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SCANNED OCT 0 1 2010

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

OMB No 1545-0052

2009

_		evenue Se				be able to use a copy of the				rements.			
_				tax year begi				and endi				. 20	
G	Che	ck all t	hat apply:	Initial retu		Initial return	-	ublic char	-	L	Final return		
_				Amended	return	Addres	ss change		Name cha				
			Name of found	dation					A Emplo	yer identii	fication number		
Į		ne IRS								FF 000000			
	lab Osbos	el. wise,		FOUNDATION							-2829989		
,		wise, int	Number and st	treet (or PO box	number if	mail is not delivered to street	t address)	Room/sui	ITE B Telephor	e number (see	e page 10 of the instructi	ons)	
	or t		a		.	N 1 1650 WIDE		172	、 l	/ 0 :	\		
S	ee S	pecific				N.A.,1650 MARK	ET ST	1200			15) 419-60	000	
li	nstru	tions.	City or town, s	state, and ZIP co	ae					ption applic g, check her		▝┡	
				DIITA DA :		E201			_		ations, check here	. ▶∟_	
_			-	PHIA, PA							ations meeting the here and attach	. —	
H	\neg		-			c)(3) exempt private f						. ▶∟	
Ţ				xempt charitable		Other taxable pr			E If priva	te foundatio	n status was termina	ted	
ı			t value of all as			unting method: X Ca		rual	unders	ection 507(b)(1)(A), check here	. ▶□	
			m Part II, col.		(Part I	ther (specify) column (d) must be or	n each basis		1 -		in a 60-month termin	1 1	
		▶ \$	10,029				T Casir Dasis.)	· · · · · · · · · · · · · · · · · · ·	under	section 507	(d) Disburse		
ناو	art I			ie and Expensiolumns (b), (c), a		(a) Revenue and	(b) Net inve		(c) Adjuste		for charit		
		may r	ot necessarily e	qual the amoun 11 of the instruc	ts in	expenses per books	incom	ie	incom	е	purpose		
-	4					425,000.	<u> </u>				(cash basis	oniy)	
	1		if the fou	c , received (attach so undation is not rec	juired to	423,000.	<u> </u>		<u> </u>		+		
	3	Check	attach S	ch B		4,828.		4,157.	11	A	1		
	4		-	mporary cash inve from securities		103,300.	1 0	3,300.	14(<u> </u>	· · · · ·	
	_					103/300.	1	3,300.					
				· · · · · · · · · · · · · · · · · · ·						T 1	DECENTE	<u> </u>	
Revenue				e of assets not on		23,432.					RECEIVE	:-	
		Gross s	ales price for all		,117.					ဖ	``	78	
ž.	7		n line 6a — gain net incom	e (from Part IV,			2	3,432.		2	SEP 3 0 20		
æ	8		_	gain					•			8	
	9		•								GDEN. I	TT =	
	10 a	Gross sa	eles less returns wances								JODEIN, C	J	
	ь		est of goods sold						·				
	С	Gross	profit or (loss) (a	ttach schedule)									
	11	Other i	ncome (attach s	schedule)		64,221.		7,357.				STMT 1	
_	12	Total.	Add lines 1 thro	ugh 11		620,781.	17	8,246.					
	13	Compe	nsation of officers,	directors, trustees	etc							 	
	14	Other (employee salarie	es and wages .							1		
Ses	15			ee benefits									
Expenses	16a			edule)									
X	Ь			h schedule)		2,500.		NONE		NON	벅	2,500	
ě	C	Other (professional fees	s (attach schedu	le)	51,463.	5	1,463.					
ī	17	Interes	t										
and Administrative	18			see page 14 of the in:					-		 		
Ē	19	•	•	chedule) and de	•						ļ		
Ā	20	•	•			· · · · · · · · · · · · · · · · · · ·	ļ						
힏	21			nd meetings					-		+		
	22		- '	ons		1,010.	-	70.		_		040	
ij	23			n schedule) STJ		1,010.	<u> </u>	70.		- <u></u> .	 	940	
Operating	24		-	dministrative ex		54,973.		1,533.		NON:	티	3,440	
ဝီ	25		•	23		323,333.		1,000.		INOIN.		23,333	
	25			ants paid		378,306.		1,533.		NON		<u>23,333</u> 26,773	
_	26 27		senses and disburse ct line 26 from l	ements Add lines 2	4 and 25	370,300.				INOIN.		<u> </u>	
	l			ince 12.	ente	242,475.		ļ					
	l		-	nses and dispursen ne (if negative, e	- •	232,313.	12	6,713.		•	1		
	l			(if negative, ente			12	J, 123	N/a		 		
=		just			<u></u>								

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. JA1353 K493 09/21/2010 18:55:00 4006-0

