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, Form '990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. 6/30 2010 2009, and ending For the 2009 calendar year, or tax year beginning 7/01 D Employer Identification Number Check if applicable Please us IRS label 77-0411342 Address change FARRINGTON HISTORICAL FOUNDATION C/O MASEL SHEEHAN E Telephone number Name change 1615 DRY CREEK ROAD SAN JOSE, CA 95125 408-264-8258 Initial return specific Instruc-Termination 965,945. G Gross receipts \$ Amended return X No F Name and address of principal officer H(a) Is this a group return for affiliates' Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) (3 4947(a)(1) or 527) ◄ (insert no) WWW.FARRINGTONFOUNDATION.ORG H(c) Group exemption number 1995 Trust X Corporation Association L Year of Formation M State of legal domicile Form of organization Summary Partile Briefly describe the organization's mission or most significant activities FARRINGTON HISTORICAL FOUNDATION <u>MAINTAINS A LIBRARY OF PLANS AND RENDERINGS OF HOMES WITH HISTORICAL SIGNIFICANCE</u> Activities & Governance <u>IN_CALIFORNIA_AND_IS_USED_AS_THE_HEADQUARTERS_FOR_THE_JUNIOR_LEAGUE_OF_SAN_JOSE_</u> WHICH IS A BENEFACTOR OF THIS ORGANIZATION. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 1 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 Ō. 7 a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 ... 0. b Net unrelated business taxable income from Form 990-T, line 34 7 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 10. Program service revenue (Part VIII, line 2a) 331,052 243,105. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 331,062 243,105. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 137,400. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 45,498 Benefits paid to or for members (Part IX, column (A), line 4) 19,641 28,915. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f 24f). 128,019 152,916. RECEIVED 193,158 319,231. Total expenses Add lines 13-17 (must equal Part IX, column 137,904. -76,126.Revenue less expenses Subtract line 18 from line 12 DEC 0 6 2010 Ŏ **End of Year Beginning of Year** ς'n 7,204,813 7,832,883. Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26) 200 0. OGDEN, UT Net assets or fund balances Subtract line 21 from line 20 7,204,613. 7,832,883. Part II Signature Block mined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is (other than officer) is based on all information of which preparer has any knowledge Sian Here Preparer's identifying number (see instructions) Check if self-employed **Paid** 123/10 Preparer's signature Pre-LOU MITTS P00541147 parer's ORLANDO, MITTS MOORE & CO Firm's name (or Use yours if self-employed), address, and FIRST STREET, SUITE 1200 94-2773669 675 N. Only 278-0300 SAN JOSE, CA 95112-5158 **►** (408) Phone no Х Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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77-0411342 Form **990** (2009) FARRINGTON HISTORICAL FOUNDATION Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX. column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 contributions? If 'Yes,' complete Schedule M. X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 36

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2009) FARRINGTON HISTORICAL FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

				res	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a (
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (2 图 3		300
С	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a :			
2b	If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this reti	urn (see instructions)			11
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	r covered by	3a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	•	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi		4a		X
Þ	ıf Yes, enter the name of the foreign country. ▶			1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	x year?	<u>5a</u>		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En Tax Shelter Transaction?	tity Regarding Prohibited	5с		ļ. <u>.</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such codeductible?	ontributions or gifts were no	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		1-17	密製	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p provided to the payor?	artly for goods and services	7a		X X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	•	7b		
С	Did the organization self, exchange, or otherwise dispose of tangible personal property for wiferm 8282?	hich it was required to file	7c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		OFFICE TO THE PERSON OF THE P	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as i	•	<u>79</u>	ļ	 -
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7h	L'GAR:	100073
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ave excess business	8		X
9	Sponsoring organizations maintaining donor advised funds.		17.13	127 /F3	
	Did the organization make any taxable distributions under section 4966? .		9a		Х
b	Did the organization make any distribution to a donor, donor advisor, or related person?		9Ь		Х
10	Section 501(c)(7) organizations. Enter		等級		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		2	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		际論	
11	Section 501(c)(12) organizations. Enter			3	*
a	Gross income from other members or shareholders	11 a		器的	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	*1.012 *4024		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	1	- 6. 1 -
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126	1'.::	1-41 ₁₁ 11	P. 1.

