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# Form 990-PF

Department of the Treasury

## **Return of Private Foundation**

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

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

2009

For c	alend	ar year 2009, or tax ye	ar beginning		, and ending		
G C	heck a	ill that apply	Initial return	Initial return of a fo	ormer public charity	Final return	
			Amended return	Address chan	ge 🔲	Name change	
llse	the If	Name of foundation				A Employer identification	number
	ibel.	THE HOPPY	R FOUNDATION				
Oth	erwis		ABBA WALKER			20-3622315	
	orint	I	O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number	F.O.
	type. Speci	, <del></del>	BUFFALO ST.		402	607-272-55	
	uction	E   Gity of town, State, a				C If exemption application is p	· —
		TTHACA, N		<del></del>	·· <del></del>	D 1. Foreign organizations 2. Foreign organizations me check here and attach co	
H C			X Section 501(c)(3) ex			check here and attach co	mputation
<u></u>		tion 4947(a)(1) nonexer		Other taxable private founda		E If private foundation state	
		ket value of all assets at	1 <del></del>	~	Accrual	under section 507(b)(1)	• •
(fr		art II, col. (c), line 16)		her (specify) mn (d) must be on cash i	hasis )	If the foundation is in a 6 under section 507(b)(1)	
	rt I				(b) Net investment	(c) Adjusted net	(d) Disbursements
Га	111	(The total of amounts in col	nd Expenses umns (b), (c), and (d) may not ints in column (a) )	(a) Revenue and expenses per books	income	income	for chantable purposes (cash basis only)
$\neg$	1	Contributions, gifts, grai		100,599.			
		Check If the foundation					
	_	Interest on savings and temp	•			_	
	-	Dividends and interest fi	rom securities	11,626.	11,626.		STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale o	f assets not on line 10	-27,798.			
Į.	b	Gross sales price for all assets on line 6a	49,445.				
Revenue	7	Capital gain net income (from	n Part IV, line 2)		0.	RECE	IVED
ш	8	Net short-term capital ga	ain				70
		Income modifications Gross sales less returns	1			B NOV T	9 2010 <b>9</b>
	10a	and allowances				S NUV 1	9 2010 9
		Less Cost of goods sold				0005	t +++-±
	l	Gross profit or (loss)				OGDE	N, U I
		Other income <b>Total</b> Add lines 1 throu	ah 11	84,427.	11,626.	0.	
		Compensation of officers, di		0.	0.	0.	0.
		Other employee salaries	•				
		Pension plans, employe	-				
ses		Legal fees					
ens		Accounting fees	STMT 2	2,540.	0.		
Ä	1	Other professional fees	STMT 3	1,919.	1,919.	0.	0.
and Administrative Expen	I	Interest	-				
rati	18	Taxes	STMT 4	774.	0.	0.	0.
nist	19	Depreciation and deplet	ion				
<u>Ξ</u>	20	Occupancy					
¥	21	Travel, conferences, and	d meetings				
anc	I	Printing and publication		00			
<u>g</u>	23	Other expenses	STMT 5	90.	0.	0.	0.
Operating	24	Total operating and ad		E 222	1 010	. 0.	2,540.
ed C		expenses. Add lines 13		5,323.		<u> </u>	4,000.
_	25	Contributions, gifts, gra		4,000.			4,000.
	1	Total expenses and dis	suursements.	9,323.	1,919	. 0.	6,540.
		Add lines 24 and 25 Subtract line 26 from line	no 12	7,323.	1,515		
	1			75,104.			
		Excess of revenue over exp  Net investment income			9,707	•	
		Adjusted net income (4				0.	
9235		addition in the intention for					Form 000 DE (2000)

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923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. C/O SCIARABBA WALKER & CO. LLP

n.	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	fyear
Pi	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
[	1	Cash - non-interest-bearing	1,931.	849.	849.
		Savings and temporary cash investments	6,521.	11,486.	11,486.
		Accounts receivable			<del></del>
	J	Less allowance for doubtful accounts			
			<del></del>		
	4	Pledges receivable -	į		
		Less allowance for doubtful accounts	<del>_</del> _		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
ļ		Less allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥ ∣		Investments - U S and state government obligations			
		amum 7	296,306.	359,558.	347,490.
		- International Composition Co	230/3001	00370000	01// 200
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		:	
		Less accumulated depreciation			
	12	Investments - mortgage loans	10 500	10 500	10 224
	13	Investments - other STMT 8	19,508.	19,508.	18,324.
	14	Land, buildings, and equipment basis ▶	-		
		Less accumulated depreciation			
	15	Other assets (describe ►			
		,			
	16	Total assets (to be completed by all filers)	324,266.	391,401.	378,149.
_	17	Accounts payable and accrued expenses		-	
	18	Grants payable		1	
		· ·			
Liabilities	19	Deferred revenue			1
ቜ !	20	Loans from officers, directors, trustees, and other disqualified persons			-
<u>.</u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
				0	
	23	Total trabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
ä	25	Temporarily restricted			
Bal	26	Permanently restricted		-	
ᅙ	-"	Foundations that do not follow SFAS 117, check here			1
Net Assets or Fund Balances		and complete lines 27 through 31.			
ō		-	0.	0.	
şţ	27	Capital stock, trust principal, or current funds	0.	- 0.	4
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	324,266.	391,401.	
Ť.	29	Retained earnings, accumulated income, endowment, or other funds			_
ž	30	Total net assets or fund balances	324,266.	391,401.	4
_	31	Total liabilities and net assets/fund balances	324,266.	391,401.	
		Analysis of Changes in Net Assets or Fund B	alances		
	arı	Analysis of Changes in Net Assets or Fund B			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	324,266.
	-	r amount from Part I, line 27a		2	75,104.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	399,370.
			SEE STA	ATEMENT 6 $\frac{4}{5}$	7,969.
		reases not included in line 2 (itemize)		6	391,401.
<u>6</u> _	Lota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numm (b), line 30	[0	Form <b>990-PF</b> (2009)
					FUIIII <b>33U-17 (</b> (2009)

