

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Treated as a Private Foundation

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

For c	For calendar year 2009, or tax year beginning , and ending						
G C	G Check all that apply: X Initial return Initial return of a former public chanty Final return						
		Amended return Addi	ress change	Name	change		
Use	the IR					loyer identification num	ber
<b>5</b> { la	abel.	HINTZ FAMILY FUND, INC			26	<u>-3843309</u>	
2 moth	erwise	c/o JPMORGAN SERVICE INC,			<b>B</b> Telep	hone number (see page 1	0 of the instructions)
WELO:	rint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	302	2-634-2931	
86or	type.	P O BOX 6089			C If exe	mption application is pend	ing, check here 🕨 🗶
See	Specif	City or town, state, and ZIP code			<b>D</b> 1. Fo	reign organizations, check	here •
‡ Ínstr	uction	s. NEWARK DE	19714-6089		2. Fo	oreign organizations meetii	na the
<b>≅</b> н с	heck t	ype of organization: X Section 501(c)(3) exempt private	foundation			% test, check here and at	•
			e private foundation		E If pnv	ate foundation status was	terminated under
Ы Fa	ıır mar	ket value of all assets at end J Accounting method:	X Cash Acci	rual	section	on 507(b)(1)(A), check her	• ▶ 📙
<b>&gt;</b> of	year (1	from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mont	th termination
<b>)</b> lin		, , <u> </u>	be on cash basis)		unde	r section 507(b)(1)(B), che	ck here
	ert i	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
<b></b>		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net	for chantable
		the amounts in column (a) (see page 11 of the instructions) )	books	inco	ome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	5,227,541				100011 00010 011111
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B	······································				<del></del>
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	75,001		74,730		
	5a	Gross rents					***************************************
	Ь	Net rental income or (loss)					······
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	7,642,653				
e.	ь	Gross sales price for all assets on line 6a 9, 945, 528	.,,,,,,,				<del></del>
é	7	Capital gain net income (from Part IV, line 2)		7.6	42,653		
11	8	Net short-term capital gain		.,,	,	0	
	9	Income modifications					
	10a	Gross sales less eturns & allowances \/ \/ \					
	b	Less. Cost of goods.sold					
		Gross profit or (Ioss) (attach schedule)					
	11	Gross profit or (1058) (attach schedule) Other income (attach schedule). 6 2010	· <u> </u>				
	12	Total. Add lines 44through 11	12,945,195	7 7	17,383	0	
	13	1014117100 111100 1111100 11111	12,515,155	,,,	17,303		
es	14	Compensation of officers, directors, trustees, etc Other employee salaries and wages					
cpenses	15	Pension plans, employee benefits					
ğ	16a	Legal fees (attach schedule)		·			• • • • • • • • • • • • • • • • • • • •
ũ		Accounting fees (attach schedule)					
Ve Ve	b	Other professional fees (attach schedule)					
☐∃NN∀○. Administrative Ex	С 17	Interest			_		
str	18	Taxes (attach schedule) (see page 14 of the instructions) <b>STMT</b> 1	161,242		848		394
ΞË	19	Depreciation (attach schedule) and depletion	201,242		010		393
T.E	20	Occupancy					·
₽¥	ł	Travel, conferences, and meetings					
\ON and/	21 22		,				· · · · · · · · · · · · · · · · · · ·
<u>a</u> ≥		Printing and publications Other expenses (att sch)  STMT 2	35,594		32,035		3,559
Operating	23	. , ,	33,334		JE, UJJ		3,339
a in	24	Total operating and administrative expenses.	196,836		22 002		2 0F2
∑ ≤	05	Add lines 13 through 23			32,883		3,953
<b>≟</b> ŏ	25	Contributions, gifts, grants paid	106 936	L	22 002		2 052
	26	Total expenses and disbursements. Add lines 24 and 25	196,836		32,883	0	3,953
	27	Subtract line 26 from line 12	10 840 050				
	a	Excess of revenue over expenses and disbursements	12,748,359		04 505		
	b	Net investment income (if negative, enter -0-)		7,6	84,500		<u></u>
	С	Adjusted net income (if negative, enter -0-)				0	200 DF

<b>5</b>	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year
	31 L II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash—non-interest-bearing			
	2 9	Savings and temporary cash investments .		7,148,485	7,148,485
	3 <i>A</i>	Accounts receivable ► 6,358			
	L	Less allowance for doubtful accounts ▶		6,358	6,358
	4 F	Pledges receivable ▶ .	ŀ		
-	L	Less¹ allowance for doubtful accounts ▶			
l	5 (	Grants receivable			
	6 F	Receivables due from officers, directors, trustees, and other			
	c	disqualified persons (attach schedule) (see page 16 of the			
	ii	instructions)			
	7	Other notes and loans receivable (att. schedule)			
	L	Less allowance for doubtful accounts ▶			
Ş	8 i	Inventories for sale or use			
Assets	9 F	Prepaid expenses and deferred charges			
¥ ·	10a	Investments—U S and state government obligations (attach schedule)			
	b I	Investments—corporate stock (attach schedule) SEE STMT 3		1,999,657	2,258,572
	c l	Investments—corporate bonds (attach schedule) SEE STMT 4		2,493,755	2,540,618
-	11 t	investments—land, buildings, and equipment basis			
	Ł	Less accumulated depreciation (attach sch.)			
-		Investments—mortgage loans			
-	13 l	Investments—other (attach schedule) SEE STATEMENT 5		1,100,104	1,165,225
	<b>14</b> L	Land, buildings, and equipment basis			
	ι	Less accumulated depreciation (attach sch.)			
-   -	15 (	Other assets (describe ▶ )			
1	16	Total assets (to be completed by all filers—see the			
$\perp$	. 1	instructions. Also, see page 1, item I)	0	12,748,359	13,119,258
	17 /	Accounts payable and accrued expenses			
S	18 (	Grants payable			
E:	19 I	Deferred revenue			
Liabilities	20 I	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			
-  ;	22 (	Other liabilities (describe ▶ )			
4	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ X			
ces	•	and complete lines 24 through 26 and lines 30 and 31.	]		
	24 I	Unrestricted .		12,748,359	
<u>a</u>	<b>2</b> 5	Temporarily restricted			
_	26 I	Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here ▶ □ □ and complete lines 27 through 31.			
5	27 (	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see page 17 of the			
e		instructions)	0	12,748,359	
<b>Z</b>	31	Total liabilities and net assets/fund balances (see page 17			
$\perp$		of the instructions)	0	12,748,359	
-	art III			<del></del>	
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		
		f-year figure reported on prior year's return)		1	<del></del>
		amount from Part I, line 27a		2	12,748,359
		increases not included in line 2 (itemize) ▶		3	10 540 555
		nes 1, 2, and 3		4	12,748,359
		ases not included in line 2 (itemize)	L\	5	12 740 250
	rotal r	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (	D), line 30		12,748,359

Part IV Capital Gains a	and Losses for Tax on Investme	ent Income					
(a) List and descri 2-story brick war	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )					
1a 250,000 SHARES	1a 250,000 SHARES CISCO SYS. INC P						
	GILEAD SCIENCE INC		P	08/11/04	01/07/09		
	HSBC 9M RTY TACTICAL	T	P	07/30/09	09/24/09		
d 92,074 ILLUMIA			P	01/07/06	01/07/09		
e CAPITAL GAIN D		1	P	VARIOUS	VARIOUS		
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		r other basis inse of sale	• •	or (loss) ) minus (g)		
a 4,349,076			25,000		4,324,076		
ь 3,187,036			1,062,596		2,124,440		
c 55,000		<del> </del>	50,000		5,000		
d 2,354,153			1,165,279		1,188,874 263		
	ng gain in column (h) and owned by the f	oundation on 12/31/6	60				
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (ı) (j), ıf any	col (k), but not	(h) gain minus less than -0-) <b>or</b> om col (h))		
a					4,324,076		
b					2,124,440		
С					5,000		
_d					1,188,874		
е		<u> </u>		<del></del>	<u> 263</u>		
2 Capital gain net income or (net	capital loss)  If gain, also enter in If (loss), enter -0- in	•		2	7,642,653		
	oss) as defined in sections 1222(5) and (	•					
_	8, column (c) (see pages 13 and 17 of the	e instructions)		_	F 000		
If (loss), enter -0- in Part I, line 8			In	3	5,000		
	Inder Section 4940(e) for Reduction 4940			me			
, , ,	te foundations subject to the section 4940	o(a) tax on het inves	imeni income )				
If section 4940(d)(2) applies, leave to	this part blank.				N/A		
	ection 4942 tax on the distributable amour		base period? 🔲 Ye	es 🗌 No	,		
	alify under section 4940(e) Do not comp	<u> </u>		<del></del>			
	n each column for each year; see page 18	B of the instructions t	before making any en	tries	(4)		
(a) Base penod years Calendar year (or tax year beginnin	(b) Adjusted qualifying distribution	ons Net value	(c) of nonchantable-use ass		(d) hbution ratio livided by col (c))		
2008							
2007			<u> </u>				
2006							
2005				<del></del>			
2004		<u> </u>		<del>-                                    </del>			
O Tatal of loss 4 and some (d)							
2 Total of line 1, column (d)	a E year has a pared divide the total on	ling 2 by 5 or by the		2			
_	e 5-year base penod—divide the total on has been in existence if less than 5 year		•	3			
number of years the loundation	has been in existence in less than 5 year	3		-			
4 Enter the net value of noncharit	4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5						
5 Multiply line 4 by line 3				. 5			
6 Enter 1% of net investment inco	6 Enter 1% of net investment income (1% of Part I, line 27b)						
<b></b>	ome (1% of Part I, line 27b)	V Ends 176 of the investment income (176 of 1 art 1, line 216)					
7 Add lines 5 and 6							
	ome (1% of Part I, line 27b)						
8 Enter qualifying distributions fro							
8 Enter qualifying distributions fro		b, and complete that	part using a 1% tax r	7 8			
8 Enter qualifying distributions fro	om Part XII, line 4 nan line 7, check the box in Part VI, line 1l	b, and complete that	part using a 1% tax r	7 8 ate See the	Form <b>990-PF</b> (2009)		

