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SCANNED JAN 2 5 2010

990-PF

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

<u>എത</u>

OMB No 1545-0052

		ent of the Treasi evenue Service		Note: The foundate	on may i	i reated as a Priviple able to use a copy of			e report	ına ı	requirements		\mathbb{U}	5
_				or tax year begi				, and end			- 4	03/	31,2	009
_		ck all that		Initial retur		Final return	Amended			ddrs	ess change		ame c	
<u>.</u>	Cite		ame of fou			T marretam	Amended	retuin			nployer identifi			nange
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'		he IRS							- 1				_	
						FOUNDATION, I		I D				080546		
		ant I		•		mail is not delivered to stre	et address)	Room/si	uite E	Tel	ephone number (see	page 10 of the	mstructions)
	•	vpe. C/		S ASSOCIATE	•									
5		pecific 10		L STREET -		FLOOR		<u> </u>				2) 440	<u>-080</u>	0
ı	nstru	ctions.	ity or town	, state, and ZIP co	de				ľ		exemption applica inding check here)	▶ _
		l							٥) 1	Foreign organizat	ons check he	re .	▶ 💹
		NE	EW YORK	K, NY 10005							Foreign organiza			
Н	Che	ck type of	f organiza	ation X Secti	on 501(c)(3) exempt private	foundation				85% test check h computation .			▶□
ſ				nexempt charitable		Other taxable p		tion	1_					
Ť				l assets at end		unting method X C	ash Ace	crual	E		private foundatior ider section 507(b			
		ear (from l			1	ther (specify)					•			-
	•	▶ \$		52,601.		column (d) must be d	on cash basis	}	F		the foundation is ider section 507(b)		_	. 1 1
				enue and Expens								(d) Dist		
-	تاني	total of an	nounts in d	columns (b), (c), an	id (d)	(a) Revenue and expenses per	(b) Net inv		(c)		usted net	for c	haritab	le
				y equal the amount ge 11 of the instruc		books	incor	ne		inc	come A//A	, ,	rposes	
_	Γ.					015 001	 		 		TYPE	(cash	basis oi	my)
	1	I .	I if the	, etc., received (attach sch foundation is not regi	uired to	815,001	' 		 			 		
	2	Check >	attach	Sch B			 		 					
	3		on savings and temporary cash investments nds and interest from securities			8,068		8,068.			NONE	1	STM	
	4	Dividends				25,283	. 2	5,283.	 -		NONE	ļ	STM	<u>T 2</u>
	5 a	Gross rent	s	<i></i> .			<u> </u>							
	b	Net rental #	ncome or (lo	oss)					ļ					
ē				sale of assets not on	line 10					<u></u>	PECE	INEL	<u></u>	
Revenue	b	Gross sales assets on lir		45	<u>,966</u> .							- I A L L		<u> </u>
Š	7			ome (from Part IV,	line 2) .		1	NONE		2			SO	<u> </u>
œ	8	Net short-	term capit	tal gaın							JAN I	9 2010	P	
	9			15									38	T
1	10 a	Gross sales and allowar	less returns	; [OCOL	A 0 18°	7	
	Ь	Less Cost									UUUL	N, U		
			-) (attach schedule)										
	111			h schedule)				-208.			NONE		STM	т 3
	12			rough 11				3,143.			NONE			
_	13			ers, directors, trustees		NON		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			NONE	-		
				aries and wages .		NOW	1		 					
es	14		_				 		 					
Operating and Administrative Expenses	15			loyee benefits		······································	 		 			 		
ĝ	16a	-				10.700	-							250
ũ				tach schedule)STM		10,700		<u>5,350.</u>		—	NONE	 	5	,350
ķ	C	Other prof	fessional f	ees (attach schedu	ıle)				 -					
Tat	17	Interest .			,		ļ		<u> </u>			ļ		
ī	18	Taxes (attac	ch schedule)) (see page 14 of the ins	tructions † *	40,082	.	NONE	<u> </u>		NONE			NON
늘	19	Depreciati	ion (attach	n schedule) and de	pletion		ļ							
ğ	20	Occupano	у									<u> </u>		
þ	21	Travel, co	nferences	, and meetings										
an	22	Printing a	nd publica	itions										
g	23			ach schedule)STM		14,157	. 1	3,496.			NONE			661
ati	24	•	•	d administrative ex		1								
oer.	-	-	_	h 23	-	64,939	. 1	8,846.			NONE	1	6	,011
ō	25		-	grants paid		441,000		<u> </u>			1,044			,000
	1		_	-		505,939	1	8,846.	 		NONE			,000
_	26			rsements Add lines 2	4 and 25	303,339	' 	.0,040.	 		NOME		74/	<u> </u>
	27	Subtract li			4-	340 000			1			1		
	1			xpenses and disbursem		340,908		4 007	 					
	ı D	net invest	tment inco	ome (if negative, e	riter -U-)	t	1 1	4,297.	1			l .		

c Adjusted net income (if negative, enter -0-). For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.**STMT 5
JSA
8E1410 1 000 .