	SCIARABBA WALKE					<u> 20-362</u>	2315 Page <b>3</b>
Part IV Capital Gains	and Losses for Tax on I	nvestment					
	cribe the kind(s) of property sold (e garehouse, or common stock, 200 sh		ļ	b) How ac P - Purch D - Dona		e) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<u>1a</u>							
b SEE ATTACHED	STATEMENT						
c d							
<u>e</u>							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	t or other basis xpense of sale			(h) Gain or (loss) (e) plus (f) minus (	
<u>a</u>							
b							
C							
<u>d</u>		<u> </u>					
<u>e</u> 49,445.			77,243	3.			-27,798.
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69			ains (Col (h) gain	
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			t), but not less thar Losses (from col. (	
a							
b							
C		<u> </u>					
d							
e		<u>L</u>					-27,798.
2 Capital gain net income or (net ca	apital loss) {   If gain, also ente   If (loss), enter -0	er in Part I, line 3 0- in Part I, line	7 7	} 2			-27,798.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	nd (6)					
If gain, also enter in Part I, line 8,		, , ,				/-	
If (loss), enter -0- in Part I, line 8				] 3		<u>N/A</u>	
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	nvestm	ent inco	me	<del></del>
(For optional use by domestic private	e foundations subject to the section	4940(a) tax оп	net investment inc	ome )			
If section 4940(d)(2) applies, leave th	his part blank						
Was the foundation liable for the sec			•	od?			Yes X No
If "Yes," the foundation does not qual							
	each column for each year, see insti	ructions before					
(a) Base period years		Tuckons belove	making any entires	<u> </u>			(4)
	(b)			(c)	ice accets	Distrib	(d) oution ratio
Calendar year (or tax year beginni	ing in) Adjusted qualifying dis	stributions	Net value of non	(C) charitable-i		Distrib (col (b) div	rided by col (c))
2008	ing in) Adjusted qualifying dis	stributions		(c) charitable-i 25	5,603.	Distrib (col (b) div	. 040942
2008 2007	ing in) Adjusted qualifying dis	stributions 10,465. 1,210.		(c) charitable-i 25:	5,603. 7,610.	Distrib (col (b) div	.040942 .006813
2008 2007 2006	ing in) Adjusted qualifying dis	stributions 10,465. 1,210. 12,622.		(c) charitable-i 25:	5,603. 7,610. 7,021.	Distrib (col (b) div	.040942 .006813 .130096
2008 2007 2006 2005	ing in) Adjusted qualifying dis	stributions 10,465. 1,210.		(c) charitable-i 25:	5,603. 7,610.	Distrib (col (b) div	.040942 .006813 .130096
2008 2007 2006	ing in) Adjusted qualifying dis	stributions 10,465. 1,210. 12,622.		(c) charitable-i 25:	5,603. 7,610. 7,021.	Cool (b) div	.040942 .006813 .130096
2008 2007 2006 2005 2004	ing in) Adjusted qualifying dis	stributions 10,465. 1,210. 12,622.		(c) charitable-i 25:	5,603. 7,610. 7,021.	(col (b) div	.040942 .006813 .130096
2008 2007 2006 2005 2004 2 Total of line 1, column (d)	ing in) Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0.	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	Distrib (col (b) div	.040942 .006813 .130096
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the	Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0.	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	(col (b) div	.040942 .006813 .130096 .000000
2008 2007 2006 2005 2004 2 Total of line 1, column (d)	Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0.	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	(col (b) div	.040942 .006813 .130096 .000000
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister	Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	(col (b) div	.040942 .006813 .130096 .000000
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the	Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	(col (b) div	.040942 .006813 .130096 .000000
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister	Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	(col (b) div	.044463
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister	Adjusted qualifying dis	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	(col (b) div	.040942 .006813 .130096 .000000
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitate 5 Multiply line 4 by line 3	5-year base period - divide the total ince if less than 5 years	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	2 3 4 5	.044463 249,154.
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitate	5-year base period - divide the total ince if less than 5 years	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	2 3 4	.044463 249,154.
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 6 Enter 1% of net investment incon	5-year base period - divide the total ince if less than 5 years	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	2 3 4 5	.040942 .006813 .130096 .000000 .177851 .044463 249,154. 11,078.
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitate 5 Multiply line 4 by line 3	5-year base period - divide the total ince if less than 5 years	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	2 3 4 5	.044463
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitate 5 Multiply line 4 by line 3 6 Enter 1% of net investment incom 7 Add lines 5 and 6	5-year base period - divide the total ince if less than 5 years ble-use assets for 2009 from Part X, me (1% of Part I, line 27b)	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	2 3 4 5 6	.040942 .006813 .130096 .000000 .177851 .044463 249,154. 11,078.
2008 2007 2006 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exister 4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 6 Enter 1% of net investment incon	5-year base period - divide the total ince if less than 5 years ble-use assets for 2009 from Part X, me (1% of Part I, line 27b)	stributions 10,465. 1,210. 12,622. 0. on line 2 by 5,	Net value of non	(c) charitable-i 25 17 9	5,603. 7,610. 7,021.	2 3 4 5 6	.040942 .006813 .130096 .000000 .177851 .044463 249,154. 11,078.

