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Form **990-PF** Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For	caler	idar year 2012 or tax year beginning		, and ending		
Na	me of	foundation			A Employer identification	number
_1	HE	DEGNAN FAMILY FOUNDATI	ON, INC.	· · · · · · · · · · · · · · · · · · ·	45-3326714	
		and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		BEACON HILL DRIVE			908-234-02	
	-	own, state, and ZIP code			C if exemption application is p	ending, check here
		STER, NJ 07930 all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	chack hare
u	UIICUR	Final return	Amended return	office public charity	D 1. Totelgit organizations	, clicck liefo
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H	Check	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	Se		Other taxable private founda	ation	under section 507(b)(1)	
I F	air ma	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)	ther (specify)	 _	under section 507(b)(1)	(B), check here
	<u>-\$</u>	1 , 681 . (Part I, colu Analysis of Revenue and Expenses	mn (d) must be on cash t			(4) =
	art I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	143,626.		N/A	
	3	Check Infilte foundation is not required to attach Sch. B. Interest on savings and temporary cash investments.				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
Š	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain			DECE	* 13 1 per per
	9	Income modifications Gross sales less returns			RECF	IVE D
	10a	and allowances			18 NOV 1	8
	1	Gross profit or (loss)				8 2013
	11	Other income				&
	12	Total. Add lines 1 through 11	143,626.	0.	UGDE	NIIT
ര	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
2013	14	Other employee salaries and wages				
. 0	150	Pension plans, employee benefits				
e Si	168	Legal fees Accounting fees STMT 1	1,395.	0.		0.
×		Other professional fees	1,393.			
- S	17	Interest		-		
Tat.	16a b c 17 18 19 20 21 22 23 24	Taxes				
nist.	19	Depreciation and depletion				
Ē	20	Occupancy				
Ď.	21	Travel, conferences, and meetings				
a die	22	Printing and publications Other expenses STMT 2	050	0.	-	
ting	23	Other expenses STMT 2 Total operating and administrative	850.	<u></u>	1-	0.
era	24	expenses Add lines 13 through 23	2,245.	0.		0.
Ö	25	Contributions, gifts, grants paid	140,000.			140,000.
	1	Total expenses and disbursements.				
		Add lines 24 and 25	142,245.	0.		140,000.
	27	Subtract line 26 from line 12:				
	1	Excess of revenue over expenses and disbursements	1,381.			
		Net investment income (if negative, enter -0-)		0.	N/A	
	ட ப	Adjusted net income (if negative, enter -0-)	L			

F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
<u>-</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	300.	1,681.	
	2	Savings and temporary cash investments			
	1	Accounts receivable ▶			
	•	Less: allowance for doubtful accounts			
		Pledges receivable ▶			
	"	Less: allowance for doubtful accounts			
	_ ا				
	5	Grants receivable		· ·-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			-
	1	Investments - corporate stock			
	l	Investments - corporate bonds			
	l	Investments - land, buildings, and equipment: basis			
	l''				
	4.	Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	300.	1,681.	1,681.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
တ	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· -·	
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe)			
	22	Other Habilities (describe			
		Total Pat William (add base 47 thorough 00)		0	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.	į		
	24	Unrestricted			
Net Assets or Fund Balanc	25	Temporarily restricted			
æ	26	Permanently restricted	_		
핕		Foundations that do not follow SFAS 117, check here			
Ĭ,		and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
A SS	29	Retained earnings, accumulated income, endowment, or other funds	300.	1,681.	
e t		·	300.	1,681.	
Ž	30	Total net assets or fund balances	300.	1,001.	
		*	300	1 601	
	31	Total liabilities and net assets/fund balances	300.	1,681.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
					
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	300.
2	Enter	amount from Part I, line 27a		2	<u>1,381.</u>
3	Othe	r increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	1,681.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,681.
_		Turk ii, oo	(=),		Form 990-PF (2012)
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'Form 990-PF (2012) . THE DEGNAN FAMILY FOUNDATION, INC.

