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990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For calendar year 2009, or tax year beginning				, ;	and ending							
G	Che	k all t	hat apply:	[Initial	return	Initial return of a fo	rmer public ch	arıty	<i>y</i>	Final re	eturn	
				Amer	nded return	Address change	ge Name change					
U	e the	e IRS	Name of foundation					A	\ E	mployer Identification nu	mber	
	labe	el.	John C Dunphy F	Private Fo	undation Inc					_26-1316	308	
С	therv		Number and street (c	r P O box n	umber if mail is not de	elivered to street address	Room/suite	В	3 1	elephone number (see pag	je 10 of the instructions)	
	prin or typ		60 Egret Lane							631- <u>549</u> -	7811	
		ecific	City or town, state, ai	nd ZIP code				C	; If	exemption application is pe	ending, check here 🕨 🗌	
Ins	truc	tions.	Greenport			NY	11944	╝	1	. Foreign organizations, che	eck here	
Н	Che	ck type	of organization:	X Section	on 501(c)(3) exe	mpt private foundat	ion		2	. Foreign organizations med	eting the 85% test,	
	Sec	tion 49	947(a)(1) nonexen	npt charita	ble trust L	Other taxable private	foundation	╛╸	· If	check here and attach cor private foundation status w		
			t value of all asse				h 🔲 Accrua	5		nder section 507(b)(1)(A), o		
			m Part II, col. (c),		Other (sp	ecify)		F		the foundation is in a 60-m		
		16) 🕨		<u>-</u>		d) must be on cash be	SIS) T		u	nder section 507(b)(1)(B), c		
Pa	it I		ysis of Revenue	•		(a) Revenue and	(b) Net invest	men	t	(c) Adjusted net	(d) Disbursements for charitable	
			its in columns (b), (c), a lounts in column (a) (se			expenses per books	income			ıncome	purposes	
$\overline{}$						·					(cash basis only)	
	1		outions, gifts, grants, et		=	200,000	1					
	2		▶ if the foundation st on savings and te				<u> </u>		0			
	4		ends and interest fro						<u>`</u>			
	5 a	Gross					1		0			
4	_		ental income or (loss	s)	0							
ıπε			aın or (loss) from sa	·	not on line 10							
Revenue	t	Gross	sales price for all asset	s on line 6a	0							
Re	7	Capita	al gaın net income (f	from Part I\	/, line 2) .				0			
	8	Net sl	hort-term capital gai	n			ļ			0		
	9		ne modifications				-					
			sales less returns and		0		 	—				
			Cost of goods sold		0							
	11		profit or (loss) (atta income (attach sch		e)				0	0		
	12		. Add lines 1 throug	•	•	200,000	- 		0			
	13		ensation of officers,		trustees etc					, <u> </u>		
Expenses	14	Other	employee salaries	and wages			1					
en	15	Pensi	on plans, employee	penelity c								
хp		Legal	fees (attach sched)	HE LIVE		(О	0	0	
	t	Accou	unting fees (attach s	chedule)	SO SO				C	0	0	
ţį	C	Other	professional fees (attagch/schae		(<u> </u>		С	0	0	
tra	17	Intere	st 😭		<u> </u>							
nis	18	Taxes	st (attach sched <u>ule) (see p</u>	page-14-of the	Instructions)		<u> </u>		_0			
Ē	19	Dehie	Ciation (attachische	dule) and c	epietion) 		C	0		
Ad	20 21	Occup	pancy I, conferences, and	meetinge							, <u></u> .	
Þ	22		ng and publications	meetings								
ā	23		expenses (attach s	chedule)				-	C	0	0	
ífig	24		operating and adn	-	e expenses.		1					
75			nes 13 through 23		-				<u>C</u>	0	0	
e G	25		ibutions, gifts, grant	s paid							0	
Operating and Administrative	26	Total	expenses and disburs	ements. Add	lines 24 and 25				С	0	0	
	27	Subtr	act line 26 from line	12								
MAY			s of revenue over exp			200,000	<u> </u>					
			nvestment income	-					C		 -	
<u>î</u>	C	Adjus	sted net income (if	negative, e	nter -0-)		<u> </u>			0	<u> </u>	

