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

**2009**

Department of the Treasury  
Internal Revenue Service

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

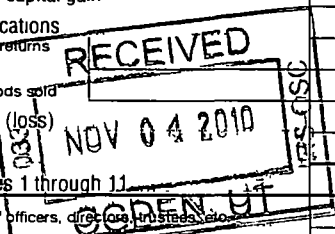
For calendar year **2009**, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

G Check all that apply:  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>THE EVELYN SHARP FOUNDATION</b>	A Employer identification number <b>13-6119532</b>
	Number and street (or P O box number if mail is not delivered to street address) Room/suite <b>845 THIRD AVE 16FL</b>	B Telephone number <b>212-977-1300</b>
	City or town, state, and ZIP code <b>NEW YORK, NY 10022</b>	C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>9,892,626.</b> (Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			<b>N/A</b>	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	<b>140,465.</b>	<b>140,465.</b>		<b>STATEMENT 1</b>
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<b>401,642.</b>			
	b Gross sales price for all assets on line 6a <b>2,667,022.</b>				
	7 Capital gain net income (from Part IV, line 2)		<b>401,642.</b>		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 <b>Total.</b> Add lines 1 through 11	<b>542,107.</b>	<b>542,107.</b>		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	<b>0.</b>	<b>0.</b>		<b>0.</b>
	14 Other employees' salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees <b>STMT 2</b>	<b>25,000.</b>	<b>5,000.</b>		<b>20,000.</b>
	c Other professional fees				
	17 Interest	<b>15.</b>	<b>0.</b>		<b>15.</b>
	18 Taxes <b>STMT 3</b>	<b>27,987.</b>	<b>6,987.</b>		<b>0.</b>
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	<b>120.</b>	<b>0.</b>		<b>120.</b>
	23 Other expenses <b>STMT 4</b>	<b>2,646.</b>	<b>0.</b>		<b>2,646.</b>
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>55,768.</b>	<b>11,987.</b>		<b>22,781.</b>
	25 Contributions, gifts, grants paid	<b>384,000.</b>			<b>384,000.</b>
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>439,768.</b>	<b>11,987.</b>		<b>406,781.</b>
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<b>102,339.</b>			
	b <b>Net investment income</b> (if negative enter -0-)		<b>530,120.</b>		
	c <b>Adjusted net income</b> (if negative, enter -0-)			<b>N/A</b>	

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	1,152,278.	1,587,081.	1,587,081.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,396.		
	10a Investments - U.S. and state government obligations <b>STMT 5</b>	1,996,999.	0.	0.
	b Investments - corporate stock <b>STMT 6</b>	3,203,488.	4,492,912.	7,855,157.
	c Investments - corporate bonds <b>STMT 7</b>	0.	379,507.	450,388.
11 Investments - land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
<b>16 Total assets (to be completed by all filers)</b>	<b>6,355,161.</b>	<b>6,459,500.</b>	<b>9,892,626.</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
<b>23 Total liabilities (add lines 17 through 22)</b>	<b>0.</b>	<b>0.</b>		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted	6,355,161.	6,459,500.	
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b>	<b>6,355,161.</b>	<b>6,459,500.</b>		
<b>31 Total liabilities and net assets/fund balances</b>	<b>6,355,161.</b>	<b>6,459,500.</b>		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,355,161.
2 Enter amount from Part I, line 27a	2	102,339.
3 Other increases not included in line 2 (itemize) ▶ <b>PRIOR PERIOD ADJUSTMENT</b>	3	2,000.
4 Add lines 1, 2, and 3	4	6,459,500.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,459,500.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b> SEE ATTACHED STATEMENT			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 2,667,022.		2,265,380.	401,642.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			401,642.

