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#### Form 990-PF

Department of the Treasury

Internal Revenue Service

#### **Return of Private Foundation**

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

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

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning and ending Final return Initial return of a former public charity G Check all that apply Initial return Address change Amended return Name change A Employer identification number Name of foundation Use the IRS label. 20-5292363 HEALTHY WORLD FOUNDATION Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite 8 Telephone number or type. 6400 MAIN STREET l1 30 716-857-6168 See Specific City or town, state, and ZIP code C if exemption application is pending, check here Instructions 14221 BUFFALO, NY D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated X Cash I Fair market value of all assets at end of year | J Accounting method Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 21,512. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes expenses per books income income (cash basis only) N/A 116,835 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 60 60 STATEMENT 3 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications SCANNED NOV 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 895 116, 60. Total. Add lines 1 through 11 0 0. ٥. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 10,888. 2,722 8,166. STMT 2 16a Legal fees 4,200 STMT 3 2,100 2,100. **b** Accounting fees c Other professional fees **Administrative** 17 Interest STMT 4 17. 0. 0. 18 19 Depreciation and depletion 20,760. 20,760 0 20 Occupancy 5,980 0. 5,980. 21 Travel, conferences, and meetings 22 Printing and publications 7,112 650 6,462. STMT 5 23 Other expenses Operating 24 Total operating and administrative 48,957 5,472. 43,468. expenses. Add lines 13 through 23 88,122. 88,122. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 137,079 5,472 131,590. Add lines 24 and 25 27 Subtract line 26 from line 12 <20,184. 3 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value (d	:) Fair Market Value
1 Cook - pop-interest-hearing	(a) book value	(4) 500% (4)100	ij i dii iii diida valda
1 Cash - non-interest-bearing 2 Savings and temporary cash investments	41,696.	21,512.	21,512.
3 Accounts receivable	11/050.	22/3231	
Less allowance for doubtful accounts			
4 Pledges receivable			
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			
Less allowance for doubtful accounts			
8 Inventories for sale or use			<del></del>
9 Prepaid expenses and deferred charges			
10a Investments - U S and state government obligations			<del></del>
b Investments - corporate stock			<del></del>
c Investments - corporate bonds			
11 Investments - land, builtolings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis			
Less accumulated depreciation			
15 Other assets (describe ► )			
16 Total assets (to be completed by all filers)	41,696.	21,512.	21,512
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe )			
, , , , , , , , , , , , , , , , , , , ,			
23 Total liabilities (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.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
and complete miles 27 tillough 51.	0.	0.	
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund			
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	41,696.	21,512.	
30 Total net assets or fund balances	41,696.	21,512.	
	41 606	21 512	
31 Total liabilities and net assets/fund balances	41,696.	21,512.	
Part III Analysis of Changes in Net Assets or Fund Ba	alances		
	20	<del></del>	
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	SU .		41 606
(must agree with end-of-year figure reported on prior year's return)		1	41,696
Enter amount from Part I, line 27a		2	<20,184
Other increases not included in line 2 (itemize)		3	0.1 510
Add lines 1, 2, and 3		4	21,512
Decreases not included in line 2 (itemize)		5	0
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	21,512