4006-07-4/2

P	art II	Balance Sheets Attached schedules and an description column should	nounts in the	Beginning of year	Er Er	nd of	year
_		amounts only (See Instruct	ions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	<i></i> .	16,242.	81,67		81,671
		Savings and temporary cash investments		784,021.	1,177,64	<u>. 5 .</u>	1,177,645
		Accounts receivable					
		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 (attach schedule) (see page 16 c	of the instructions)				
	7	Other notes and loans receivable (attach schedul	e) >				
		Less: allowance for doubtful accounts ▶					
		Inventories for sale or use			-		
Assets		Prepaid expenses and deferred charges					
Ass		Investments - U S and state government obligations (att	i				
-		Investments - corporate stock (attach schedule)				一	
		Investments - corporate bonds (attach schedule)				一	-
	11	Investments - land huldings				一	
		Less accumulated depreciation			RC 0003 0 3	- 1	
	12	(attach schedule)				\dashv	
		Investments - other (attach schedule)		9,095,989.	9,249,82	22	8,770,347
	14	land huldings and		2/020/2021	-//-		<u> </u>
		Less: accumulated depreciation				- -	aur
		(attach schedule) Other assets (describe				十	
		Total assets (to be completed by all filers - see the				+	
		instructions Also, see page 1, item I)		9,896,252.	10,509,13	اها	10,029,663
_	17	Accounts payable and accrued expenses		5,050,252.	10,300,13	1	10,020,000
		Grants payable	· I			\dashv	
s		Deferred revenue				-	
Liabilities		Loans from officers, directors, trustees, and other disqua	l l			-	:
Ħ		Mortgages and other notes payable (attach sched	r			-	i
Ë		Other liabilities (describe	r				
	22	Other habilities (describe				_	
	23	Total liabilities (add lines 17 through 22)					
_		Foundations that follow SFAS 117, check				_	
		and complete lines 24 through 26 and line					
S		Unrestricted					
nce	25						ı
ala	25	Temporarily restricted					1
B	24 25 26 27	Foundations that do not follow SFAS 117,					
Š		check here and complete lines 27 through					
F	27	Capital stock, trust principal, or current funds		9,296,579.	9,725,70	18	
S		Paid-in or capital surplus, or land, bldg , and equipment			7,123,10		
set	29	Retained earnings, accumulated income, endowment, or		599,673.	783,43	1	
Net Assets		Total net assets or fund balances (see page 17		333,013.	703,43	<u>.</u>	
let	30			9,896,252.	10,509,13	Q	
_	31	Total liabilities and net assets/fund balances (s		7,070,232.	10,309,13	-0.	
		of the instructions)		9,896,252.	10 500 12	, 0	
Б		Analysis of Changes in Net Asse			10,509,13	0.	
				_	agroo with	\neg	
•		net assets or fund balances at beginning of	-	olumin (a), line 30 (must	-		0 006 050
•		of-year figure reported on prior year's return)	'		· · · · · · · · · · · 	1	9,896,252.
2	CALL	r amount from Part I, line 27a	$\mathcal{G} \cdots \mathcal{G}$		/	2	242,475.
A	744	lines 1 2 and 2				3	370,412.
4	Add I	lines 1, 2, and 3	. ۲۰۰۰ م	·	· · · · · · · · · · 	4	10,509,139.
5	Decre	eases not included in line 2 (itemize)	ande	1 5 Part II		5	10 500 130
<u>o</u>	ıotal	net assets or fund balances at end of year (iine 4 minus lir	ne 5/- Part II, column (b)	, line 30	6	10,509,138.

Part IV Capital Gains	and Losses for Tax on Inve	estment Income	(b) How			
	describe the kind(s) of property sold (cick warehouse; or common stock, 200		acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)	
1a SEE PART IV DETA			P	VARIOUS	VARTOU	
b						
С	 .					
<u>d</u>						
<u>e</u>	(f) Decreasion allowed	(g) Cost or other basis		(h) Coin an (la		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) minu		
· 506,117		482,685.		23.	1 32	
b						
<u> </u>						
d e						
·	wing gain in column (h) and owner	d by the foundation on 12/31/69	W	Gains (Col. (h) ga	nin minus	
	(i) Adjusted basis	(k) Excess of col (i)		(k), but not less t		
(i) F M.V as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	l (h))	
a				23	432.	
b						
С						
If gain, also enter in Part I, I	not capital loce\	nd 17 of the instructions).	2		23,432.	
Part V Qualification Unc	ler Section 4940(e) for Reduc	ed Tax on Net Investment Inc	ome			
	he section 4942 tax on the distrib ot qualify under section 4940(e). [outable amount of any year in the bo	ase perio	d?	Yes X No	
· · · · · · · · · · · · · · · · · · ·		see page 18 of the instructions bef	fore maki	ng 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 ra		
2008	651,307.	9,798,295.		(col (b) divided by	47146264	
2007	684,889.	10,748,186.			372135726	
2006	223,945.	10,823,818.			069001899	
2005	1,188,891.	2,063,994.			01475586	
2004	1,239,229.	3,933,298.		0.315	06105055	
2 Total of line 1, column (d)			2	1.041	195864530	
3 Average distribution ratio f	for the 5-year base period - divide	the total on line 2 by 5, or by the than 5 years	3	0.208	339172906	
4 Enter the net value of none	charitable-use assets for 2009 from	m Part X, line 5	4		9,050,777.	
Multiply line 4 by line 3 .			5	1	L,886,107.	
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		1,267.	
7 Add lines 5 and 6			1,887,374.			
8 Enter qualifying distributio If line 8 is equal to or gre Part VI instructions on page		n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	326,773. c rate. See the	

names and addresses

instructions) ► TEXAS_

•						
Form	990-PF (2009) 75-2829989				Pa	ge 4
Pari	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	page	18 of the	instru	ction	ns)
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 ruling letter if necessary - see instructions)					
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		2	2,53	34.
	here and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
	of Part I, line 12, col (b)	•	-			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				
3	Add lines 1 and 2	3	· · · · · · · · · · · · · · · · · · ·	- 2	2,53	34.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			N	ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			2,53	34.
6	Credits/Payments.					
-	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 8,700.					
	Exempt foreign organizations-tax withheld at source 6b NONE					
	Tax paid with application for extension of time to file (Form 8868) 6c NONE					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7		8	3,70	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		-		5,16	56.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 6,166. 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	ıt		Y	'es	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 1	9				
	of the instructions for definition)?		L	1b		Χ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	ls				
	published or distributed by the foundation in connection with the activities.					*
c	Did the foundation file Form 1120-POL for this year?			1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation >\$ (2) On foundation managers >\$		-			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	sed				
	on foundation managers > \$		_		-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	s of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	\rightarrow	<u>, }</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	7	4
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	_	<u> </u>
	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 state law remain in the governing instrument?			6	X	

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their X 10 Form **990-PF** (2009)

8b

9

X

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Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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 on page

foundation had excess business holdings in 2009.)

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?