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	401,642.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	404,357.	10,178,213.	.039728
2007	425,087.	10,990,778.	.038677
2006	392,834.	9,917,559.	.039610
2005	530,276.	9,475,931.	.055960
2004	535,534.	9,085,611.	.058943

<b>2</b> Total of line 1, column (d)	2	.232918
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.046584
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	8,770,214.
<b>5</b> Multiply line 4 by line 3	5	408,552.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	5,301.
<b>7</b> Add lines 5 and 6	7	413,853.
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	406,781.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	10,602.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	10,602.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	10,602.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	15,046.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	10,000.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	25,046.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	14,444.
11	Enter the amount of line 10 to be: <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>14,444.</b> <b>Refunded</b> <input type="checkbox"/>	11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

N/A

**Part VII-A Statements Regarding Activities** *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>BARRY TOBIAS</u> Telephone no. ► <u>212-977-1300</u> Located at ► <u>845 THIRD AVE 16TH FL, NEW YORK, NY</u> ZIP+4 ► <u>10022</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15   <u>N/A</u>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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 termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <u>N/A</u> ► <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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) to all years listed, answer "No" and attach statement - see instructions.) <u>N/A</u>	2b	
c	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) <u>N/A</u>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here  N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).  N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

5b		
6b		X
7b		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARY CRONSON 50 EAST 77TH STREET NEW YORK, NY 10021	PRESIDENT/TRUSTEE 20.00	0.	0.	0.
BARRY TOBIAS 845 THIRD AVE 16TH FL NEW YORK, NY 10022	TREASURER/SECRETARY/TRUSTEE 4.00	0.	0.	0.
PAUL CRONSON 111 EAST 80TH STREET NEW YORK, NY 10021	VICE PRESIDENT/TRUSTEE 2.00	0.	0.	0.
CLAUS VIRCH 845 THIRD AVE 16TH FL NEW YORK, NY 10022	TRUSTEE 0.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly 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) Compensation
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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**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.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 <span style="float: right;">▶</span>	0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	6,919,254.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	1,984,517.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	8,903,771.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	8,903,771.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	133,557.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	8,770,214.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	438,511.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	438,511.
<b>2a</b>	Tax on investment income for 2009 from Part VI, line 5	<b>2a</b>	10,602.
<b>b</b>	Income tax for 2009. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	10,602.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	427,909.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	427,909.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	427,909.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	406,781.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	406,781.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	406,781.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				427,909.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			372,374.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 406,781.				
a Applied to 2008, but not more than line 2a			372,374.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				34,407.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				393,502.
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 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶
- b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of 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 an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)**

- 1 **Information Regarding Foundation Managers:**
- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- NONE**
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- NONE**

- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a The name, address, and telephone number of the person to whom applications should be addressed:

- SEE STATEMENT 8**
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)

**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p>a <i>Paid during the year</i>  <b>SEE ATTACHED SCHEDULE</b></p>	<p><b>SEE ATTACHED SCHEDULE</b></p>	<p><b>SEE ATTACHED SCHEDULE</b></p>	<p><b>SEE ATTACHED SCHEDULE</b></p>	<p><b>384,000.</b></p>
<p><b>Total</b> <span style="float: right;">▶ 3a</span></p>				<p><b>384,000.</b></p>
<p>b <i>Approved for future payment</i>   <p style="text-align: center;"><b>NONE</b></p> </p>				
<p><b>Total</b> <span style="float: right;">▶ 3b</span></p>				<p><b>0.</b></p>



Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule...

Table with columns 'Yes' and 'No' and rows for items 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains one entry with 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one entry with 'N/A'.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Signature and preparer information section including: Signature of officer or trustee (Mary Sharp Cronson), Date (Oct 19 2010), Title (President), Preparer's signature (Mark B. Kaufman CPA), Date (9/27/10), Firm's name (PEGG & PEGG LLP), address (1430 BROADWAY SUITE 1105A NEW YORK, N.Y. 10018), Preparer's identifying number (117-38-0849), EIN (13-3385788), and Phone no. (212-532-4287).