	THE HULLAR FOUNDATION						
rm	990-PF (2009) C/O SCIARABBA WALKER & CO. LLP			<u>-3622</u>			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(e), o	r 4948	- see i	nstru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter N	/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary	y-see instructions)		Î			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	<u></u>		1	94.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Pa	rt I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others e	nter -0-)	2				0.
3	Add lines 1 and 2		3			1	94.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others 6	enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			1	94.
	Credits/Payments						
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
	Exempt foreign organizations - tax withheld at source		-				
	Tax paid with application for extension of time to file (Form 8868)  6c	,		1			
	Backup withholding erroneously withheld 6d		_				
	· · · · · · · · · · · · · · · · · · ·	<del></del>	┥,	1			0.
	Total credits and payments Add lines 6a through 6d		8				•
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		<b>→</b> 9	<del> </del>	-	1 '	94.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	,		<b>-</b>			7 -
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.45.55	10	<u> </u>			
	Enter the amount of line 10 to be Credited to 2010 estimated tax	Refunded	<u>11</u>	,1			
	rt VII-A Statements Regarding Activities				T1	Yes	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or aid it participate or interv	ene m			163	X
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				1b		
	If the answer is "Yes" to $\dot{1}a$ or $1b$ , attach a detailed description of the activities and copi	es of any materials publi	shed or				
	distributed by the foundation in connection with the activities.					1	37
	Did the foundation file Form 1120-POL for this year?				10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	•	_				
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$	´ <del></del>	<u>.</u>			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure to	ix imposed on foundation				- 1	
	managers > \$O.					- 1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities				1 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrur	nent, articles of incorporation	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		_X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	ctions that conflict with the	tate law.				
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
-	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>					
	NY						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	y General (or designate)					

Form **990-PF** (2009)

8b

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of each state as required by General Instruction G? If "No," attach explanation

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

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

orm	990-PF(2009) C/O SCIARABBA WALKER & CO. LLP 20-3622	315	1	Page 5
Pa	rt 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		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
_	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>X</u>	
	Website address ► N/A			
14	The books are in care of ► SCIARABBA WALKER  Telephone no ► 607-27	2-5	550	
	Located at ► 200 EAST BUFFALO STREET, ITHACA, NY ZIP+4 ►14	850		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>,</b> ₽	Ш
	and enter the amount of tax-exempt interest received or accrued during the year	N.	/A_	
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1 1	<del></del> .	<u> </u>
	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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 )			
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)?  N/A	1b		····
	Organizations relying on a current notice regarding disaster assistance check here			
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?	10		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?			
	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 ) N/A	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			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 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		<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u> X</u>

4b X Form **990-PF** (2009)

(a) Name and address	to position	enter -0-)	compensation	allowances
THEODORE L. HULLAR, PH.D.	PRESIDENT			
119 EAST SENECA ST., STE. 400				
ITHACA, NY 14850	5.00	0.	0.	0.
JOAN HULLAR	VICE PRESIDEN	f T		
119 EAST SENECA ST., STE. 400			1	
ITHACA, NY 14850	1.00	0.	0.	0.
THEODORE W. HULLAR, M.D.	TREASURER			
119 EAST SENECA ST., STE. 400				ı
ITHACA, NY 14850	1.00	0.	0.	0.
TIMOTHY E HULLAR	SECRETARY			
119 EAST SENECA ST., STE. 400			,	
ITHACA, NY 14850	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."	4.4	
(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, othe allowances
NONE	-	-		
	<u> </u>			