orm	990-PF (2009) HINTZ FAMILY FUND, INC 26-38433U9		<u> </u>	age 4		
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions	)				
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—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1.	53,	<u>690</u>		
	here ▶ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0		
3	Add lines 1 and 2	1.	53,	<u>690</u>		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1	53,	<u>690</u>		
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 160,000					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
ď	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	1	60,	<u>000</u>		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6,	<u>310</u>		
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ▶ 6,310 Refunded ▶ 11					
Pá	art VII-A Statements Regarding Activities	,				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	_1a		X		
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?	1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?	1c		X		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		-			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	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?	4b		3,5		
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 directions that		•	ŀ		
_	conflict with the 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? If "Yes," complete Part II, col. (c), and Part XV	7		ļ		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) DE  If the annual is "Yes" to line 7, her the foundation furnished a convent Form 000 PE to the Atterney Conord.		1			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	ŀ		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	$\vdash$		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ŀ		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	_		₹.		
40	27)? If "Yes," complete Part XIV	9_		X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			₩.		
	names and addresses	10		X_		

Forn	990-PF (2009) <b>HINTZ FAMILY FUND, INC</b> 26-3843	3309			Р	age <b>5</b>
	art VII-A Statements Regarding Activities (continued)				·	<del>-3</del>
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		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption a	pplication?		13	X	
	Website address ► N/A					
14		Telephone no.	302-6	34-	293	1
	270 PARK AVENUE			_		
	Located at ► NEW YORK, NY	ZIP+4 ▶	10017	'		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	. 1	1			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	15			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Requi	ired		<del></del>		
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a		П.,				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ <b>v</b>	X No			
	disqualified person?	Yes				
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	Yes Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	☐ 162	ZZ NO			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		110			
	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.)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Re	egulations				
	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		`▶ 🗌			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	at				
	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	e				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
а	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?	∐ Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(	2) to	37/3			
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	_	N/A	2b		<del> </del>
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	е				
20	▶ 20 , 20 , 20 , 20  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
3a	at any time during the year?	Yes	X No			
b						
•	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lap					
	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.)		N/A	3ъ		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable pur	rposes?	•	4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopard					lacksquare
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			4b		x
			Fo	m 99	0-PF	(2009)

Form	990-PF (2009) HINTZ FAMILY FUND, INC		843309			Page <b>6</b>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be R	Required (cont	inued)				
5a	During the year did the foundation pay or incur any amount to							
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		res X No				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?	•	П у	res X No				
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	•		res X No				
	(4) Provide a grant to an organization other than a chantable, etc., organization	described in						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr			res X No				
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	•						
	purposes, or for the prevention of cruelty to children or animals?			res X No				
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unde	r the exceptions d	_	163 [22] 140				
U	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	ŀ		
			e instructions)*		OD			
_	Organizations relying on a current notice regarding disaster assistance check he							
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax	N/A 🗌					
	because it maintained expenditure responsibility for the grant?		N/A 📙 Y	ſes ∐ No				
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)							
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums	<u> </u>					
	on a personal benefit contract?		. –	res X No				
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit conti	ract?		6b	X		
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	elter transaction?	\ \	res X No				
<u>b</u>	If yes, did the foundation receive any proceeds or have any net income attributat			N/A	7b	L		
P	Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,			
	and Contractors							
1 1	ist all officers, directors, trustees, foundation managers and their compensat	ion (see page 22	of the instruction	ıs).				
	(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		pense account, r allowances		
	E STATEMENT 6			compensation				
					<u> </u>			
					<u> </u>	-		
					<del>                                     </del>			
					<u> </u>			
2	Compensation of five highest-paid employees (other than those included on if none, enter "NONE."	une 1—see page	∠3 of the instruct	uons).				
	II HOHE, EILEF NONE.		Υ	(4) 0: 1 : :	ī			
	(1) N	(b) Title, and average		(d) Contributions to employee benefit	(e) Ex	ense account,		
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances		
				compensation	├			
NO	NE							
	•							
Tota	I number of other employees paid over \$50,000	<u> </u>			_	T		
		-		For	, gar	)-PF (2009)		
				10	~~	(2003)		

Form 990-PF (2009) HINTZ FAMILY FUND	, INC	26-3843309	Page <b>7</b>
		ındation Managers, Highly Paid	
3 Five highest-paid independent contractors for pro-	ofessional services (see pag	e 23 of the instructions). If none, enter	r "NONE."
(a) Name and address of each person	paid more than \$50,000	(b) Type of service	e (c) Compensation
NONE			
Total number of others receiving over \$50,000 for profess	sional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitab	le Activities		
List the foundation's four largest direct chantable activities during organizations and other beneficiaries served, conferences conve			Expenses .
1 N/A			
2			
•		•	
3			
4			
Part IX-B Summary of Program-Relate			
Describe the two largest program-related investments made by t	he foundation during the tax year o	in lines 1 and 2	Amount
1 N/A			
2			
•			
All other program-related investments See page 24 of the instru	ctions		
3			

Total. Add lines 1 through 3

Form 990-PF (2009)

3b 4

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2009) HINTZ FAMILY FUND, INC

26-3843309

Page 9

Undistributed Income (see page 26 of the instructions) (c) (d) (a) (b) Corpus Years prior to 2008 2008 2009 Distributable amount for 2009 from Part XI, 363,296 line 7 Undistributed income, if any, as of the end of 2009: 2 a Enter amount for 2008 only **b** Total for prior years. 20 \_\_\_\_\_ , 20 \_\_\_\_ Excess distributions carryover, if any, to 2009: a From 2004 **b** From 2005 c From 2006 d From 2007 From 2008 f Total of lines 3a through e Qualifying distributions for 2009 from Part XII, line 4. ▶ \$ 3,953 a Applied to 2008, but not more than line 2a 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 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) 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 359,343 distributed in 2010 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) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2005 Excess from 2006 Excess from 2007 Excess from 2008 Excess from 2009

Pa	ert XIV Private Operating For	undations (see pa	age 27 of the inst	ructions and Part	VII-A, question 9	
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ting		
	foundation, and the ruling is effective for 2009, enter the date of the ruling					
b	Check box to indicate whether the found	ation is a private opera	ting foundation descri	bed in section 49	942(J)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for		•			
	each year listed					
b	85% of line 2a					
С	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					
е	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					
а	"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				İ	
	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		41.1	1 5 1 4		
Pa	Supplementary Inform	-	-		ad \$5,000 or more	e in assets at
1	any time during the y Information Regarding Foundation Ma		or the instruction	) )		
a	List any managers of the foundation who		e than 2% of the total	contributions received	by the foundation	
a	before the close of any tax year (but only				•	
	N/A	, ii tiidy have commod	od more than \$0,000)	(000 0000000000000000000000000000000000	, ,	
	List any managers of the foundation who	own 10% or more of t	the stock of a corporat	ion (or an equally large	e portion of the	
~	ownership of a partnership or other entity		•	,	perderi or trio	
	N/A	y) or minor are realisate	John Had a 1070 of groa	nor moreot		
2	Information Regarding Contribution, G	irant. Gift. Loan. Scho	larship, etc., Program	ns:	·	
_		y makes contributions			loes not accent	
	unsolicited requests for funds if the four			-		
	organizations under other conditions, co					
	The name, address, and telephone num			ld be addressed		
•	C/O JPMORGAN SERVICE					
	P O BOX 6089 NEWARK		089			
	The form in which applications should be	·		ev should include		
~	N/A		ura materials ur	-, 5.10010 III0100		
c	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards	, such as by geographi	cal areas, chantable fi	ields, kınds of ınstıtutıo	ns, or other factors:	
	SEE STATEMENT 7		<del> </del>			

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Paid during the year				
N/A				
,				
	į		}	
	İ			
	:		1	
			1	
Total	·		▶ 3a	
Approved for future payment				
N/A				
			[	
Total	<u> </u>		<b>▶</b> 3b	

onn 500-1 1 (2500)				<del> </del>	
Part XVI-A Analysis of Income-Producing Act	tivities			<del></del>	· <u> </u>
inter gross amounts unless otherwise indicated.	Unrelated	d business income	Exclude	d by section 512, 513, or 514	(e) Related or exempt
	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See page 28 of
1 Program service revenue:					the instructions )
a		-			
b			ļ		
c			<del>                                     </del>		
d			<del> </del>		<del></del>
e			<del> </del>		
			+		
g Fees and contracts from government agencies	-		+		
2 Membership dues and assessments	<u> </u>		+		
Interest on savings and temporary cash investments     Dividends and interest from securities			14	74,730	
Net rental income or (loss) from real estate			1	71,750	<del></del>
a Debt-financed property			· <del>†</del> ······		
b Not debt-financed property					
6 Net rental income or (loss) from personal property			<del>                                     </del>		
7 Other investment income			1		,
8 Gain or (loss) from sales of assets other than inventory			18	7,642,653	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)			0	7,717,383	
13 Total. Add line 12, columns (b), (d), and (e)				13 _	7,717,383
See worksheet in line 13 instructions on page 28 to verify calculate					
Part XVI-B Relationship of Activities to the A					
Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purp	•				
instructions )					
N/A					
		· · · · · · · · · · · · · · · · · · ·			
					<del>-</del>
		<del></del>			
	<u>-</u> -				
į					
					·