45-3326714

	rm 990-PF (2012) THE DEGNAN FAMILY FOUNDATION, INC. 4! Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)		3326' see ir			Page 4 ns)
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter:	1		-		0.
·	of Part I, line 27b	Ť			_	
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
		2				0.
3		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
a	a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	b Exempt foreign organizations - tax withheld at source 6b					
C	c Tax paid with application for extension of time to file (Form 8868)					
d	d Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7			_	0.
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				<u>0.</u>
	· · · · · · · · · · · · · · · · · · ·	10				
		11				
	art VII-A Statements Regarding Activities			-	V	
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in				Yes	
	any political campaign?		-	1a		<u>X</u>
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		}	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or	İ			
	distributed by the foundation in connection with the activities					
	c Did the foundation file Form 1120-POL for this year?		F	1c		X
d	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. ▶ \$ 0 .		ļ			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. > \$					v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
40	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b if "Yes," has it filed a tax return on Form 990-T for this year?	N/	/ A	4b	-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-17		5		X
Ū	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	w				
	remain in the governing instrument?		Î	6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7		X
	If "Yes," complete Part II, col. (c), and Part XV.		ſ			
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
h	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
•	of each state as required by General Instruction G? If "No," attach explanation	N/	/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary					
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		ĺ	9		x
10	O.M.	MT	3	10	X	
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Part VII-B Statements Regarding Activities for Which	rorm 4/20 May Be I	required (contin	ued)	-
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire			i i
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	;?	Ye	es X No	1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t			1 1
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined	i	
expenditure responsibility for the grant?		I/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			
a personal benefit contract?	pay promisino on		s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?		l l	6b X
If "Yes" to 6b, file Form 8870.	orsonal bonont contract.			22
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribute.			. –	7b
Information About Officers Directors Trust		nagers Highly		
Part VIII Paid Employees, and Contractors	ees, i ouillation wa	mayers, riiging	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
WADY DECNAM	to position PRESIDENT	enter -0-)	compensation	allowalices
	PKESIDEMI			
35 BEACON HILL DRIVE	1 00		_	^
CHESTER, NJ 07930	1.00	0.	0.	0.
PHILIP DEGNAN	TRUSTEE			
21 YARMOUTH ROAD	0.00			•
CHATHAM, NJ 07928	0.00	0.	0.	0.
ELENA BRODY	TRUSTEE			
510 EAST 86TH STREET			_	_
NEW YORK, NY 10028	0.00	0.	0.	0.
CYNTHIA DEGNAN	TRUSTEE			
2412 AMAPOLA DRIVE				
DAVIS, CA 95616	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(al) 0-1-1-1-1-1-1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$60,000	devoted to position	(C) compensation	compensation	allowances
NONE				
	-			
	1			
· · · · · · · · · · · · · · · · · · ·				
<u> </u>	1			
Total number of other employees paid over \$50,000				0
wear normode of other employees paid over googood			Form	990-PF (2012)
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Part VIII Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Coi	mpensation
NONE			
		_	
Total number of others receiving over \$50,000 for professional services			0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	n such as the	Expense	es
1 <u>N</u> /A			
		· · · · · · · · · · · · · · · · · · ·	
2			
3			
			
4			
Dod IV D. C.			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	T	Amoun	<u> </u>
1 N/A		Amoun	·
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3			0.

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	24,108.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	24,108.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	24,108.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	362.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,746.
6	Minimum investment return. Enter 5% of line 5	6	1,187.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,187.
2a	Tax on investment income for 2012 from Part VI, line 5		-
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,187.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,187.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,187.
=	art XII Qualifying Distributions (see instructions)	ı <u>ı</u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	140,000.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1a	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	140,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	7	140,000.
5	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	140,000.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				1,187.
2 Undistributed income, if any, as of the end of 2012				, <u>-</u>
a Enter amount for 2011 only			1.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ▶ \$ 140,000.				
a Applied to 2011, but not more than line 2a			1.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
· · · · · · · ·				1,187.
d Applied to 2012 distributable amount e Remaining amount distributed out of corpus	138,812.			1,107.
_ ·	150,012.			0.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	138,812.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	_	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<u></u> .		
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				-
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.			· · · · · · · · · · · · · · · · · · ·	
Subtract lines 7 and 8 from line 6a	138,812.			
O Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012 138,812.				
	<u></u>			Form 000-DE (2012)

