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Form **990-PF**

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

OMB No 1545-0052

2009

Department of the Treasury
 Internal Revenue Service

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

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

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

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation ABDOL H ISLAMI MD FOUNDATION INC C/O MRS SUSANN ISLAMI DONOHUE		A Employer identification number 22-2111419
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) (609) 466-1486
	City or town, state, and ZIP code PRINCETON, NJ 08540		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/>

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$** 2,330,347

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

E If private foundation status was terminated under section 507(b)(1)(A), check here
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc , received (attach schedule)				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	20,255	20,255		
4 Dividends and interest from securities	46,060	45,787		
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10 <input checked="" type="checkbox"/>	-175,322			
b Gross sales price for all assets on line 6a _____ 2,485,761				
7 Capital gain net income (from Part IV , line 2)		2,500		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	-109,007	68,542		
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) <input checked="" type="checkbox"/>	600	600		
c Other professional fees (attach schedule) <input checked="" type="checkbox"/>	14,855	14,855		
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) <input checked="" type="checkbox"/>	588	588		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) <input checked="" type="checkbox"/>	302	302		302
24 Total operating and administrative expenses.				
Add lines 13 through 23	16,345	16,345		302
25 Contributions, gifts, grants paid	127,000			127,000
26 Total expenses and disbursements. Add lines 24 and 25	143,345	16,345		127,302
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-252,352			
b Net investment income (if negative, enter -0-)		52,197		
c Adjusted net income (if negative, enter -0-)				

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

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	2,805	4,312	4,312		
	2	Savings and temporary cash investments	417,394	125,041	125,041		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)	597,904				
	b	Investments—corporate stock (attach schedule)	1,281,753 <input checked="" type="checkbox"/>	1,009,265	1,188,358		
	c	Investments—corporate bonds (attach schedule)	99,955 <input checked="" type="checkbox"/>	921,587	1,012,636		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,399,811	2,060,205	2,330,347			
Liabilities	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 (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
23	Total liabilities (add lines 17 through 22)		0				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	2,399,811	2,060,205			
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> 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 (see page 17 of the instructions)	2,399,811	2,060,205				
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	2,399,811	2,060,205				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,399,811
2	Enter amount from Part I, line 27a	2	-252,352
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	2,147,459
5	Decreases not included in line 2 (itemize) ▶ _____ <input checked="" type="checkbox"/>	5	87,254
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,060,205

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	2,500
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	133,114	2,577,114	0.051652
2007	142,296	2,878,836	0.049428
2006	130,000	2,738,718	0.047467
2005	131,000	2,667,939	0.049102
2004	126,000	2,649,369	0.047558

2	Total of line 1, column (d).	2	0.245207
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.	3	0.049041
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.	4	2,159,988
5	Multiply line 4 by line 3.	5	105,928
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	522
7	Add lines 5 and 6.	7	106,450
8	Enter qualifying distributions from Part XII, line 4.	8	127,302

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Values include 522, 480, 1, 43, 0, and 480.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question text, Yes, and No. Questions cover political activities, tax returns, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14 The books are in care of SUSANN ISLAMI DONOHUE Telephone no (609) 466-1486 Located at 35 MORRIS DRIVE PRINCETON NJ ZIP+4 08540			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input checked="" type="checkbox"/>			15
and enter the amount of tax-exempt interest received or accrued during the year 15			

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

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

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

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

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870.</p> <p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	5b	
	6b	No
	7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

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 page 24 of the instructions	
3	

Total. Add lines 1 through 3. 

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,189,474
b	Average of monthly cash balances.	1b	3,407
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,192,881
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,192,881
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	32,893
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,159,988
6	Minimum investment return. Enter 5% of line 5.	6	107,999

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	107,999
2a	Tax on investment income for 2009 from Part VI, line 5.	2a	522
b	Income tax for 2009 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	522
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	107,477
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	107,477
6	Deduction from distributable amount (see page 25 of the instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	107,477

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	127,302
b	Program-related investments—total from Part IX-B.	1b	
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	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	127,302
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	522
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	126,780

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

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				107,477
2 Undistributed income, if any, as of the end of 2008				
a Enter amount for 2008 only.			127,264	
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2009				
a From 2004.				
b From 2005.				
c From 2006.				
d From 2007.				
e From 2008.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ <u>127,302</u>				
a Applied to 2008, but not more than line 2a			127,264	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).				
d Applied to 2009 distributable amount.				38
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				107,439
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions).				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2005.				
b Excess from 2006.				
c Excess from 2007.				
d Excess from 2008.				
e Excess from 2009.				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
 SUSANN ISLAMI DONOHUE
 35 MORRIS DRIVE
 PRINCETON, NJ 08540

b The form in which applications should be submitted and information and materials they should include
 APPLICATION DETAILING REQUIRED INFORMATION CAN BE OBTAINED FROM ABOVE

c Any submission deadlines
 VARIES FROM YEAR TO YEAR






d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 LIMITED TO NEW JERSEY RESIDENTS SEEKING SCHOLARSHIPS IN MEDICAL AND RELATED FEILDS