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash (2) Other assets (3) Sales of assets to anonchantable exempt organization (1) Sales of assets from a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraleing solicitations (6) Performance of services or membership or fundraleing solicitations (6) Performance of services or membership or fundraleing solicitations (6) Performance of services or membership or fundraleing solicitations (6) Sales of loans guarantees (7) A services growth or fundraleing solicitations (8) Loans or floatilities, equipment, mailing lists, other assets, or paid employees (9) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services growth by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services growth by the reporting foundation if the foundation received less than fair market value or the goods, other assets, or services growth by the reporting foundation if the foundation directly or indirectly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code other than section 501(c)(3)) or in section 527?    Yes   No   If Yes, Complete the following schedule	* 4	ti t XVIII	Exempt Organiza	_		ranoaotion	o ana mora	ionompo vitti i		ubic		
organizations?  3 Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash (2) Other assets (3) States of assets from a nonchantable exempt organization (3) States of assets from a nonchantable exempt organization (3) Rental of footiese, equipment, or other assets (4) Remilburance of services or memberahip or fundrating solicitations (5) Loans or loan guarantees (6) Description of the solicities, equipment, making lists, other assets, or paid employees 3 If the answer to any of the above is "Yes," complete the following schedules. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (9) Amount worked (1) Name of foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(5) of the Code (other than section 501(5)) or in section 527?  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(5) of the Code (other than section 501(5)) or in section 527?  2b If "Yes," complete the following schedules  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in a section 501(5) or indirectly affiliated with or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or indirec	1	Did the org			e in any of the follow	ing with any ot	ner organizatioi	n described			Yes	No
a Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash (2) Other assets (2) Other assets (3) Other assets (3) Other assets (4) Other assets (5) Other assets (5) Other assets (6) Performance of sevences or monchantable exempt organization (1) Sales of distribes, equipment, or other assets (8) Renal of distribes, equipment, analysis (6) Loans or froat guarantees (6) Performance of services or membership or fundraising solicitations (15) Loans or foat guarantees (15) Loans or f		ın section	501(c) of the Code (othe	r than section	n 501(c)(3) organiza	tions) or in sec	tion 527, relatin	g to political				
(2) Other sasets  b Other transactions  (1) Sales of assets to a nonchantable exempt organization  (2) Purchase of assets from a nonchantable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursone of services comprehen, or other assets  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  (5) Sharing of facilities, equipment, making lists, other assets, or paid employees  (6) Performance of services or membership or fundraising solicitations  (7) Sharing of facilities, equipment, making lists, other assets, or paid employees  (8) The answer of any of the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services received  (9) Lieu or (9) Amount moviked (1) Name of noncharitable exempt organization (2) the value of the goods, other assets, or services received  (9) Lieu or (9) Amount moviked (1) Name of noncharitable exempt organization (2) the value of the goods, other assets, or services received  (9) Lieu or (1) Amount moviked (1) Name of noncharitable exempt organizations  (9) Type of organization (2) the services of the goods, other assets, or services received  (9) Name of organization (1) Name of organizations (1) Name of organizations (1) Name of organizations (1) Name of organizations (1) Name of organizations (1) Name of organization (1) Name of		organizatio	ons?									l
(2) Other assets to a nonchantable exempt organization (1) Sales of assets to a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantee. (5) Loans or loan guarantee. (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) A service of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in the properties of the above is "Ves," complete the following schedule. (3) Line or (b) Amount molived (c) Name of nonchambible exempt organization (d) Description of transfers, transactions, and sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(c)) or in section 501(c) of the Code (other than section 501(c)(c)) or in section 501(c)	а	Transfers	from the reporting found	ation to a no	ncharitable exempt o	organization of						l
b Other transactions (1) Sales of assets to a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Renal of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services greated (3) Lime no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Name of organization (b) Type of organization (d) Description of transfers, transactions, and sharing arrangements (c) Name of organization (b) Type of organization (d) Description of transfers, transactions, and sharing arrangements (d) Name of organization (e) Type of organization (e) Description of relationships (b) N/A    Under persilizes of person, i section that I have occurred the return, reliating accronorying schedules and statements, and to the best of my knowledge and escribed in complete Section to organization (e) Preparation (e) Description of relationships    Under persilizes of person, i section that I have occurred the return, reliating accronorying schedules and statements, and to the best of my knowledge and the person of complete Section to organize the signal of the person of complete Section to organize the signal organization (e) Preparation (e) Prepara		(1) Cash								1a(1)		X
(1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of flacities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Loans or loan guarantees (8) Performance of services or membership or fundrasing solicitations (8) Loans or loan guarantees (9) Loans or loan guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans or loans guarantees (15) Loans guarantees		(2) Other	assets				·	•		1a(2)		X
(2) Purchases of assets from a nonchantable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  (7) Examing of facilities, equipment, making lists, other assets, or paid employees  (8) It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation (f) the foundation received test than fair market value of the goods, other assets, or services given by the reporting foundation (f) the foundation received test than fair market value of the goods, other assets, or services given by the reporting foundation (f) the foundation received test than fair market value of the goods, other assets, or services given by the reporting foundation (f) the foundation received test than fair market value of the goods, other assets, or services received  (a) Amount involved  (b) Amount involved  (c) Name of nonchambable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  (a) When of organization  (b) Type of organization  (c) Description of relationships  (d) Warne of organization  (e) Description of relationships  (f) Description of relationships  (g) Warne of organization  (h) Type of or	b	Other tran	sactions			·			•			$\Box$
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Shang of facilities, equipment, mailing lists, other assets, or pad employees (8) It is answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the answer to any of the above is "Yes," complete the following schedule. Column (b) the foundation received less than fair market value of the apods, other assets, or services greened (a) Lie X  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (b) Amount movived (c) Name of nondatinable exempt organizations (d) Description of transfers, transactions, and sharing arrangements  7/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 5277  (a) Name of organization  (b) Type of organization  (c) Description of relationship  1.		(1) Sales	of assets to a noncharita	able exempt	organization					1b(1)		X
(4) Rembursement arrangements (5) Loans or loan guarantiess (6) Performance of services or membership or fundraising solicitations (7) Experiment of a power services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Amount making lists, other assets, or paid employees (1) If the answer to any of the aboves is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (9) Amount involved (9) Amount involved (1) Resemblation or sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of transfers, transactions, and sharing arrangements (1) Description of received the goods, other assets, or services received (1) Description of transfers, transactions, and sharing arrangements (1) Description of received the goods, other assets, or services received (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship (1) Description of relationship		(2) Purcha	ases of assets from a no	ncharitable	exempt organization					1b(2)		X
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Experiment of facilities, equipment, making lists, other assets, or paid employees (8) It is answer to any of the above is Yes, "complete the following schedule. Column (b) should always show the fair market value of the apods, other assets, or services green by the reporting foundation if the foundation received less than fair market value in any transaction or shaning arrangement, show in column (g) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  (a) Name of organization (b) Type of organization (c) Description of relationship  Under penalties of penjury, Idectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ballet, in all time, correct, and complete Declaration for penjury, Idectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  Under penalties of penjury, Idectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  PRESIDENT & CHAIRMAN Trate  Trate  Preparer as the control of effect or twisties  Date  Cack if Sodie Preparer is any knowledge  Preparer as the control of the contr		(3) Renta	of facilities, equipment,	or other ass	ets					1b(3)		X
(6) Performance of services or membership or fundrissing solicitations (2) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (1) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation (f the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets are received.  (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of fransfers, transactions, and sharing arrangements of the goods, other assets or services received.  (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of fransfers, transactions, and sharing arrangements of the goods, other assets or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of fransfers, transactions, and sharing arrangements of the goods, other assets or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of fransfers, transactions, and sharing arrangements of the goods, other assets or services received described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  [In If Yes, 'complete the following schedule (b) Type of organization (c) Description of relationship (c) Description of relationship (c) Description of relationship (c) Description of relationship (c) Description of relationship (c) Description of which prepare rise any knowledge and belief, it is true, correct, and complete Declaration of prepare (other fran taxpayer of inducery) is passed on all information of which preparer has any knowledge of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of the analysis of		(4) Reimb	ursement arrangements	;						1b(4)		X