THE EVELYN SHARP FOUNDATION  
 Schedule of Contributions  
 2009

13-6119532

NAME	ADDRESS	RELATIONSHIP	STATUS	PURPOSE	FOUNDATION COMMITMENTS
A Rocha USA	PO Box 1338, Fredericksburg TX 78624	None	Public	Fund conservation programs	\$ 2,500
AFILAF	845 Third Avenue, NY NY 10022	"	"	Fund French cultural events	10,000
American Assoc of the Royal Academy Trust	555 Madison Avenue, Ste 1300, NY NY 10022	"	"	Fund British cultural events	2,500
American Friends of the Paris Opera & Ballet	972 Fifth Avenue, NY NY 10075	"	"	Fund French opera & ballet programs	5,000
American Friends of the Shanghai Museum	530 East 86th Stret, NY NY 10028	"	"	Fund museum operations	5,000
American Museum of Natural History	Central Pk W at 79th Street, NY NY 10024	"	"	Fund museum operations	3,500
Brooklyn Academy of Music	30 Lafayette Avenue, Brooklyn NY 11217	"	"	Fund theater & dance operations	15,000
Buckley School (The)	113 East 73rd Street, NY NY 10021	"	"	Fund educational programs	25,000
Byrd Hoffman Water Mill Foundation	55 Washington St, Gallery 216, Bklyn NY 11201	"	"	Fund to develop performing arts programs	5,000
California Institute of the Arts	24700 McBean Pky, Valencia, CA 91355-2340	"	"	Fund educational programs	10,000
CentraState HealthCare	916 Rte 33, Ste 6, Freehold NJ 07728	"	"	Fund building of medical facility	2,500
China Institute	125 East 65th Street, NY NY 10065	"	"	Educational/cultural understanding of China	1,000
Dicapo Opera Theatre	220 East 54th Street, 11J, NY NY 10022	"	"	Fund opera programs	3,000
Fay School (The)	PO Box 9106, Southborough MA 01772-9106	"	"	Fund educational programs	25,000
Fay School (The)	PO Box 9106, Southborough MA 01772-9106	"	"	Fund educational programs	1,000
Galapagos Conservancy	11150 Fairfax Blvd, Ste 408, Fairfax VA 22030	"	"	Fund conservation programs	500
Gotham Chamber Opera	410 West 42nd Street, NY NY 10036	"	"	Fund opera programs	2,500
Solomon Guggenheim Foundation	1071 Fifth Avenue, NY NY 10128	"	"	Fund museum operations	50,000
Health Care Chaplaincy	79 East 4th Street, NY NY 10003	"	"	Fund medical services	1,000
Hudson Review (The)	684 Park Avenue, NY NY 10065	"	"	Fund quarterly literary magazine	1,000
Jacob's Pillow	358 George Carter Rd, Becket, MA 01223	"	"	Fund cultural events program	1,000
La Maison Francaise	NYU, 726 Bway, 2nd Fl, NY NY 10003-9580	"	"	Fund educational programs	5,000
La Maison Francaise	NYU, 726 Bway, 2nd Fl, NY NY 10003-9580	"	"	Fund educational programs	5,000
New York City Ballet	20 Lincoln Center Plaza, NY NY 10023	"	"	Fund dance programs	30,000
New York City Opera	20 Lincoln Center Plaza, NY NY 10023	"	"	Fund opera programs	2,500
New York City Opera	20 Lincoln Center Plaza, NY NY 10023	"	"	Fund opera programs	7,500
New York City Opera	20 Lincoln Center Plaza, NY NY 10023	"	"	Fund opera programs	50,000
New York Landmarks Conservancy	One Whitehall Street, NY NY 10004	"	"	Fund landmarks preservation	75,000
New York University	NYU, 726 Bway, 2nd Fl, NY NY 10003-9580	"	"	Fund educational programs	1,000
Park Avenue Armory	643 Park Avenue, NY NY 10065	"	"	Fund to revitalize Park Ave Armory	1,000
Park Avenue Preservation	564 Park Avenue, NY NY 10065	"	"	Fund landmarks preservation	2,500
Paul Taylor Dance Company	552 Broadway, NY NY 10012-3947	"	"	Fund dance programs	5,000
Pearl Theater Company (The)	80 St. Mark's Place, NY NY 10003	"	"	Fund theater operations	1,000
Performa	100 West 23rd Street, 5th Floor, NY NY 10011	"	"	Fund visual arts organization	500
Playwrights Horizons	416 West 42nd Street, NY NY 10036-6809	"	"	Fund theater operations	10,000
Primary Stages	307 West 38th Street, Ste 1510, NY NY 10018	"	"	Fund theater operations	1,000
Saeko Ichinohe Dance	159 West 53rd Street, NY NY 10019	"	"	Fund dance programs	1,000
St Aloysius School	223 West 132nd Street, NY NY 10027	"	"	Fund educational programs	2,500
Studio Museum in Harlem	144 West 125th Street, NY NY 10027	"	"	Fund museum operations	1,000