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Form **990** (2009)

Rait'VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Se</u>	tion A.	Governing Body and Management				
				line a -	Yes	No
1 :	a Enter the	number of voting members of the governing body .	1a	11		
1	b Enter the	number of voting members that are independent	1b			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business rirector, trustee or key employee?	elationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers	under the direct supervision?	on 3		<u>x</u> _
4	Did the c	rganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5	Did the c	rganization become aware during the year of a material diversion of the organization	on's assets?	5		X
6	Does the	organization have members or stockholders?		6		X
7	Does the	organization have members, stockholders, or other persons who may elect one or g body?	more members of the	7a		x_
I	b Are any	decisions of the governing body subject to approval by members, stockholders, or c	other persons?	7 b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions undiving	ertaken during the year by			
	a The gove	rning body?		8a	Х	<u> </u>
ı	b Each cor	nmittee with authority to act on behalf of the governing body?	•	8ь	Х	
9	ls there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who can be mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9		Х
Sec		Policies (This Section B requests information about policies not		nal		
Rev	enue Code)				
					Yes	No
10 a	a Does the	organization have local chapters, branches, or affiliates?		10 a		X
ı	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates	і,		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11		X
11/	A Describe	in Schedule O the process, if any, used by the organization to review this Form 99	O SEE SCHEDULE	C EXIS		淵源
12	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
l	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b		
(Does the Schedule	organization regularly and consistently monitor and enforce compliance with the present this is done	olicy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13	<u> </u>	X
14	Does the	organization have a written document retention and destruction policy?	•	14	Ĺ	X
15	Did the persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	l approval by independent ecision?			
	a The orga	nization's CEO, Executive Director, or top management official .	•	15a		X
1	Other off	icers of key employees of the organization		15 Ь		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions)		DEL.	55. AP	
16		rganization invest in, contribute assets to, or participate in a joint venture or similaring the year $^{\!2}$	r arrangement with a taxa	16a	57121	X
	ın joint v status wi	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguar the respect to such arrangements?	n to evaluate its participal d the organization's exem	ion ot 16b		
Sec	tion C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed > <u>CA</u>				
18	inspectio	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) availab	le for _l	public
		website Another's website X Upon request				
19		in Schedule O whether (and if so, how) the organization makes its governing docu ts available to the public. SEE SCHEDULE O				ancial
20		name, physical address, and telephone number of the person who possesses the SHEEHAN 1615 DRY CREEK RD, SAN JOSE, CA 95125 40	books and records of the 8-264-8258	organizai	tion 	-

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(D)	(E)	(F)						
Name and Title	Average	Posi	tion (c) call t	hat app	ly)	Reportable		Estimated
Name and Time	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CAROLYN MCCOID PRESIDENT	0							0.	0.	0.
STEVE MCCRAY VICE PRESIDENT	0							0.	0.	0.
ANN WHYTE SECRETARY	0							0.	0.	0.
MASEL SHEEHAN TREASURER	0							0.	0.	0.
DIANNE VAN VOORHIS CURATOR	0							0.	0.	0.
SHARON WATTS DIRECTOR	0							0	0.	0.
ANN-MARIE MEACHEM DIRECTOR								0.	0.	0.
JOSELLE KRYDER	0									
DIRECTOR AL MOORE	0				_			0.	0.	0.
DIRECTOR CRISTINA ROBLES	0					İ		0.	0.	0.
DIRECTOR CHERYL CALIGARIS	0		<u> </u>		-		<u> </u>	0.	0.	0.
DIRECTOR	0							0.	0.	0.
							_			
							<u> </u>			
					į					

Rant VIII Section A. Officers, Directors, Trust (A)	(B) (c)							(D)	(E)	(F)
Name and Title	Average			check	c all t	hat a		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organization: (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
					L				·	
						<u> </u>				
								·		
1 b Total							•	0.	0	
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se lı	stec	abo	ove)	wh	o rec	ceived more than	\$100,000 in repo	rtable compensatio
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	1	-							3 X
For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable han \$15	cor 50,00	пре)0?	nsai If 'Y	tıon <i>'es'</i>	and com	l oth iplet	er compensation e Schedule J for :	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule .	atio <i>I for</i>	n fro	om a th pe	any erso	unre	elate	d organization for	r services	5 X
Section B. Independent Contractors								 	4100.00	
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntrae	ctors	s tha			
(A) Name and business address	s	_						Description (of Services_	(C) Compensation
					_					
Total number of independent contractors (including										

