



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2009

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

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

Use the IRS

label.

Otherwise,

print

or type.

See Specific

Instructions:

Name of foundation
**THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT**

A Employer identification number

25-6587514Number and street (or P O box number if mail is not delivered to street address)
100 FOUR FALLS CORP RATE CENTERRoom/suite
202

B Telephone number

(610) 260-0689

City or town, state, and ZIP code

WEST CONSHOHOCKEN, PA 19428C If exemption application is pending, check here ► D 1. Foreign organizations, check here ► 2. Foreign organizations meeting the 85% test, check here and attach computation ►

H Check type of organization

Section 501(c)(3) exempt private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

► \$ **478560.** (Part I, column (d) must be on cash basis.)J Accounting method
MODIFIED CASH

Cash

Accrual

E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► **Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue	1 Contributions, gifts, grants, etc., received	17035.		N/A
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B			
	Interest on savings and temporary cash investments			
	4 Dividends and interest from securities	6070.	6070.	Statement 1
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	2846.		
	b Gross sales price for all assets on line 6a	80228.		
	7 Capital gain net income (from Part IV, line 2)		2846.	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
Operating and Administrative Expenses	b Less Cost of goods sold			
	c Gross profit or (loss)			
	11 Other income	1485.	1485.	Statement 2
	12 Total Add lines 1 through 11	27436.	10401.	
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees			
	b Accounting fees Stmt 3	1344.	0.	1344.
	c Other professional fees Stmt 4	2101.	2101.	0.
	17 Interest Stmt 5	183.	140.	0.
	18 Taxes			
	19 Depreciation and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses			
	24 Total operating and administrative expenses. Add lines 13 through 23	3628.	2241.	1344.
	25 Contributions, gifts, grants paid	27500.		27500.
	26 Total expenses and disbursements. Add lines 24 and 25	31128.	2241.	28844.
	27 Subtract line 26 from line 12	<3692. >		
	a Excess of revenue over expenses and disbursements			
	b Net investment income (if negative, enter -0-)		8160.	
	c Adjusted net income (if negative, enter -0-)			N/A

18 P

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514

Page 2

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		8539.	15629.
	3	Accounts receivable ►			15629.
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable ►			
		Less allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U S and state government obligations	Stmt 6		
	b	Investments - corporate stock		384457.	462931.
	c	Investments - corporate bonds			462931.
	11	Investments - land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)		392996.	478560.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)		0.	0.
		Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>			
		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted		392996.	478560.
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/>			
		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances		392996.	478560.
	31	Total liabilities and net assets/fund balances		392996.	478560.

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	392996.
2	Enter amount from Part I, line 27a	2	<3692.>
3	Other increases not included in line 2 (itemize) ► CHANGE IN UNREALIZED APPRECIATION	3	89256.
4	Add lines 1, 2, and 3	4	478560.
5	Decreases not included in line 2 (itemize) ►	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	478560.

Form 990-PF (2009)

923511
02-02-10

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514

Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE ATTACHED REALIZED GAINS AND LOSSES					
b REPORT			P	Various	Various
c					
d					
e					
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a					
b	80228.		77382.		2846.
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(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		
a					
b					2846.
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		2846.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	{ }		3		N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	31254.	547578.	.057077
2007	28000.	637793.	.043901
2006	28383.	591452.	.047989
2005	24000.	552968.	.043402
2004	22182.	503873.	.044023

2 Total of line 1, column (d)

2 .236392

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 .047278

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

4 415067.

5 Multiply line 4 by line 3

5 19624.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 82.

7 Add lines 5 and 6

7 19706.

