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

OMB No 1545-0052

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 , 2009, 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 **MOHSIN & FAUZIA JAFFER FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address) Room/suite
2700 WALKERS WAY

City or town State ZIP code
WESTON FL 33331

Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

Fair market value of all assets at end of year (from Part II, column (c), line 16) **\$ 183,357.**

J Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) _____
 (Part I, column (d) must be on cash basis)

A Employer identification number **20-2965144**

B Telephone number (see the instructions) **(954) 474-9000**

C If exemption application is pending, check here ☐

D 1 Foreign organizations, check here ☐
 2 Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc. received (att sch)	355,000.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	514.			
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain/(loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
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/(loss) (att sch)				
11 Other income (attach schedule)				
CONTRIBUTION RETURNED	150.			
12 Total. Add lines 1 through 11	355,664.			
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch)	800.			
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule) (see instr) BANK CHARGES	30.			
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
OFFICE SUPPLIES	475.			
24 Total operating and administrative expenses. Add lines 13 through 23	1,305.			
25 Contributions, gifts, grants paid	634,320.			
26 Total expenses and disbursements. Add lines 24 and 25	635,625.			
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-279,961.			
b Net investment income (if negative, enter -0-)				
c Adjusted net income (if negative, enter -0-)				

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing	463,318.	183,357.	183,357.
	2 Savings and temporary cash investments			
	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 (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment, basis				
Less accumulated depreciation (attach schedule)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	463,318.	183,357.	183,357.	
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)			
NET FUND ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	463,318.	183,357.	
	30 Total net assets or fund balances (see the instructions)	463,318.	183,357.	
	31 Total liabilities and net assets/fund balances (see the instructions)	463,318.	183,357.	

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	463,318.
2 Enter amount from Part I, line 27a	2	-279,961.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	183,357.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	183,357.

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 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a				
b				
c				
d				
e				

(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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

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	
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) (see the instructions) If (loss), enter -0- in Part I, line 8]	3	

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 the 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 (column (b) divided by column (c))
2008		0.	0.000000
2007	0.		
2006	0.		
2005	0.		
2004			

2 Total of line 1, column (d)	2	0.000000
3 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	0.000000
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	0.
5 Multiply line 4 by line 3	5	0.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	0.
8 Enter qualifying distributions from Part XII, line 4	8	

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 the instructions)

1 a 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 instr.)		1	
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			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	0.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11 Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

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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>SANTINI & SEDAWIE, PA</u> Telephone no. <u>(954) 474-9000</u> Located at <u>4179 DAVIE RD - #200 DAVIE FL</u> ZIP + 4 <u>33314</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</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
1 a 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 the instructions)? Organizations relying on a current notice regarding disaster assistance check here <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 <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
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 the instructions)	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 <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a 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)	3b	
4 a 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

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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)? (see instructions)

☐ 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)?**5b**

Organizations relying on a current notice regarding disaster assistance check here

☐**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)

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?**6b****X**

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**7b****b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**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 (see instructions).

(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
MOHSIN JAFFER 2700 WALKERS WAY WESTON FL 33331	DIRECTOR 0.00	0.	0.	0.
FAUZIA JAFFER 2700 WALKERS WAY WESTON FL 33331	DIRECTOR 0.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). 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				
0				
0				
0				
0				

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

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services -- (see instructions). 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		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

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

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

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.)

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

Part XII Qualifying Distributions (see instructions)

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

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				0.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	0.			
c From 2006	0.			
d From 2007	0.			
e From 2008	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ _____				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2009 distributable amount				
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))				
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				
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 instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	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	0.			
b Excess from 2006	0.			
c Excess from 2007	0.			
d Excess from 2008	0.			
e Excess from 2009	0.			