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

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	<del></del>
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 in	oformation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced	etc	Expenses
1 N/A		
5		
3		
4		
Part IX-B Summary of Program-Related Investments		<del></del>
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		0.
Total. Add lines 1 through 3		- 000 PF (2000)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 240,873. 1a a Average monthly fair market value of securities 12,075. b Average of monthly cash balances 1b 10 c Fair market value of all other assets 252,948. 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 3,7944 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 249,154. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 12,458 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations and certain foreign organizations check here 🕨 🔙 and do not complete this part ) 12,458. Minimum investment return from Part X, line 6 194 2a Tax on investment income for 2009 from Part VI, line 5 2a 2b Income tax for 2009 (This does not include the tax from Part VI) 2c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 12,264 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 12,264 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 6,540. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-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 Suitability test (prior IRS approval required) 3a 3b Cash distribution test (attach the required schedule) 6,540. 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions, Subtract line 5 from line 4 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

Form 990-PF (2009)

Form 990-PF (2009)

# , 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,				12,264.
line 7				
2 Undistributed income, if any, as of the end of 2009			1,556.	,
a Enter amount for 2008 only	~~~ · · · · · · · · · · · · · · · · · ·		1/3/301	
b Total for prior years		0.	ĺ	
3 Excess distributions carryover, if any, to 2009				<del></del>
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 ►\$ 6,540.				
a Applied to 2008, but not more than line 2a			1,556.	, <u>Annator and Annator and Annator</u>
b Applied to undistributed income of prior				
vears (Election required - see instructions)		_ 0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				4,984.
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				
2 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		<u>0.</u>		
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				7,280.
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				<u> </u>
				Form <b>QQN_DF</b> (200Q)

	ARABBA WALK			20-30	22315 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · · · · · · · ·	_	•	
foundation, and the ruling is effective for		•	. ▶ ∟		
b Check box to indicate whether the found		ng foundation described		4942( <u>J)(3)</u> or 49	042(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
Income from Part I or the minimum	(a) 2003	(1) 2000	(6) 2007	(0) 2000	(e) rotar
Investment return from Part X for					
each year listed		<u> </u>	<del> </del>		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			<del> </del>		
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly			<del>-</del>		
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<u> </u>	-	
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,			ŀ		
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	L				
(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			if the afairmalati	ion had 65 000 as me	
Part XV Supplementary Info at any time during t			if the foundati	ion nad \$5,000 or me	ore in assets
<del></del>	<del></del>	iiisti uctionis.,	<u> </u>		
<ul> <li>Information Regarding Foundatio</li> <li>List any managers of the foundation who</li> </ul>	_	than 20/ of the total con	tributions received by	the foundation before the clar	no of any tay
year (but only if they have contributed m			indutions received by	the logituation perote the clos	se of any tax
SEE STATEMENT 9	, ,				
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	(or an equally large p	ortion of the ownership of a p	artnership or
other entity) of which the foundation has			(,,,,		
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here ▶ ☐ If the foundation o	nly makes contributions	to preselected charitable	organizations and do	es not accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc	see instructions) to indiv	viduals or organizations	under other conditions	s, complete items 2a, b, c, and	l d
a The name, address, and telephone number	per of the person to who	m applications should be	addressed		
SEE STATEMENT 10					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include	•	
c Any submission deadlines		<u> </u>			
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kinds of institutions,	or other factors	
		_			

20-3622315 Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year 1,000. GREATER YELLOWSTONE NONE PUBLIC TO SUPPORT RECIPIENT'S COALITION CHARITY EXEMPT PURPOSE PO BOX 1874 BOZEMAN, MT 59771 PLANNED PARENTHOOD OF THE NONE 1,000. PUBLIC TO SUPPORT RECIPIENT'S FINGER LAKES CHARITY EXEMPT PURPOSE 314 W STATE STREET ITHACA, NY 14850 PLANNED PARENTHOOD OF NONE PUBLIC 1,000. TO SUPPORT RECIPIENT'S ARIZONA CHARITY EXEMPT PURPOSE 2255 N. WYATT DRIVE TUCSON, AZ 85712 PUBLIC 1,000. FISHER CENTER FOR NONE TO SUPPORT RECIPIENT'S ALZHEIMER'S RESEARCH CHARITY EXEMPT PURPOSE FOUNDATION - ONE INTREPID SQUARE, WEST 46TH ST & 4,000. ➤ 3a Total b Approved for future payment NONE 0. **▶** 3b **Total** 

923621 02-02-10

Form **990-PF** (2009)

Part XVI-A	Analysis	of Income	-Producing	Activities
------------	----------	-----------	------------	------------

