
TOTAL TO FORM 990-PF, PART II	I, LINE 10C	:		250,000.	223,20	00.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKES	r
MERRILL LYNCH ACCOUNT - MUTUA FUNDS	AL	COST	1	1,519,595.	1,391,60	64.
TOTAL TO FORM 990-PF, PART II	I, LINE 13	:	]	1,519,595.	1,391,6	64.
FORM 990-PF	PART XV - L OF FOUNDATI		D.C.		STATEMENT	8

NAME OF MANAGER

DAVID J FARRIS JILL FARRIS

PA 19104

The state of the s	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 9		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT			
BOY SCOUTS OF AMERICA 222 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932	NONE CHARITABLE BEQUEST	5,000		
CANCER HOPE NETWORK 2 NORTH ROAD CHESTER, NJ 07930	NONE CHARITABLE BEQUEST	9,500		
COLONIAL SYMPHONY ONE HIGH STREET COURT, SUITE 2B MORRISTOWN, NJ 07960	NONE CHARITABLE BEQUEST	1,000		
COMMUNITY THEATER 100 SOUTH STREET MORRISTOWN, NJ 07960	NONE CHARITABLE BEQUEST	11,000		
COMMUNITY SOUP KITCHEN 36 SOUTH STREET MORRISTOWN, NJ 07960	NONE CHARITABLE BEQUEST	500		
CRIME STOPPERS OF SOMERSET COUNTY, INC. PO BOX 493 MARTINSVILLE, NJ 08836	NONE CHARITABLE BEQUEST	2,500		
FAR HILLS COUNTRY DAY SCHOOL BOX 8, ROUTE 202 FAR HILLS, NJ 07931	NONE CHARITABLE BEQUEST	2,500		
WELDON FOP RESEARCH FUND C/O TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - 3535 MARKET STREET, SUITE 750 PHILADELPHIA,	NONE CHARITABLE BEQUEST	1,000		

THE FARRIS CHARITABLE TRUST C/O	DAVID FA	13-7148226
NEW JERSEY BALLET 15 MICROLAB ROAD LIVINGSTON, NJ 07039	NONE CHARITABLE BEQUEST	3,500.
HOMELESS SOLUTIONS, INC 6 DUMONT PLACE, THIRD FLOOR MORRISTOWN, NJ 07960	NONE CHARITABLE BEQUEST	2,200.
SETON HALL UNIVERSITY 400 SOUTH ORANGE AVE SOUTH ORANGE, NJ 07079	NONE CHARITABLE BEQUEST	2,500.
PECK SCHOOL 247 SOUTH STREET MORRISTOWN, NJ 07960	NONE CHARITABLE BEQUEST	1,000.
GILL ST BERNARD'S SCHOOL ST. BERNARD'S ROAD GLADSTONE, NJ 07934	NONE CHARITABLE BEQUEST	28,600.
SOMERSET HILLS YMCA 140 MT. AIRY ROAD BASKING RIDGE, NJ 07920	NONE CHARITABLE BEQUEST	1,000.
PROJECT FORWARD LEAP 1706 RACE STREET, 2ND FLOOR PHILADELPHIA, PA 19103	NONE CHARITABLE BEQUEST	500.
AP&W FUND PO BOX 624 BERNARDSVILLE, NJ 07924	NONE CHARITABLE BEQUEST	200.
FRIENDS OF DIANE DAPOLITO PO BOX 518 FAR HILLS, NJ 07931	NONE CHARITABLE BEQUEST	250.
THE SCHOLARSHIP FOR CHILDREN 701 LAWRENCE ROAD TRENTON, NJ 08648	NONE CHARITABLE BEQUEST	1,500.

THE FARRIS CHARITABLE TRUST C/O	DAVID FA	13-7148226
SOFT BONES INC 130 MELROSE ROAD MOUNTAIN LAKES, NJ 07046	NONE CHARITABLE BEQUEST	1,000.
FMWC 59 SCHOLARSHIP PEDDIE SCH 201 SOUTH MAIN STREET HIGHTSTOWN, NJ 08520	NONE CHARITABLE BEQUEST	1,000.
VNA OF SOMERSET HILLS 200 MT. AIRY ROAD BASKING RIDGE, NJ 07920	NONE CHARITABLE BEQUEST	3,000.
TOTAL TO FORM 990-PF, PART XV, LIN	NE 3A	79,250.

# Form **8868** ' (Rev. April 2009). Department of the Treasure

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

•	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	► X
•	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f		m 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corp	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor only	nplete	<b>&gt;</b>
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a Income tax returns.	n exten	sion of time
Electinoted not all	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construct the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for group file and click on e-file for Charities & Nonprofits.	ically if	(1) you want the additional ited Form 990-T. Instead,
Type o		Empl	oyer identification number
) III K	C/O DAVID FARRIS	1	3-7148226
File by t due date iling yo	Number, street, and room or suite no. If a P.O. box, see instructions. 71 CREST DRIVE	•	
etum S nstructi			
Chec	k type of return to be filed (file a separate application for each return):		
	Form 990         Form 990-T (corporation)         Form 4           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 5           Form 990-EZ         Form 990-T (trust other than above)         Form 6           Form 990-PF         Form 1041-A         Form 8	227 069	
Tel If t	DAVID J FARRIS  e books are in the care of ► 71 CREST DRIVE - BERNARDSVILLE, NJ 0792  lephone No. ► 908-221-0507 FAX No. ►  the organization does not have an office or place of business in the United States, check this box  this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the content of the group, check this box  I fit it is for part of the group, check this box  and attach a list with the names and EINs of all the content of the group.	nis Is foi	
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named	tıl	
	is for the organization's return for:  X calendar year 2009 or  tax year beginning , and ending		
2	If this tax year is for less than 12 months, check reason: Initial return Final return		— Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	s 634.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		<del>-</del>
-	tax payments made. Include any prior year overpayment allowed as a credit	3ь_	<b>\$</b> 3,831.
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.	3c	s 0.

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

Form 8868 (Rev 4-2009)