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		d(s) of property sold (e.g. r common stock, 200 shs		<del></del>	` P ·	low ac - Purch - Dona		(c) Date a (mo , da		(d) Date sold (mo , day, yr )
<u> 1a</u>			<del></del>		<u> </u>					
<del></del>	ONE		·							
d			····		-					<del></del>
0		<del></del>			1					
(a) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis opense of sale					in or (loss) (f) minus (	
<u>a</u>	<u> </u>									
<u>b</u>	<del> </del>						<del></del> -			
d .	<del> </del>									
<u>u</u> _	<del>                                     </del>									······································
Complete only for assets show	ing gain in c	olumn (h) and owned by t	the foundation	on 12/31/69			(1	) Gains (Co	oi (h) gain	minus
(i) F M V as of 12/31/69	()	) Adjusted basis as of 12/31/69	(k) Exc	cess of col (i)				(k), but n	ot less than (from col (	1 -0-) <b>or</b>
a										
b	1									
C	<b>_</b>									
<u>d</u>	<del> </del>									
8	.l		<u> </u>		$\overline{}$					
? Capital gain net income or (net	capital loss)	If gain, also enter tf (loss), enter to	in Part I, line i - in Part I, line	7 7	<b>)</b>	2		<del></del>		
Net short-term capital gain or (I If gain, also enter in Part I, line 8	B, column (c		d (6)		J					
If (loss), enter -0- in Part I, line			Dadinasa	T N-4		3_				<del></del>
		ection 4940(e) for					nent ind	ome	<u> </u>	
For optional use by domestic priva	ate toundatio	ons subject to the section of	1940(a) tax on	net investment i	ncome	∂)				
f section 4940(d)(2) applies, leave	this part bla	nk								
Vas the foundation liable for the se	ection 4942 1	tax on the distributable am	ount of any ye	ar in the base pe	riod?					Yes X No
f "Yes," the foundation does not qu				•						
Enter the appropriate amount in	n each colun	nn for each year, see instr	uctions before	making any entr	105					
(a) Base period years	1	(b)	t which are	Alak walesa af as	(c)					(d) oution ratio
Calendar year (or tax year begin		Adjusted qualifying dis		Net value of no	oncha				(col (b) div	rided by col (c))
2008		11	4,719. 7,760.	<del></del>			6,496			5.461919 2.833221
2007 2006		11	2,246.				$\frac{1,364}{8,216}$			.273369
2005							0/210	1-		- 127000
2004						·				
2 Total of line 1, column (d)								2		8.568509
3 Average distribution ratio for th			on line 2 by 5,	or by the numbe	r of ye	ears				0.056150
the foundation has been in exis	tence if less	than 5 years						3		2.856170
4 Enter the net value of noncharit	table-use ass	sets for 2009 from Part X,	line 5					4		20,534.
5 Multiply line 4 by line 3								5		58,649.
6 Enter 1% of net investment inc	ome (1% of	Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		58,649.
8 Enter qualifying distributions fr	om Part XII,	line 4						8		131,590.
If line 8 is equal to or greater th See the Part VI instructions	nan line 7, ch	eck the box in Part VI, line	1b, and comp	plete that part usi	ing a 1	% tax	rate			

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	t VI Excise Tax Based on Investment Income (Section 494)		_		or 49	948 -	see i	nstru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er	nter "N/	Α .	n line 1						
	Date of ruling or determination letter (attach copy of letter if nec									_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here $\;\;\;$ $\;\;$	· [X]	an	d enter 1%	ļ	1				0.
	of Part I, line 27b			1						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Par	t I, I	line 12, col (b) 丿						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	hers er	nter	-0-)	ļ	2				0.
3	Add lines 1 and 2					3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O	thers e	nte	r <b>-0-</b> )	ļ	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				- 1	5				0.
	Credits/Payments		ι							
	2009 estimated tax payments and 2008 overpayment credited to 2009	<u>6a</u>	4							
	Exempt foreign organizations - tax withheld at source	6b	$\downarrow$	<del></del>						
	Tax paid with application for extension of time to file (Form 8868)	6c	1	<del></del>						
	Backup withholding erroneously withheld	_6d	上							_
	Total credits and payments Add lines 6a through 6d				1	7				0.
	Enter any <b>penaity</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ched				8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			I		10				
	Enter the amount of line 10 to be Credited to 2010 estimated tax	····		Refunde	d ▶	_11_				
,	t VII-A Statements Regarding Activities			<del> =</del>					<del>.</del>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation o	or d	id it participate or inti	ervene	IN			Yes	
	any political campaign?				١.			1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpor				-			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	д сори	es (	of any materials pu	blishe	d or				
_	distributed by the foundation in connection with the activities.								1	X
	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the							10		
u	(1) On the foundation $\blacktriangleright$ \$ 0 • (2) On foundation managers				0.					
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expend	-		noced on foundation						
٥	managers > \$ 0.	iture ta.	A III	iposed on loundation						
2	Has the foundation engaged in any activities that have not previously been reported to the II	RS2						2		Х
-	If "Yes," attach a detailed description of the activities.							-		<del></del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	nstrum	nent	articles of incornor	ition o	r				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			,		•		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year							4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?					N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	,						5		X
	If "Yes," attach the statement required by General Instruction T.							11		********
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither								
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandator	y direc	tior	is that conflict with th	e state	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 instruction	ns) 🕨	_							
	NY		_							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the $\it A$	ttorney	y Ge	neral (or designate)				1		
	of each state as required by General Instruction G? If "No," attach explanation							8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of se				or cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," of	•						9	L	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a sched	ule listin	g th	er names and addresses	S	<u> TMT</u>	' 6	10	X	l

4a

 $\overline{\mathbf{X}}$ 

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	<u> </u>
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	20,847.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,847.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	313.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	20,534.
6	Minimum investment return. Enter 5% of line 5	6	1,027.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,027.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,027.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,027.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,027.
P	art XII Qualifying Distributions (see instructions)	···········	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		121 500
	Expenses, contributions, gifts, etc - total from Part 1, column (d), line 26	1a	131,590.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b		3b	101 500
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	131,590.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	131,590.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for th	e section