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)				
a Paid during the year				
AMANA 183 E 166 STREET MIAMI FL 33162	N/A	PUBLIC	QURAN DISTRIBUTION	1,000.
AMERICAN CANCER SOCIETY 3363 W COMMERCIAL BLVD FT. LAUDERDALE FL 33309	N/A	PUBLIC	GENERAL DONATION	100.
AMERICAN CIVIL LIBERTIES UNION PO BOX 96265 WASHINGTON DC 20090	N/A	PUBLIC	GENERAL DONATION	3,000.
AMERICARES 88 HAMILTON AVE STAMFORD CT 06902	N/A	PUBLIC	GENERAL DONATION	500.
AMERICAN FOUNDATION FOR THE BLIND 11 PENN PLAZA - #300 NEW YORK NY 10001	N/A	PUBLIC	GENERAL DONATION	1,600.
ANJUMAN-E-ASGHARI 10301 JEFFERSON HWY BROOKLYN PARK NY 55445	N/A	PUBLIC	GENERAL DONATION	5,000.
BILAL MUSLIM MISSION OF KENYA PO BOX 82508-80100 MOMBASA, KENYA XX 00000	N/A	PUBLIC	EDUCATION	10,000.
COMFORT AID INTERNATIONAL 2820 BLUE JAY DRIVE CEDAR PARK TX 78613	N/A	PUBLIC	SCHOOL DONATION	10,000.
BROWARD OUTREACH CENTERS PO BOX 220490 HOLLYWOOD FL 33022	N/A	PUBLIC	GENERAL DONATION	1,200.
See Line 3a statement				601,920.
Total				634,320.
b Approved for future payment				
Total				3b

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

MOHSIN & FAUZIA JAFFER FOUNDATION

Employer identification number

20-2965144

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

MOHSIN & FAUZIA JAFFER FOUNDATION

20-2965144

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MOHSIN & FAUZIA JAFFER 2700 WALKERS WAY WESTON FL 33331	\$ 251,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	MOHSIN JAFFER, MD, PA 2700 WALKERS WAY WESTON FL 33331	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	MEDINA PROPERTIES, INC. 2700 WALKERS WAY WESTON FL 33331	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	SAM WESTON PROPERTIES, INC. 2700 WALKERS WAY WESTON FL 33331	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>CENTRAL ASIA INSTITUTE</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>PO BOX 7209</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>BOZEMAN MT 59771</u>				<u>2,000.</u>
<u>CHILD AID INTERNATIONAL</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>8550 123 STREET</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>NEEDY CHILDREN</u>	Business <input type="checkbox"/>
<u>SURREY, BC CANADA XX 00000</u>				<u>80,000.</u>
<u>DAR UL MUSLIMEEN ORPHANAGE</u>			<u>ORPHANAGE</u>	Person or <input type="checkbox"/>
<u>PO BOX 3939</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>DAR-ES-SALAAM XX 00000</u>				<u>7,000.</u>
<u>CLARA MUHAMMAD SCIENCE & BUSINESS</u>			<u>EDUCATION</u>	Person or <input type="checkbox"/>
<u>20061 NW 13 CT</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>MIAMI FL 33169</u>				<u>5,000.</u>
<u>FBI CAAA-SF</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>16320 NW 2 AVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>N MIAMI BEACH FL 33169</u>				<u>1,570.</u>
<u>COOPERATIVE FEEDING PROGRAM</u>			<u>FOOD FOR NEEDY</u>	Person or <input type="checkbox"/>
<u>1 NW 33 TERRACE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>FT. LAUDERDALE FL 33311</u>				<u>2,000.</u>
<u>FEED THE CHILDREN</u>			<u>FOOD FOR NEEDY</u>	Person or <input type="checkbox"/>
<u>PO BOX 36</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>OKLAHOMA CITY OK 73101</u>				<u>125.</u>
<u>DOCTORS WITHOUT BORDERS</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>333 SEVENTH AVE - 2ND FLOOR</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>NEW YORK NY 10001</u>				<u>5,000.</u>
<u>FIU MIDDLE EAST CENTER</u>			<u>INTERFAITH PROGRAM</u>	Person or <input type="checkbox"/>
<u>11200 SW 8 STREET</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>MIAMI FL 22161</u>				<u>1,000.</u>
<u>IMAM-E-ZAMANA MISSION</u>			<u>EDUCATION</u>	Person or <input type="checkbox"/>
<u>1-5-23 MUSHEERABAD</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>FEEDING THE NEEDY</u>	Business <input type="checkbox"/>
<u>HYDERABAD, INDIA XX 00000</u>				<u>69,000.</u>
<u>GOLD COAST DOWN SYNDROME ORGANIZATION</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>10250 NW 53 STREET</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>SUNRISE FL 33351</u>				<u>500.</u>
<u>IMAMIA EDUCATIONAL SOCIETY</u>			<u>CONSTRUCTION OF COLLEGE</u>	Person or <input type="checkbox"/>
<u>A-BLOCK</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>KARELI, ALLAHABAD XX 00000</u>				<u>20,000.</u>
<u>HELLEN KELLER INTL</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>352 PARK AVE SOUTH - #1200</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>NEW YORK NY 10010</u>				<u>2,500.</u>
<u>ISLAMIC GUIDANCE CENTER</u>			<u>WIDOWS & ORPHANS</u>	Person or <input type="checkbox"/>
<u>PO BOX 22737</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>BROOKLYN NY 11202</u>				<u>20,000.</u>
<u>ISLAMIC INFORMATION CENTER</u>			<u>INTERFAITH PROGRAM</u>	Person or <input type="checkbox"/>
<u>PO BOX 119</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>BURTONSVILLE MD 20866</u>				<u>15,000.</u>