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

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

Did the foundation hold more than a 2% direct or indirect interest in any business

Form **990-PF** (2009)

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Par	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requ	ired (continued)							
5a	During the year did the foundation pay or incur any amour	nt to:									
	(1) Carry on propaganda, or otherwise attempt to influence	e legislation (section	4945(e))?	. Yes X No	•						
	(2) Influence the outcome of any specific public election (
	directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or oth	• •		. Yes X No	·						
	(4) Provide a grant to an organization other than a charita										
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (si			. Yes X No	·						
	(5) Provide for any purpose other than religious, charitable purposes, or for the prevention of cruelty to children o			Yes X No	,						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transa				,						
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? 5b N/A										
	Organizations relying on a current notice regarding disaste	er assistance check h	ere	▶□							
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?										
	If "Yes," attach the statement required by Regulations section	on 53 4945-5(d).									
6a	Did the foundation, during the year, receive any funds, dire	ectly or indirectly, to	pay premiums								
	on a personal benefit contract?										
Ь	Did the foundation, during the year, pay premiums, directly	y or indirectly, on a p	ersonal benefit contrac	xt?	6b X						
_	If "Yes" to 6b, file Form 8870.										
	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?										
	Information About Officers, Directors,				<u> </u>						
	and Contractors				•						
1_	List all officers, directors, trustees, foundation man	nagers and their c (b) Title, and average									
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances						
SEE	STATEMENT 4	•	-0-	-0-	-0-						
					-						
	Compensation of five highest-paid employees (other from the from t	er than those incl	uded on line 1 - see	page 23 of the inst	ructions).						
la	Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,						
,,,	Traine and address of each employee paid more than \$55,000	hours per week devoted to position	(c) compensation	plans and deferred compensation	other allowances						
				Í							
NON	E		NONE	NONE	NONE						
Tota	I number of other employees paid over \$50,000				► NONE						

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	
SEE STATEMENT 5		53,963
Total number of others receiving over \$50,000 for professional services	<u> </u>	NONE
<u>- </u>		NONE
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.	Expe	nses
1 <u>N/A</u>		
2		
3		
4		
	L	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amo	ount
1 <u>NONE</u>		
2		
All other program-related investments See page 24 of the instructions		
3NONE	•	
Total Add lines 1 through 3	1	

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Pa	Part X Minimum Investment Return (All domestic foundations must complete th see page 24 of the instructions.)	is part. Foreign foundati	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc	·,	
	purposes:		
а	a Average monthly fair market value of securities	1a	7,884,177.
b	b Average of monthly cash balances	1b	1,304,429.
C	c Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	d Total (add lines 1a, b, and c)	1d	9,188,606.
е	e 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	NONE
3			9,188,606.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	page 25	
	of the instructions)	4	137,829.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part	V, line 4 5	9,050,777.
6	Minimum investment return. Enter 5% of line 5	6	452,539.
Pa	Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) a foundations and certain foreign organizations check here ▶ and do not compare the compared to the compar	and (j)(5) private operating	
1	Minimum investment return from Part X, line 6		452,539.
2a	a Tax on investment income for 2009 from Part VI, line 5 2a	2,534.	, , , , , , , , , , , , , , , , , , , ,
b			
C		2c	2,534.
3		3	450,005.
4			NONE
5	Add lines 3 and 4	5	450,005.
6		6	NONE
7			
	line 1 · · · · · · · · · · · · · · · · · ·		450,005.
Pa	Part XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose	s:	
a			326,773.
b		16	
2	• • • • • • • • • • • • • • • • • • • •		
	purposes	2	NONE
3			110111
а		3a	NONE
b	b Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	4 4	326,773.
5			520,115.
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		N/A
6			326,773.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when	· · · · · · · L <u>- </u>	
	qualifies for the section 4940(e) reduction of tax in those years	the least	

Page 9

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				450,005.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only			NONE	
	Total for prior years: 20 <u>07</u> ,20,20		NONE		
3	Excess distributions carryover, if any, to 2009:				
_	From 2004				
b	From 2005				
d	164 510				
	From 2008				
	Total of lines 3a through e	2,466,807.			
	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶ \$ 326,773.				
a	Applied to 2008, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions}		NONE		
C	Treated as distributions out of corpus (Election	370377			
	required - see page 26 of the instructions)	NONB			326,773.
	Applied to 2009 distributable amount	NONE			340,113.
5	Excess distributions carryover applied to 2009	123,232.			123,232.
-	(If an amount appears in column (d), the same	123/232.			123,232.
6	amount must be shown in column (a).) Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	2,343,575.			E
b	Prior years' undistributed income Subtract				
	line 4b from line 2b Enter the amount of prior years' undistributed		NONE		į.
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has		NONE		
_	been previously assessed		NOIVE		
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		NONE		
e	Undistributed income for 2008. Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions			NONE	
f	Undistributed income for 2009. Subtract lines				
•	4d and 5 from line 1 This amount must be				
7	distributed in 2010				NONE
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	NONE			
8	instructions)	NONB			
	applied on line 5 or line 7 (see page 27 of the instructions)	922,874.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	1,420,701.			
	Analysis of line 9:				
	Excess from 2005 1,085,909.				
	Excess from 2006 NONE				
_	Excess from 2007 164,710 .				
d e	Excess from 2008 170,082. Excess from 2009 NONE				
	EALESS HOTH ZOUS NONE		<u>. </u>		