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year				
Га		should be for end-of-year amounts only (See instructions)	(a) Book Value (b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing .	0						
	2	Savings and temporary cash investments .							
	3	Accounts receivable 0							
		Less, allowance for doubtful accounts	0	0	0				
	4	Pledges receivable 0							
		Less allowance for doubtful accounts	0	0	0				
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons (attach schedule) (see page 15 of the							
		instructions)	0	0	0				
	7	Other notes and loans receivable (attach schedule)							
ţ		Less allowance for doubtful accounts	0	0	0				
Se	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
_	10 a	Investments—U S and state government obligations (attach schedule)	. 0	0	0				
	1	nvestments—corporate stock (attach schedule)	. 0	0					
		Investments—corporate bonds (attach schedule) .	0	0	0				
	11	Investments—land, buildings, and equipment basis							
		Less accumulated depreciation (attach schedule)	0	0	0				
	12	Investments-mortgage loans							
	13	Investments—other (attach schedule)	293,093	310,553	310,553				
	14	Land, buildings, and equipment basis							
		Less accumulated depreciation (attach schedule)	0	0	0				
	15	Other assets (describe	0	0	0				
	16	Total assets (to be completed by all filers—see the							
		instructions. Also, see page 1, item I)	293,093	310,553	310,553				
	17	Accounts payable and accrued expenses .							
/ 0	18	Grants payable							
ě	19	Deferred revenue							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0					
<u> </u>	21	Mortgages and other notes payable (attach schedule) .	nedule)0						
_	22	Other liabilities (describe)	0	0					
	23	Total liabilities (add lines 17 through 22)	0	0					
		Foundations that follow SFAS 117, check here							
S		and complete lines 24 through 26 and lines 30 and 31.							
nces	24	Unrestricted	293,093	310,553					
<u>a</u>	25	Temporarily restricted							
ä	26	Permanently restricted	,						
Б		Foundations that do not follow SFAS 117, check here			}				
or Fund Bala	}	and complete lines 27 through 31.							
5	27	Capital stock, trust principal, or current funds							
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			}				
set	29	Retained earnings, accumulated income, endowment, or other funds							
As	30	Total net assets or fund balances (see page 17 of the	"						
Net Assets		instructions)	293,093	310,553					
Z	31	Total liabilities and net assets/fund balances (see page 17			ļ				
		of the instructions) .	293,093	310,553					
Pai	rt 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-o	of-year figure reported on prior year's return) .		1	293,093				
2	Enter	amount from Part I, line 27a		2	200,000				
3	Other	increases not included in line 2 (itemize) Interest Credited on Ca	ash Value of Life Insuranc		9,528				
		ines 1, 2, and 3		4	502,621				
		eases not included in line 2 (itemize) Premium paid for Life Insurance			192,068				
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 310.553								