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ra	Statement of Revenue					
Sign of the state			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b					
S, G	c Fundraising events 1c					
AR	d Related organizations . 1d					
NS,	e Government grants (contributions)					
ER S	f All other contributions, gifts, grants, and					
E E	similar amounts not included above 1f	<u></u> :				
PAN	g Noncash contribns included in lns 1a-1f \$					
	h Total. Add lines 1a-1f	siness Code			HE WITH THE PARTY WAS AN	Mark the second to the
PROGRAM SERVICE REVENUE	2ab	siness Code				
VICE	c					
SER	d					
ΑM	e					
OGR	f All other program service revenue					
PR	g Total. Add lines 2a-2f	>		是那些心理,	の記述は記憶	那雜雜雜語
	3 Investment income (including dividends, inte	rest and	232,827.			232,827.
	other similar amounts). 4 Income from investment of tax-exempt bond	nuasanda N	232,021.			232,021.
	4 Income from investment of tax-exempt bond5 Royalties	proceeds.				
		(ii) Personal		2月4年18年18日 1965年17日15日		
	6a Gross Rents	(ii) (sroonai				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	•	ESCHERES EXAMPLES READ	CHARLES THE PARTY OF THE PARTY	Buther State of the State of th	delete and less sections while
	(I) Securities	(II) Other		47 T. W. W. W. W.		
	7a Gross amount from sales of assets other than inventory 733, 118.					
	b Less: cost or other basis and sales expenses . 722, 840.					
	c Gain or (loss) 10,278.					
	d Net gain or (loss)		10,278.	10,278.		
NUE	8 a Gross income from fundraising events (not including \$					
E	of contributions reported on line 1c).					
ER	See Part IV, line 18					
OTHER REVEN	b Less direct expenses b			The state of the s	2044512	AND THE PARTY OF T
	c Net income or (loss) from fundraising events		17. 1864 State 7 19. 16 51	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	・こととはなる。	PROPERTY OF ALL CONTROL
	9a Gross income from gaming activities See Part IV, line 19					
	b Less: direct expenses b		MARKE THE STATE	Herein & Livide	The state of the s	101 amount of the first
	c Net income or (loss) from gaming activities		学。1957年初上版下。1871	5", 41,494-01(4), 743; "\$455.		Colon
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b					
	-	<u> </u>	Late the care and the	attimuliation of the at	المعاملية المساملية المساملية	109T 197T 1187X 1113
	c Net income or (loss) from sales of inventory Miscellaneous Revenue	siness Code	经实了与国际企业企业	というないではれていながっ	#37 12-51. 50	F1245 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11 a	,033 9040	<u> </u>	الله المساحة المحاملة المساحة	المتاهد المساورة والمساورة	a necessarie berichi direkterisi And
	b					
	с					1
	d All other revenue		-			
	e Total. Add lines 11a-11d .	•		The state of the s	at a trade of the first of the second	
	12 Total revenue. See instructions	▶	243,105.	10,278.	0.	232,827.

Form **990** (2009)

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must con	nplete column (A) l	but are not required to	complete columns (B), (C), and (D).
----------------------------------	---------------------	-------------------------	-------------------------------------

Do i	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
<i>вы,</i> 1	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	137,400.	expenses 137,400.	general expenses	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	137,400.	137,400.	HE THE THE THE THE	Company of the control of the contro
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members			概据,广东南部 。广	時代的理論學。而於自然
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0	0.
7	Other salaries and wages	27,427.	13,714.	13,713.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,488.	744.	744.	
	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
ā	Management				
	Legal	2 211		0.011	
	: Accounting	9,211.		9,211.	
	I Lobbying		Saling of the Market of the Saling Sance	andly Conferm in a first with in a state of	
	Prof fundraising svcs. See Part IV, In 17		凯特克斯人名德纳		
	Investment management fees	24,000.		24,000.	
	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy		222		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	230.	230.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates]
22	Depreciation, depletion, and amortization	18,649.	18,649.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
ä	GROUND MAINTENANCE	69,588.	69,588.		
	INSURANCE	11,280.	6,668.	4,612.	
(UTILITIES	9,745.	9,745.		
(OFFICE EXPENSES	2,521.		2,521.	
•	HOUSE COMMITTEE	2,050.	2,050.		
1	All other expenses	5,642.	4,507.	1,135.	
_25	Total functional expenses Add lines 1 through 24f	319,231.	263,295.	55,936.	0.
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		<u> </u>			Form 990 (2009)

Page 11

12,204.

800,447

7,020,232.

7,832,883

(B) End of year

Part X Balance Sheet (A) Beginning of year 1 Cash - non-interest-bearing 2 23,970 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Δ Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. 10a 1,108,883 Complete Part VI of Schedule D 819,096 b Less: accumulated depreciation 10b 308,436 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 6,361,747 15 Other assets See Part IV, line 11 15 16 Total assets Add lines 1 through 15 (must equal line 34) 7,204,813 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 200 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 200 26 X and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. 7,204,613 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.