THE EVELYN SHARP FOUNDATION  
 Schedule of Contributions  
 2009

13-61195 32

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>STATUS</u>	<u>PURPOSE</u>	<u>FOUNDATION COMMITMENTS</u>
Studio Museum in Harlem	144 West 125th Street, NY NY 10027	"	"	Fund museum operations	500
Vassar College	Box 1, Raymond Av, Poughkeepsie NY 12604	"	"	Fund educational programs	5,000
World Childhood Foundation	183 Madison Avenue, Ste 715, NY NY 10016	"	"	Raise awareness of women & child abuse	1,000
World Childhood Foundation	183 Madison Avenue, Ste 715, NY NY 10016	"	"	Raise awareness of women & child abuse	3,000
					<u>\$ 384,000</u>

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 6500 SHS AGRIMUM INC	P	12/06/06	04/17/09
b 4000 SHS GENENTECH INC	P	12/03/01	04/24/09
c 4000 SHS GENENTECH INC	P	11/06/02	04/24/09
d 150 SHS AIG	P	06/14/96	11/10/09
e 5000 SHS CHICAGO BRIDGE & IRON WORKS	P	05/14/07	12/02/09
f 3000 SHS BANK OF AMERICA	P	11/06/02	12/29/09
g 1000 US TREASURY DUE 2/26/09	P	01/28/08	02/26/09
h 500 FREDDIE MAC 5% DUE 6-17-19	P	06/15/04	06/17/09
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 267,228.		205,735.	61,493.
b 380,000.		115,274.	264,726.
c 380,000.		72,969.	307,031.
d 5,637.		66,357.	<60,720.>
e 89,133.		199,649.	<110,516.>
f 45,024.		107,354.	<62,330.>
g 1,000,000.		1,000,037.	<37.>
h 500,000.		498,005.	1,995.
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			61,493.
b			264,726.
c			307,031.
d			<60,720.>
e			<110,516.>
f			<62,330.>
g			<37.>
h			1,995.
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 if (loss), enter "-0-" in Part I, line 7 }	2	401,642.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 }	3	N/A

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**FORM 990-PF**                      **DIVIDENDS AND INTEREST FROM SECURITIES**                      **STATEMENT**      **1**


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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDEND INCOME WELLINGTON & CO NOMINEE	110,034.	0.	110,034.
INTEREST INCOME WELLINGTON & CO NOMINEE	30,431.	0.	30,431.
<b>TOTAL TO FM 990-PF, PART I, LN 4</b>	<b>140,465.</b>	<b>0.</b>	<b>140,465.</b>

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**FORM 990-PF**                                      **ACCOUNTING FEES**                                      **STATEMENT**      **2**


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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEE	25,000.	5,000.		20,000.
<b>TO FORM 990-PF, PG 1, LN 16B</b>	<b>25,000.</b>	<b>5,000.</b>		<b>20,000.</b>

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**FORM 990-PF**                                      **TAXES**                                      **STATEMENT**      **3**


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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN W/H TAX	6,987.	6,987.		0.
990 PF TAX	21,000.	0.		0.
<b>TO FORM 990-PF, PG 1, LN 18</b>	<b>27,987.</b>	<b>6,987.</b>		<b>0.</b>

FORM 990-PF	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEE	250.	0.		250.
INSURANCE	2,396.	0.		2,396.
TO FORM 990-PF, PG 1, LN 23	2,646.	0.		2,646.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT 5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
500K 5% FREDDIE MAC DUE 6/17/19	X		0.	0.
500K US TREASURY BILL DUE 1/22/09	X		0.	0.
1000K US TREASURY BILL DUE 2/26/09	X		0.	0.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			0.	0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION			FAIR MARKET VALUE
	BOOK VALUE		
6,808 SH FED CORP, SERIES C	23,828.		0.
5,231 SH FED CORP, SERIES D	26,155.		0.
5,147 SH FED CORP, SERIES E	30,882.		0.
3,779 SH FED CORP, SERIES F	22,672.		0.
10,000 SH ROYAL DUTCH PETROLEUM	194,463.		601,100.
8,000 SH COCA-COLA CO	190,081.		456,000.
3,000 SH AMERICAN INTL GROUP	0.		0.
10,000 SH GENERAL ELECTRIC	3,134.		151,300.
32,406 SH PHYSICIAN WEBLINK INC	100,000.		0.
5,000 SH MICROSOFT CORP	197,643.		152,400.
18,052 SH XTO ENERGY INC	150,257.		839,960.
3,000 SH BANK OF AMERICA CORP	0.		0.
10,000 SH AMERICAN EXPRESS	114,805.		405,200.
10,000 SH INTEL CORP	38,832.		204,000.
20,000 SH EXPRESS SCRIPTS INC	231,590.		1,728,400.