Enter gross amounts unless otherwise indicated	Unrelated business income			ided by section 512, 513, or 514	(e)		
• • • • • • • • • • • • • • • • • • • •	(a)	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue	Business code	Amount	sion	Amount	function income		
a b							
<u> </u>		-					
d							
e							
		<u> </u>					
g Fees and contracts from government agencies			-	<del></del>	<del></del>		
2 Membership dues and assessments		<u> </u>					
3 Interest on savings and temporary cash							
investments			1 4	11 (2)			
4 Dividends and interest from securities	····		14	11,626.			
5 Net rental income or (loss) from real estate			ļ				
a Debt-financed property							
b Not debt-financed property			<u> </u>				
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			18	-27,798.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
a							
b							
c	_			,			
d							
8							
12 Subtotal Add columns (b), (d), and (e)		0.		-16,172.	0.		
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	·			-16,172.		
(See worksheet in line 13 instructions to verify calculations )				.~			
					· ''		
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	ot Purposes			
Line No. Explain below how each activity for which incom	ne is renorted	in column (e) of Part XVI-A	contri	huted importantly to the accord	nnlishment of		
the foundation's exempt purposes (other than b				batta importantly to the accord			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	<del>-</del>				<del></del>		
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			_				
·	<del></del>						

Form 990-PF (2009) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did th	ie organization directly or indi	rectly engage in any of the followi	ng with any other organization	on described in section 501(c) of		Yes	No
	the Co	ode (other than section 501(c)	)(3) organizations) or in section 5	27, relating to political organ	nizations?			
а	Trans	fers from the reporting founda	ation to a noncharitable exempt or	rganization of				
	(1) Cash							
	(2) 0	Other assets				1a(2)		X
b	Other	transactions						
	(1) S	ales of assets to a noncharital	ble exempt organization			1b(1)		_X
	(2) P	urchases of assets from a no	ncharitable exempt organization			16(2)		X
	(3) R	tental of facilities, equipment,	or other assets			1b(3)		X
	(4) R	leimbursement arrangements				16(4)		X
	(5) L	oans or loan guarantees			,	1b(5)		X
			mbership or fundraising solicitation	ons		1b(6)		X
C			iling lists, other assets, or paid en			10		Х
d	If the	answer to any of the above is	"Yes," complete the following sch-	edule Column (b) should alv	ways show the fair market value of the goods	other ass	ets.	
	or ser	vices given by the reporting fo	oundation. If the foundation receiv	ved less than fair market valu	ue in any transaction or sharing arrangement,	, show in		
	colum	nn (d) the value of the goods, (	other assets, or services received					
a)	Line no	(b) Amount involved	(c) Name of noncharitabl	le exempt organization	(d) Description of transfers, transactions, an	d shanng am	angeme	nts
			N/A					
		<del></del>						
2 a	Is the	foundation directly or indirect	lly affiliated with, or related to, one	e or more tax-exempt organi	zations described			
	ın sec	tion 501(c) of the Code (other	than section 501(c)(3)) or in sec	ction 527?	Į	Yes	X	No
b	If "Yes	s," complete the following sche	edule					
		(a) Name of org	anization	(b) Type of organization	(c) Description of relation	ship		
		N/A						
_								
_				<u></u>				
		·		-				
_				<u> </u>	<u> </u>			
1	Under po	enalties of perjury, I declare that I have	ave examined this retum, including according to a second on the control of the co	ompanying schedules and statem	nents, and to the best of my knowledge and belief, it i	s true, correc	ž,	
1	1		A A A A A A A A A A A A A A A A A A A	Tail (monthation of which prepare)	() '1 1			
,	<b>L</b> X	( Theodol )	Sullar	11/15/2010	C President			
1	<b>V</b> 'Sig	gnature of officer or trustee	, · · · · · · · · · · · · · · · · · · ·	Date	Title			
	s -	Preparer's Q	- 000		Oate Check if Prepa	irer's identify	ing num	ber
"	Paid Preparer's Use Only	signature after	ua W. Alama	utoneo	// //Z //O employed ►			
	Paid spare	Firm's name (or yours SCIA)	RABBA WALKER &	CO., LLP	EIN ►			
	Prepa Use			SUITE 402				_
_[		address and ZIP code TTHA	CA, NEW YORK 14	1850		<u>-272-5</u>		
					F	orm <b>990</b> -	-PF (	2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

**Employer identification number** 

2009

THE HULLAR FOUNDATION C/O SCIARABBA WALKER & CO. LLP 20-3622315 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules I For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. — For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 its 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

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

THE HULLAR FOUNDATION

C/O SCIARABBA WALKER & CO. LLP

Employer identification number 20-3622315

### Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THEODORE HULLAR  119 E. SENECA ST., STE. 400  ITHACA, NY 14850	\$6,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	THEODORE HULLAR  119 E. SENECA ST., STE. 400  ITHACA, NY 14850	\$ 15,802.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	THEODORE HULLAR  119 E. SENECA ST., STE. 400  ITHACA, NY 14850	\$12,897.	Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	THEODORE HULLAR  119 E. SENECA ST., STE. 400  ITHACA, NY 14850	\$ 10,595.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, addréss, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	THEODORE HULLAR  119 E. SENECA ST., STE. 400  ITHACA, NY 14850	\$ 55,305.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)