Part XIV Private Operating Fo		etructions and Part VI		N/A	320/14 raye 10
<u> </u>			-A, question a)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		•	anation	4942(J)(3) or	1942(j)(5)
b Check box to indicate whether the found		ng touridation described	Prior 3 years		1942())(3)
2 a Enter the lesser of the adjusted net	Tax year (a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
income from Part I or the minimum	(8) 2012	(0) 2011	- (6) 2010	(8) 2000	(0) 10(0)
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 exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			:		
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, 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 public					
and 5 or more exempt]			
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			1		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5,000 or n	nore in assets
at any time during t			N/A		
1 Information Regarding Foundation	n Managers:		1000		
a List any managers of the foundation who	_	than 2% of the total cont	ributions received by t	he foundation before the cl	ose of any tax
year (but only if they have contributed m			, .		· •
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	or an equally large po	rtion of the ownership of a	partnership or
other entity) of which the foundation has			, 4 Bo bo		r :
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship etc. Pr	odrams.		
Check here X if the foundation of				s not accept unsolicited re-	nuests for funds. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb				 '	
a the hame, address, and telephone hullit	or or a mail or the perse	л то инош аррисацииз :	mould be addressed.		
b The form in which applications should be	e submitted and informa	tion and materials they s	nould include:		
e Any submission deadlines:					
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kinds of institutions, o	or other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ST. BENEDICT'S PREPARATORY SCHOOL NONE PUBLIC CHARITY GENERAL CHARITABLE 528 MARTIN LUTHER KING JR BLVD 75,000. NEWARK NJ 07102 ST. BARNABAS MEDICAL CENTER NONE PUBLIC CHARITY GENERAL CHARITABLE FOUNDATION 95 OLD SHORT HILLS RD 10,000. WEST ORANGE, NJ 07052 PUBLIC CHARITY GENERAL CHARITABLE ST. VINCENT COLLEGE NONE 300 FRASER PURCHASE RD 12,500. LATROBE, PA 15650 HARVARD LAW SCHOOL FUND NONE PUBLIC CHARITY GENERAL CHARITABLE 1585 MASSACHUSETTS AVE 5,000. CAMBRIDGE MA 02138 KIDS CORPORATION II NONE PUBLIC CHARITY GENERAL CHARITABLE 6 ATLANTIC STREET 5,000. NEWARK NJ 07102 SEE CONTINUATION SHEET(S) ➤ 3a Total 140,000. **b** Approved for future payment NONE

Total

nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
group amounto amous strict most maioatou.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exemp
1 Program service revenue:	code	Amount	∞de	Amount	function income
a	_				
b					
d	1 1				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			_		
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:				_	
a Debt-financed property			+ + -	_	
b Not debt-financed property 6 Net rental income or (loss) from personal			- 		
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
c	_				
d	_				•
e	_		+		
Subtotal. Add columns (b), (d), and (e)		0	<u>•</u>	0.	

OLAI. AU	d line 12, columns (0), (d), and (e)
vorksh	eet in line 13 instructions to verify calculations.)
rt XV	Relationship of Activities to the Accomplishment of Exempt Purposes
e No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment
V	the foundation's exempt purposes (other than by providing funds for such purposes).
* 	
\neg	

223621 12-05-12

223622 12-05-12

Paid

Preparer

Use Only

10/29/13

self- employed

Phone no.