	1 300-11 (2003)		1 07 6.1		2023303	Page 10
	rt XIV Private Oper) NOT APPLICABL
1 a	If the foundation has	received a ruling or o	determination letter the	at it is a private opera	ating	
	foundation, and the ruling	is effective for 2009, en	iter the date of the ruling	3	. •	
ь	Check box to indicate who					(j)(3) or 4942(j)(5)
-					1 7072	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2a	Enter the lesser of the ad-	Tax year		Prior 3 years	<u> </u>	(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	I or the minimum investment					
	return from Part X for each year listed					
				-		
b	85% of line 2a					
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not	".				
	used directly for active conduct					
	of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of			1		
	exempt activities Subtract line 2d from line 2c			1		
3	Complete 3a, b, or c for the					
	alternative test relied upon				ļ.	
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-	·	-	 		-
_	enter 2/3 of minimum invest-			1		
	ment return shown in Part X,			1		
	line 6 for each year listed					
C	"Support" alternative test - enter	,				
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general					1
	public and 5 or more					
	exempt organizations as provided in section 4942					i
	(j)(3)(B)(m)					<u> </u>
	(3) Largest amount of sup-					1
	port from an exempt organization					
	(4) Gross investment income				 	
Da		na Information /C	amamiata thia mant	amber if the formal		or more in assets
Га	ot any time of	during the year - se	ompiete this part	only if the founda	ation nad \$5,000	or more in assets
	<u></u>	<u>-</u>	_ <u>. </u>	istructions.)		
1	Information Regarding	_				
а	List any managers of	the foundation who h	nave contributed moi	re than 2% of the tota	I contributions recei	ved by the foundation
	before the close of any	tax year (but only if th	ney have contributed	more than \$5,000). (S	ee section 507(d)(2).)
	CAROLINE E	OHOU EMENV				
_						
b	List any managers of					ly large portion of the
	ownership of a partner	ship or other entity) o	f which the foundatio	n has a 10% or greater	interest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
				• • • •		
	Check here ► X if the state of	ne toundation only i	makes contributions	to preselected charit	able organizations	and does not accept
					28 of the instructi	ons) to individuals or
	organizations under otl	ner conditions, comple	ete Items Za, b, c, and	1 a.		
а	The name, address, and	d telephone number o	f the person to whom	applications should be	e addressed:	
	NIA	•				
_	<u> </u>	liantana abas da la assi			-1 - 1 d	
D	The form in which appl	lications should be sui	omitted and informati	on and materials they	snoula incluae:	
	11/4					
	N/A					
		nes:				
	N/A Any submission deadlin	nes:				
	Any submission deadling	nes:				
	Any submission deadlin					
	Any submission deadlin NA Any restrictions or III		, such as by geogr	aphical areas, charita	ble fields, kınds of	institutions, or other
	Any submission deadlin		such as by geogr	aphical areas, charita	ble fields, kınds of	institutions, or other

			75 2025505	
Form 990-PF (2009)				Page 1 1
Part XV Supplementary Information				
3 Grants and Contributions Paid Du	ring the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	<u> </u>		
a vara aaring ina yaar				
SEE STATEMENT 6				2 12 222
DEE DIAIEMENT 0				3 <i>33,333.</i>
		1		
		1		
		1		
		1		
		1 1		
		1		
		1		
		1 1		
Tabel				202 222
		 .	<u>▶</u> 3a	323,333.
b Approved for future payment				
		1		
NA				
•]		
		1		
		1		
		1		
		1		
Total		<u>i</u>	► 24	
IVIGI	· · · · · · · · · · · · · · · · · · ·	• • • • • •	▶ 3b	

Part XVI	-A Analysis of Income-Produ	cing Activ	vities			
Enter gross	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a						
ь	 -					
c				ļ <u>-</u>		
d						
е						· · · · · · · · · · · · · · · · · · ·
f						
-	s and contracts from government agencies					
	rship dues and assessments			 		
	on savings and temporary cash investments			14	4,828.	
	ds and interest from securities			14	103,300.	
	tal income or (loss) from real estate					
	ot-financed property					
	debt-financed property					
	al income or (loss) from personal property .					
	nvestment income			1.0	02.420	
•	loss) from sales of assets other than inventory			18	23,432.	
9 Net inco	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
11 Other re	evenue. a					
b R	44LTY INC. \$53,648				64,221.	
c 2 c	07 TAX REF. 10699,					
d 2 <u>2</u>	DOSTAY REF. 6,165			ļ		
	RTNERS HIP (6,291,					
12 Subtota	ıl. Add columns (b), (d), and (e)				195,781.	
13 Total. A	Add line 12, columns (b), (d), and (e)				13	195,781.
	heet in line 13 instructions on page 28 to					
Part XVI	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. ▼	Explain below how each activi the accomplishment of the for page 29 of the instructions.)					
			_			
					-	
			NOT APPLICABL	E		
		_				
	<u> </u>					
	 		= 0=	•		
		··· · · -				
	 					
	-	.				
						
	_					

Form	990-PF	(2009)			_			75-	2829989			Pa	ige 13
Par	XVII		Information Exempt Orga		Transfers T	o and T	Transaction	ns and	Relations	hips With	Nonc	harit	able
1	ın se	ction	ganization directly 501(c) of the C	ode (other thai	n section 501(c)(3) orga	nizations) or					Yes	No
а	organ Transi	ization: fers fro	s? m the reporting fo	undation to a no	ncharitable exen	npt organiz	ation of:						
	(1) Ca	ash .									. 1a(1)		<u> X</u>
	(2) O	ther as	sets								. 1a(2)		<u>X</u>
Ь	Other			mtable avenue e							41.41		v
			assets to a noncha										X
			es of assets from a										X
			f facilities, equipmi sement arrangeme										X
			loan guarantees										X
			ance of services or								_		X
С			cilities, equipment										X
			ver to any of t									fair r	
			e goods, other										
			y transaction of										
	IA	(b)	Amount involved	(c) Name of	noncharitable exen	npt organiza	tion (d)	Descriptio	n of transfers, tra	nsactions, and sh	arıng arra	ngemei	nts
/4	<i>[</i> —	-											
		_											
	<u> </u>												
	•												
													
													
		ļ											
			_										
							_						
	section	n 501(s," com	dation directly or c) of the Code (oth plete the following	er than section schedule	501(c)(3)) or in s	section 527		-		• • • • • • •	Ye	es X	No
	74	(a)	Name of organization	1	(b) Ty	pe of organ	ızatıon	_	(c) Des	cription of relation	nship		
/ ∨	IA		.					+					
								+					
					 								