THE HULLAR FOUNDATION C/O SCIARABBA WALKER & CO. LLP

20-3622315

Part II	Noncash Property	(see instructions)
	·	

(a) No.	(ь)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
2 20	00 SHARES FREEPORT MCMORAN COPPER		
		\$15,802.	12/15/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 30	00 SHS NUCOR CORP		
		\$12,897.	12/15/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4 30	00 SHS SUNCOR ENERGY INC., NEW		
		\$10,595.	12/15/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	,500 SHS TECK RESOURCES LTD, CLASS B		
		\$ 55,305.	12/15/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(2)		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 02-01-10		\$Schedule B (Form S	990, 990-EZ, or 990-PF) (200

Name of organization

Employer identification number

C/O SCIARABBA WALKER & CO. LLP 20-3622315

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing

Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

CONTINUATION FOR 990-PF, PART IV 20-3622315 PAGE 1 OF 1

X 4X14 X4   Capital Gallis allu LU	2262 IOI 14Y OIL WA62HIIGHT HICOHIG				
	describe the kind(s) of property sol		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
	rick warehouse, or common stock, 2	D - Donation	(mo , day, yr )	(mo , day, yr )	
1a CONOCO PHILLIP			D		07/30/09
b DOW CHEMICAL -	300 SHS		P	10/14/08	03/05/09
c GENERAL ELECTR	IC - 500 SHS		P	10/14/08	03/05/09
d HJ HEINZ - 100	SHS		P	05/08/08	07/30/09
	00 SHS		D	11/08/04	
	ANCIAL - 100 SHS		P	05/08/08	
g PRUDENTIAL FIN			P	05/08/08	
h PRUDENTIAL FIN			D	10/08/03	
TECK RESOURCES			D	05/17/07	
1 TECK RESCORCES	HID = 300 BHB		<del></del>	03/11/01	12/21/09
	<del></del>		<del></del>		
_ k					
m					
n		<del>-</del>			
_0		, . <u></u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) llus (f) minus (g)	
a 6,732.	<del></del>	6,611.			121.
$\frac{a}{b}$ 2,125.		8,545.			-6,420.
2 022		10,685.			$\frac{6,123.}{-6,863.}$
2 7 7 7		5,033.			-1,235.
0.464		8,562.			<del>-1,233.</del> <del>-98.</del>
		7,764.			-6,258.
f 1,506.					
$\frac{1,506}{2,012}$		7,764.			<u>-6,258.</u>
h 3,012.		3,844.			<del>-832.</del>
18,480.		18,435.			45.
k					
<u> </u>					
m					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69		ses (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		of col (h) gain ovei ot less than "-0-")	rcol (k),
a					121.
b				<del></del>	-6,420.
C					-6,863.
d	*				-1,235.
e					-98.
f					-6,258.
			<del> </del>		-6,258.
<u>g</u>	<del> </del>				<del>-832.</del>
<u>h</u>				<del></del>	45.
<u> </u>					
<u></u>				<del></del> -	
<u>k</u>	<del></del> -				
1					<del></del>
<u>m</u>		<del> </del>		- <del></del>	<del></del>
n		<del> </del>	<del>-</del>	<del></del>	<del></del>
0	<u> </u>		<del></del>	<del>-</del>	
• Occupation and the control of the	apital loss) { If gain, also enter in the loss is a loss in the loss in the loss is a loss in the loss in the loss is a loss in the loss in the loss is a loss in the loss in the loss in the loss in the loss is a loss in the loss in th	in Part I, line 7			27 700
2 Capital gain net income or (net ca	ipital loss) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	)-" in Part I, line 7 🏅 📙	2	<del></del>	<u>-27,798.</u>
3 Net short-term capital gain or (los		ld (6)			
If gain, also enter in Part I, line 8,		<b>}</b>		N/A	
If (loss), enter "-0-" in Part I, line 8	υ <u></u>		3	N/A	