P00722084

973-994-9494

Form **990-PF** (2012)

Firm's EIN \triangleright 22-1430039

JEFF PESKIN

Firm's name ► SOBEL AND

co.,

LIVINGSTON, NJ 07039-1711

Firm's address ► 293 EISENHOWER PARKWAY

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

THE DEGNAN FAMILY FOUNDATION,

OMB No 1545-0047

2012

Name of the organization

Employer identification number

45-3326714

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charatable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE DEGNAN FAMILY FOUNDATION, INC.

<u>45-3326</u>714

Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN J DEGNAN 2011 CHARITABLE LEAD ANNUITY TRUST 35 BEACON HILL DR CHESTER, NJ 07930	\$140,126.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
223452 12-2		\$\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2012)

Employer identification number

THE DEGNAN FAMILY FOUNDATION, INC.

45-3326714

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(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
_		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

THE DE	GNAN FAMILY FOUNDATION	. INC.	45-3326714					
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501(c he following line entry. For organization. c., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year. (Enter this information once)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
[-								
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	ift (d) Description of how gift is held					
		(e) Transfer of gif	1					
-	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee					
-								

45-3326714

٠			THE	DEGNAN	FAMILY	FOUNDATION,	INC.
_	 	 					

Part XV Supplementary Informati		<u> </u>		
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
SHARE OUR STRENGTH	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
1730 M STREET NW				5 000
WASHINGTON DC 20036				5,000.
JOHNS ISLAND CONSERVANCY	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
3575 MAYBANK HWY STE D201 JOHNS ISLAND, SC 29455				2,500.
John John J. So Dy 100				
KIAWAH ISLAND CONSERVNCY	NONE	DITRI TO CHARITY	GENERAL CHARITABLE	
80 KESTREL COURT	NONE	COBDIC CHARTII	GENERAL CHARITADE	
KIAWAH ISLAND, SC 29455				1,500.
SPOLETO FOUNDATION	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
14 GEORGE STREET				
CHARLESTON, SC 29401				2,500.
FREEDOM HOUSE FOUNDATION INC	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
3 PAVILION ROAD				
GLEN GARDNER, NJ 08826				1,000.
COMMUNITY FOUNDATION OF NJ	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
PO BOX 338				1 500
MORRISTOWN, NJ 07963		-		1,500,
WOUNDED WARRIOR PROJECT	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
PO BOX 758517 TOPEKA, KS 66675				1,000.
DAVIDSON COLLEGE ANNUAL FUND	NONE	PUBLIC CHARTTY	GENERAL CHARITABLE	
PO BOX 7170	Nonz	TODDIC CHARTIT		
DAVIDSON, NC 28035		<u></u>		2,000.
ALL STAR PROJECT INC.	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
744 BROAD ST				
NEWARK, NJ 07102				1,000.
KIDDOS CLUBHOUSE FOUNDATION INC.	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
11539 PARK WOODS CIRCLE				1,000.
ALPHARETTA, GA 30005 Total from continuation sheets				32 500.

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	- CONTRIBUTION	
CAMP SEAGULL & CAMP SEAFARER	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
218 SEAGULL LANDING ARAPAHOE, NC 28510				1.000
WAFARIOE, NC 20310				1,000
RYERSS FARM FOR AGED EQUINES	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
1710 RIDGE ROAD				
POTTSTOWN, PA 19465				1,000
MEMORIAL SLOAN-KETTERING CANCER	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
CENTER				ii
1275 YORK AVE NEW YORK, NY 10065				1,000
NEW TORK, NI 10003	_		-	2,000
BRYN MAWR COLLEGE	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
01 N MERION AVE				
BRYN MAWR, PA 19010				1,000
PARTNERS IN HEALTH	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
PO BOX 845578				
BOSTON, MA 02284				2,000
THE TREVOR PROJECT INC.	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
3704 SANTA MONICA BLVD #200 WEST HOLLYWOOD, CA 90069				2,000
and hope wood, on your				
COLLEGE OF ST ELIZABETH	NONE	DIERT C CHARTEY	GENERAL CHARITABLE	
CONVENT ROAD	101/12			
MORRISTOWN, NJ 07960				2,500
HE CARL SCHURZ PARK CONSERVANCY	NONE	PUBLIC CHARITY	GENERAL CHARITABLE	
.624 YORK AVE IEW YORK, NY 10028				1,000
LEW TORK NY 10026			-	1,000
THE CAEDMON SCHOOL	NONE	PUBLIC CHARTEY	GENERAL CHARITABLE	
116 EAST 80TH ST.	[
NEW YORK, NY 10075				2,000