THE EVELYN SHARP FOUNDATION

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8,000 SH GENENTECH INC	0.	0.
4,500 SH VERIZON COMMUNICATIONS	182,377.	149,085.
2,798 SH TRANSOCEAN LTD	204,793.	231,674.
6,500 SH AGRIMUM INC	0.	0.
5,000 SHS CHINA MOBILE LIMITED	208,629.	232,150.
15,000 SHS EMC CORP. MASS	204,983.	262,050.
3000 SHS AMERICA MOVIL	193,589.	140,940.
5000 SHS CHICAGO BRIDGE AND IRON WORKS	0.	0.
3000 SHS YUM BRANDS	116,624.	104,910.
84 SHS FAIRPOINT COMM	813.	3.
1000 SHS APPLE INC	211,793.	210,732.
7523.968 SHS ENBRIDGE ENERGY MGMT	234,396.	399,673.
1800 SHS IBM CORP	238,933.	235,620.
3500 SHS MCKESSON CORP	223,636.	218,750.
2500 SHS VISA INC	219,494.	218,650.
11K ISHARES BARCLAYS 1-3 YR TREAS. BOND FUND	928,510.	912,560.
<b>TOTAL TO FORM 990-PF, PART II, LINE 10B</b>	<b>4,492,912.</b>	<b>7,855,157.</b>

FORM 990-PF CORPORATE BONDS STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
400K AMEX CREDIT CORP 6.9% DUE 6/19/09	379,507.	450,388.
<b>TOTAL TO FORM 990-PF, PART II, LINE 10C</b>	<b>379,507.</b>	<b>450,388.</b>

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 8

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

MARY CRONSON 845 THIRD AVE 16TH FLOOR NEW YORK, NY 10022

TELEPHONE NUMBER

---

212-977-1300

FORM AND CONTENT OF APPLICATIONS

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THE FOUNDATION GENERALLY MAKES CONTRIBUTIONS TO PRESELECTED CHARITABLE ORGANIZATIONS. HOWEVER THE FOUNDATION WILL CONSIDER UNSOLICITED REQUESTS FOR FUNDS. NO SPECIAL FORM REQUIRED.

ANY SUBMISSION DEADLINES

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NO DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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NO RESTRICTIONS.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE EVELYN SHARP FOUNDATION</b>	Employer identification number <b>13-6119532</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>845 THIRD AVE 16FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10022</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**BARRY TOBIAS**

- The books are in the care of ▶ **845 THIRD AVE 16TH FL - NEW YORK, NY 10022**  
Telephone No. ▶ **212-977-1300** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	25,046.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	15,046.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	10,000.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, 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.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	THE EVELYN SHARP FOUNDATION	13-6119532
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O PEGG & PEGG LLP 1430 BROADWAY SUITE 1105A	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, N.Y. 10018	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BARRY TOBIAS**

- The books are in the care of  **845 THIRD AVE 16TH FL - NEW YORK, NY 10022**  
 Telephone No  **212-977-1300**      FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.
- 5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
**INFORMATION NEEDED TO COMPLETE THE TAX RETURN IS STILL UNAVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	25,046.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	25,046.
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  \_\_\_\_\_ Title  \_\_\_\_\_ Date  \_\_\_\_\_

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, 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.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	THE EVELYN SHARP FOUNDATION		13-6119532
	Number, street, and room or suite no. If a P O. box, see instructions.		For IRS use only
	C/O PEGG & PEGG LLP 1430 BROADWAY SUITE 1105A		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, N.Y. 10018		

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BARRY TOBIAS**

- The books are in the care of  **845 THIRD AVE 16TH FL - NEW YORK, NY 10022**  
 Telephone No.  **212-977-1300** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

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INFORMATION NEEDED TO COMPLETE THE TAX RETURN IS STILL UNAVAILABLE.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$ 25,046.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$ 25,046.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title  CPA Date  8/6/10