> 7,832,883 Form 990 (2009)

7,832,883.

7,832,883

30

31 32

33

34

7,204,613.

7,204,813.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

33 Total net assets or fund balances

31 Paid-in or capital surplus, or land, building, and equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	Tan a		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2 b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	it,2c		Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis	1		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No 1545-0047

Department of the Treasury Internal Revenue Service

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public

Employer identification number Name of the organization FARRINGTON HISTORICAL FOUNDATION C/O MASEL SHEEHAN 77-0411342 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II.) 8 community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated d X Type III- Other Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?. (i) 11 g (i) Х 11g (ii) a family member of a person described in (i) above? Х a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations. (iv) Is the rganization in col (i) Name of Supported Organization (ii) EiN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of (vii) Amount of Support (vI) Is the organization in col (i) organized in the US? your support? governing document? Yes Yes No Yes No JUNIOR LEAGUE OF SAN JOSE 94-1720473 501 (C) 3 Х Х Х 37,800.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Total

Schedule A (Form 990 or 990-EZ) 2009

37,800

MINH THE

11 201	(Complete only if you check	_			од гдадіу ап	u 170(b)(1)(\-)	(*1)
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200 9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3	Physician Polychon U full parties a North addr		and the second of the second o	the second secon		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
	Public support. Subtract line 5 from line 4			*4.			
	tion B. Total Support	<u> </u>	·	T		· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12_	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by li	ne 11, column (f)		14	%
15	Public support percentage from	2008 Schedule A,	Part II, line 14	•		15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the b blicly supported o	ox on line 13, and organization	I the line 14 is 33	-1/3 % or more, cl	heck this box ►
b	33-1/3 support test — 2008. If the and stop here. The organization				a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explaın ın Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organ	s' test, check this ization qualifies as	box and stop he s a publicly suppo	re. Explain in Part irted organization	IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	, 13, 16a, 16b, 17a	a, or 1/b, check t	nis box and see in	structions

Schedule A (Form 990 or 990-EZ) 2009 FARRINGTON HISTORICAL FOUNDATION

Part-III.* Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ine 9 of Part I)				
Sec	tion A. Public Support					,	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons.					10.00	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line	医性神经炎性			語と語言語は記され	CHARLES	
	7c from line 6)	正理的处理。			MUSEUM SEA		
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6		1	- 1-7-			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza)(3) . > [
Sec	tion C. Computation of Pu		ercentage				
15	Public support percentage for 20			e 13, column (f)))	15	%
16	Public support percentage from		•			16	%
	tion D. Computation of Inv)			
17	Investment income percentage f				ımn (f))	17	%
18	Investment income percentage f				•••	. 18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did not box and stop here	check the box on l	ine 14, and line 15 i qualifies as a pi	ublicly supported	organization	▶ 🗆
b	33-1/3 support tests - 2008. If t is not more than 33-1/3%, check	he organization di this box and sto i	id not check a box p here. The organ	on line 14 or 19 ization qualifies a	la, and line 16 is r as a publicly supp	nore than 33-1/3 orted organizatio	%, and line 18 n ►
20	Private foundation. If the organi	ization did not che	eck a box on line 1	14, 19a, or 19b, o	check this box and	see instructions	▶ []

Schedule A	(Form	990 or 9	990-EZ	2009 (FARE	KINGTO	N HIS	TORICA	AL FO	<u> TYADNU</u>	ON		//-0411	342	Page	⊹ 4
Part IV:	Supp Part I	lemen I, line	tal ini 17a o	forma tor 17b;	tion. Co and P	omplet art III,	e this p line 12	oart to p	orovide de any	the ex	planation	ons requi al inform	ired by P ation. Se	art II, lin ee instru	ie 10; ctions.	
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			- 					. -				~		. – – – -		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Employer Identification number