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NONE

Ľ	Part III Analysis of Changes in Net Assets of Fund Balances						
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with						
	end-of-year figure reported on prior year's return)	1	1,315,572				
2	Enter amount from Part I, line 27a	_2	340,908				
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 8	3	4,189				
	Add lines 1, 2, and 3	4	1,660,669				
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 9	5	8,068				
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,652,601				

1,315,572.

1,315,572.

1,652,601

2,052,601

8E1420 1 000

Net A

31

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Total liabilities and net assets/fund balances (see page 17

Date sold o, day, yr)
ninus -0-)or
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VONE
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44947
59004
48818
64316
52368
69453
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8 b

10

names and addresses

. By language in the governing instrument, or

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

instructions) ► FL,

Located at ▶100 WALL STREET - 11TH FLOOR NEW YORK, NY ZIP+4 ▶ 10005

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A ▶ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. No 1a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?...... (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a Yes (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X No Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?...... (5) Transfer any income or assets to a disqualified person (or make any of either available for (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after X No termination of government service, if terminating within 90 days). b If any answer is "Yes" to 1a(1)-(6), didany of the acts fail to qualify under the exceptions described in Regulations 1b section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that 1c Х Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) 2Ь Х If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the 3 b N/A Х 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

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Part VIII	Information About Officers, Directors, Trustees, Foundation Man and Contractors (continued)	agers, Highly Paid Emplo	yees,
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none.	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			NONE NONE
Total number	er of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistical inforons and other beneficiaries served, conferences convened, research papers produced, etc	mation such as the number	Expenses
<u>CHARI</u>	E NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPO	RT, BY	
	RIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNATIVE CODE SECTION 501(C)(3).		NONE
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the inst	ructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 an		Amount
1 <u>N/A</u>			
			NONE
2 <u>N/A</u>			
			NONE
•	gram-related investments. See page 24 of the instructions		
			NONE

NONE

Pa	Minimum Investment Return (All domestic foundations must complete this part Forei see page 24 of the instructions.)	gn foundation	ns,
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	1,068,060.
b	Average of monthly cash balances	1 b	418,595.
C	Fair market value of all other assets (see page 24 of the instructions)	1 c	NONE
d		1d	1,486,655.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,486,655.
4	Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	22,300.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,464,355.
6	Minimum Investment return. Enter 5% of line 5	6	73,218.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ ☐ and do not complete this j		
1	Minimum investment return from Part X, line 6	1	73,218.
2 a	1		
b	Income tax for 2008 (This does not include the tax from Part VI) 2b	1	
C		2c	143.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	73,075.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	73,075.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII.	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	73,075.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	447,011.
b	Drawson valeted investments, total from Dout IV D	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	· · · - · · · ·	NONE
	PARAMAIN	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the	 -	NONE
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3 b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	447,011.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		777, 011.
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	143.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	446,868.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	L	
	qualifies for the section 4940(e) reduction of tax in those years		HAMATI

Form 990-PF (2008)

P	Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7				73,075
2	Undistributed income, if any, as of the end of 2007				.0/0,0
	Enter amount for 2007 only			336,183.	
	Total for prior years 20, 20 20			330,103.	
3	Excess distributions carryover, if any, to 2008				
	· · · · · · · · · · · · · · · · · · ·		:		
b				•	
С.	From 2005				
d					
	From 2007 NONE				
	Total of lines 3a through e	NONE			
4					
	line 4 ▶ \$ 447,011.				
а	Applied to 2007, but not more than line 2a			336,183.	·
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2008 distributable amount				73,075.
	Remaining amount distributed out of corpus	37,753.			
5	Excess distributions carryover applied to 2008				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	37,753.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
٠	Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			NONE	
f	Undistributed income for 2008 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2009				NONE
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	NONE			
	Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions)	NONE			
9	Excess distributions carryover to 2009.				
-	Subtract lines 7 and 8 from line 6a	37,753.			
10	Analysis of line 9	3.7.00.		***	
	Excess from 2004 NONE				
	Excess from 2005 NONE			į	
	Excess from 2006 NONE				
	Excess from 2007 NONE				
	Excess from 2008				
-	- · · · · · · · · · · · · · · · · · · ·		i i		