											-		
	belief,	ıt <i>(</i> is tru	e correct, and com	are that I have explete Declaration	farmined this return of preparer (other	n, including than taxpay	er or fiduciary)	15, based p	n all information	and to the best of which prepa	of my kr rer has ar	nowledg y know	ge and vledge
<u>=</u>	- 31	anarate	of officer or trustee	t			D≱te	/	Title	Preparer'	e identife	ing.	
Sign Here	raid Preparer's Use Only	Prepa sign a		ne X	Mela	la.	Date 9/21/		eck if f-employed ►[number (page 30 o	See Sign á	ture or	
~ ·	raid Preparer's Use Only		s name (or yours if	THE G	LENMEDE TE	UST CC	MPANY. N	.A.	EIN	▶ 51-039	0823		
	₹ ⊃		mployed), address,				SUITE 120			<u> </u>			—
1			IP code		DET.DHTA	DA			-7301 Phor	no 215-	/10_ <i>C</i>	000	

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			Employer identification number
TECOVAS FOUNDATION 4	006-07-4/2		75-2829989
Organization type (check one):	· · · · · · · · · · · · · · · · · · ·		,3 2027907
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a p	orivate found	dation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private	te foundatio	n
	501(c)(3) taxable private foundation		
General Rule	(8), or (10) organization can check boxes for both the General Ruling Form 990, 990-EZ, or 990-PF that received, during the year,		
	ne contributor. Complete Parts I and II.	40,000 0	more (in money or
Special Rules			
sections 509(a)(1) and	3) organization filing Form 990 or 990-EZ that met the 331/3% std 170(b)(1)(A)(vi), and received from any one contributor, during the smount on (i) Form 990, Part VIII, line 1h or (ii) Form 99	the year, a	contribution of the greater
the year, aggregate co	7), (8), or (10) organization filing Form 990 or 990-EZ that receive ontributions of more than \$1,000 for use <i>exclusively</i> for religious , or the prevention of cruelty to children or animals. Complete Pa	, charitable,	scientific, literary, or
the year, contributions aggregate to more tha year for an <i>exclusivel</i> y applies to this organiz	7), (8), or (10) organization filing Form 990 or 990-EZ that receives for use <i>exclusively</i> for religious, charitable, etc., purposes, but the san \$1,000. If this box is checked, enter here the total contribution yreligious, charitable, etc., purpose. Do not complete any of the preation because it received nonexclusively religious, charitable, etc.	hese contrib ns that were parts unless c., contributi	outions did not e received during the the General Rule ions of \$5,000 or more
Caution. An organization that is	not covered by the General Rule and/or the Special Rules does	not file Sche	edule B (Form 990,
	answer "No" on Part IV, line 2 of its Form 990, or check the box to certify that it does not meet the filing requirements of Schedu		
For Privacy Act and Paperwork Reducti	ion Act Notice, see the Instructions	Schedule B (F	Form 990, 990-EZ, or 990-PF) (2009)

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

Schedule B (FORM 990, 990-EZ, Or 990-FF) (2009)	Page of of Part
Name of organization	Employer identification number
TECOVAS FOUNDATION 4006-07-4/2	75-2829989

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	SEE SCHEDULE ATTACHED	\$ <u>425,000.</u>	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

TECOVAS FOUNDATION 4006-07-4/2

Page of of Part II
Employer identification number 75-2829989

Part II Noncasi	Property	(see instructions)
-----------------	----------	--------------------

ait II	Teoricasii i roperty (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	SEE SCHENULE ATTACHES		
		\$ 425,000.	09/08/2008
(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
		\$	

TECOVAS FOUNDATION ACCOUNT #4006-07-4/2 EIN: 75-2829989

TAX YEAR ENDING 12/31/09

ATTACHMENTS PAGE 1 FORM 990-PF AND SCHEDULE B PART I ANALYSIS OF REVENUE AND EXPENSES

			COLUMN A	COLUMN	COLUMN
REVENUE:					
LINE 1	CONTRIBUTIONS - RECEIVED FROM THE FOLLOWING:		425,000		
C/O THE GI 1650 MARK	F RUTH BUSH EMENY DEC'D LENMEDE TRUST COMPANY ET STREET, SUITE 1200 PHIA, PA 19103-7391				
	ED TO THE FOUNDATION ON SEPTEMBER ON THE FOUNDATION BOOKS ON JANUAR				
COMPOSED	DF:	DATE OF DEATH VALUE			
	1 COULTER ST AMARILLO TX 43 ID 37004308100	93,000			
	1 SW 9TH AVE AMARILLO TX 43 ID 37004307000	93,000			
	1 W LOOP 335 SOUTH SEC 43 ID 37004308000	239,000			
	TOTAL CONTRIBUTIONS RECEIVED	425,000			
LINE 3	CASH INVESTMENTS - MONEY MARKET INTEREST		4,828	4,157	
LINE 4	DIVIDENDS AND INTEREST FROM SECUP - DIVIDENDS AND INTEREST	RITIES	103,300	103,300	
LINE 11	OTHER INCOME - ROYALTY INCOME - 2007 TAX REFUND - 2008 TAX REFUND - PARTNERSHIP INCOME PER 2009 K-1'S		53,648 10,699 6,165 -6,291 64,221	53,648 0 0 -6,291 47,357	

Statements 142

TECOVAS FOUNDATION ACCOUNT #4006-07-4/2 EIN: 75-2829989

TAX YEAR ENDING 12/31/09

ATTACHMENTS PAGE 1 FORM 990-PF AND SCHEDULE B PART I ANALYSIS OF REVENUE AND EXPENSES

		COLUMN A	COLUMN B	COLUMN
EXPENSES:				
LINE 16b	ACCOUNTING FEES - GLENMEDE TRUST COMPANY TAX PREPARATION FEE	2,500	0	2,500
LINE 16c	OTHER PROFESSIONAL FEES - GLENMEDE TRUST COMPANY, N.A. INVESTMENT MANAGEMENT FEE	51,463	51,463	0
LINE 23	OTHER EXPENSES - COUNCIL ON FOUNDATIONS 2009 MEMBERSHIP DUES - MISCELLANEOUS INVESTMENT EXPENSE	940 70 1,010	0 70 70	940 0 940