# 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				1,027.
2 Undistributed income, If any, as of the end of 2009		***************************************	<del> </del>	
a Enter amount for 2008 only			0.	
ь Total for prior years		· · · · · · · · · · · · · · · · · · ·	***************************************	<del></del>
··		0.		
3 Excess distributions carryover, if any, to 2009		7	······································	**************************************
a From 2004				
<b>b</b> From 2005				
c From 2006 2,041.				
d From 2007 115,716.				
e From 2008 143,394.				
f Total of lines 3a through e	261,151.			
4 Qualifying distributions for 2009 from				<del></del>
Part XII, line 4 ► \$ 131,590 .				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			MM41	<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			**************************************	***************************************
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			<del> </del>	1,027.
e Remaining amount distributed out of corpus	130,563.			
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:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	391,714.			
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	j	0.		
Undistributed income for 2008 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
# 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)	0.		<u> </u>	
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	391,714.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006 2, 041.				
c Excess from 2007 115,716.				
d Excess from 2008 143, 394.	Ì			
e Excess from 2009 130,563.				<del></del>

NONE

listed

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
				11
	1			
SEE STATEMENT 7				
Total	l	<u>.                                    </u>	▶ 3a	88,122.
b Approved for future payment				
	1	l		
NONE				
		ļ		
				ļ
		[		
Total		<del></del>	<b>▶</b> 3b	0.

# Part XVI-A Analysis of Income-Producing Activities

Tata a same amounto unlong other-was indicated					
Enter gross amounts unless otherwise indicated	(a) Business	business income (b) Amount	(C) Exclu- sion	(d) Amount	(8) Related or exempt function income
1 Program service revenue	code	Aillousit	code	Amount	Tunction income
3	-		-		
b	I I-	<del></del>			···-
c	1 1		$\vdash$		
d	1				
B	_				<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	60.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate		***************************************			
a Debt-financed property		<del></del>			
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal					
property	<u> </u>		ļ		
7 Other investment income	<del> </del>		<del>                                     </del>		
8 Gain or (loss) from sales of assets other					
than inventory	<del></del>		<del> </del>		
Net income or (loss) from special events     Gross profit or (loss) from sales of inventory	<del></del>	<del></del>	<del> </del>		
11 Other revenue	<del></del>	<del></del>	<del>                                     </del>		
			1		
				<del></del>	
			ļ	(	ı
b	1 1				
b	_			<b>S</b>	
b	_				
b	_	0.		60.	0
b	_	0.		60.	
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.			
b c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	)			13	
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities	) s to the Accor	mplishment of E	kemp	13 t Purposes	60
b c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities	s to the Accor	mplishment of E	kemp	13 t Purposes	60
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
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to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60
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to c d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	s to the Accor	mplishment of E	kemp	13 t Purposes	60

•		•								
			HY WORLD FOUND		<del></del>			<u>-5292363</u>		ige 13
Pa	irt X\		egarding Transfers To	and Trans	actions	and Relation	onships With No	oncharitable	₽	
_		Exempt Organ			<del> </del>	<del> </del>		- <del></del> -	Yes	NI-
1		-	rectly engage in any of the follow		-		section 501(c) of	}	165	No
		•	(3) organizations) or in section		political org	anizations		ļ		
a		• •	ation to a noncharitable exempt	organization of.				10/1		v
	(1) C							1a(1)		X
_		ther assets						12(2)	<del> </del>	<u> </u>
O		transactions	this avament aroundings					1,5/4)	}	X
	. ,	ales of assets to a noncharita	ible exempt organization incharitable exempt organization					1 <u>b(1)</u> 1b(2)		X
		ental of facilities, equipment,	• •					10(2)	├	X
		eimbursement arrangements						1b(4)	<del> </del>	X
		oans or loan guarantees	•					1b(5)	<del> </del>	X
		•	embership or fundralising solicita	itions				1b(6)	├	X
c	• •		ailing lists, other assets, or paid e					10	<del> </del>	X
		•	"Yes," complete the following so		(h) should	always show the	fair market value of the		sets	
_			foundation. If the foundation rece						,	
			other assets, or services receive			,		,		
(a) ı	ine no	(b) Amount involved	(c) Name of noncharita	ble exempt orga	inization	(d) Desci	ription of transfers, transact	tions, and sharing a	mangem	ents
			N/A							
		<del></del>								
							···	· 		
								<u>-</u>		
			<del> </del>							
			<del> </del>				<del></del>			
				·			· — · — — — — — — — — — — — — — — — — —			
							·			
			<u> </u>							
_	<del></del>	<u></u>	<u> </u>							
23		<del>-</del>	ctly affiliated with, or related to, o		exempt orga	inizations describ	ed		_	<b>n</b>
			er than section 501(c)(3)) or in s	ection 5279				L Yes		No.
0	11 19	s,* complete the following sch (a) Name of or		(h) Type of	organizatio	<u> </u>	(c) Description of	relationship		
		N/A	gamenton	(b) Type of	Organizatio	<u>''</u>	(c) Description of	Telationship		
		14/21	<del></del>			<del> </del>	<del></del>			
								<del></del>		
			<del></del>	_						
			<del></del>							
7	Under p	enalties of perjury, I declare that I	have examined this return, including a	ccompanying sche	dules and sta	tements, and to the	best of my knowledge and	belief, it is true, con	ect,	
1	and cor	nplete. Declaration of preparer (otr	er than taxpayer or fiduciary) in based	on all Information	of which prepa	arer has any knowled	180			
Ì	<b>N</b> .	1 homas	2 sampuic	\	12/10		Secritum	\		
Sign Here	S	gnature of officer or trustee		Dat	θ <b>/</b>	Title				
핕		Preparer's	The M.			Date	Check if	Preparer's ident	fying nu	mber
Sig	루		We /Wed-			11/12/10	self- employed	)		
	Paid Spare Se On	Firm's name (or yours LUMS		CK, LLP			EIN -			
	Paid Preparer's Use Only	if self-employed). 403	MAIN ST. SUITE	E 430						
		address, and ZIP code BUF	FALO, NY 14203				Phone no	(716)856	5-33	300