Form	990-PF (2008)	ı		65-0	805468	Page 10
Рa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	_			ating	
	foundation, and the ruling	g is effective for 2008, e	nter the date of the ruling		. >	
b	Check box to indicate wh	ether the foundation is a	private operating found	lation described in section	1 4942	(J)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) rotar
	I or the minimum investment return from Part X for each					
	year listed					
ь	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			j		
	exempt activities Subtract line 2d from line 2c	•		İ		
3	Complete 3a b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
a	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i)		 	 		
	enter 2/3 of minimum invest-			<u> </u>		
	ment return shown in Part X line 6 for each year listed					
С	"Support" alternative test - enter				 	
	(1) Total support other than					
	gross investment income (interest dividends rents			•	ļ	
	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)					
	port from an exempt					
	organization (4) Gross investment income					
Pa		ary Information (C	omplete this part of	only if the foundation	on had \$5.000 or m	ore in assets at any
	time during	the year - see page	27 of the instructi	ons.)		, , , , , , , , , , , , , , , , , , ,
1	Information Regarding					
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tota	l contributions recei	ved by the foundation
	before the close of any	tax year (but only if the	ney have contributed i	more than \$5,000) (Se	ee section 507(d)(2))
	מא מקד ד.	RTS. C/O RCRS	ASSOC 1.1.C 100	WALL ST - 11TH	I ET NV NV 1	2005
h	List any managers of					
	ownership of a partner					y large portion or the
	NONE	•				
	NONE					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsi	nip, etc., Programs:		
	Check here ► X if t	- he foundation only i	makes contributions	to preselected charit	table organizations	and does not accent
	unsolicited requests f	or funds If the foun	dation makes gifts, o	rants, etc. (see page	28 of the instruction	ons) to individuals or
	organizations under ot					,
	The name, address, a	nd telephone number	of the person to whor	n applications should b	ne addressed	
u	me name, address, a	na tereprione namber	of the person to who	ii applications stroata t	oc addicasca	
	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
-	e .e.m m mnon upp		with intermedia	and materials trey		
С	Any submission deadli	nes				
-	•					
d	Any restrictions or li	mitations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors					

3 Grants and Contributions Paid Dur	If recipient is an individual	5 to 1		T
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	COMMISSION	
Name and address (home or business) a Paid during the year SEE LIST ATTACHED	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	contribution	441,000
Total			▶ 3a	441,000
b Approved for future payment				
NONE				NON
Total	<u> </u>	<u> </u>	<u> </u>	NON

Part XVI-A Inter gross an	Analysis of Income-Produ		ated business income	Excluded by	section 512, 513, or 514	(e)
	`	(a) Business code	(b)	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
	ervice revenue					the instructions)
				 		
				1		· · · · · · · · · · · · · · · · · · ·
· —						
	nd contracts from government agencies					
_	ip dues and assessments					
	savings and temporary cash investments	``		14	8,068.	
	and interest from securities			14	25,283.	
	income or (loss) from real estate				20/200.	
	nanced property					
b Not del	bt-financed property					
	come or (loss) from personal property					
	stment income					
	s) from sales of assets other than inventory			18	-1,297.	
9 Net income	e or (loss) from special events					
	it or (loss) from sales of inventory.					
	nue a					
	E STATEMENT 11			01	-208.	
С						
d						
е						
е	add columns (b), (d), and (e)				31,846.	
e2 Subtotal A 3 Total Add	line 12, columns (b), (d), and (e)					31,846.
e 2 Subtotal A 3 Total Add See workshee	line 12, columns (b), (d), and (e) et in line 13 instructions on page 28 t	o verify calc	ulations)		13	31,846.
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e) et in line 13 instructions on page 28 t Relationship of Activities	o verify calc	ulations) complishment of E	xempt Purp	13	
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e) et in line 13 instructions on page 28 t	o verify calc to the Ac	ulations) complishment of E	xempt Purp	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E	xempt Purp	DSES (e) of Part XVI-A conti	ributed importantly t
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e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t
e 2 Subtotal A 3 Total Add See workshee Part XVI-B	line 12, columns (b), (d), and (e)et in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the form	o verify calc to the Ac	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in column other than b	DSES (e) of Part XVI-A conti	ributed importantly t

Form 9	990-PF (2008)		6	<u>55-0805468</u>			Pag	e 13
Part	Information Regarding Trans Exempt Organizations	fers To and	Transactions	and Relationships	With N	Nonch	arita	ıble
1	Did the organization directly or indirectly engage in	any of the follo	wing with any other	organization described in	section		Yes	No