Statement 142

COMBINED STATEMENT OF ASSETS TECOVAS FOUNDATION 12/31/09 4006-07-4/2

Shares/Par	Description of Assets	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income
Cash & Reserves							
1,177,645 GLEN	1,177,645 GLENMEDE FUND INC-GOVT	1.00	1,177,645	1.00	1,177,645	0	533
CASH 65,400+ OUTSI 16,271+ Cash	CASH PORTFOLIO 65,400+ OUTSIDE CHECKING ACCOUNT 16,271+ Cash	1.00	65,400	1.00	65,400 16,271	0 0	0 0
Cash & Reserves Total	ō		1,259,316		1,259,316	0	533
Fixed Income							
Corporate Bonds - Finance	inance						
250,000 BP C, 3/15/	250,000 BP CAPITAL MARKETS PLC DT 3/15/2007 4.875% 3/15/201	1.00	249,970	100.93	252,318	2,348	12,188
Total			249,970		252,318	2,348	12,188
Other Taxable Bonds Mutual Funds	s Mutual Funds						
10,980+ LOOI BONE	10,980+ LOOMIS SAYLES GLBL BOND-INST	15.83	173,864	15.98	175,467	1,603	5,885

Page 1 of 6

COMBINED STATEMENT OF ASSETS TECOVAS FOUNDATION 12/31/09 4006-07-4/2

Shares/Par	Description of Assets	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income
15,958+ TEI	15,958+ TEMPLETON GLOBAL BOND FD-AD	10.86	173,320	12.69	202,509	29,189	6,080
TO	Total		347,184		377,976	30,792	14,965
Fixed Income Total	מ		597,154		630,294	33,140	27,153
Equities							
Technology							
0+ W	0+ MATTSON TECHNOLOGY INC	60.6	က	3.57	_	-2	0
Total	†al		က		_	-2	0
U S Mutual Funds							
9,404+ BR 6,637+ BU 7,334+ DC	9,404+ BRANDYWINE FUND 6,637+ BUFFALO SMALL CAP FUND 7,334+ DODGE & COX STOCK FUND	26.62 27.28 81.81	250,355 181,093 600,000	21.93 22.48 96.14	206,222 149,203 705,097	-44,133 -31,890 105,097	0 179 8,764

Page 2 of 6

COMBINED STATEMENT OF ASSETS TECOVAS FOUNDATION 12/31/09

4006-07-4/2

348 999 **Estimated** 128 2,087 722 6,489 6 Gain/Loss Income Unrealized Annual -2,125 -33,413 2,156 7,766 -54,698 127,828 -50,111 79,983 59,456 232,904 765,594 125,727 790,828 754,871 Market Value 32.97 16.34 14.40 24.09 61.66 12.81 16.97 Market Price 287,602 799,007 82,108 51,690 175,838 663,000 752,715 Tax Cost 17.92 27.64 12.52 29.75 61.48 16.77 Tax Cost Unit 12,242+ VANGUARD PRIMECAP FUND 4,895+ HARBOR SMALL CAP VALUE -ADVISOR SMALL CAP EQUITY 4,129+ JOHN HANCOCK CLASS VAL **Description of Assets** 45,115+ MANNING & NAPIER EQUITY 9,668+ LONGLEAF PARTNERS FUND 9,815+ GLENMEDE FUND INC -APPRECIATION FUND **ADMIRAL SHARES** 23,986+ HARBOR CAPITAL **PORTFOLIO** NSTI Shares/Par

Total		4,595,408		4,578,246	-17,162	27,791
International Mutual Funds						
17,520+ GLENMEDE FUND INC-INTERNATIONAL PORT	18.46	323,434	13.06	228,810	-94,624	4,450
	21.94	463,514	21.20	447,872	-15,642	15,908

8,312

-43,639

708,361

9.80

752,000

10.40

72,282+ VICTORY INSTL DIVERS STOC

Page 3 of 6

COMBINED STATEMENT OF ASSETS TECOVAS FOUNDATION 12/31/09 4006-07-4/2

Shares/Par	Description of Assets	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income
FI 12,397+ V FI 15,764+ W	FUND 12,397+ VANGUARD GLOBAL EQUITY FD-IN 15,764+ WILLIAM BLAIR INTL GROWTH-I	17.84	221,189	15.67	194,260	-26,929	4,413
Te	Total		1,373,526		1,169,663	-203,863	77.277
Equities Total			5,968,937		5,747,910	-221,027	55,068
Other							
Alternative Assets	<u>5</u> 2						
8,959+ D 425,000 G IN	8,959+ DGHM ENHANCED VALUE LTD 425,000 GLENMEDE PRIVATE INVESTMENT FUND VII	111.61	1,000,000	115.61	1,035,773 0	35,773 0	00
75,000 G	75,000 GLENMEDE PRIVATE		75,037	1.65	123,848	48,811	0
1,000,000 Ti	1,000,000 THE GLENMEDE PRIVATE EQUITY FUND		435,723	0.12	121,100	-314,623	0

Page 4 of 6

COMBINED STATEMENT OF ASSETS TECOVAS FOUNDATION 12/31/09 4006-07-4/2

Shares/Par	Description of Assets	Unit Tax Cost	Tax Cost	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income
24,001+	24,001+ PIMCO COMMODITY RR	11.64	279,383	8.28	198,729	-80,654	11,905
1,800	JIRAFINS 1,800 SPDR GOLD TRUST 5,086+ VAN ECK GLOBAL HARD ASSET	91.80	165,240 198,817	107.31 41.59	193,158 211,535	27,918 12,718	0 0
33,333	33,333 GCM VENTURES 2000 LLC LP		21,553	0:30	9,864	-11,689	00
104,749+	104,749+ RESOURCE CAPITAL FUND II LP ASSET BASED		32,978	0.47	48,936		0 0
	Total		2,258,731		1,967,143	-291,588	11,905
Other Assets							
_	1 COULTER ST AMARILLO TX 43		93,000		93,000	0	0
_	SW 9TH AVE AMARILLO TX 43		93,000		93,000	0	0
_	1 W LOOP 335 SOUTH SEC 43 ID 37004308000		239,000		239,000	0	0
	Total		425,000		425,000	0	0