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>ISLAMIC JAFFARIA ASSOCIATION</u>			<u>ORPHANS</u>	Person or <input type="checkbox"/>
<u>10554 NW 132 ST</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>HIALEAH GARDENS FL 33016</u>				21,800.
<u>HOLLYWOOD HILLS UNITED METHODIST CHURCH</u>			<u>FOOD FOR NEEDY</u>	Person or <input type="checkbox"/>
<u>400 N 35 AVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>HOLLYWOOD FL 33021</u>				400.
<u>IMAMIA EDUCATION & WELFARE TRUST</u>			<u>MEDICAL AID</u>	Person or <input type="checkbox"/>
<u>MODI RESIDENCY ROAD</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>BANGALORE, INDIA XX 00000</u>				25,000.
<u>INDIAN MUSLIM COUNCIL</u>			<u>FOOD FOR NEEDY</u>	Person or <input type="checkbox"/>
<u>6321 W DEMPSTER ST - 295</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>MORTON GROVE IL 60053</u>				3,000.
<u>IMAMIA MEDICS INTL</u>			<u>MEDICAL HELP</u>	Person or <input type="checkbox"/>
<u>PO BOX 8209</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>PRINCETON NJ 08540</u>				2,000.
<u>ISNA DEVELOPMENT FOUNDATION</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>PO BOX 808</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>PLAINFIELD IN 46168</u>				500.
<u>ISLAMIC HUMANITARIAN SERVICE</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>81 HOLINGER CRESCENT</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>COMPUTERS</u>	Business <input type="checkbox"/>
<u>KITCHENER, ONTARIO XX 00000</u>				3,000.
<u>ISLAMIC PUBLISHING HOUSE</u>			<u>BOOK PRINTING</u>	Person or <input type="checkbox"/>
<u>283 ACTIVA AVE</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>MOSQUE UPGRADES</u>	Business <input type="checkbox"/>
<u>KITCHENER, ONTARIO XX 00000</u>				8,500.
<u>JAMAAT UL MUTAQEEN</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>1010 SW 196 AVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>PEMBROKE PINES FL 33029</u>				1,000.
<u>ROTARY CLUB OF WESTON</u>			<u>EDUCATION</u>	Person or <input type="checkbox"/>
<u>318 INDIAN TRACE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>WESTON FL 33326</u>				1,000.
<u>MASJID AL-ANSAR</u>			<u>MOSQUE RENOVATIONS</u>	Person or <input type="checkbox"/>
<u>5245 NW 7 AVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>MIAMI FL 33127</u>				7,000.
<u>MPV</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>PO BOX 434</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>LOS ANGELES CA 90078</u>				2,500.
<u>MUSCULAR DYSTROPHY ASSOCIATION</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>3300 E SUNRISE DRIVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>TUCSON AZ 85718</u>				200.
<u>MUSLIM ADVOCATES</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>315 MONTGOMERY ST - 8TH FLOOR</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>SAN FRANCISCO CA 94104</u>				2,000.
<u>NOOR UL ISLAM ACADEMY</u>			<u>EDUCATION</u>	Person or <input type="checkbox"/>
<u>10600 SW 59 STREET</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>DAVIE FL 33328</u>				3,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>NOTHING BUT NETS</u>			<u>MOSQUITO NETS</u>	Person or <input type="checkbox"/>
<u>PO BOX 7002</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>LYNWOOD WA 98046</u>				2,000.
<u>OUR VILLAGE DONATION</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>294 HOPE WELL DRIVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>ALLENTOWN PA 18104</u>				200.