SOURCE 		AMOUNT 11,626.		TAL GAINS	COLUMN (A	۲)
		11,626.				
TOTAL TO FM 990-PF, PART I, LN 4				0.	11,6	26.
•		11,626.		0.	11,6	26.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
	(A) XPENSES CR BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME		
ACCOUNTING FEES	2,540.		0.	(	0. 2,5	40.
TO FORM 990-PF, PG 1, LN 16B	2,540.		0.	(	2,5	40.
FORM 990-PF OTHE	ER PROFES	SIONAL FE	ES		STATEMENT	3
	(A) XPENSES CR BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
INVESTMENT MANAGEMENT FEE	1,919.	1,	919.		0.	0.
TO FORM 990-PF, PG 1, LN 16C	1,919.	1,	919.		0.	0.
FORM 990-PF	TAX	ES			STATEMENT	4
	(A) KPENSES ER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL TAX STATE FILING FEE FOREIGN TAXES PAID	141. 200. 433.		0. 0. 0.	(	0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	774.		0.		0.	0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BANK FEES OVERDRAFT FEE	60. 30.	0.		0. 0	
TO FORM 990-PF, PG 1, LN 23	90.	0.		0.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT	
DESCRIPTION				AMOUNT	
ADJUSTMENT FROM BOOK TO FMV E				6,605 1,364	
TOTAL TO FORM 990-PF, PART II	II, LINE 5			7,969	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
BROOKFIELD ASSET MGT - 25 SHS CONOCOPHILLIPS - 250 SHS JPMORGAN CHASE - 500 SHS PFIZER - 1000 SHS ARC ENERGY TRUST - 400 SHS AT&T INC, NEW - 224 SHS AT&T INC, NEW - 276 SHS ATMOS ENERGY CORP - 600 SHS DOMINION RES - 300 SHS GLAXOSMITHKLINE - 300 SHS GREAT LAKES HYDRO - 100 SHS GREAT LAKES HYDRO - 600 SHS HEINZ - 300 SHS NUCOR - 100 SHS NUCOR - 100 SHS TELEFONICA SPON ADR - 38 SHS TELEFONICA SPON ADR - 100 SHS			425. 4,407. 20,785. 23,965. 9,670. 8,915. 10,985. 16,999. 13,488. 13,549. 1,735. 10,464. 14,188. 0. 0. 3,400. 8,947. 5,548.	555 5,107 20,835 18,190 7,608 6,279 7,736 17,640 11,676 12,675 0 0 12,828 0 0 3,174 8,352 5,178	

THE HULLAR FOUNDATION C/O SCIA	RABBA WALK		20-3622315	
GLAXOSMITHKLINE - 200 SHS AT&T INC, NEW - 600 SHS BROOKFIELD ASSET MGT - 600 SHS JOHNSON & JOHNSON - 200 SHS PRUDENTIAL FINANCIAL - 200 SHS TRANSCANADA CORP - 200 SHS FREEPORT MCMORAN COPPER - 200 SH NUCOR CORP: NUE - 300 SHS SUNCOR ENERGY INC 300 SHS TECK RESOURCES LTD CLASS B - 100 BANK OF AMERICA - 200 SHS TEVA PHARMACEUTICAL 100 SHS WALGREEN CO 400 SHS ALLIED CAPITAL 500 SHS AMERICAN CAPITAL 1537 SHS KINETIC CONCEPTS 150 SHS CANADIAN NATIONAL RAILROAD 100 S BROOKFIELD RENEWABLE ENERGY 1000 GENERAL ELECTRIC - 500 SHS	8,011. 16,782. 9,006. 11,708. 0. 5,366. 15,802. 12,897. 10,595. 36,870. 5,173. 2,693. 15,330. 2,474. 6,254. 5,719. 5,173. 5,559. 5,490.	8,450. 16,818. 13,308. 12,882. 0. 6,874. 16,058. 13,995. 10,593. 34,970. 3,012. 5,618. 14,688. 1,805. 3,750. 5,648. 5,436. 18,314. 7,565.		
TOTAL TO FORM 990-PF, PART II, L	INE 10B	359,558.	347,490.	
FORM 990-PF O	THER INVESTMENTS		STATEMENT 8	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
HCP INC REIT - 300 SHS HCP INC REIT - 300 SHS	COST	8,824. 10,684.	9,162. 9,162.	
TOTAL TO FORM 990-PF, PART II, L	INE 13	19,508.	18,324.	
<del></del>				

PART XV - LINE 1A

LIST OF FOUNDATION MANAGERS

## NAME OF MANAGER

FORM 990-PF

THEODORE L. HULLAR, PH.D. JOAN HULLAR

STATEMENT 9

10

FORM 990-PF

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

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THEODORE HULLAR, PH.D. 119 EAST SENECA ST. ITHACA, NY 14850

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

NO SPECIFIED FORM.

ANY SUBMISSION DEADLINES

NO SPECIFIED DEADLINE

RESTRICTIONS AND LIMITATIONS ON AWARDS

TO 501(C)(3) ORGANIZATIONS THAT SEEK TO IMPROVE THE ENVIRONMENT AND NATURAL RESOURCES, IMPROVE THE LIVES OF WOMEN AND CHILDREN, OR PROMOTE LITERACY AND EDUCATION.