8 Enter qualifying distributions from Part XII, line 4

8 28844.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate
See the Part VI instructions

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514

Page 4

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1	82.
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 ► <input checked="" type="checkbox"/> and enter 1% 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)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.
3	Add lines 1 and 2	82.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.
5	Tax based on Investment Income. Subtract line 4 from line 3 If zero or less, enter -0-	82.
6	Credits/Payments	
a	2009 estimated tax payments and 2008 overpayment credited to 2009	
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	
7	Total credits and payments Add lines 6a through 6d	0.
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	82.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ►	Refunded

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		
1c	Did the foundation file Form 1120-POL for this year?		
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 ► \$ 0.		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		
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 state law remain in the governing instrument?		
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► PA		
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		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

Form 990-PF (2009)

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514

Page 5

Part VII-A Statements Regarding Activities (continued)

- | | | |
|----|--|-----|
| 11 | | X |
| 12 | | X |
| 13 | X | |
| 14 | ERIC T. MECK AT BALDWIN FAMILY OFF. Telephone no ► (610) 260-0689
Located at ► 100 FOUR FALLS CRP CTR 202 W. CONSHOHOCKEN, PA ZIP+4 ► 19428 | |
| 15 | ► 15 | N/A |
- 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)
- 2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?
- 3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A
- 4 The books are in care of ► ERIC T. MECK AT BALDWIN FAMILY OFF. Telephone no ► (610) 260-0689 Located at ► 100 FOUR FALLS CRP CTR 202 W. CONSHOHOCKEN, PA ZIP+4 ► 19428
- 5 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 ►

Part 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? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> 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) | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> 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)?
Organizations relying on a current notice regarding disaster assistance check here ► | N/A | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? | | X |
| 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 6e, Part XIII) for tax year(s) beginning before 2009? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| 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) to all years listed, answer "No" and attach statement - see instructions) | N/A | |
| 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? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) | N/A | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | |
| 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? | | X |
| | | |
| | | X |

Form 990-PF (2009)

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

FOR DIABETES RESEARCH AND TREATMENT

25-6587514

Page 6

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- | | | | | | | |
|--|--------------------------|-----|-------------------------------------|-----|-------------------------------------|----|
| 5a During the year did the foundation pay or incur any amount to | | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? | | | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance check here | | | <input type="checkbox"/> | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | | | N/A | | | |
| <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i> | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <i>If "Yes" to 6b, file Form 8870.</i> | | | | 6b | | X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | | <input type="checkbox"/> | N/A | | 7b |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

- 1. List all officers, directors, trustees, foundation managers and their compensation.**

- 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Form 990-PF (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services



0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

1	N/A	
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

Amount

1	N/A	
2		
3		

All other program-related investments. See instructions

3		
Total. Add lines 1 through 3		0.

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes	1a	404180.
a Average monthly fair market value of securities	1b	17208.
b Average of monthly cash balances	1c	
c Fair market value of all other assets	1d	421388.
d Total (add lines 1a, b, and c)		
e 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	421388.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6321.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	415067.
6 Minimum investment return. Enter 5% of line 5	6	20753.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part)

1 Minimum investment return from Part X, line 6	1	20753.
2a Tax on investment income for 2009 from Part VI, line 5	2a	82.
b Income tax for 2009 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	82.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	20671.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	20671.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	20671.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes	1a	28844.
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1b	0.
b Program-related investments - total from Part IX-B	2	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	3a	
3 Amounts set aside for specific charitable projects that satisfy the	3b	
a Suitability test (prior IRS approval required)	4	28844.
b Cash distribution test (attach the required schedule)	5	82.
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	6	28762.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b		
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 whether the foundation qualifies for the section 4940(e) reduction of tax in those years

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				20671.
2 Undistributed Income, if any, as of the end of 2009			27319.	
a Enter amount for 2008 only				
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e		0.		
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 28844.			27319.	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2009 distributable amount				1525.
e Remaining amount distributed out of corpus				0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income Subtract line 4b from line 2b			0.	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				0.
d Subtract line 6c from line 6b Taxable amount - see instructions			0.	
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr.				0.
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				19146.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)		0.		
8 Excess distributions carryover from 2004 not applied on line 5 or line 7		0.		
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a		0.		
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514 Page 11

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 Lancaster Ave. Wynnewood, PA 19096	N/A	PUBLIC CHARITY	MEDICAL RESEARCH EQUIPMENT	27500 .
Total			► 3a	27500 .
<i>b Approved for future payment</i>				
None				
Total			► 3b	0 .