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section								in section		Yes	No			
	501(c)) of the Code (other than	section 501(c)(3) organızatıons) or	ın sectio	on 527, r	elatın	g to po	olitical org	ganızatıons?				
а	Transi	fers from the reporting fo	oundation to a no	oncharitable exemp	ot organi	zation of								
	(1) Ca	ash		. .								1a(1)		_X_
	(2) 01	ther assets	<i></i> .	. 							<i></i>	1a(2)		_ X _
b	Other	transactions												
	(1) Sa	ales of assets to a nonch	aritable exempt	organization								16(1)		x _
		urchases of assets from												
		ental of facilities, equipm												X
		eimbursement arrangeme												X
		oans or loan guarantees												X
		erformance of services o												
													-	<u>X</u>
c		ng of facilities, equipmen											4 4 4	<u>X</u>
d		answer to any of the ab												_
		assets, or services given							than fair	market valu	e in any tran	saction	n or s	naring
	arrang	gement, show in column (d) the value of th	e goods, other ass	ets, or s	ervices re	eceive	ed						
4-34		(h) Amount involved	(a) Name of a	anahasitabla ayamat				D						
(a) ı	ine no	(b) Amount involved	(c) Name of 1	noncharitable exempt	organiza	tion			ption of tr	ansiers, transa	ctions, and shar	ing aira	ngeme	nts
		N/A					N/	<u>A</u>					_	
														
				· · · · · · · · · · · · · · · · · · ·	 -									
	-			·							- -			
										···				
								_						
											 .			
						_								
				 										
2 a		foundation directly or	•		-								_	٦
	sectio	n 501(c) of the Code (oth	er than section 5	01(c)(3)) or in sec	tion 527	7					l	Ye	s X	J No
b	If "Yes	s," complete the following	schedule			·								
		(a) Name of organization	1	(b) Type	of organ	zation				(c) Descrip	tion of relations	hip		
N/	'A							\bot						
							_							
														
	Under	penalties of perjury, I declar	are that I have exa	amined this return, in	ncluding	accompa	nying	schedu	les and st	atements, and	to the best o	my kr	nowled	ge and
- 1	Denet,	in is much dericed, and comp	1100		1/2 h	rer or maa	1	15 5030	_	normation or	willon prepare	1100 01	iy Kilot	neuge
	L _	Luciu	JULL T	7001112C	<u>ru</u>			71	10	PRESI	DENT			
<u>e</u>	Sı	gnature of officer of trustee			<u> </u>		Date	. 1		Title			`	
위						Date	_		Charles		Preparer's			
Sign Here	د ک	Preparer's							Check if	oloyed►	(See Signatu Instructions)	-	age 30	of the
Sic	ori Onl	signature	00			R12	ર જ	ı	1	,	Q40C830	3V		
-	Paid Preparer's Use Only	Firm's name (or yours if	BORS A	SSOCIATES,	LLC					EIN ▶	13-40781			
	⊂ ∡	self-employed), address		LL STREET -		H FL								
- 1		and ZIP code	NEW YO			-		1000)5	Phone r	0_212-44	0-08	300	
				.								m 990		(2008)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2008

J. IRA AND NICKI H	E'''	Employer identification numbe		
Organization type (check or	nel	65	5-0805468	
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treat	ed as a private foundati	on	
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation		
	501(c)(3) taxable private foundation			
General Rule X For organizations	es for both the General Rule and a Special Rule. See instru filing Form 990, 990-EZ, or 990-PF that received, during t	·	(in money or	
	y one contributor Complete Parts I and II			
Special Rules				
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that n 9(a)(1)/170(b)(1)(A)(vi), and received from any one contril 000 or (2) 2% of the amount on Form 990, Part VIII, line 1I 1 and II	outor, during the year, a	contribution of the	
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 99 ggregate contributions or bequests of more than \$1,000 fo or educational purposes, or the prevention of cruelty to ch	r use <i>exclusively</i> for relig	ilous, charitable,	
during the year, so not aggregate to r the year for an exc applies to this org	(c)(7), (8), or (10) organization filing Form 990, or Form 990 ome contributions for use exclusively for religious, charitable more than \$1,000 (If this box is checked, enter here the toclusively religious, charitable, etc., purpose. Do not comple anization because it received nonexclusively religious, charitable.	e, etc , purposes, but th stal contributions that we te any of the parts unles ritable, etc , contribution	ese contributions did ere received during s the General Rule is of \$5,000 or more	
990-EZ, or 990-PF), but the	are not covered by the General Rule and/or the Special Rymust answer "No" on Part IV, line 2 of their Form 990, or f their Form 990-PF, to certify that they do not meet the fil	check the box in the he	ading of their	
	duction Act Notice, see the Instructions	Schedule B (For	m 990, 990-EZ, or 990-PF) (2008)	

Name of organization J. IRA AND NICKI HARRIS FOUNDATION, INC.