c Shanng of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or shanng arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and shanng arrangements of transfers transactions. And shanng arrangements of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and shanng arrangements of transfers transactions. And shanng arrangements of transfers transactions and shanning arrangements of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and shanning arrangements of transfers, transactions, and shanning arrangements of the goods, other assets, or services received (a) Line no (b) Amount involved (d) Description of transfers, transactions, and shanning arrangements of transfers, transactions, and shanning arrangements or transfers, transactions, and shanning arrangements or transfers, transactions, and shanning arrangements or transfers, transactions, and shanning arrangements or transfers, transactions, and shanning arrangements, and shanning arrangements or transfers, transactions, and shanning arrangements are transactions and transfers, transactions, and shanning arrangements are transactions. The foundation of transfers, transactions, and shanning arrangements are transactions and transfers, transactions, and shanning arrangements are transactions. The foundation of transfers, transactions, and shanning arrangements are transactions. Th		(5) Loans	or loan guarantees							1b(5)		X
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) line no  (b) Amount involved  (c) Name of nonchantable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  (d) Description of transfers, transactions, and sharing arrangements  2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of transfers, transactions, and sharing arrangements  (e) Description of transfers, transactions, and sharing arrangements  (g) Line (e) Description of transfers, transactions, and sharing arrangements  (g) Line (e) Description of transfers, transactions, and sharing arrangements  (g) Line (e) Description of transfers, transactions, and sharing arrangements  (g) Line (e) Description of transfers, transactions, and sharing arrangements  (g) Line (e) Description of transfers, transactions, and sharing arrangements  (g) Line (e) Description of transfers, transactions, and sharing arrangements  (g) Description of transfers, transactions, and sh		(6) Perfor	mance of services or me	embership o	fundraising solicitati	ons				1b(6)		X
value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market visuals in any translation or sharing arrangement, show in column (d) the value of the goods, other assets, or services received  (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  7/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	C	Sharing of	facilities, equipment, ma	aılıng lısts, o	ther assets, or paid e	employees				1c		X
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received  (a) Inn no  (b) Amount involved  (c) Name of nonchamtable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  (A) A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (c) Description of relationship  (c) Description of relationship  (d) Description of transfers, transactions, and sharing arrangements  (d) Description of transfers, transactions, and sharing arrangements  (e) Description of relationship  (f) Type of organizations  (g) Name of organizations  (g) Name of organization  (g) Description of relationship  (g) Name of organization  (g) Description of relationship  (g) Name of organization  (g) Name of organization  (g) Name of organization  (g) Description of relationship  (g) Peppater's Lenting organization  (g) Description of relationship  (g) Peppater's Lenting organization  (g) Description of relationship  (g) Peppater's Lenting organization  (g) Description of transfers, range constant organization  (g) Description of transfers, range constant organization  (g) Description of transfers, range constant organization  (g) Description of transfers, range constant organization  (g) Description of tra	d	If the ansv	ver to any of the above is	s "Yes," com	plete the following so	chedule. Colum	n (b) should alv	ways show the fair m	arket			
(a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions and sharing arrangements (d) Description of transfers, transactions are arrangements (d) Description of transfers, transactions are arrangements (d) Description of transfers, transactions are arrangements (d) Description of transfers, transactions are arrangements (d) Description of transfers, transactions are arrangements (d) Description of transactions are arrangements (d) Description of transactions are arrangements (d) Description of transactions are arrangements (d) Description of transactions are arrangements (d) Description of transactions		value of th	e goods, other assets, o	r services g	ven by the reporting	foundation If the	ne foundation re	eceived less than fair	market			
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c) 3) or in section 52??  Yes ☒ No b! If 'Yes,' complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of penjury, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge and belief, it is true, correct, and the best of my knowledge and belief in the preparer has any knowledge and belief in the preparer has any knowledge and belief in the preparer has any knowle		value in ai	ny transaction or sharing	arrangeme	nt, show in column (d	) the value of the	ne goods, other	assets, or services i	received			
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  □ Yes ☒ No  □ If Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, coincided bedefinition of preparer (other than taxpayer or folicidary) is based on all information of which preparer has any knowledge  Signature of officer or trustee  □ Preparer's identifying number (test Signature on page 30) the issuicacing.  Proparer's identifying number (test Signature on page 30) the suicacing.  □ Preparer's identifying number (test Signature on page 30) the suicacing.  □ Preparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Preparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Proparer's identifying number (test Signature on page 30) the suicacing.  □ Os Dox God 89  □ Os Dox God 8		· ·	(b) Amount involved	(c) Name	of nonchantable exempt	organization	(d) Descrip	tion of transfers, transac	tions, and sha	anng arrange	ements	
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No	<u> 1/</u>	A										
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No									····			
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No												
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No			-									
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No						-						
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No							<del></del>	··				
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN  Title  Preparer's identifying number (see Signature on page 30 of the instructions) PO0028279  Firm's name (or yours if self-employed), address, and ZIP code  NEWARK, DE 19714-6089  Phone no 302-634-2931	<b>2</b> a		•	-			. •	ations			( <del></del>	1
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Variable   Preparer's   Preparer's signature   Preparer's including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Preparer's   Preparer's dentifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's information of which preparer that any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Preparer's dentifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions) Pool 28279    Preparer's identifying number (see Signature on page 30 of the instructions					than section 501(c)(3	3)) or in section	527?			∐ Y€	es X	] No
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN Title  Preparer's identifying number (see Signature on page 30 of the instructions) Proporties and coryours if self-employed), address, and ZIP code  Proporties and coryours if self-employed), address, and ZIP code  NEWARK, DE 19714-6089  Phone no 302-634-2931	b			hedule	(b) T (			(a) Danasatas a	f l-t			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN  Title  Preparer's identifying number (see Signature on page 30 of the instructions)  Prim's name (or yours if self-employed), address, and ZIP code  P. O. BOX 6089  NEWARK, DE 19714-6089  Phone no 302-634-2931			a) Name of organization		(b) Type of orga	inization		(c) Description o	relationship			
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN Title  Preparer's identifying number (see Signature on page 30 of the instructions) Signature of officer or trustee  Preparer's signature on page 30 of the instructions) Firm's name (or yours if self-employed), address, and ZIP code  Preparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer		N/A										
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN Title  Preparer's identifying number (see Signature on page 30 of the instructions) Signature of officer or trustee  Preparer's signature on page 30 of the instructions) Firm's name (or yours if self-employed), address, and ZIP code  Preparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer								<del> </del>	··· <del>·</del>	_		
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN Title  Preparer's identifying number (see Signature on page 30 of the instructions) Signature of officer or trustee  Preparer's signature on page 30 of the instructions) Firm's name (or yours if self-employed), address, and ZIP code  Preparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer												
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN Title  Preparer's identifying number (see Signature on page 30 of the instructions) Signature of officer or trustee  Preparer's signature on page 30 of the instructions) Firm's name (or yours if self-employed), address, and ZIP code  Preparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer								· · · · · · · · · · · · · · · · · · ·				
belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  PRESIDENT & CHAIRMAN Title  Preparer's identifying number (see Signature on page 30 of the instructions) Signature of officer or trustee  Preparer's signature on page 30 of the instructions) Firm's name (or yours if self-employed), address, and ZIP code  Preparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer									-fll-			
Signature of officer or trustee  Date  Date  Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP code  Title  Date  Date  O9/29/10  Date  Check if self-employed   O9/29/10  Date  O9/29/10  Date  O9/29/10  Check if self-employed   O9/29/10  Preparer's identifying number (see Signature on page 30 of the instructions) P00028279  EIN   22-2189421  Phone no 302-634-2931		belief, it is t	ities of perjury, I declare that rue, correct, and complete. [	t i nave exami Declaration of	ned this return, including preparer (other than taxp	accompanying s ayer or fiduciary)	chequies and stat is based on all inf	ements, and to the best formation of which prepa	ot my knowied Irer has any ki	age ana nowledge		
Signature of officer or trustee  Date  Date  Check if self-employed   Firm's name (or yours if self-employed), address, and ZIP code  Title  Date  Date  O9/29/10  Date  Check if self-employed   O9/29/10  Date  O9/29/10  Date  O9/29/10  Check if self-employed   O9/29/10  Preparer's identifying number (see Signature on page 30 of the instructions) P00028279  EIN   22-2189421  Phone no 302-634-2931		<b>L</b>	01.	2	<del>\</del>	1 11/21	1,					T.
Preparer's signature	_	Signati	re of officer or trustee	<del></del>		Date	<u> </u>		EMI OC	CHAIL	GATEAT	•
Firm's name (or yours if self-employed), address, and ZIP code  J. P. MORGAN SERVICES INC.  P. O. BOX 6089  EIN $\triangleright$ 22-2189421  Phone no 302-634-2931	ē	- Oignati			<u> </u>		Data	·	Pro	eparer's identif	vina	
Firm's name (or yours if self-employed), address, and ZIP code  J. P. MORGAN SERVICES INC.  P. O. BOX 6089  EIN $\triangleright$ 22-2189421  Phone no 302-634-2931	I		Donners &	1			Date			mber (see Sig	nature (	
Firm's name (or yours if self-employed), address, and ZIP code  J. P. MORGAN SERVICES INC.  P. O. BOX 6089  EIN $\triangleright$ 22-2189421  Phone no 302-634-2931	<u>5</u>	is er		hans	a m	nh. O	00/2	self-employed	,	-		•
and ZIP code NEWARK, DE 19714-6089 Phone no 302-634-2931	SO	Pagic	· · · · · · · · · · · · · · · · · · ·	<i>ЈОСТИ</i> .Т. Р	MORGAN GER	VICEG T		<i>9   1</i>	<u>_</u>	00020	2/3	
and ZIP code NEWARK, DE 19714-6089 Phone no 302-634-2931		a Pro S. I				TATCED T	140.		EINI N	2_210	042	1
MEMPARY DE 19/14 0009   PROMETO 302-034-2931						14-6080						
				MEMMI	K, DE 19/	T4-0003	<u> </u>	l	_ Prione no 3			