OMB No 1545 0047

	RRINGTON HISTORICAL FOUNDATION D MASEL SHEEHAN	N		77-0411342
	Organizations Maintaining Dono	r Advised Funds or Othe	er Similar Funds or Acc	
,	the organization answered 'Yes' t	to Form 990, Part IV, line	e 6.	James Complete ii
		(a) Donor advised		Funds and other accounts
1	Total number at end of year	39,		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		-778	
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the	assets held in donor advised legal control?	Yes No
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private beni	ors, and donor advisors in writi the benefit of the donor or do	ing that grant funds may be	☐ Yes ☐ No
Par	tili Conservation Easements Comple		swered 'Yes' to Form 9	90. Part IV. line 7.
	Purpose(s) of conservation easements held b			30,
•	Preservation of land for public use (e.g.,	• •	Preservation of an historic	cally important land area
	Protection of natural habitat	· · - · · · · · · · · · · · · · · ·	Preservation of certified h	-
	Preservation of open space			
2	Complete lines 2a through 2d if the organizations day of the tax year.	ion held a qualified conservation		a conservation easement on th
			品。	Held at the End of the Year
ā	Total number of conservation easements		2a	
t	Total acreage restricted by conservation ease	ements	2b	
c	Number of conservation easements on a certi	ified historic structure included	I in (a) 2c	
	Number of conservation easements included		2d	
3	Number of conservation easements modified, year ►	transferred, released, extingu	ished, or terminated by the o	rganization during the tax
4	Number of states where property subject to co	onservation easement is locate	ed ►	
5	Does the organization have a written policy re	egarding the periodic monitoring	ng, inspection, handling of vic	olations, Yes No
6	and enforcement of the conservation easeme Staff and volunteer hours devoted to monitori during the year >		conservation easements	Yes No
7	Amount of expenses incurred in monitoring, is during the year ►	nspecting, and enforcing cons	ervation easements	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re	equirements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its to the organization's financial	revenue and expense statemen statements that describes th	it, and balance sheet, and e organization's accounting for
Par	till Organizations Maintaining Colle	ections of Art. Historical	Treasures, or Other Si	milar Assets
	Complete if the organization ans	swered 'Yes' to Form 990), Part IV, line 8.	
1 a	alf the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or re	esearch in furtherance of publ	ance sheet works of art, historic ic service, provide, in Part XIV,
ŧ	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, to report in its re plic exhibition, education, or re	evenue statement and balance esearch in furtherance of publ	e sheet works of art, historical ic service, provide the following
	(i) Revenues included in Form 990, Part VIII	I, line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items	er sımılar assets for fınancıal	gain, provide the following
á	a Revenues included in Form 990, Part VIII, lin	e 1		* \$
	Assets included in Form 990. Part X			► \$

Schedule D (Form 990) 2009 FARR	מכייטא עד	כיי∩ס	וראו בטוואה	א ידי ה	77-041	1342		Page 2
Part III. Organizations Mainta								Page 2 ed)
3 Using the organization's acquisit items (check all that apply):								
a Public exhibition			d Loan	or exchange programs				
b Scholarly research			e Other					
c Preservation for future gener	ations		ш					
4 Provide a description of the organ Part XIV		ections	and explain ho	w they further the orga	nızatıon's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds i	ather than to	be mair	ntained as part	of the organization's co	ollection?	Yes		No
Partil Escrow and Custodia 9, or reported an amo	I Arrangem unt on Forr	ents (n 990,	Complete if o Part X, line	organization answe 21.	red 'Yes' to Form 9	90, Part 	IV, I	ine
1 a Is the organization an agent, trus included on Form 990, Part X?.			_	•	her assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the follow	ıng table				
						Amount		
c Beginning balance				•	1 c			
d Additions during the year .					1 d			
e Distributions during the year			•		1 e			
f Ending balance .					1f			
2a Did the organization include an a	mount on For	m 990,	Part X, line 217	•	•	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV							
Partiva Endowment Funds Co	mplete if or	ganıza	ation answer	ed 'Yes' to Form 9	90, Part IV, line 10.			
	(a) Current	year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e) Fou	r years	back
1 a Beginning of year balance								
b Contributions								
c Net Investment earnings, gains, and losses.	<u> </u>							
d Grants or scholarships	·							
e Other expenditures for facilities and programs								
f Administrative expenses		-						
g End of year balance.		-						
2 Provide the estimated percentage	e of the year	end hal	ance held as:	B. Lie verment bill referente if it Completed in		VA Britisherri Baraca	N-T-U-MAR	Libra antionnaire
a Board designated or quasi-endov	-	cha bak	9					
b Permanent endowment	AILIGIN -				•	`		
c Term endowment 3a Are there endowment funds not in	[§] n the possess	sion of t	he organization	that are held and adm	unistered for the	[_	
organization by.						_	⁄es	<u>No</u>
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related of						3b		
4 Describe in Part XIV the intended								
Paint Investments—Land, B	uildings, a	nd Eq	uipment. See	e Form 990, Part X	(, line 10.			
Description of investment			t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bo	ok Va	lue
1 a Land	7				者が発展している。			
b Buildings				708,668.			708,	668.
c Leasehold improvements				377,743.	285,964.		91,	779.
d Equipment	l			9,398.	9,398.			0.
e Other	İ			13,074.	13,074.			0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) Schedule **D** (Form 990) 2009

800,447.