923611 02-02-10

Form 990-PF (2009)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	6070.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	1485.	
8 Gain or (loss) from sales of assets other than inventory			18	2846.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		10401.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	10401.
(See worksheet in line 13 instructions to verify calculations)					

Relationship of Activities to the Accomplishment of Exempt Purposes

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Form 990-PF (2009)

25-6587514 Page 13

Part XVII . Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|-----|---|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | 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 | 1b(1) | 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 solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | |

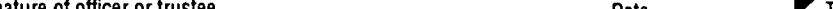
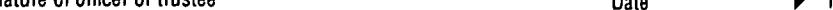
- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

- b. If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee		Date	Title
 Paid Preparer's Use Only		 BALDWIN FAMILY OFFICE, LLC	 05/10/10
Firm's name (or yours if self-employed), address, and ZIP code		 100 FOUR FALLS CORP CTR. STE 202 WEST CONSHOHOCKEN, PA 19428	

Form 990-PF (2009)

923622
02-02-10

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2009**Name of the organization**THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT**Employer identification number**

25-6587514

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 foundation 527 political organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

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

Name of organization

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Employer identification number

25-6587514

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PETER H. HAVENS	\$ 17035.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
	100 FOUR FALLS CORP CTR. STE. 202		(Complete Part II if there is a noncash contribution.)
	WEST CONSHOHOCKEN, PA 19428		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	(Complete Part II if there is a noncash contribution.)

Name of organization

THE LOUISE A HAVENS FOUNDATION
FOR DIABETES RESEARCH AND TREATMENT

Employer identification number

25-6587514

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given 1 2,198 SHARES OF NOBEL LEARNING COMMUNITIES, INC.	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 17035.	12/16/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Form 990-PF	Dividends and Interest from Securities	Statement 1
-------------	--	-------------

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
BALDWIN INVESTMENT MANAGEMENT ACCOUNT	6070.	0.	6070.
Total to Fm 990-PF, Part I, ln 4	6070.	0.	6070.

Form 990-PF	Other Income	Statement 2
-------------	--------------	-------------

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
SECURITIES LITIGATION PROCEEDS	1485.	1485.	
Total to Form 990-PF, Part I, line 11	1485.	1485.	

Form 990-PF	Accounting Fees	Statement 3
-------------	-----------------	-------------

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
BALDWIN FAMILY OFFICE, LLC	1344.	0.		1344.
To Form 990-PF, Pg 1, ln 16b	1344.	0.		1344.

Form 990-PF	Other Professional Fees	Statement 4
-------------	-------------------------	-------------

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
INVESTMENT MANAGEMENT FEES	2101.	2101.		0.
To Form 990-PF, Pg 1, ln 16c	2101.	2101.		0.

Form 990-PF

Taxes

Statement 5

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FOREIGN TAXES	140.	140.		0.
FEDERAL EXCISE TAXES	43.	0.		0.
To Form 990-PF, Pg 1, ln 18	183.	140.		0.

Form 990-PF

Corporate Stock

Statement 6

Description	Book Value	Fair Market Value
BALDWIN INVESTMENT MANAGEMENT	462931.	462931.
Total to Form 990-PF, Part II, line 10b	462931.	462931.