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

Department of the Treasury Internal Revenue Service

Name of the organization

HINTZ FAMILY FUND, INC

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

**Employer identification number** 

C/O JPMORGAN SERVICE INC. 26-3843309 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 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** 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, chantable, 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 in the heading 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)

6189 09/29/2010 9 39 AM Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of 1 of Part I **Employer identification number** Name of organization HINTZ FAMILY FUND, INC 26-3843309 Part I Contributors (see instructions) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. HINTZ 2008-2017 NON-GRANTOR CLAT C/O JPMORGAN SERVICES INC 1 Person P O BOX 6089 Payroll 1,667,184 Noncash DE 19714-6089 NEWARK (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** No. Type of contribution HINTZ 2008-2020 NON GRANTOR CLAT 2 C/O JPMORGAN SERVICES INC Person P O BOX 6089 Payroli 1,307,482 Noncash DE 19714-6089 NEWARK (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. EDWARD HINTZ 3 C/O JPMORGAN SERVICES INC Person P O BOX 6089 Payroll 2,252,875 Noncash DE 19714-6089 NEWARK (Complete Part II if there is a noncash contribution ) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution ) (c) (4) (b) (a) Name, address, and ZIP + 4 Aggre No.

(b)

Name, address, and ZIP + 4

(0)	(u)
Aggregate contributions	Type of contribution
\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution )
(c)	(d)
Aggregate contributions	Type of contribution
\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution )
Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of 1 of Part II **Employer identification number** Name of organization HINTZ FAMILY FUND, INC 26-3843309 Part II **Noncash Property** (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I 65,000 SHRS GILEAD SCIENCES INC 3 01/06/09 3,258,125 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I 250,000 SHRS CISCO SYSTEMS INC 3 4,405,000 01/06/09 (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I 92,074 SHRS ILLUMINA INC 3 01/06/09 2,501,190 \$ (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I \$ (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) \$

S	
---	--

Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses Ś ₹Ø-Statement 1 - Form 990-PF, Part I, Line 18 - Taxes 848 32,035 32,035 Net Investment Investment **Federal Statements** ည ŝ ٠Ω-848 135 117 142 160,000 35,594 35,594 161,242 Total Total £Q. ₩. FOREIGN TAXES
DELAWARE STATUTORY REPRESENTATIO
DELAWARE ANNUAL FILLING FEE
DELAWARE STATUTORY REPRESENTATIO 6189 HINTZ FAMILY FUND, INC Description Description EXCISE TAXES PAID FYE: 12/31/2009 AGENCY FEE 26-3843309 TOTAL TOTAL EXPENSES

3,559

3,559

Charitable Purpose

Adjusted Net ŝ

9/29/2010 9:39 AM

135 117 142

Charitable Purpose

Adjusted Net £

394

26-3843309

**Federal Statements** 

FYE: 12/31/2009

### Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

	Description		<u></u> _					
		_	Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
SEE ATTACHED								
		\$_		\$	1,999,657	COST	\$_	2,258,572
TOTAL		\$_	0	\$_	1,999,657		\$_	2,258,572

### Statement 4 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

	Description							
		Beginning of Year		_	End of Year	Basis of Valuation	_	Fair Market Value
SEE ATTACHED								
		\$		\$_	2,493,755	COST	\$_	2,540,618
TOTAL		\$	0	\$_	2,493,755		\$_	2,540,618

### Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

	Description							
			Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
ALTERNATIVE	ASSETS	Ś		\$	500,000	COST	Ś	522,860
OTHER ASSETS		•		7	,		7	·
		_			600,104	COST		642,365
TOTAL		\$_	(	\$	1,100,104		\$_	1,165,225

9/29/2010 9:39 AM

Statement 6 - Form 990-PF   Part VIII   Liet of Officers, Directors, Trustees, Etc.   Name and Address   Address	6189 HINTZ FAMILY FUND, INC 26-3843309 FYE: 12/31/2009	Federal S	deral Statements	S	9/2	9/29/2010 9:39 AM
Name and Address         Name and Address         Title Hours Address         Average Hours Address         Compensation PRESTDENT         Title Hours Address         Average Av	Statement 6 - Fo	orm 990-PF, Part VIII, Line	1 - List of Off	icers, Directors, Trus	tees, Etc.	
WVENUE         PRESIDENT         1.00         0         0           NY 10017         V P & TREAS         1.00         0         0           NY 10017         V P & TREAS         1.00         0         0           HINTZ REMMEY         SECRETARY         1.00         0         0           NY 10017         ASST. SECT.         1.00         0         0           NY 10017         MEMBER         1.00         0         0           NY 10017         MEMBER         1.00         0         0           NY 10017         MEMBER         1.00         0         0	Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
N S HINTZ FYOR NY 10017  NEAR A AUGUST  NEAR A A AUGUST  NEAR A A A A A A A A A A A A A A A A A A	HINTZ AVENUE NY 100	PRESIDENT	1.00	0	0	0
INIA HINTZ REMMEY PARK AVENUE  R STEYER  PARK AVENUE  PAR	HELEN S HINTZ 270 PARK AVENUE NEW YORK NY 10017	다 다	1.00	0	0	0
R STEXER         ASST. SECT.         1.00         0           PARK AVENUE         MEMBER         1.00         0           RYN S HINTZ         MEMBER         1.00         0           PARK AVENUE         MEMBER         1.00         0           PARK AVENUE         VORK NY 10017         0         0	INIA HINTZ PARK AVENUE YORK NY 100	SECRETARY	1.00	0	0	0
RYN S HINTZ     MEMBER     1.00     0       PARK AVENUE     YORK NY 10017     MEMBER     1.00     0     0       ABETH HINTZ     PARK AVENUE     VORK NY 10017     0     0	HUME R STEYER 270 PARK AVENUE NEW YORK NY 10017		1.00	0	0	0
17 MEMBER 1.00 0 0 0	KATHRYN S HINTZ 270 PARK AVENUE NEW YORK NY 10017	MEMBER	1.00	0	0	0
	ELIZABETH HINTZ 270 PARK AVENUE NEW YORK NY 10017	MEMBER	1.00	0	0	

6189 HINTZ FAMILY FUND, INC

26-3843309

### **Federal Statements**

9/29/2010 9:39 AM

FYE: 12/31/2009

### Statement 7 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

### Description

DESCRIPTION
THE ADVISORY COMMITTEE DIRECTS THE TRUSTEES TO MAKE GRANTS
TO CHARITABLE ORGANIZATIONS OPERATING EXCLUSIVELY FOR
RELIGIOUS, CHARITABLE, SCIENTIFIC, TESTING FOR PUBLIC
SAFETY, LITERACY AND EDUCATIONAL PURPOSES AND ARE
DESCRIBED IN IRC SECTIONS 170 (C), 170 (B) (1)A, 2522(A),
AND 2022(A)

6189 HINTZ FAMILY FUND, INC

26-3843309

### **Federal Statements**

9/29/2010 9:39 AM

FYE: 12/31/2009

AC	COUNT	SRE	CEIVA	<b>ABLE</b>

Description	 Amount
INCOME PAID 01/04/2010	\$ 6,358
TOTAL	\$ 6,358

Account P13619401 Page 2 of 15

HINTZ FAMILY FD, INC.- 2020 CLAT ACCT P13619401 For the Period 12/1/09 to 12/31/09

### Account Summary

### PRINCIPAL

Asset Allocation	Beginning Market Value	Ending Market Value	Change In Value	Estimated Current Annual Income Allocation	Current
Cash & Short Term	389,109 01	971,368 21	582,259 20	1,165 64	75%
Fixed Income	00 0	332,098 29	332,098 29	10,286 46	10,286 46 25%
Market Value	\$389,109.01	\$1,303,466.50	\$914,357.49		100%
INCOME					

### 5% 0% Fixed Fixed Short Term

Asset Allocation

Cash Position	Beginning Market Value	Ending Market Value	Change In Value
Cash Balance	290 05	328 46	38 41
Accruals	38 41	813 22	774 81
Market Value	\$328 46	\$1,141.68	\$813.22

Account P13619401 Page 3 of 15

HINTZ FAMILY FD, INC.- 2020 CLAT ACCT. P13619401 For the Period 12/1/09 to 12/31/09

INCOME

**PRINCIPAL** 

CONTINUED	
Account Summary	

Portfolio Activity	Current Period Value	Year-to-Date Value	Current Period Value	Year-to-Date Value
Beginning Market Value	389,109.01	0.00	290.05	00.00
Additions	914,987 50	1,307,482 14		
Withdrawals & Fees		(3,385 63)		
Net Additions/Withdrawals	\$914,987.50	\$1,304,096.51	\$0.00	\$0.00
Income	420 71	420 71	38 41	328 46
Change In Investment Value	(1,050 72)	(1,050 72)		
Ending Market Value	\$1,303,466.50	\$1,303,466.50	\$328.46	\$328.46
Accruals	į	•	813 22	813.22
Market Value with Accruals		:	\$1,141.68	\$1,141.68

Page 63 of 74

HINTZ FAMILY FD, INC.- 2020 CLAT ACCT P13619401 For the Period 12/1/09 to 12/31/09

Account Summary	CONTINUED	
Tax Summary	Current Period Value	Year-to-Date Value
Domestic Dividends/Distributions	420 71	420 71
Interest Income	38 41	328 46
Taxable Income	\$459.12	\$749 17

	Current Period Value	Year-to-Date Value
LT Capital Gain Distributions	40 99	40 99
Realized Gain/Loss	\$40.99	\$40.99
Realized Gain/Loss	\$40.99	İ

Unrealized Gain/Loss

(\$1,091.71) To-Date Value

Account P13619401 Page 4 of 15

Account P13619401 Page 5 of 15

HINTZ FAMILY FD, INC.- 2020 CLAT ACCT. P13619401 For the Period 12/1/09 to 12/31/09

# Cash & Short Term Summary

Asset Categories	Beginning	Ending	Change	Current
	Market Value	Market Value	In Value	Allocation
Cash	389,109 01	971,368 21	582,259 20	75%