		Part I
O	10	Parti

Page

Employer identification number

			65-0805468
Part !	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MAIZE AND BLUE CHARITABLE TRUST 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480	\$\$ \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
•		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash
.ISA			(Complete Part II if there is a noncash contribution)

Form 990-PF

Taxpayer: J. Ira and Nicki Harris Foundation, Inc.

EIN: 65-0805468

Attachment to question 5(c) of Part VII-B:

Report in accordance with Treasury Regulation § 53.4945-5(d)(1):

GRANTEE:

J. Ira and Nicki Harris Family Foundation, Inc.

220 Sunrise Ave., Suite 210 Palm Beach, FL 33480

GRANT:

March 31, 2008; \$42,245,070.84

PURPOSE:

For charitable, scientific, literary or educational purposes as

defined under IRC § 170(c)(2)(B)

EXPENDED

BY GRANTEE:

\$1,499,300

DIVERSION:

To the knowledge of the Grantor, the Grantee has not diverted any

portion of the funds from the purpose of the grant.

REPORTS FROM

GRANTEE:

July 1, 2009

VERIFICATION:

Grantor has no reason to doubt the accuracy or reliability of the

Grantee's reports.

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

Kınd of F		INS AND LO		ription		P	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	D_	acquired Gain	
price less expenses of sale	allowed/ allowable	other	as of	as of 12/31/69	FMV over		or (loss)	
expenses of sale	инотталь	LTCL THRU SU	12/31/69 JMMIT VENTU				(loss)	
		804.					-804.	
i ·		LTCG THRU OC	CM OPPORTUN	ITIES FUND	LP			
128.							128.	
		STCG THRU OC	CM/GFI POWE	R OPPS FD I	I		,	
1,028.		T mag myny og			_		1,028.	
44,810.		LTCG THRU OC	CM/GFI POWE	R OPPS FD I	I		44,810.	
, 0.201		STCL THRU LO	ONE CASCADE	LP			44,010.	
		22,722.					-22,722.	
		LTCL THRU LO	ONE CASCADE	LP				
		23,737.					-23,737.	
TOTAL GAIN(LO	nee)							
TOTAL GAIN(LC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· • • • • • • • • • • • • • • • • • • •	• • • • • • •	1	-1,297. 	
JSA				· ·				

EIN: 65-0805468

SUPPLEMENTARY STATEMENTS

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' ACTIVITIES. NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS. THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	8,068.
REVENUE AND EXPENSES PER BOOKS	8,068.
	TOTAL
DESCRIPTION	INTEREST ON CREDIT BALANCE

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

ADJUSTED NET INCOME	NONE NONE NONE NONE
NET INVESTMENT INCOME	14,483. 9,712. 1,088. 25,283.
REVENUE AND EXPENSES PER BOOKS	14,483. 9,712. 1,088. 25,283.
	TOTAL
DESCRIPTION	DIVIDENDS DIVIDENDS THRU K-1'S INTEREST THRU K-1'S

0

FORM 990PF, PART I - OTHER INCOME

ADJUSTED NET INCOME	NONE NONE	NONE
NET INVESTMENT INCOME	10.	-208.
REVENUE AND EXPENSES PER BOOKS	10.	-208.
DESCRIPTION	ORDINARY INCOME THRU LONE CASCADE LP SEC 988 G/L THRU LONE CASCADE LP	TOTALS

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	5,350.	5,350.
ADJUSTED NET INCOME	NONE	NONE
NET INVESTMENT INCOME	5,350.	5,350.
REVENUE AND EXPENSES PER BOOKS	10,700.	10,700.
		TOTALS
DESCRIPTION	BCRS ASSOCIATES, LLC	

FORM 990PF, PART I - TAXES

CHARITABLE PURPOSES	NONE	
ADJUSTED NET INCOME	NONE	NONE
NET INVESTMENT INCOME	NONE	NONE
REVENUE AND EXPENSES PER BOOKS	39,582.	40,082.
DESCRIPTION FEDERAL TAX PAID:	- BAL DUE FYE 3/31/08 - ESTIMATE FYE 3/31/09	TOTALS

2

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	61. 227. 110. 263. NONE NONE	661.
ADJUSTED NET INCOME	NONE NONE NONE NONE NONE NONE	NONE
NET INVESTMENT INCOME	NONE NONE NONE NONE 70. 13,256.	13,496.
REVENUE AND EXPENSES PER BOOKS	61. 227. 110. 263. 70. 13,256.	14,157.
		TOTALS
DESCRIPTION	FILING FEE CHARITABLE EXPENSE AMEX ANNUAL FEE BANK CHARGES INTEREST EXPENSE PORTFOLIO DEDUCTIONS FOREIGN TAX	

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
SEE LONG POSITION ATTACHED	NONE NONE	1,274,075.	1,274,075.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

ADJUSTMENT FOR INCOME FROM PARTNERSHIP INTERESTS TRANSFERRED OUT IN PRIOR YEAR

4,189.