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Employer identification number Name of the organization 20-5292363 HEALTHY WORLD FOUNDATION 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 Form 990-PF X 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) 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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

Name of organization

Employer Identification number

## HEALTHY WORLD FOUNDATION

20-5292363

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARTHUR M. GOSHIN, M.D. 6400 MAIN STREET, STE 130 BUFFALO, NY 14221	\$\$.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b></b> \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	IVESTMENTS :	STATEMENT 1
SOURCE				AMOUNT
UBS MONEY FUND			_	60.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	60.
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	10,888.	2,722.		8,166.
TO FM 990-PF, PG 1, LN 16A =	10,888.	2,722.		8,166.
FORM 990-PF	ACCOUNTI	NG FEES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	4,200.	2,100.		2,100.
TO FORM 990-PF, PG 1, LN 16B	4,200.	2,100.		2,100.
FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FEDERAL EXCISE TAX	17.	0.	<del></del>	0.
TO FORM 990-PF, PG 1, LN 18	17.	0.		0.

FORM 990-PF	OTHER E	XPENSES	S	ratement 5
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
BANK FEES OFFICE SUPPLIES WEBSITE COSTS NYS FILING FEES	650. 332. 6,005. 125.	0. 0.		0. 332. 6,005. 125.
TO FORM 990-PF, PG 1, LN 23	7,112.	650.		6,462.
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S	TATEMENT 6
NAME OF CONTRIBUTOR	ADDR	RESS		
ARTHUR M. GOSHIN, M.D.		MAIN STREET, ALO, OTHER COU		

4

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
FREEDOM FROM HUNGER 1644 DA VINCI COURT DAVIS, CA 95618	CHARITABLE	501(C)(3)	10,000.
HEALTHY WORLD FOUNDATION UGANDA UGANDA, EAST AFRICA	CHARITABLE	N/A	36,900.
INDIAN INSTITUTE OF CEREBRAL PALSY - #P-35/1 TARATALA ROAD, BRACE BRIDGE KOLKATA-700088, WEST BENGAL, INDIA	CHARITABLE	N/A	5,000.
KULANU, INC 165 WEST END AVENUE 3R NEW YORK, NY 10023	CHARITABLE	501(C)(3)	72.
SUBHAMAY SUMITY INDIA	CHARITABLE	N/A	8,000.
VILLAGE WELFARE SOCIETY - 18/3A, KUMUD GHOSHAL RD, ARIADAHA CALCUTTA-700057, WEST BENGAL, INDIA	CHARITABLE	N/A	6,000.
WEST BENGAL VOLUNTARY HEALTH ASSOC VHA 19-A, DR. SUNDARI MOHAN AVE CALCUTTA-700014, WEST BENGAL, INDIA	CHARITABLE	N/A	19,000.
WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA 312 SUTTER STREET, SUITE 200 SAN FRANCISCO, CA 94108	CHARITABLE	501(C)(3)	1,700.

HEALTHY WORLD FOUNDATION		'2'	0-5292363
COMMUNITY DEVELOPMENT MEDICAL UNIT REACH TRAINING PROGRAM 86C DR. SURESH SARKAR ROAD KOLKATA-700014, WEST BENGAL,	CHARITABLE	N/A	1,200.
NEAR EAST FOUNDATION THE LUBIN HOUSE, 11 E 61ST STREET NEW YORK, NY 10065	CHARITABLE	501(C)(3)	250.
TOTAL TO FORM 990-PF, PART XV,	LINE 3A		88,122.