Page 5 of 6

COMBINED STATEMENT OF ASSETS TECOVAS FOUNDATION

12/31/09 4006-07*-*4/2

Shares/Par	Description of Assets	Unit Tax Cost	Tax Cost	Market Price	Market Value	Estimatec Unrealized Annual Gain/Loss Income	Estimated Annual Income
Other Total			2,683,731		2,392,143	2,392,143 -291,588	11,905
Grand Total			10,509,138		10,029,663	10,029,663 -479,475 94,659	94,659

TECOVAS FOUNDATION ACCOUNT #4006-07-4/2

EIN: 75-2829989

TAX YEAR ENDING 12/31/09

ATTACHMENTS PAGE 2 FORM 990-PF
PART III ANALYSIS OF CHANGES IN NET ASSETS OF FUND BALANCES

LINE 3 OTHER INCREASES NOT INCLUDED IN LINE 2

370,412

CHECKING ACCOUNT BALANCE AS OF 12/31/2008 NOT INCLUDED ON THE 2008 FORM 990-PF

370,412

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	AFITAL GAI	INS AIND LO	SSES FUR	I IAX UN I	IAAE211	VI TP	ENT INCOM	
	Property		Descr	iption		oi Di	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or	FMV	Adj. basis	Excess of FMV over	۲	Gain	
expenses of sale	allowable	other basis	as of 12/31/69	as of 12/31/69	adı basıs	_	or (loss)	
6,117,2	99	TOTAL LONG-	TERM CAPITA	AL GAIN DIV	IDENDS		6,117.	
:		250000. FFCI PROPERTY TY			3/16/20		03/20/2007	03/16/2009
250,000.00		251,173.00					-1,173.00	
		250000. FHLI PROPERTY TY	B DTD 9/15/ PE: SECURIT	'2006 5% 12, TES	/11/2009		03/16/2007	12/11/2009
250,000.00		251,075.00	d. bbcokii	.110			-1,075.00	:
		. GAIN/LOSS PROPERTY TY -19,563.00			M AND 12		19,563.00	12/31/2009
TOTAL GAIN(I	uoss)					•	23,432.	
	•	Summ	nary of	Lain	/Los			
506,117,6	20	482,68	<u>5,00</u> <u>-</u>	<u></u>	===	U	<i>₹3,43</i> ₹,	

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: GLENMEDE TRUST COMPANY, N.A.

ADDRESS: 1650 MARKET STREET, SUITE 1200

PHILADELPHIA, PA 19103-7391

TELEPHONE NUMBER: (215)419-6000

TECOVAS FOUNDATION ACCOUNT #4006-07-4/2 E.I.N. 75-2829989 TAX YEAR ENDING 12/31/2009

ATTACHMENTS PAGE 6

PART VIII LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC.

NAME AND ADDRESS	TITLE	AVERAGE HOURS PER WEEK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
1. MARY T. EMENY PO BOX 1230 AMARILLO, TX 79105	DIRECTOR/ CHAIRMAN	FULL TIME	o	ợ	o
2. TIMOTHY H. INGALLS PO BOX 1230 AMARILLO, TX 79105	DIRECTOR	FULL TIME	-	- 0-	o
3. GEORGE F. INGALLS PO BOX 1230 AMARILLO, TX 79105	DIRECTOR/ SECRETARY	FULL TIME	- <mark>-</mark>	φ	
4. ALEXANDER S. TAYLOR PO BOX 1230 AMARILLO, TX 79105	DIRECTOR	FULL TIME	-0-	φ	φ
5. MARY LATHAM GALETI PO BOX 1230 AMARILLO, TX 79105	DIRECTOR/ VICE CHAIRMAN	FULL TIME	- -	φ	ợ
6. JANET W. HAVENER THE GLENMEDE TRUST COMPANY, N.A. 1 CORPORATE EXCHANGE 25825 SCIENCE PARK DRIVE BEACHWOOD, OH 44122-7312	TREASURER	FULL TIME	o	ợ	

Stement 4

75-2829989

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME:

THE GLENMEDE TRUST COMPANY, N.A.

ADDRESS:

1650 MARKET STREET, SUITE 1200

PHILADELPHIA, PA 19103

COMPENSATION 53,963.

COMPENSATION EXPLANATION:

INVESTMENT MANAGEMENT FEE & TAX PREPARATION FEE

TOTAL COMPENSATION:

53,963.

==========

TECOVAS FOUNDATION ACCOUNT #4006-07-4/2 E.I.N. 75-2829989 TAX YEAR ENDING 12/31/2009

PART XV, FORM 990-PF, PAGE 11 2009 GRANTS AND CONTRIBUTIONS - PAID

	Grantee Organization & Project		Payment
NO No	Description	Grant Amount	Date
	Hospice of the Western Reserve Cleveland, OH For Capital Campaign (Five Year Grant, 2008-2012)	25,000	11/20/2009
7	Globe-News Center for the Performing Arts Amarıllo, TX For General Operating Support (Seven Year Grant, 2006-2012)	50,000	12/11/2009
ო	Fund for Our Economic Future Cleveland, OH For General Operating Support (Three Year Grant, 2008-2010)	33,333	12/17/2009
4	Global Hunger Project New York, NY For General Operating Support	50,000	12/17/2009
2	Self Employed Women's Association (SEWA) Washington, DC For Women's Trade and Finance Council	50,000	12/17/2009