Asset Categories  Cash & Short Term
-------------------------------------

Market Value/Cost	Current Period Value
Market Value	971,368.21
Tax Cost	971,368 21
Estimated Annual Income	1,165 64
Accrued Interest	15 34
Yield	0 12%

Account P13619401 Page 6 of 15

HINTZ FAMILY FD, INC.- 2020 CLAT ACCT. P13619401 For the Period 12/1/09 to 12/31/09

Note 1 This is the Annual Percentage Yield (APY) which is the rate eamed if balances remain on deposit for a full year with compounding, there is no change in the interest rate and all interest is left in the account

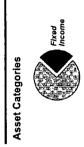
## Cash & Short Term Detail

	Quantity	Price	Market Value	Tax Cost Adjusted Original	Unrealized Gain/Loss	Estimated Annual Income Accrued Interest	Yield
Cash us dollar principal	971,368 21	1.00	971,368 21	971,368 21		1,165 64	0 12% 1

### HINTZ FAMILY FD, INC.- 2020 CLAT ACCT P13619401 For the Period 12/1/09 to 12/31/09

## Fixed Income Summary

Asset Categories	Beginning	Ending	Change	Current
	Market Value	Market Value	In Value	Allocation
US Fixed Income - Taxable	00 0	332,098 29	332,098 29	25%



Market Value/Cost	Current Period Value
Market Value	332,098 29
Tax Cost	333,190 00
Unrealized Gaın/Loss	(1,09171)
Estimated Annual Income	10,286 46
Accrued Interest	797 88
Yield	3 10%

Account P13619401 Page 8 of 15

### HINTZ FAMILY FD, INC.- 2020 CLAT ACCT P13619401 For the Period 12/1/09 to 12/31/09

# Fixed Income Summary CONTINUED

SUMMARY BY MATURITY

% of Bond Portfolio	100%
Market Value	332,098 29
Fixed Income	Less than 5 years1

### SUMMARY BY TYPE

Fixed Income	Market Value	% of Bond Portfolio
Mutual Funds	332,098.29	100%

<sup>&</sup>lt;sup>1</sup>The years indicate the number of years until the bond is scheduled to mature based on the statement end date. Some bonds may be called, or paid in full, before their stated maturity

Page 68 of 74

Account P13619401 Page 9 of 15

HINTZ FAMILY FD, INC.- 2020 CLAT ACCT. P13619401 For the Period 12/1/09 to 12/31/09

### Fixed Income Detail

	:	ſ	Market	Tax Cost Adjusted	Unrealized	Estimated Annual Income	2
	Quantity	Price	Value	Onginal	Galn/Loss	Accrued Interest	rieid
US Fixed Income - Taxable							
JPMORGAN STRATEGIC INCOME OPPORTUNITIES FUND 3844 30-Day Annualized Yield. 2.76% 4812A4-35-1	8,213 719	11 59	95,197 00	95,197 00		3,408 69 295 69	3 58 %
JPMORGAN SHORT DURATION BOND FUND SELECT CLASS FUND 3133 30-Day Annualized Yield. 2.04% 4812C1-33-0	21,834 220	10 85	236,901.29	237,993 00	(1,09171)	6,877,77 502,19	2 90 %
Total US Fixed Income - Taxable			\$332,098.29	\$333,190 00	(\$1,091.71)	\$10,286,46 \$797.88	3.10%

Account P13619302 Page 2 of 15

HINTZ FAMILY FD, INC.- 2017 CLAT ACCT P13619302 For the Period 12/1/09 to 12/31/09

### Account Summary

### PRINCIPAL

Asset Allocation	Beginning Market Value	Ending Market Value	Change In Value	Estimated Annual Income	Current Allocation
Cash & Short Term	496,964 74	1,207,497 11	710,532 37	1,448 99	73%
Fixed Income	00 0	455,578 72	455,578 72	14,301 32	27%
Market Value	\$496,964.74	\$1,663,075 83	\$1,166,111.09		100%

### Asset Allocation Fixed

Cash & Short Term

Secoled Head	00000	718 95	49.
Cash balance	06 600	66.01+	ŕ
	10.05	4 4 20 24	, 000

INCOME

Cash Position	Beginning Market Value	Ending Market Value	Cnange In Value
Cash Balance	369 90	418 95	49 05
Accruals	49 05	1,139 24	1,090 19
Market Value	\$418.95	\$1,558.19	\$1,139.24

Account P13619302 Page 3 of 15

HINTZ FAMILY FD, INC.- 2017 CLAT ACCT. P13619302 For the Period 12/1/09 to 12/31/09

### CONTINUED Account Summary

### **PRINCIPAL**

INCOME

Portfolio Activity	Current Period Value	Year-to-Date Value	Current Period Value	Year-to-Date Value
Beginning Market Value	496,964.74	0.00	369.90	0.00
Additions	1,166,709.88	1,667,183 79		
Withdrawals & Fees		(3,509 17)		
Net Additions/Withdrawals	\$1,166,709.88	\$1,663,674.62	\$0.00	\$0.00
Income	701 18	701 18	49 05	418 95
Change In Investment Value	(1,299 97)	(1,299 97)		
Ending Market Value	\$1,663,075.83	\$1,663,075.83	\$418.95	\$418.95
Accruals	;	1	1,139 24	1,139 24
Market Value with Accruals		:	\$1,558.19	\$1,558.19

\$1,55	\$1,558.19	;	1	
1,13	1,139 24	-	1	
\$41	\$418.95	\$1,663,075.83	\$1,663,075.83	
		(1,299 97)	(1,299 97)	
41	49 05	701 18	701 18	
₩.	\$0.00	\$1,663,674.62	\$1,166,709.88	
3		(3,509 17)		
		1,667,183,79	1,166,709.88	
	369.90	00.00	496,964.74	
Year-to-	Current Period Value	Year-to-Date Value	Current Period Value	
				1

Page 48 of 74

# HINTZ FAMILY FD, INC.- 2017 CLAT ACCT. P13619302 For the Period 12/1/09 to 12/31/09

Account Summary	CONTINUED	
Tax Summary	Current Period Value	Year-to-Date Value
Domestic Dividends/Distributions	701 18	701 18
Interest Income	49 05	418 95
Taxable Income	\$750.23	\$1,120.13

LT Capital Gain Distributions 68 31 68 3 Realized Gain/Loss \$68.31 \$68.3		Current Period Value	Year-to-Date Value
\$68.31	LT Capital Gain Distributions	68 31	68 31
	Realized Gain/Loss	\$68.31	\$68.31

To-Date Value	(\$1,368.28)
	Unrealized Gain/Loss

Page 49 of 74

# Cash & Short Term Summary

Asset Categories	Beginning	Ending	Change	Current
	Market Value	Market Value	In Value	Allocation
Cash	496,964 74	1,207,497 11	710,532 37	73%

Asset Categories
------------------

Market Value/Cost	Current Period Value
Market Value	1,207,497 11
Tax Cost	1,207,497 11
Estimated Annual Income	1,448 99
Accrued Interest	17 01
Yield	0 12%

Page 50 of 74

### HINTZ FAMILY FD, INC.- 2017 CLAT ACCT P13619302 For the Period 12/1/09 to 12/31/09

Note ' This is the Annual Percentage Yield (APY) which is the rate earned if balances remain on deposit for a full year with compounding, there is no change in the interest rate and all interest is left in the account

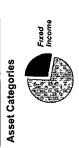
## Cash & Short Term Detail

	Quantity	Price	Market Value	Tax Cost Adjusted Original	Unrealized Gain/Loss	Estimated Annual Income Accrued Interest	Yield
Cash us dollar principal	1,207,497.11	00	1,207,497 11	1,207,497 11		1,448 99	0 12% 1

### HINTZ FAMILY FD, INC.- 2017 CLAT ACCT P13619302 For the Period 12/1/09 to 12/31/09

## Fixed Income Summary

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
US Fixed Income - Taxable	00 0	455,578 72	455,578 72	27%



	Current
Market Value/Cost	Period Value
Market Value	455,578.72
Tax Cost	456,947 00
Unrealized Gain/Loss	(1,368,28)
Estimated Annual Income	14,301 32
Accrued Interest	1,122 23
Yield	3.14%

# Fixed Income Summary continued

## SUMMARY BY MATURITY

Fixed Income	Market Value	% of Bond Portfolio
Less than 5 years¹	455,578 72	100%

### SUMMARY BY TYPE

Fixed Income	Market Value	% of Bond Portfolio
Mutual Funds	455,578 72	100%

<sup>1</sup>The years indicate the number of years until the bond is scheduled to mature based on the statement end date. Some bonds may be called, or paid in full, before their stated maturity

Page 53 of 74

Account P13619302 Page 9 of 15

HINTZ FAMILY FD, INC.- 2017 CLAT ACCT. P13619302 For the Period 12/1/09 to 12/31/09

## Fixed Income Detail

			Market	Tax Cost Adjusted	Unrealized	Estimated Annual Income	
	Quantity	Price	Value	Original	Gain/Loss	Accrued Interest	Yield
US Fixed Income - Taxable							
JPMORGAN STRATEGIC INCOME OPPORTUNITIES FUND 3844 30-Day Annualized Yield. 2.76% 4812A4-35-1	13,689 560	11 59	158,662 00	158,662 00	į	5,681 16	3 58 %
JPMORGAN SHORT DURATION BOND FUND SELECT CLASS FUND 3133 30-Day Annualized Yield 2 04% 4812C1-33-0	27,365 596	10 85	296,916 72	298,285 00	(1,368 28)	8,620 16 629 41	2 90 %
Total US Fixed Income - Taxable			\$455,578.72	\$456,947.00	(\$1,368.28)	\$14,301.32 \$1,122.23	3.14%