(A) EXPENSES PER BOOKS	NET INVEST-		
1,395.	0.		0.
1,395.	0.		0.
OTHER E	XPENSES	S	TATEMENT 2
(A) EXPENSES PER BOOKS		ADJUSTED	(D) CHARITABLE PURPOSES
850.	0.		0.
850.	0.		0.
ART VII-A,	LINE 10	s si	гатемент 3
ADDR!	ESS		
	PER BOOKS 1,395. 1,395. OTHER EX (A) EXPENSES PER BOOKS 850. 850. SUBSTANTIAL ART VII-A, 1	PER BOOKS MENT INCOME 1,395. 0. 1,395. 0. OTHER EXPENSES (A) (B) EXPENSES NET INVEST- MENT INCOME 850. 0.	PER BOOKS MENT INCOME NET INCOME 1,395. 0. 1,395. 0. OTHER EXPENSES ST (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME 850. 0. SUBSTANTIAL CONTRIBUTORS ART VII-A, LINE 10

Form 886	8 (Rev 1-2013)					Page 2		
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		• X		
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
	are filing for an Automatic 3-Month Extension, comple							
Part II				al (no c	opies needed).			
					ng number, see in:	structions		
Type or	Name of exempt organization or other filer, see instru	ctions			r identification num			
print						. ,		
File by the	THE DEGNAN FAMILY FOUNDATION	N. IN	c. i		45-3326714			
due date for	Number, street, and room or suite no. If a P O box, s			Social se	ocial security number (SSN)			
filing your return See	35 BEACON HILL DRIVE		·		, ,	•		
instructions								
	CHESTER, NJ 07930	J	,					
	**************************************				-			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4		
		,			•	<u> </u>		
Applicati		Return	Application			Return		
Is For		Code	Is For			Code		
	or Form 990-EZ	01			· · · ·			
Form 990	-BL	02	Form 1041-A	•		08		
	0 (individual)	03	Form 4720			09		
Form 990	.PF	04	Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above)	06	Form 8870			12		
	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	d Form 8868.			
	MARY DEGNAN							
• The bo	oks are in the care of > 35 BEACON HILL	DRIV	E - CHESTER, NJ 079	930				
	one No ▶ 908-235-0283		FAX No. ▶					
	rganization does not have an office or place of business	in the Un	nited States, check this box					
	s for a Group Return, enter the organization's four digit (this is foi	r the whole group,	check this		
box ▶ [. If it is for part of the group, check this box		ch a list with the names and EINs of		- :			
4 I red			BER 15, 2013					
5 For	calendar year 2012, or other tax year beginning		, and ending	1				
Change in accounting period								
7 Stat	te in detail why you need the extension							
AD	DITIONAL INFORMATION FROM TH	HIRD I	PARTIES IS REQUIRE	OTO	FILE A			
CO	MPLETE AND ACCURATE RETURN.		-					
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any					
nonrefundable credits. See instructions.					\$	0.		
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			 -		
	payments made Include any prior year overpayment all							
previously with Form 8868.					\$	0.		
c Bala	ance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using					
	PS (Electronic Federal Tax Payment System) See instru			8c	\$	0.		
_			st be completed for Part II o	nly.				
Under pena it is true, co	lities of perjury, I declare that I have examined this form, includi irrect, and complete, and that I am authorized to prepare this fo	ng accomp rm.	anying schedules and statements, and to	the best o	f my knowledge and I	oelief,		
Signature	Title ▶ C	מסי		Date				
orginature j	Title > C	-E W		Date				

Form 8868 (Rev. 1-2013)