<u>TAHRIKE TARSILE QURAN</u>			<u>QURAN DISTRIBUTION</u>	Person or <input type="checkbox"/>
<u>80-08 51 ST AVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>ELMHURST NY 11373</u>				295.
<u>SAHARA OF SOUTH FLORIDA</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>MIAMI</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>MIAMI FL 33127</u>				1,000.
<u>SMILE TRAIN</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>PO BOX 96231</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>WASHINGTON DC 20090</u>				1,250.
<u>UNIVERSAL ISLAMIC FOUNDATION</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>15601 INDIANOLA DR</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>DERWOOD MD 20855</u>				5,000.
<u>THE LADY FATEMAH</u>			<u>ORPHANS & WIDOWS</u>	Person or <input type="checkbox"/>
<u>VILLAGE WAY</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>BUCKINGHAMSHIRE XX 00000</u>				12,000.
<u>UNIVERSAL MUSLIM ASSOC</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>PO BOX 661</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>BROWN MILLS NJ 08015</u>				1,150.
<u>THE ISLAMIC SOCIETY OF NORTH AMERICA</u>			<u>GENERAL DONATION</u>	Person or <input type="checkbox"/>
<u>PO BOX 808</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>PLAINFIELD IN 46168</u>				500.
<u>THE PANTRY OF BROWARD</u>			<u>FOOD FOR NEEDY</u>	Person or <input type="checkbox"/>
<u>610 NW THIRD AVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>FT. LAUDERDALE FL 33311</u>				3,000.
<u>THE WORLD FEDERATION</u>			<u>HEALTH CLINIC</u>	Person or <input type="checkbox"/>
<u>WOOD LANE STANMORE</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>FOOD FOR NEEDY</u>	Business <input type="checkbox"/>
<u>UNITED KINGDOM XX 00000</u>				109,630.
<u>WIPAHS</u>			<u>EDUCATION & BUILDING</u>	Person or <input type="checkbox"/>
<u>PO BOX 1895</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>FOOD FOR NEEDY</u>	Business <input type="checkbox"/>
<u>DAR-EL-SALAAM, TANZANIA XX 00000</u>				5,000.
<u>UMMUL BANEEN FOUNDATION</u>			<u>SCHOOL DONATION</u>	Person or <input type="checkbox"/>
<u>1 ORCHARD CLOSE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>CRICKLEWOOD, ENGLAND UK 00000</u>				2,000.
<u>UNITED MUSLIM FOUNDATION</u>			<u>FOOD BANK</u>	Person or <input type="checkbox"/>
<u>PO BOX 952934</u>	<u>N/A</u>	<u>PUBLIC</u>	<u>SCHOLARSHIP</u>	Business <input type="checkbox"/>
<u>LAKE MARY FL 32795</u>			<u>GENERAL DONATIONS</u>	70,000.
<u>AHLUL-BAIT TRUST</u>			<u>MOSQUE BUILDING</u>	Person or <input type="checkbox"/>
<u>331 SEA COW LAKE 4051</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>DURBAN, S AFRICA XX 00000</u>				50,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i>				
<u>UNIVERSAL HERITAGE INSTITUTE</u>			<u>MEDICAL CLINIC</u>	Person or <input type="checkbox"/>
<u>PO BOX 526651</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>MIAMI FL 33152</u>				10,000.
<u>UNIVERSITY OF EXETER</u>			<u>SCHOLARSHIPS</u>	Person or <input type="checkbox"/>
<u>THE QUEENS DRIVE</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>EXETER, DEVON UK 0000</u>				17,200.
<u>UNIVERSITY OF MIAMI</u>			<u>SCHOLARSHIPS</u>	Person or <input type="checkbox"/>
<u>UNIVERSITY OF MIAMI</u>	<u>N/A</u>	<u>PUBLIC</u>		Business <input type="checkbox"/>
<u>CORAL GABLES FL 33124</u>				100.

Total

601,920.