HINTZ FAMILY FUND, INC. ACCT. P13619005 For the Period 12/1/09 to 12/31/09

Asset Allocation

## Account Summary

#### PRINCIPAL

Asset Allocation	Beginning Market Value	Ending Market Value	Change In Value	Estimated Annual Income	Current Allocation
Equity	1,895,538 40	2,258,572 34	363,033 94	18,394 54	40%
Alternative Assets	518,887 26	522,860 00	3,972 74		10%
Cash & Short Term	592,483 45	319,686 14	(272,797.31)	98 0	%9
Fixed Income	1,655,286 79	1,752,940 53	97,653 74	66,498 12	32%
Other Assets	626,294 00	642,365 00	16,071 00	3,500 00	12%
Market Value	\$5,288,489.90	\$5,496,424.01	\$207,934.11		100%

Equity	Fixed
Eq	F.
Cash &	
Short	

(\$158,846.67)	\$3,165.44	\$162,012.11	Market Value
558 53	3,883 01	3,324 48	Accruals
(159,405 20)	(717 57)	158,687 63	Cash Balance
Change In Value	Ending Market Value	Beginning Market Value	Cash Position

INCOME

HINTZ FAMILY FUND, INC. ACCT. P13619005 For the Period 12/1/09 to 12/31/09

INCOME

**PRINCIPAL** 

# Account Summary CONTINUED

	Current	Year-to-Date	Current	Year-to-Date
Portfolio Activity	Period Value	Value	Period Value	Value
Beginning Market Value	5,288,489.90	0.00	158,687.63	0.00
Additions	136,480 51	5,216,615.01		271,168 73
Withdrawals & Fees	(142 00)	(10,002,571 00)	(176,480 51)	(316,742 14)
Securities Transferred In		10,122,693.52	4 9	1
Net Additions/Withdrawals	\$136,338.51	\$5,336,737.53	(\$176,480.51)	(\$45,573.41)
Income	104 30	13,602 66	17,075 31	44,855 84
Change In Investment Value	71,491 30	146,083 82		
Ending Market Value	\$5,496,424.01	\$5,496,424.01	(\$717.57)	(\$717.57)
Accruals	:	:	3,883 01	3,883 01
Market Value with Accruals	:	:	\$3,165.44	\$3,165.44

Account P13619005 Page 6 of 32

Page 19 of 74

HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

Account Summary	CONTINUED		
Tax Summary	Current Period Value	Year-to-Date Value	1
Domestic Dividends/Distributions	17,071 74	57,366 24	<u>ا</u>
Interest Income	3 57	96 286	ω
Original Issue Discount	104 30	104 30	ן ב'ן
Taxable Income	\$17,179.61	\$58,458.50	<b>1</b> &

	Current Period Value	Year-to-Date Value
LT Capital Gain Distributions	154 18	154 18
ST Realized Gain/Loss		2,000 00
LT Realized Gain/Loss		7,637,390 20
Realized Gain/Loss	\$154.18	\$7,642,544.38

To-Date Value	\$350,498.17
	ain/Loss
	Unrealized Gain/Loss

Account P13619005 Page 8 of 32

### HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

ity Summary	
Equit	

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
US Large Cap	665,350 18	825,071 25	159,721 07	15%
US Mid Cap/Small Cap	358,036 56	483,729 61	125,693 05	%6
Non US Equity	872,151 66	949,771 48	77,619.82	16%
Total Value	\$1,895,538.40	\$2,258,572.34	\$363,033.94	40%

Asset Categories	FOUND	が発生しています。		US Mid Cap/Small Cap	US Large Cap
Current Allocation	15%	%6	16%	40%	

Varket value/Cost	Period Value
Jarket Value	2,258,572.34
ax Cost	1,999,657 40
Jnrealized Gain/Loss	258,914 94
stimated Annual Income	18,394.54
plai	0.81%

Page 21 of 74

Account P13619005 Page 9 of 32

HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

**Equity Detail** 

	Quantity	Рпсе	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income Accrued Dividends	Yield
US Large Cap							
EDGEWOOD GROWTH FUND 0075W0-75-9 EGFI X	8,024 871	10 04	80,569 70	75,000 00	5,569 70		
HARTFORD CAPITAL APPRECIATION FUND 416649-30-9 ITHI X	6,330 141	30 61	193,765.62	172,108 00	21,657 62	2,715 63	1.40%
JPMORGAN TR I US LARGE CAP VALUE PLUS SELECT SHARE CLASS FUND 1513 4812A4-65-8 JTVS X	9,928 231	11 73	116,458 15	100,000 00	16,458 15	555 98	0 48 %
JPMORGAN US LARGE CAP CORE PLUS FUND SELECT FUND 1002 4812A2-38-9 JLPS X	10,543 230	18 18	191,675 92	167,908 00	23,767.92	1,201.92	0 63 %
MANNING & NAPIER FUND INC EQUITY SERIES 563821-60-2 EXEY X	14,295 926	16 97	242,601 86	200,000 00	42,601 86	228 73	% 60 O
Total US Large Cap			\$825,071.25	\$715,016.00	\$110,055.25	\$4,702.26	0.57 %

Account P13619005 Page 10 of 32

Page 22 of 74

					For the Perio	For the Period 12/1/09 to 12/31/09	60
	Quantity	Price	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income Accrued Dividends	Yield
US Mid Cap/Small Cap							
ISHARES RUSSELL MIDCAP INDEX FUND 464287-49-9 IWR	2,300 000	82 51	189,773 00	180,330 00	9,443 00	3,749 00	1 98%
ISHARES RUSSELL 2000 INDEX FUND 464287-65-5 IWM	1,580 000	62 44	98,655 20	85,027 40	13,627 80	1,600.54	1 62%
MANAGERS AMG FUNDS-TIMESSQUARE MID CAP GROWTH FUND 561709-83-3 TMDP X	16,550 967	11 80	195,301 41	178,919 00	16,382 41		
Total US Mid Cap/Smail Cap			\$483,729.61	\$444,276.40	\$39,453.21	\$5,349.54	1.11%
Non US Equity							
DODGE & COX INTERNATIONAL STOCK 256206-10-3 DODF X	9,806 264	31 85	312,329 51	315,365 00	(3,035.49)	4,275 53	1 37 %
JPMORGAN ASIA EQUITY FUND SELECT SHARE CLASS FUND 1134 4812A0-70-6 JPAS X	5,595 440	31 20	174,577 73	150,000 00	24,577 73	643.47	0 37 %
MANNING & NAPIER FUND INC WORLD OPPORTUNITIES SERIES FUND 563821-54-5 EXWA X	34,140 476	8 12	277,220 67	225,000 00	52,220 67	2,014 28	0 73%
MATTHEWS PACIFIC TIGER FUND -CL I 577130-10-7 MAPT X	9,653 852	19 23	185,643.57	150,000 00	35,643 57	1,409.46	0.76%
Total Non US Equity			\$949,771.48	\$840,365.00	\$109,406.48	\$8,342.74	0.88%

HINTZ FAMILY FUND, INC. ACCT. P13619005

# Alternative Assets Summary

Asset Categories	Beginning	Ending	Change	Current
	Estimated Value	Estimated Value	In Value	Allocation
Hedge Funds	518,887 26	522,860 00	3,972 74	10%

	Alternative Assets
Asset Categories	

## Alternative Assets Detail

	Quantity	Price	Estimated Value	Cost
Hedge Funds JPMORGAN GLOBAL ACCESS OFFSHORE HEDGE FUND STRATEGIES PORTFOLIO CLASS A 08-09 N/O Client 40190A-93-9	200 000	1,045.72 11/30/09	522,860 00	200,000 00

### HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

# Cash & Short Term Summary

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
Cash	(136,480 51)	722 18	137,202 69	1%
Short Term	728,963 96	318,963 96	(410,000 00)	2%
Total Value	\$592,483.45	\$319,686.14	(\$272,797.31)	%9

	_ Short Term
Cash	

Cash & Short Term

Asset Categories

Market Value/Cost	Current Period Value
Market Value	319,686 14
Tax Cost	319,686 14
Estimated Annual Income	0 86
Accrued Interest	3 60

# Cash & Short Term Summary Continued

HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

## SUMMARY BY MATURITY

Market Value	318,963 96
Short Term	Less than 3 months

### SUMMARY BY TYPE

Ē	Market	% of Bond
Snort 1 erm	Value	Portfolio
Mutual Funds	318,963 96	100%

Account P13619005 Page 13 of 32

HINTZ FAMILY FUND, INC. ACCT. P13619005 For the Period 12/1/09 to 12/31/09

Note 1 This is the Annual Percentage Yield (APY) which is the rate earned if balances remain on deposit for a full year with compounding, there is no change in the interest rate and all interest is left in the account

## Cash & Short Term Detail

	Quantity	Price	Market Value	Tax Cost Adjusted Original	Unrealized Gain/Loss	Estimated Annual Income Accrued Interest	Yield
Cash us dollar principal	722 18	1 00	722 18	722 18		0 86 3 60	0 12% 1
Short Term Jpmorgan prime money market fund Premier share class Fund 350 4812A2-80-1	318,963 96	1.00	318,963 96	318,963 96			

## Fixed Income Summary

Asset Categories	Beginning	Ending	Change	Current
	Market Value	Market Value	In Value	Allocation
US Fixed Income - Taxable	1,655,286 79	1,752,940 53	97,653 74	32%



Market Value/Cost	Current Period Value
Market Value	1,752,940.53
Tax Cost	1,703,618.00
Unrealized Gain/Loss	49,322.53
Estimated Annual Income	66,498 12
Accrued Interest	3,772.51
Yield	3 79%