Part XV **Supplementary Information** (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a 127,000
b <i>Approved for future payment</i>				
Total				▶ 3b

Additional Data**Software ID:** 09000034**Software Version:** 09530951**EIN:** 22-2111419**Name:** ABDOL H ISLAMI MD FOUNDATION INC
C/O MRS SUSANN ISLAMI DONOHUE**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
YASMIN ISLAMI  12 CHRISTY DRIVE WARREN, NJ 07059	TRUSTEE 000 00	0	0	0
SUSANN ISLAMI DONOHUE  35 MORRIS DRIVE PRINCETON, NJ 08540	TRUSTEE 000 00	0	0	0
KIM ISLAMI  1 CONKLIN LANE WARREN, NJ 07059	TRUSTEE 000 00	0	0	0
ROBERT A DONOHUE MD  35 MORRIS DRIVE PRINCETON, NJ 08540	TRUSTEE 000 00	0	0	0
JOHN J HENSCHEL  12 CHRISTY DRIVE WARREN, NJ 07059	TRUSTEE 000 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR NESRINE BESTANDJI	6,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR ANNA BONAINTO	7,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR DELINA PARKHURST	7,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR NIYATI PATEL	3,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR MINA ABDELSHSHED	4,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR SUMMER ELSKENAWY	6,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR SHASHI KAPADIA	4,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR MOHAMMAD CHAUDHRY	5,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR KATHRYN HOES	5,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR SOORIN KIM	7,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR ERIN MCKNIGHT	4,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR NICOLE SPENCE	2,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR MAUREEN MCCARTNEY	5,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR KRISTI SCACCO	3,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR JEAN VIEIRE	3,000
Total			3a	127,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR MICHAEL CAPOSOLE	7,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR JEANINE CHIAFFARANO	8,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR ERICA FINE	3,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR ELIZABETH JASOLOSKY	5,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR JOAN LEE	5,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR YEIN LEE	6,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR GABRIEL LERMAN	8,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR KELLIE QUINN	4,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR FARREL SILVERMAN	5,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY FOUNDATION120 ALBANY STREET TOWER II SUITE 850 NEW BRUNSWICK, NJ 08901	NONE		GRANT FOR BRITTNEY ZAFONTE	5,000
Total				127,000

TY 2009 Accounting Fees Schedule

Name: ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HOUSMAN'S TAX PLANNING SERVICE	600	600		

TY 2009 Compensation Explanation

Name: ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Person Name	Explanation
YASMIN ISLAMI	ALL TRUSTTES SERVE WITHOUT COMPENSATION
SUSANN ISLAMI DONOHUE	ALL TRUSTEES SERVE WIY HOUT COMPENSATION
KIM ISLAMI	ALL TRUSTEES SERVE WITHOUT COMPENSATION
ROBERT A DONOHUE MD	ALL TRUSTEES SERVE WITHOUT COMPENSATION
JOHN J HENSCHL	ALL TRUSTEES SERVE WITHOUT COMPENSATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2009 Gain/Loss from Sale of Other Assets Schedule

Name: ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SEE ATTACHED SHORT TERM		PURCHASE			1,290,917	1,317,061			-26,144	
SEE ATTACHED LONG TERM		PURCHASE			1,192,344	1,344,022			-151,678	

**TY 2009 Investments Corporate
Bonds Schedule**

Name: ABDOL H ISLAMI MD FOUNDATION INC
C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BOND B OF A IMA ACCT	921,587	1,012,636

**TY 2009 Investments Corporate
Stock Schedule**

Name: ABDOL H ISLAMI MD FOUNDATION INC
C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCK HOLDING B OF A IMA ACCOUNT	1,009,265	1,188,358

TY 2009 Other Decreases Schedule**Name:** ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Description	Amount
ADJUSTMENTS TO BOOK VALUE	87,254

TY 2009 Other Expenses Schedule

Name: ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
MISCELLANEOUS EXPENSES	1	1		1
OFFICE SUPPLIES	68	68		68
POSTAGE	233	233		233

TY 2009 Other Professional Fees Schedule

Name: ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK OF AMERICA	14,855	14,855		

TY 2009 Taxes Schedule

Name: ABDOL H ISLAMI MD FOUNDATION INC

C/O MRS SUSANN ISLAMI DONOHUE

EIN: 22-2111419

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	533	533		
NJ DIVISION OF TAXATION CAR 100	25	25		
NJ DIV CONS AFFAIRS/CHSRITIES RE	30	30		