TOTAL

4,189.

FORM'	990PF,	PART	III	_	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES

DESCRIPTION AMOUNT _____ CASH TRANSFERRED TO EIN: 26-0818520 -J. IRA & NICKI HARRIS FAMILY FDN INC. 8,068. TOTAL 8,068.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
JACQUELINE HARRIS HOCHBERG C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11TH FLOOR NEW YORK, NY 10005	PRESIDENT/DIRECTOR - AS NEEDED	NONE	NONE	NONE	
NICKI S. HARRIS C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11TH FLOOR NEW YORK, NY 10005	VP/DIRECTOR - AS NEEDED	NONE	NONE	NONE	
JONATHAN M. HARRIS C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11TH FLOOR NEW YORK, NY 10005	DIRECTOR - AS NEEDED	NONE	NONE	NONE	
DAVID TISCH C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11TH FLOOR NEW YORK, NY 10005	DIRECTOR - AS NEEDED	NONE	NONE	NONE	
DAVID MOORE C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11TH FLOOR NEW YORK, NY 10005	DIRECTOR - AS NEEDED	NONE	NONE	NONE	
	- GRAND TOTALS	NONE	NONE	NONE	

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

RELATED OR EXEMPT AMOUNT FUNCTION INCOME		10.	-218.		-208.	
EXCLUSION		01	01	i !		
AMOUNT						
BUSINESS	!!!!			•		"
DESCRIPTION		ORDINARY INCOME THRU LONE CASCADE LP	SEC 988 G/L THRU LONE CASCADE LP		TOTALS	

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2008

Name of estate or trust Employer identification number IRA AND NICKI HARRIS FOUNDATION, INC. 65-0805468 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) Subtract (e) from (d) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b -21,694. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, -21,694 Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) 6 a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6 b 20,397. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 20,397. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2008

Sche	dule D (Form 1041) 2008				Page 2
Pa	Summary of Parts I and II Caution: Read the instructions before completing this pa	art	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)		<u> </u>	 	-21,694.
14	Net long-term gain or (loss):	1		 	21,054.
	Total for year	14a			20,397.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		<u> </u>	20,037.
	28% rate gain		1	 -	
	Total net gain or (loss). Combine lines 13 and 14a				-1,297.
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form V, and do not complete Part IV. If line 15, column (3), is a net loss, complete	orm 99			lumn (2), are net gains, go
Pa	t IV Capital Loss Limitation				· · · · · · · · · · · · · · · · · · ·
16	Enter here and enter as a (loss) on Form 1041, line 4(or Form 990-T,	Part I, I	ine 4c. if a trust), the s	maller of	T
а	· · · · · · · · · · · · · · · · · · ·			1	(1,297.)
Note	The loss on line 15, column (3) or b \$3,000	ge 1, lıı	ne 22 (or Form 990-T,	line 34), is a loss, o	complete the Capital Loss
	rover Worksheet on page 7 of the instructions to figure your capital loss carryov	er			
	Tax Computation Using Maximum Capital Gains Rates				
	n 1041 filers. Complete this part only if both lines 14a and 15 in col			mount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo t ion: Skip this part and complete the worksheet on page 8 of the instr				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or	actions	S II		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 14a and 15 a		ns or qualified divid	dends are include	ed in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa				
	er line 14b, col (2) or line 14c, col (2) is more than zero		,		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)	17		T
18	Enter the smaller of line 14a or 15 in column (2)	• ., .			
••	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				`
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the		 		1
	amount from line 4g, otherwise, enter -0-				1
22	Subtract line 21 from line 20 If zero or less, enter -0		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-		· · · · · · · · · · · · · · · · · · ·		
	Ogga dot mio 22 nom mio 11 n 2010 of 1000, officir 0				
24	Enter the smaller of the amount on line 17 or \$2,200		24		
	Is the amount on line 23 equal to or more than the amount on line 2		• • • • • • • • • • • • • • • • • • • •		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" bo				ľ
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?	• • •			1
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or	line 22	27	j	
	Test on the strain of the stra	1810 22			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
			1		
29	Subtract line 28 from line 27		. 29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23 Use the 2008 Tax Rate S	Schedu	le for Estates and T	rusts (see	
	the Schedule Ginstructions)				
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2008 Tax Rate S	chedu	le for Estates and T	rusts (see	
	the Schedule Ginstructions)				
34	Tax on all taxable income. Enter the smaller of line 32 or Schedule G. Form 1041 (or line 36 of Form 990-T)	line 3	33 here and on li	ne 1a of	

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041).