BAA

77-0411342

for uncertain tax positions under FIN 48

		-041	11342 Page 4
	t XIII Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8	,	
10			
	तंःXII∛ Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	N/A
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments . 2a		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
ā	Investments expenses not included on Form 990, Part VIII, line 7b		
ŀ	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ırn N/A
1	Total expenses and losses per audited financial statements .	270000000	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
ä	Donated services and use of facilities 2a		
ŀ	Prior year adjustments . 2b		
•	Other losses		
•	Other (Describe in Part XIV) . 2d		
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ä	Investments expenses not included on Form 990, Part VIII, line 7b	100	
ı	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Päi	t∛XIV҈ Supplemental Information		<u></u>
lme	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p mation.	/, lines art to p	1b and 2b; Part V, provide any additional
		. _	
			
		- :-	

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D	(Form 990) 2009	FARRINGTON HISTORICAL Information (continued)	FOUNDATION	77-0411342	Page 5
Part XIV	Supplemental	Information (continued)			
			~~~~~~~~~~~~~~~~~		
		<b></b>			

2009

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

FARRINGTON HISTORICAL FOUNDATION C/O MASEL SHEEHAN

77-0411342

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DIVIDEND RECEIVABLE - CY DIVIDEND RECEIVABLE - PY NET GAIN. \$ 7,632. -11,566. -10,277. TOTAL \$ -14,211.

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

DIVIDEND RECEIVABLE-CURRENT YEAR

TOTAL \$ 7,632.

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DIVIDEND RECEIVABLE-PRIOR YEAR NET GAIN

\$ 11,566. 10,277. TOTAL \$ 21,843.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

OMB No 1545-0047

Employer identification number 77-0411342 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part世事 General Information on Grants and Assistance FARRINGTON HISTORICAL FOUNDATION Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ds to substantiate the he grants or assistanc	amount of the gra e?	nts or assistance, the g	rantees' eligibility for tl	he grants or assistand	ce, and	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	s procedures for monit	oring the use of gr	ant funds in the United	States SEE PA	RT IV		]
Pairill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	nce to Governme	nts and Organi	zations in the Unit	ed States. Comple	te if the organizat	ion answered 'Ye	ss' to Form
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	y recipient that re Form 990) if addit	sceived more than \$5,0	ian \$5,000. Check t needed	his box if no one r	ecipient received	more than \$5,00	0. Use ▼
1 (a) Name and address of organization or government	(b) EIN	_ <u>~</u> ~	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ADVOCATES SILICON VALLEY _ 509 VALLEY MAY, BIDG. 2			11.500		(2000)		PROVIDE SUPPORT
INN VISION THE WAY HOME  974 WILLOW STREET  SAN JOSE, CA 95125	77-0033628		10,000.	0.0			COMMERCIAL STREET INN
JUNIOR LEAGUE OF SAN JOSE	94-1720473		15,000	22,800.	FMV	TO PROVIDE A FACILITY FOR THEM	PROVIDE FUNDS TO CONTINUE THEIR SERVICES
1 : " - :	94-2544153		6,400	0			PHASE TWO HERITAGE PARK MUSEUM EXHIBITS
THE TABARD THEATRE COMPANY  5663 CHAMBERTIN DRIVE  SAN JOSE, CA 95118	77-0571960		6,000.	0.0			GENERAL THEATER OPERATING SUPPORT
	(3) and government or	ganizations				A A	S
3 Enter total number of other organizations	tions						>

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2009 FARRINGTON HISTORICAL FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part:IV   Supplemental Information. Complete this part to	olete this part to p	provide the informat	tion required in Par	t I, line 2, and any oth	provide the information required in Part I, line 2, and any other additional information.
PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF		<u>HOW GRANTS ARE USED</u>	<u>USED</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IHE GRANT STATUS TRACKING REPORT RECORDS THE AMOUNT REQUESTED, AMOUNT GRANTED, AND	NI RECORDS IH	E AMOUNT REQUES	TED, AMOUNT GR	ANTED, AND	
THE GRANTEES' ELIGIBILITY FOR THE GRANTS OR ASSISTANCE. WE KEEP A COPY OF EACH	THE GRANTS OR	ASSISTANCE. WE	KEEP A COPY O	E_EACH	 
APPLICATION, WHICH INCLUDES EACH APPLICANT'S 501C-3 TAX DETERMINATION LETTER OR OTHER	ACH APPLICANT!	S 501C-3 TAX DE	TERMINATION LE	TTER OR OTHER	
EVIDENCE OF TAX EXEMPT STATUS AND SELECTION CRITERIA USED TO AWARD GRANTS AND	AND SELECTION	CRITERIA USED	IO AWARD GRANT	S AND	
ASSISTANCE.IN MAKING GRANTS, THE GRANT COMMITTEE FOLLOW'S WRITTEN GUIDELINES LISTED	THE GRANT COMM	ITIEE FOLLOW'S	WRITTEN GUIDEL	INES LISTED.	
IN_THE_"GRANT_AND_GIVING_PROCEDURES"_UPDAT	DURES" UPDATE	ED 3/09. ALL GRANTEES ARE REQUIRED TO	MIEES ARE REQU	IRED TO	
SUBMIT A FINAL REPORT ON THE DISTRIBUTION		OF FUNDS.			
1	 	 			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		

Schedule I (Form 990) 2009

## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047 ් වැන්නේන මාන්ත්වේණ

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization FARRINGTON HISTORICAL FOUNDATION C/O MASEL SHEEHAN	Employer identification number 77-0411342
FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS	
A COPY WAS PROVIDED TO A DESIGNATED MEMBER OF THE BOARD	OF DIRECTORS FOR REVIEW. THE
DIRECTOR REVIEWED THE FORM 990 AND PROVIDED A REPORT TO	THE REMAINING BOARD MEMBERS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB	LICLY AVAILABLE
IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLI	CY OF OUR ORGANIZATION ARE
SUBJECT TO FEDERAL PUBLIC DISCLOSURE RULES, THESE DOCUME	NTS WILL BE MADE PUBLICLY
AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE	GOVERNING DOCUMENTS AND
CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBL	IC AT THE DISCRETION OF
MANAGEMENT.	

Schedule O (Form	1 990) 2009		Page 2
Name of the organization	FARRINGTON HISTORICAL FOUNDATION C/O MASEL SHEEHAN	Employer identification number 77-0411342	
	C/O FASEE SHEEKAN	11.00000	
			. <del></del>

6/30/10	8	.009 F	2009 FEDER	AL B RRING	SOOK STON !	DEP	RAL BOOK DEPRECIATION S	TION	SCH	AL BOOK DEPRECIATION SCHEDULE ARRINGTON HISTORICAL FOUNDATION			Α	PAGE 1
		1				ASEL	DIEENAN							17-0411342
NO DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT. J	CUR 179 BONUS.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	· METHOD LIFE	RATE. (	CURRENT DEPR.
FORM 990/990-PF														
BUILDINGS														
1 HISTORICAL BUILDING	11/22/96		708,668							708,568				0
TOTAL BUILDINGS			708,668		0	0	0	0	0	708,668	0			0
FURNITURE AND FIXTURES														
4 FURNITURE AND FIXTURES	VARIOUS	'	11,131	ı		j				11,131	11,131	200DB 7		0
TOTAL FURNITURE AND FIXTURE			11,131		0	0	0	0	0	11,131	11,131			0
IMPROVEMENTS														
2 RENOVATION-HOUSE	VARIOUS		13,698							13,698	5,706	S/L 27.5		498
3 RENOVATIONS-GROUND	VARIOUS		14,648							14,648	10,547	S/L 15		226
6 PAINT, WALLPAPER, CARPET	VARIOUS		47,034							47,034	47,034	2/L 7		0
7 RENOVATION LANDSCAPING	VARIOUS		246,025							246,025	155,819	S/L 15		16,402
8 PORCH	5/18/00		9,044							9,044	3,002	S/L 27.5		329
9 FENCE & PAINTING	9/01/00		18,524							18,524	18,524	2/1/8		0
10 GARDEN BENCH	2/18/00		2,117							2,117	2,117	S/L 7		0
11 BARN PAINTING & BATH FLR	9/01/00		11,172							11,172	10,640	S/L 7		0
12 ARBOR	10/22/01		11,493							11,493	11,220	S/L 7		0
16 PEONY TREES	12/10/01		888							888	879	S/L 7		0
17 FENCE & PAINTING	4/21/05	•	3,100	1		j			İ	3,100	1,827	S/L 7	I	443
TOTAL IMPROVEMENTS			377,743		0	0	0	0	0	377,743	267,315			18,649

ι