(a) List and describe t	nd Losses for lax on Invented he kind(s) of property sold (e.g., real est buse, or common stock, 200 shs MLC C	ate,	Incon	(b) How acquired P—Purchase		Pate acquired o , day, yr)	(d) Date sold (mo , day, yr)
		- /		D-Donation	, ,		
<u>1a</u> b				···			
С			 				
d				·		-	
e					_		
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			or (loss) minus (g)
a	0			0			0
b	0						0
C	00			0	_		0
d	0 0			0	 		0
e	0 0			0	<u> </u>		0
Complete only for assets sho	owing gain in column (h) and owner	by the fo	oundatio	n on 12/31/69	1	• • • • • • • • • • • • • • • • • • • •	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(s of col (i) (j), if any		• • •	less than -0-) or om col (h))
_a	0 0			0	+		0
	0 0			0		· · · · · · · · · · · · · · · · · · ·	0
	0 0			0	+		0
	0 0			0	+		0
е	0 0			0	<u> </u>		0
2 Capital gain net income of	If (loss),	enter -0-	- in Par		2		.0
If gain, also enter in Part	n or (loss) as defined in sectior I, line 8, column (c) (see pages	13 and					
	er -0- in Part I, line 8		•	J	3		0
Part V Qualification Ur	ider Section 4940(e) for Re	duced	Tax o	<u>n Net Investm</u>	ent In	come	
If "Yes," the foundation does	leave this part blank the section 4942 tax on the dis not qualify under section 4940 nount in each column for each	e). Do n	ot com	plete this part.			
(a)	The state of the s	1	o page	10 07 1110 11101140	, , , , , , , , , , , , , , , , , , ,	701010 171011111	(d)
Base period years	(b)	No	at ualua a	(c) f noncharitable-use a		Dist	bution ratio
Calendar year (or tax year beginning	Adjusted qualifying distribution	ns Ne		nonchantable-use a	isseis	(col (b) d	ivided by col (c))
2008		<u> </u>			0		0.000000
2007							0 000000
2006					-		0 000000
2005				v====	+		0 000000
2004					\rightarrow		0 000000
)		 total on		-	2	0 000000
	oundation has been in existent					3	0 000000
4 Enter the net value of nor	ncharitable-use assets for 2009	from Pa	ırt X, lın	ie 5 .		4	0
5 Multiply line 4 by line 3 .					.	5	0
6 Enter 1% of net investme	nt income (1% of Part I, line 27	b) .	•		.	6	0
7 Add lines 5 and 6					.	7	0
	ons from Part XII, line 4 ater than line 7, check the box				. that =	8 art using a 19	0 tay rate See
the Part VI instructions of		ıı Fail VI	i, iine T	o, and complete	ınat β	artusing a l'	o lax rate. See

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in							
1 a	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 ne						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1			0	
	here ▶ and enter 1% of Part I, line 27b			•			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations						
	of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	only Others enter -0-)	2			0	
3	Add lines 1 and 2 .		3			0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations		4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter	er -0-	5			0	
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 0					
		6b					
C	— · · · · · · · · · · · · · · · · · · ·	6c 0					
C		6d					
7	Total credits and payments Add lines 6a through 6d		<u> 7</u>			_0	
8		220 is attached	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9_			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ov		10			0	
11		0 Refunded ►	11	L,		0	
Pa	t VII-A Statements Regarding Activities					Yes	
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it						No
	participate or intervene in any political campaign?						
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the							Х
	instructions for definition)?						
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
published or distributed by the foundation in connection with the activities							
c Did the foundation file Form 1120-POL for this year?							_X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed du						
	(1) On the foundation \$ (2) On foundation ma						
6	Enter the reimbursement (if any) paid by the foundation during the year for political	expenditure tax imposed		ľ			
_	on foundation managers \$			-			
2	Has the foundation engaged in any activities that have not previously been reported	to the IRS?			2		Х
_	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its go			-	3		
4.	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformation to be foundation have unrelated business gross income of \$1,000 or more during			F	4a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?	ine year.		<u></u>	_	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the	 he vear?		}	5	11//	
J	If "Yes," attach the statement required by General Instruction T			ŀ	-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sat	tisfied either					. '
Ŭ	By language in the governing instrument, or					j	,
	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?	,		ľ	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "	Yes," complete Part II, col. (c), a	nd Pa	art XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see p			Ţ			
	instructions) ► NY						
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-Pi	F to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No,"				8b		
9	Is the foundation claiming status as a private operating foundation within the meaning	ing of section 4942(j)(3)		[
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see inst	ructions for Part XIV on page 27)?				
	If "Yes," complete Part XIV .			Į	9		Χ
10	Did any persons become substantial contributors during the tax year? If "Yes," atta	ch a schedule listing					
their names and addresses							Х

	John C Bumphy i hvate i bumbation inc	0000		-9
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	12	x	
13	August 17, 2008? Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
	Website address ► N/A			
14	The books are in care of ► Scott J Meyer Telephone no ► 631-549-78	11		
4 E	Located at ► 155 West Carver Street Huntington NY ZIP+4 ► 11743 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
15	and enter the amount of tax-exempt interest received or accrued during the year		•	• 🗀
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
ı u	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Τ	Yes	No
1a	During the year did the foundation (either directly or indirectly)		163	140
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period	1		ļ
	after termination of government service, if terminating within 90 days) Yes X No			
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			اـــ ـــ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	,
	Organizations relying on a current notice regarding disaster assistance check here			
С	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?	1c		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))			
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) beginning before 2009?			j
1-	If "Yes," list the years 20 , 20 , 20 , 20			
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 page 20 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20	13//	
-	20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009) .	3b	N/A	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4b		J
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	+ D		_ ^

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2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).