OMB No 1545-0092

Employer identification number

2008

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

IRA AND NICKI HARRIS FOUNDATION, INC 65-0805468 Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold acquired (mo , day, yr) (see page 4 of the instructions) (mo , day, yr) 1a STCG THRU OCM/GFI POWER OPPS FD II 1,028 1,028. STCL THRU LONE CASCADE LP 22,722 -22,722.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

-21,694.Schedule D-1 (Form 1041) 2008 Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II	II Long-Term Capital Gains and Losses - Assets Held More Than One Year					
	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
	THRU SUMMIT VENTURES B LP				804.	-804.
	THRU OCM OPPORTUNITIE			128.		128.
	THRU OCM/GFI POWER					
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J. Ira & Nicki Harris Foundation, Inc.

Charitable Contributions FYE: March 31, 2009

EIN: 65-0805468

Date	Organization	City/State	Amount	
04/09/08	United Way of Metropolitan Chicago	Chicago, IL	\$ 50,000.00	
04/09/08	Palm Beach Community Chest - United Way	Palm Beach, FL	50,000.00	
04/18/08	Kravis Center for the Performing Arts	West Palm Beach, FL	100,000.00	
05/16/08	HOPE at NYU	New York, NY	200,000.00	
01/30/09	City Parks Foundation	New York, NY	37,500.00	
02/05/09	Lincoln Center Institute	New York, NY	3,500.00	
		TOTAL	\$ 441,000.00	

^{*} All contributions were made to the General Purpose Fund of Public Charitable Organizations that were classified under Section 501(c)(3) of the Internal Revenue Code.

Business Services Account March 2009

Account name:

Your assets

Cash alternatives

Price per share on Mar 31 (\$)
Cost basis (\$)
Client investment (S)
Purchase price per share (\$)
Number Pr of shares

Holding
UBS SELECT PRIME
INSTITUTIONAL FUND

EAI: \$8,919 Current yield: 0.70%

1,274,074.670

1,274,074 67 1.000

Investment Holding return (\$) period

Unrealized gain or loss (\$)

Value on Mar 31 (\$)

Page / of /

NOTICE OF RESIGNATION

To: Secretary

J. Ira and Nicki Harris Foundation, Inc.

I hereby resign as a director and as President of J. Ira and Nicki Harris Foundation, Inc. effective December 31, 2008.

L Ira Harris

ACTION BY DIRECTORS WITHOUT A MEETING

The undersigned, being all of the directors of J. Ira and Nicki Harris Foundation, Inc. (the "Foundation"), each consents that a meeting of the directors of the Foundation be dispensed with and takes the following action by written consent pursuant to Section 617.0821 of the Florida Not for Profit Corporation Act:

The following resolutions are hereby adopted:

RESOLVED, that Ira Harris's resignation as director and President of the Foundation effective December 31, 2008 be, and it hereby is, accepted; and

Nicki Harris	12/24/08 Date
Jacqueline Harris Hochberg Jonathan M Harris	Date / / 08
Daniel Tisch	Date
David Moore	Date

ACTION BY DIRECTORS WITHOUT A MEETING

The undersigned, being all of the directors of J. Ira and Nicki Harris Foundation, Inc. (the "Foundation"), each consents that a meeting of the directors of the Foundation be dispensed with and takes the following action by written consent pursuant to Section 617.0821 of the Florida Not for Profit Corporation Act:

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Nicki Harris ON LULINO Jacqueline Harris Hochberg	Date Date Date
Jonathan M Harris	Date
Daniel Tisch	Date
David Moore	Date

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The following resolutions are hereby adopted:

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Nicki Harris	Date
Jacqueline Harris Hochberg	Date
Jonathan M Harris	Date
one won	12-23-08
Daniel Tisch	Date
David Moore	Date

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The following resolutions are hereby adopted:

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Nicki Harris	Date
Jacqueline Harris Hochberg	Date
Jonathan M Harris	Date
Daniel Titch	Date
David Moore	Du. 23, 2008 Date