Stetements

TECOVAS FOUNDATION ACCOUNT #4006-07-4/2 E.I.N. 75-2829989 TAX YEAR ENDING 12/31/2009 PART XV, FORM 990-PF, PAGE 11 2009 GRANTS AND CONTRIBUTIONS - PAID

	Grantee Organization & Project		Payment
NO.	Description	Grant Amount	Date
9	Synapse Washington, DC For Women's Trade and Finance Council	90,000	12/17/2009
7	The Wolfensohn Center for Development at Brookings Institute Washington, DC For Women's Trade and Finance Council	50,000	12/17/2009
∞	Wildcat Bluff Nature Center Amarillo, TX Matching Grant for General Operating Support	15,000	12/21/2009
	Grand Totals	323,333	

Statement 6

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue Se	ervice	File a separate application for each return.	
 If you are fi 	ling for a	Automatic 3-Month Extension, complete only Part I and check this box	X
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on pa unless you have already been granted an automatic 3-month extension on a pre-	
Part I Autor	matic 3-	Month Extension of Time. Only submit original (no copies needed).	
		o file Form 990-T and requesting an automatic 6-month extension - check this l	box and complete
Part I only			
time to file inco	ome tax r		
one of the ret electronically i returns, or a co	turns not if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month au ed below (6 months for a corporation required to file Form 990-T). Howe want the additional (not automatic) 3-month extension or (2) you file Form or consolidated From 990-T. Instead, you must submit the fully completed aron the electronic filing of this form, visit www.irs.gov/efile and click on e-file for	ver, you cannot file Form 8868 s 990-BL, 6069, or 8870, group nd signed page 2 (Part II) of Form
Type or	Name of	Exempt Organization	Employer identification number
print	TEC	OVAS FOUNDATION 4006-07-4/2	75-2829989
File by the		street, and room or suite no. If a P.O. box, see instructions.	
due date for	GLE	NMEDE TRUST COMPANY, N.A., 1650 MARKET ST. Deute / 2	<u></u>
filing your return. See		n or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	PHI	LADELPHIA, PA 19103-7391	
Check type of		o be filed (file a separate application for each return):	
Form 990			orm 4720
Form 990		Form 990-T (sec. 401(a) or 408(a) trust)	orm 5227
Form 990		Form 990-T (trust other than above)	orm 6069
X Form 990			orm 8870
<u>X</u> 101111330	<i>-</i>		
 If the organ If this is for for the whole on names and EIN 	nization d r a Group group, ch Ns of all n	nembers the extension will cover.	. If this is and attach a list with the
until	rganizatio	utomatic 3-month (6 months for a corporation required to file Fo $08/16$, 2010 , to file the exempt organization return for the organization's return for:	
► X		r year 2009 or	
▶ □	tax year	beginning, and ending	· · · · · · · · · · · · · · · · · · ·
2 If this tax	c year is f	or less than 12 months, check reason: Initial return Final return	Change in accounting period
-	-	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative taxedits. See instructions.	c, less any 3a \$ 1,765
b If this an	polication	is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	
		prior year overpayment allowed as a credit.	3b \$ & 700,
		otract line 3b from line 3a. Include your payment with this form, or, if require	
		n or, if required, by using EFTPS (Electronic Federal Tax Payment Sys	
instruction		in or, in required, by desiring the televisions received tax regiment eye	3c s ->
		ng to make an electronic fund withdrawal with this Form 8868, see Form 8453-	
			LO and Form 66/5-EO
for payment in			
For Privacy Ac	ct and Pa	perwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Earn 9869-IDm: 4 2000)	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa	Page 2-
Note. Only complete Part II if you have already been granted an automatic 3-month extensi	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	on a providusty mad rount dood.
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file	the riginal (new conies needed).
Name of Exempt Organization	En ployer destification number
print TECOVAS FOUNDATION 4006-07-4/2	2829989
File by the Number, street, and room or suite no. If a P.O box, see instructions	For IRS use only
extended due date for GLENMEDE TRUST COMPANY, N.A., 1650 MARKET ST	
filing the return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Instructions. PHILADELPHIA, PA 19103-7391	
Check type of return to be filed (File a separate application for each return):	,
Form 990 X Form 990-PF	Form 1041-A Form 6069
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720 Form 8870
Form 990-EZ Form 990-T (trust other than above)	Form 5227
STOP! Do not complete Part II if you were not already granted an automatic 3-month	extension on a previously filed Form 8868.
• The books are in the care of ▶ GLENMEDE TRUST COMPANY, N.A.	
Telephone No. ▶ (215) 419 - 6000 FAX No. ▶ 215 - 64	40-3763
• If the organization does not have an office or place of business in the United States, chec	k this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number	(GEN) If this is
for the whole group, check this box	and attach a
list with the names and EINs of all members the extension is for.	
4 I request an additional 3-month extension of time until 11/1!	5/2010
5 For calendar year 2009, or other tax year beginning a	ind ending
6 If this tax year is for less than 12 months, check reason: Initial return Fin	al return Change in accounting period
7 State in detail why you need the extension TAXPAYER IN THE PROCESS OF	— •
INFO TO PREPARE A COMPLETE AND ACCURATE RETURN	·
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the te	entative tax, less any
nonrefundable credits. See instructions.	8a \$ 1.765.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c	redits and estimated
tax payments made. Include any prior year overpayment allowed as a credit an	
previously with Form 8868.	8b \$ 8, 700,
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or	r, if required, deposit
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syst	
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and s	statements, and to the best of my knowledge and belief,
It is true, correct, and complete, and that I am authorized to prepare this form.	
The Dermane Trust Cor, N.A.	~/ i
Signeture ► TAX PREPA	ARER/V.P. Date ► 8//2//0
	Form 8868 (Rev. 4-2009)

THE GLENMEDE TRUST COMPANY, N.A.

1650 MARKET STREET, SUITE 1200

PHILADELPHIA, PA 19103-7391