(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				🕨 1

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Part VIII Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Pai	d Employees	,
3 Five highest-paid independent contractors for professional services (see pa	ige 23 of the instructions). If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compens	ation
NONE			0
			0
			0
			0
			0
Total number of others receiving over \$50,000 for professional services		▶	1
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic the number of organizations and other beneficiaries served, conferences convened, research paper	stical information such as rs produced, etc	Expense	s
1 <u>N/A</u>			
2			
3			
4			
Part IX-B Summary of Program-Related Investments (see page 24			
Describe the two largest program-related investments made by the foundation during the tax year or	1 lines 1 and 2	Amount	
·····			
2			, ,
All other program-related investments See page 24 of the instructions			

Total. Add lines 1 through 3

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0

qualifies for the section 4940(e) reduction of tax in those years

Pai	Minimum Investment Return (All domestic foundations must complete this part. F	oreign foundations,	1
	see page 24 of the instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
þ	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets .	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions) .	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) p		
	foundations and certain foreign organizations check here 🅒 🔲 and do not complete this j	oart)	
1	Minimum investment return from Part X, line 6	. 1	0
2a	Tax on investment income for 2009 from Part VI, line 5	0	
b	Income tax for 2009 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	_0
Par	t XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
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 (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the foundation	

1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7				-:
2	Undistributed income, if any, as of the end of 2009		,,, ,,,,		
a	Enter amount for 2008 only			0	
b			0		···
3	Excess distributions carryover, if any, to 2009				
а	From 2004 . 0				
b	From 2005 . 0	1			
С	From 2006 . 0	1			
đ	From 2007 . 0				
е	From 2008 0				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2009 from Part				
	XII, line 4 > \$0				
а	Applied to 2008, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
С	Treated as distributions out of corpus (Election		·		
	required—see page 26 of the instructions)	0			
d	Applied to 2009 distributable amount				(
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2009	0			
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		0		
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the				
	instructions .			0	
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)				
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see page 27 of the				
_	instructions)	0			
9	Excess distributions carryover to 2010.			1	
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2005 . 0				
b	Excess from 2006 . 0				
C	Excess from 2007 . 0				
d	Excess from 2008 0				
е	Excess from 2009 0				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

	1 990-PF (2009) John C Dunphy Private Founda	tion Inc		26-13	16308 Page 11
	rt XV Supplementary Information (continu		- Future Boy		
3 (Grants and Contributions Paid During the	If recipient is an individual,			
	Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
_	Name and address (home or business) Paid during the year	or substantial contributor	recipient		
а	raid during the year				
					0
				:	0
					0
					0
					0
					0
					0
					0
					0
					0
					0
			·		
					0
					0
					0
					0
					0
	Total			. ▶ 3a	0
b	Approved for future payment				<u> </u>
					0
					0
					0
					0
					0
					0
					0
					0
					0
	Total			▶ 3b	0

Some State of Carre Some State of State					
Part XVI-A Analysis of Income-Producing Activ	vities				
Enter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	C
b		0		0	
c		0		0	
		0	 	0	
		0		0	
e		0		0	
g Fees and contracts from government agencies		<u>_</u>	~	<u> </u>	
•					
2 Membership dues and assessments .	-				
3 Interest on savings and temporary cash investments		<u> </u>			
4 Dividends and interest from securities .			<u> </u>		
5 Net rental income or (loss) from real estate					
a Debt-financed property					<u> </u>
b Not debt-financed property					· -
6 Net rental income or (loss) from personal property					
7 Other investment income				_	
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events .			<u>.</u>		
Gross profit or (loss) from sales of inventory	- · · · - · ·				
1 Other revenue a		0		0	
b		0		0	
c		0		0	
d		0		0	· · · · · ·
e		0	 	0	
2 Subtotal Add columns (b), (d), and (e)		0		0	<u> </u>
3 Total. Add line 12, columns (b), (d), and (e)				13	C
See worksheet in line 13 instructions on page 28 to verify calculated					
Part XVI-B Relationship of Activities to the Acc					
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions)					
			,		
		 			