Page	2
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Form 8868 (Rev 4-2009)

		filing for an Additional (Not Automatic) 3-Month Extension, complete				. ▶ Ⅸ
		omplete Part II if you have already been granted an automatic 3-month exten		riousiy tilea	Form 8868	•
Pari		filing for an Automatic 3-Month Extension, complete only Part I (on pa Additional (Not Automatic) 3-Month Extension of Time. Only file		(no conies	needed)	
		Name of Exempt Organization	2.0 2000 113 114 1	Employer id		
Type print		J. IRA AND NICKI HARRIS FOUNDATION, INC.		65-08054		
-		Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use		
File by extend		c/o BCRS ASSOCIATES, LLC; 100 WALL STREET - 11TH FL	14.56	1011110 030	Only	
due da			(- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	हा द्वार क्ला	<u> </u>	- 1,1965
filing the return.	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			30.4	18 T. A. S. C.
instruc		NEW YORK, NY 10005	二、凌武侯 。"()	发生。	and of the same	
	• •	of return to be filed (File a separate application for each return):			= 000	_
	orm 99		rm 1041-A	=	Form 6069	_
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	orm 99		rm 5227			
STOP	?! Do no	t complete Part II if you were not already granted an automatic 3-month	extension o	n a previou	sly filed Fo	orm 8868.
• The	books	are in the care of ▶ BCRS ASSOCIATES, LLC				
		No. ► 212-440-0811 FAX No. ► N/A				
		nization does not have an office or place of business in the United States	s, check this	box		. ▶ 🛘
		a Group Return, enter the organization's four digit Group Exemption Nu			. If th	is is
for th	e whole	group, check this box If it is for part of the group, che	ck this box	▶[and atta	ch a
		names and EINs of all members the extension is for.			•	
4	l reque	st an additional 3-month extension of time until FEBRUARY 1	5	2010		
5	For cal	endar year , or other tax year beginning APRIL 1 , 2008	3 and endin	a MAR	CH 31	20.09
6	If this t	ax year is for less than 12 months, check reason: I Initial return	Einal roturn	Change	in account	ing period
7	Ctata :	detail why you need the extension ALL INFORMATION NECESSA	INIA TELUM L	F A COMP	I ACCOUNT	nig benoa
		RATE TAX RETURN IS NOT YET AVAILABLE.	10111	<u> </u>	<u> </u>	
	ACCO	ATE TAX RETURN 13 NOT TET AVAILABLE.				
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		pplication is for Form 990-BL, 990-FF, 990-1, 4720, or 6009, enter the property of formal property.	teritative tax	" 8a	6	144.00
				4400045		211.00
		pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab		142		
		ed tax payments made. Include any prior year overpayment allowed as a	credit and an		1	500.00
	amoun	paid previously with Form 8868.		8b	\$	500.00
		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if re			1.	0.00
	with FT	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	see instructions	s. 8c	3	0.00
		Signature and Verification				
		of perjury, I declare that I have examined this form, including accompanying schedules and s , and complete, and that I am authorized to prepare this form	statements, and t	to the best of r	ny knowledge	e and belief,
C 4	(Title ► CPA		Data N	11/16/20	Λα
Signati	ure 🟲	- Inte PCFA				
		\ \		Fo	om 8868 ((Rev. 4-2009)
		\vee				

Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (control of the Part II of the Part II (control of the Pa	on page 2 d	f this forn	n).
Part I	plete Part II unless you have already been granted an automatic 3-month extension on a part of the Automatic 3-Month Extension of Time. Only submit original (no copies nee		ea Form 8	868.
	on required to file Form 990-T and requesting an automatic 6-month extension—check	•	nd comple	ete . ► 🗀
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form T ncome tax returns.	004 to req	uest an ex	ctension of
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file f	/er, you ca s 990-BL, 6 d signed pa	nnot file F 069, or 88 ge 2 (Part	Form 8868 870, group II) of Form
Type or	Name of Exempt Organization	Employer i	dentification	n number
print	J. IRA AND NICKI HARRIS FOUNDATION, INC.	65-080546	8	
File by the due date for	Number, street, and room or suite no If a P.O. box, see instructions.			
filing your	c/o BCRS ASSOCIATES, LLC; 100 WALL STREET - 11TH FLOOR			
return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005			
Check type	of return to be filed (file a separate application for each return):			
Form 99	□ Form 990-T (corporation)		Form 472	0
Form 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 522	7
Form 99	0-EZ Form 990-T (trust other than above)		Form 606	9
	0-PF		Form 887	0
If the orgaIf this is for the whol	No. ► 212-440-0811 FAX No. ► N/A inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ►		If th	
a list with th	e names and EINs of all members the extension will cover.			
until for the ► □	est an automatic 3-month (6 months for a corporation required to file For NOVEMBER 16 , 20 09 , to file the exempt organization return for the organization organization's return for: calendar year 20 or tax year beginning APRIL 1 , 20 08 , and ending MA	named abo	ve. The ex	
2 If this t	ax year is for less than 12 months, check reason: Initial return Final return	Change i	n account	ing period
less an	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	3a	\$	144.00
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta		_	E00.00
	nts made. Include any prior year overpayment allowed as a credit.	3b	\$	500.00
deposi	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.		\$	0.00
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 849			
	instructions.		5 5076	