		<u> </u>	ZUUS FEDERAL BOOK DEPRECIATION SCHEDULE FARRINGTON HISTORICAL FOUNDATION C/O MASEL SHEEHAN			•	PAGE 2 77-0411342
SPECIAL 179/ DEPR. BONUS/ ALLOW. SP. DEPR.	PRIOR S DEC BAL / DEPR. R	SALVAG /BASIS REDIICT	DEPR BASIS	PRIOR DEPR.	METHOD	IEE RATE	CURRENT
			2,516	2,516	200DB	ĸ	0
			354	354	200DB	2	0
			6,528	6,528	S/L	7	0
0 0	0	0	9,398	9,398			0
			1,943	1,943	200DB	7	0
0 0	0	0	1,943	1,943		•	0
	0		1,108,883	289,787			18,649
0	0		1,108,883	289,787			18,649
					0 0 0 1,108,883	0 0 0 1,108,883	0 0 0 1,108,883

# (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

ciriai ric veride	00,7700						
If you are	e filing for an Automatic 3-Mont	h [	xtension, complete only Part I and check this box	'			► X
			matic) 3-Month Extension, complete only Part II (or	pa	ge 2 of th	ıs form).	
Do not comp	<b>plete Part II unless</b> you have alro	eac	y been granted an automatic 3-month extension on	a pr	reviously t	filed Form 8868	
Parties	Automatic 3-Month Exten	ısi	on of Time. Only submit original (no copies	s ne	eeded).		
A corporation	n required to file Form 990-T an	d r	equesting an automatic 6-month extension - check	this	box and	complete Part I or	nly ►
All other corp Income tax r		s),	partnerships, REMICS, and trusts must use Form 70	004	to reques	t an extension of	time to file
returns noted the additiona Form 990-T.	d below (6 months for a corporal (not automatic) 3-month exter	itio ISIC Illy	ctronically file Form 8868 if you want a 3-month aut n required to file Form 990-T) However, you cannot n or (2) you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form 8868 file for Charities & Nonprofits	file o ret	Form 886 lurns, or a	8 electronically if a composite or coil	(1) you want nsolidated
	Name of Exempt Organization					Employer identificati	on number
Type or print	FARRINGTON HISTORIC	ΑI	FOUNDATION				
	C/O MASEL SHEEHAN					77-0411342	
File by the due date for	Number, street, and room or suite number	er I	a P O box, see instructions				
filing your return See	1615 DRY CREEK ROAD						
nstructions	City, town or post office, state, and ZIP of	ode	For a foreign address, see instructions				
	SAN JOSE, CA 95125						
Check type o	of return to be filed (file a separ	ate	application for each return):				
X Form 990	)		Form 990-T (corporation)		Form 472	20	
Form 990	0-BL		Form 990-T (section 401(a) or 408(a) trust)	П	Form 522	27	
Form 990	)-EZ	Г	Form 990-T (trust other than above)	П	Form 600	69	
Form 990	)-PF		Form 1041-A	П	Form 887	70	
<ul><li>If the org</li><li>If this is the check this</li></ul>	for a Group Return, enter the or	ce ga	FAX No Por place of business in the United States, check this nization's four_digit Group Exemption Number (GEN) e group, check this box	)	lf		
	<del></del>	-46	s for a corporation required to file Form 990-T) exter		- of time		
untıl _ The exi ►	2/15, 20_11, to fill tension is for the organization's calendar year 20 or	le t	ne exempt organization return for the organization n	ame	ed above		
2 If this t	ax year is for less than 12 mont	ths	check reason: Initial return Final retu	urn		Change in account	ing period
3a If this a nonrefu	application is for Form 990-BL, 9 undable credits. See instructions	990 <u>s</u>	-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess a	any	3a \$	0.
<b>b</b> If this a made	application is for Form 990-PF o Include any prior year overpayn	r 9 ner	90-T, enter any refundable credits and estimated tax tallowed as a credit	k pa	yments	3b \$	<u>0.</u>
deposit See ins	with FTD coupon or, if required structions	1, t	a Include your payment with this form, or, if require y using EFTPS (Electronic Federal Tax Payment Sy	ster		3c \$	0.
Caution. If you		onio	fund withdrawal with this Form 8868, see Form 845	3.E	O and Fo	rm 8879-EO for	
RAA For Pri	vacy Act and Paperwork Reduc	ctic	n Act Notice, see instructions.			Form 8868	(Rev 4-2009)