					
			·		
					
	-	•			

Pa	rt XVII	Information Rega	_	sfers To and T	ransactions a	nd Re	lationships Wi	th Noncharit	table		
1	Did the	exempt Organization directly		ngage in any of t	he following with	any of	her organization	described	1	Yes	No
•		on 501(c) of the Code								103	1,10
2	_	ers from the reporting	foundation to	a noncharitable (evernt organiza	ation of					
a	(1) Ca:				· -				1a(1)		
		er assets							1a(2)	 	
ь		ransactions							1-1-1		
_		es of assets to a none	charitable exe	mpt organization					1b(1)		
		chases of assets fron							1b(2)		
		ntal of facilities, equip							1b(3)		
	(4) Rei	mbursement arrange	ments						1b(4)		
		ans or loan guarantee							1b(5)		
	• •	formance of services							1b(6)	ļ	
С	Sharing	of facilities, equipme	nt, mailing lis	ts, other assets,	or paid employe	es	•		_1c		L
	value o	nswer to any of the ab f the goods, other ass n any transaction or sh (b) Amount involved	ets, or service naring arrange	es given by the re	eporting foundat olumn (d) the va	tion If the	he foundation rec	eived less tha ssets, or serv	n fair n ices re	narke ceive	d
-(4)	Line no	0	(b) Harrie	Tionorial table exemp	pt organization	(4,50	somption or transfere, to		1011119 011	ungu.	
		0			·					-	
		0									
		0									
		0									
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	+	0				-					
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_		0									
_		0	····								
		0									
		0									
	describ	oundation directly or in ed in section 501(c) o " complete the followi	f the Code (o						Yes 🗀] No	
	11 163,	(a) Name of organization	ng schedule.	(b) Type	e of organization		(c) Desc	ription of relationsh	מור		
		(=) Hame or organization		(0) 190	garneadon		(0) 2630		··r		
					. .						
	·										
						_				·	
				_							
	Under penalties of perjury, I-declare that I have examined this return, including accompanying schedules and statements, and to the best of my known belief, it is true correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has all the state of the correct of the c								any kno		
ā	Siton	ature of officer or trustee				te //	Title				
Ŧ	/ 1	0 1			Date			Preparer's id	dentifying	,	
Sign Here	Paid Preparer's Use Only	Preparer's signature	A X	72	3/31/201	.0	Check if self-employed ▶	number (see	e Signat	ure on	
		Firm's name (or yours if	1 deband	Mayor CBAs II		. J	'	EIN ►			
		self-employed), address,		Weyer, CPAs, LL		1742			1) 540	7011	
		and ZIP code	155 West	Carver Street, H	unungion, NY T	1743		Phone no (63		7811	

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

Employer identification number Name of the organization John C Dunphy Private Foundation Inc. 26-1316308 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 organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check 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 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)

chedule B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1 of 1 of Part I
ame of organization	Employer identification number
ohn C Dunphy Private Foundation Inc	26-1316308
Part I Contributors (see instructions)	

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	John C Dunphy 60 Egret lane Greenport NY 11944 Foreign State or Province Foreign Country	\$200,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$ 0.	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
66	Foreign State or Province Foreign Country	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Part II, Line 13 (990-PF) - Investments - Other

			293,093	310,553	310,553
		ŀ	Book Value B	ğ	
	ltem or Category	Valuation	Beg of Year	End of Year	ш
_	Pheonix Life Insurance - Cash Value	FMV	293,093	310,553	
2					
~					
4					
7					
_					
6					
10	-		•		

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"							
	Name	if Business	Street	City	State	Zip Code	Country	Title	Hours
-	John C Dunphy		60 Egret Lane	Greenport	λN	NY 11944		Exec. Directo	•
2	Frances Lovernois		PO Box 23	Owl Head	λN	12969		Secty	
က	Scott J Meyer		2105 Paddock Road	Seaford	λ	11783		Director	
4	Frank Grasso		27 Richmar Drive	Sayville	λN	11782		Director	
2									
9									
7									
8									
6									
10									