Realized Gains and Losses
 Fiscal Year Ending 12/31/2009

The Louise A Havens Foundation Foundation - No Statement Acct # 57090547
 The Louise A Havens Foundation
 100 Four Falls Corporate Center
 Suite 202
 West Conshohocken, PA 19428

Realized Gains and Losses

<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Net Proceeds</u>	<u>Cost</u>	<u>Short Term Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
3M Company 4695791Y.01	03/11/2004	08/10/2009	50.00	3,573.50	3,798.54		-225.04	-225.04
Adobe Systems Inc 00724F101	02/16/2007	03/16/2009	250.00	4,717.30	10,094.95		-5,377.65	-5,377.65
America Movil S.A. L. Adr 02344005 11/11/1999	11/30/2009		50.00	2,400.48	320.68		2,079.80	2,079.80
Apple Computer Inc 037833100	02/09/2006	08/10/2009	25.00	4,139.19	1,685.09		2,454.10	2,454.10
Celgene Corp 151080104	11/19/2007	08/10/2009	100.00	5,381.01	6,631.27		-1,250.26	-1,250.26
Danaher Corp 2335851102	08/23/2006	08/10/2009	50.00	3,056.47	3,292.92		-236.45	-236.45
Emerson Electric Co 24101104	11/09/2006	03/16/2009	150.00	4,039.67	6,552.20		-2,512.53	-2,512.53
Gilead Sciences Inc 375556103	06/06/2007	03/16/2009	100.00	4,510.12	4,094.83		415.29	415.29
Gilead Sciences Inc 376556103	06/06/2007	05/26/2009	100.00	4,208.04	4,094.82		113.22	113.22
			200.00	8,718.16	8,189.65		528.51	528.51
J P Morgan Chase & Co 46415H100 03/19/1999	05/26/2009		100.00	3,605.95	5,683.33		-2,077.38	-2,077.38
L-3 Communications Holdings Inc 50241404	06/06/2002	08/10/2009	50.00	3,742.95	2,928.00		814.95	814.95
Metlife Inc 511512104	02/09/2006	11/30/2009	250.00	8,426.08	12,316.03		-3,889.95	-3,889.95
Newfield Exploration Co 45119104 11/09/2006	11/30/2009		50.00	2,100.49	2,165.72		-65.23	-65.23
PepsiCo Inc 713444105	03/11/2005	03/16/2009	50.00	2,457.23	2,661.99		-204.76	-204.76
Praxair Inc 74005P101	08/14/2002	03/16/2009	50.00	3,249.40	1,374.00		1,875.40	1,875.40

Realized Gains and Losses
 Fiscal Year Ending 12/31/2009

The Louise A Havens Foundation Foundation - No Statement Acct #: 57090547

Realized Gains and Losses

<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Quantity</u>	<u>Net Proceeds</u>	<u>Cost</u>	<u>Short Term Gains</u>	<u>Total Long Gains</u>	<u>Total Gains</u>
Praxair Inc 7400 56104	09/12/2002	03/16/2009	50.00	3,249.41	1,401.50		1,847.91	1,847.91
			100.00	6,498.81	2,775.50		3,723.31	3,723.31
Praxair Inc 7400 56104	08/14/2002	11/30/2009	50.00	4,085.54	1,374.00	2,711.54		2,711.54
			150.00	10,584.35	4,149.50		6,434.85	6,434.85
Procter & Gamble Co. 7427104	01/21/2004	03/16/2009	50.00	2,374.58	2,486.00	-111.42		-111.42
Teva Pharmaceutical Ind 74224101	02/24/2003	05/26/2009	100.00	4,636.03	1,875.34	2,760.69		2,760.69
Varian Medical Systems Inc 742220105	09/21/2004	11/30/2009	50.00	2,329.48	1,756.98	572.50		572.50
Williams Companies Inc 949457000	03/13/2003	11/30/2009	200.00	3,945.14	794.00	3,151.14		3,151.14
Short Term Gains								
Total Long Gains				80,228.06	77,382.19		2,845.87	
Total (Sales)				80,228.06	77,382.19		2,845.87	2,845.87
Total Gains							2,845.87	2,845.87

If there have been any changes in your financial situation or investment objectives or if you would like to modify existing restrictions or impose any reasonable restrictions on the management of this account, please contact your investment advisor at the number displayed on the cover sheet of this report