Form **8868** (Rev April 2009)

Department of the Treasury

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

File a separate application for each return

OMB No. 1545-1709

Internal Re	evenue Service		► File a s	separate application for	each return			<u> </u>	
• If you	are filing for an Aut	omatic 3-Mo	nth Extension, comp	olete only Part I and ch	eck this box				<b>▶</b> X
			-	Extension, complete o		e 2 of this fo	orm).	•	•
Do not	complete Part II un	less you have	e already been grante	d an automatic 3-montl	n extension on a pre	eviously file	d Fo	rm 8868.	
Part	I Automatic	c 3-Month	Extension of Tir	ne. Only submit origin	al (no copies neede	d).			
				,	, ,	•			
		e Form 990-1	and requesting an au	tomatic 6-month extens	sion - check this box	and comp	lete		
Part I or	•		•						<b>P</b>
	r corporations (includ come tax returns	ding 1120-C f	ilers), partnerships, Ri	EMICs, and trusts must	use Form 7004 to n	equest an e	exten	sion of time	
noted b (not aut you mus	elow (6 months for a omatic) 3-month exte st submit the fully co	corporation on (2) your completed and	required to file Form 9 ou file Forms 990-BL	Form 8868 if you want a 190-T). However, you ca , 6069, or 8870, group i l) of Form 8868. For mo	nnot file Form 8868 returns, or a compos	electronica site or cons	ally if solida	(1) you want tated Form 990	the additional I-T. Instead,
Type or	Name of Exemp	t Organizatioi	n				Empl	loyer identific	ation number
print	THE HULL	AR FOUL	NDATION				•	-	
		RABBA V	VALKER & CO	. LLP			2	0-36223	15
File by the due date f		and room or	suite no If a P O box	, see instructions.				_	
filing your return Sec		BUFFAI	CO ST., NO.	402					
instruction	City, town or po			a foreign address, see ii	nstructions				
Check	type of return to be	filed(file a se	parate application for	each return):				·	
	orm 990		Form 990-T (corpora	4		] 470	^		
=	orm 990-BL		Form 990-T (corpora	•	<b> </b>	Form 4729 Form 522			
	orm 990-EZ		Form 990-T (trust ot)			Form 606			
_	orm 990-PF		Form 1041-A	ier triari above)		Form 887			
	Jim 990-1		1 0 111 10417			1 01111 007			
		SCI	ARABBA WAL	KER					
				ALO STREET -	- ITHACA, I	NY 148	<u>50</u>		
Telep	ohone No 🕨 <u>607</u>	<u>-272-55</u>	550	FAX No.	<b></b>		_		
				ess in the United States					▶ □
<ul><li>If this</li></ul>			_	jit Group Exemption Nu				_	
box ►	If it is for part	t of the group	, check this box $lacksquare$ $lacksquare$	and attach a list wi	th the names and E	iNs of all m	emb	ers the extens	ion will cover
- IS	request an automatic  AUGUST 15  for the organization  X calendar year	, 2010 's return for		on required to file Form			ove	The extension	
<b>•</b>	tax year begin			, and ending _					
								_	
2 if	this tax year is for le	ss than 12 m	onths, check reason.	Initial return	Final retu	ım [		Change in acc	counting period
3a If	this application is fo	r Form 990-B	L, 990-PF, 990-T, 472	0, or 6069, enter the te	ntative tax, less any				
<u>ne</u>	onrefundable credits	See instruct	ions		. <u>.                                   </u>		3a	\$	0.
b If	this application is fo	r Form 990-Pl	F or 990-T, enter any i	refundable credits and	estimated	ĺ			
			nor year overpayment				3b	\$	0.
			•	payment with this form	•	ł			
		oon or, if requ	ired, by using EFTPS	(Electronic Federal Tax	Payment System).	L			_
s	ee instructions			<del></del>	<del></del>		3c	\$	<u> </u>

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)

		F	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	neck this box	▶ X	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a prev			_
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the or	iginal (no copies i	needed)	
_ Name of Exempt Organization	Emp	loyer identification nun	nber
Type or THE HULLAR FOUNDATION		•	
print C/O SCIARABBA WALKER & CO. LLP	2	0-3622315	
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions	For I	RS use only	
due date for 200 EAST BUFFALO ST. NO. 402	-	·	
City, town or post office, state, and ZIP code For a foreign address, see instructions ITHACA, NY 14850			
Check type of return to be filed (File a separate application for each return)		<del>-</del>	
Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1	041.4	orm 5227 Form	0070
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 400-Form 990-Form	=	orm 6069	00/0
	7/20 F		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension or	a previously file	ed Form 8868.	
SCIARABBA WALKER			
<del> </del>	NY 14850		
Telephone No ► 607 - 272 - 5550 FAX No ►	111 21000	<del></del> -	
If the organization does not have an office or place of business in the United States, check this box	<del></del>		٦
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is fo	r the whole group, check	_ k this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and		• • •	
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.			
2000	d ending		
6 If this tax year is for less than 12 months, check reason Initial return Final re	eturn	Change in accounting p	enod
7 State in detail why you need the extension		•	
TAXPAYER RESPECTFULLY REQUESTS AN EXTENSION OF T	IME TO GA	THER THE	
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCU		URN.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less are			
nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estin	nated		
tax payments made Include any prior year overpayment allowed as a credit and any amount paid	ı		
previously with Form 8868	8b	\$	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 amounthorized to prepare this form.

Signature 

Date 

Date

Balance Due. 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.

Form 8868 (Rev. 4-2009)

0.