### HINTZ FAMILY FUND, INC. ACCT. P13619005 For the Period 12/1/09 to 12/31/09

# Fixed Income Summary CONTINUED

SUMMARY BY MATURITY

Fixed Income	Market Value	% of Bond Portfolio
Less than 5 years¹	1,752,940 53	100%

### SUMMARY BY TYPE

Fixed Income	Market Value	% of Bond Portfolio
Mutual Funds	1,752,940,53	100%

<sup>1</sup>The years indicate the number of years until the bond is scheduled to mature based on the statement end date. Some bonds may be called, or paid in full, before their stated maturity

Page 29 of 74

Account P13619005 Page 17 of 32

HINTZ FAMILY FUND, INC. ACCT. P13619005 For the Period 12/1/09 to 12/31/09

## Fixed Income Detail

	Quantity	Price	Market Value	Tax Cost Adjusted Original	Unrealized Gain/Loss	Estimated Annual Income Accrued Interest	Yield
US Fixed Income - Taxable							
PAYDEN HIGH INCOME FUND 704329-57-2	23,151 588	6 95	160,903 54	150,618 00	10,285 54	12,501 85	7 77 %
JPMORGAN INTERNATIONAL CURRENCY INCOME FUND 30-Day Annualized Yield 1 20% 4812A3-29-6	4,884 793	10 75	52,511 52	53,000.00	(488 48)	29 30 25 35	%900
JPMORGAN STRATEGIC INCOME OPPORTUNITIES FUND 3844 30-Day Annualized Yield 276% 4812A4-35-1	18,048 572	11 59	209,182 95	200,000 00	9,182 95	7,490 15 649 75	3 58 %
JPMORGAN HIGH YIELD BOND FUND SELECT CLASS FUND 3580 30-Day Annualized Yield 759% 4812C0-80-3	14,705 882	7 74	113,823 53	100,000 00	13,823 53	8,205 88 955 88	7 21 %
JPMORGAN SHORT DURATION BOND FUND SELECT CLASS FUND 3133 30-Day Annualized Yield 2 04% 4812C1-33-0	93,109 870	10 85	1,010,242 09	1,000,000 00	10,242 09	29,329 60 2,141 53	2 90 %

Page 30 of 74

Account P13619005 Page 18 of 32

HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

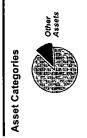
	Quantity	Price	Market	Tax Cost Adjusted Onginal	Unrealized Gain/Loss	Estmated Annual Income Accrued Interest	Yield
US Fixed Income - Taxable  VANGUARD FIXED INCOME SECS F INTR TRM CP PT (FUND 71) 922031-88-5	11,037 528	9 62	106,181 02	100,000 00	6,181 02	5,298 01	4.99%
RIDGEWORTH INTERMEDIATE BOND FUND - I 76628T-70-2	9,587 728	10 44	100,095 88	100,000 00	95 88	3,643.33	3 64 %
Total US Fixed Income - Taxable			\$1,752,940.53	\$1,703,618.00	\$49,322.53	\$66,498.12 \$3,772.51	3.79%

Account P13619005 Page 19 of 32

HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

## Other Assets Summary

Beginning Asset Categories Estimated Value	Ending	Change	Current
	Estimated Value	In Value	Allocation
Structured Investments 626,294 00	642,365 00	16,071 00	12%



Note O - Bonds purchased at a discount show accretion

## Other Assets Detail

	Quantity	Price	Estmated Value	Cost	Estimated Gain/Loss
Structured Investments					
BARC 9M SPX NOTE 08/27/2010 (85% CONTIN BARRIER- 6 23% PMT -7% CAP)	100,000 000	101 07	101,070.00	100,000 00	1,070 00
INITIAL LEVEL-SPX 11/18/09 1109 80 06739J-5N-9					
BARCLAYS BREN S&P GSCI AG 7/12/11	20'000 000	107.55	53,775 00	20'000 00	3,775 00
AG EXCESS RET INDEX, BUFFER 20%, UP LEVERAGE 155%, MAX RET 38 75%					
INITIAL STRIKE 54 4316					
DD 07/02/09					
06739J-KT-9					

Account P13619005 Page 20 of 32

HINTZ FAMILY FUND, INC. ACCT. P13619005 For the Period 12/1/09 to 12/31/09

	Quantity	Price ·	Estimated Value	Cost	Estimated Gain/Loss
Structured Investments					
CS ASIA BASKET BREN 07/29/10 (10%BUFFER- 2XLEV-11.65%CAP-23 3%MAXPYMT) INITIAL LEVEL-ASIA BASKET 07/10/09 100 00 22546E-KZ-6	20,000 000	114 85	57,425 00	00 000 00	7,425 00
CS 9M RTY TACTICAL NOTE 07/01/2010 (82 5% CONTIN BARRIER- 2 0% PMT -7% CAP) INITIAL LEVEL-RTY:09/25/09 598 94 22546E-NH-3	20,000 000	103 53	51,765.00	00 000'09	1,765 00
O DB 95% PPN CUR BSKT MD 11/04/11, BRL,AUD,NOK,CAD VS USD UP CAP 15%, UP PART 193% MAX RETURN 23 95% DD 10/30/09 2515A0-VL-4	50,000.000	98 62	49,310 00	50,104.30	(794 30)
GS 9M EAFE NOTE 08/27/2010 (84 5% CONTIN BARRIER-2% PMT -7% CAP) INITIAL LEVEL- 11/19/09 SX5E 2860 29 UKX 5267 70 TPX 837 71 38143U-FK-2	50,000 000	104 87	52,435 00	20,000 00	2,435 00
HSBC BREN LKD TO SPX 07/22/10 (10%BUFFER-2XLEV-8 8%CAP-17 6% MAX) (10%BUFFER-2XLEV-8 8%CAP-17 6% INITIAL LEVEL-SPX 07/08/09 879 56 4042Ķ0-XX-8	20'000 000	11271	56,355 00	00 000 09	6,355 00

Account P13619005 Page 21 of 32

HINTZ FAMILY FUND, INC. ACCT P13619005 For the Period 12/1/09 to 12/31/09

	Quantity	Price	Estimated Value	Cost	Estimated Gain/Loss
Structured Investments					
HSBC 18M SPX MKT PLS NOTE 01/20/11 (70% CONTIN BARRIER-4 3%PMT- UNCAPPED) INITIAL LEVEL-SPX 07/22/09 940 38 4042K0-YD-1	50,000.000	117 56	58,780 00	50,000 00	8,780 00
JPM OIH REN 01/22/10 (3XLEV-9 51%CAP-28 53%MAXPYMT) INITIAL LEVEL-OIH 7/17/09 100 98 48123L-5D-2	20,000 000	127.46	63,730.00	50,000.00	13,730 00
JPM 5YR FLOATING RATE NOTE MD 07/20/2014 INITIAL RATE 3 5% CPN WHERE MAX RATE IS 10% PER ANNUM DD 07/17/09 48123L-3Ş-1 A+ /AA3	100,000 000	97 72	97,720 00	100,000 00	(2,280 00)
Total Structured Investments			\$642,365.00	\$600,104.30	\$42,260.70

print HINTZ FAMILY FUND, INC  File by the C/O JPMORGAN SERVICE INC, 26-3843309	Form 886	88 (Rev 4-2009)			Page 2
Part II Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or print I Name of Exempl Organization  Print I Name of Exempl Organization  HINTZ FAMILY FUND, INC  C/O JPMORGAN SERVICE INC, 26-3843309  Extended to the state of Number, street, and room or sute no If a PO box, see instructions  P O BOX 6089  City, town or post office, state, and ZIP code For a foreign address, see instructions  NEWARK DE 19714 - 6089  City, town or post office, state, and ZIP code For a foreign address, see instructions  NEWARK DE 19714 - 6089  Form 990-BL Form 990-PF  Form 990-F Form 990-F (see 401(a) or 408(a) trust)  Form 990-EZ Form 990-F Form 990-F (see 401(a) or 408(a) trust)  Form 990-EZ Form 990-F Form 990-F (see 401(a) or 408(a) trust)  Form 990-EZ Form 990-F EDWARD HINTZ  Telephone No ▶ 30 2 - 63 4 - 2 9 31  FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If request an additional 3-month extension of time until 11/15/10  For calendar year 2009, or other tax year beginning  If this tax year is for less than 12 months, check reason initial return Change in accounting period  The state in detail why you need the extension  ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND  ACCURATE TAX RETURN.   Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year ove	• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			► X
Part II	Note On	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form	1 8868		
Name of Exempt Organization   Employer identification number	• If you	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
HINTZ FAMILY FUND, INC  C/O JPMORGAN SERVICE INC,  Number, street, and room or suite no if a P O box, see instructions  P O BOX 6089  City, town or post office, state, and ZIP code For a foreign address, see instructions  NEWARK  DE 19714-6089  Check type of return to be filed (File a separate application for each return)  Form 990-BL  Form 990-F  Form 990-E  Form 990-T (sec 401(a) or 408(a) trust)  Form 990-BL  Form 990-E  Form 990-F	Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copie	s need	ed)
C/O JPMORGAN SERVICE INC,   26-3843309   For IRS use only   White particular of the date for the whole group, check this box   If this ris for a Group Return, enter the organization of sor the whole group, check this box   If this saplication is for Form 20.00   If this tax year is for less than 12 months, check reason   Initial return   Initial return   Change in accounting period of this application is for Form 990-BL.   Separation of the unstitution of this application is for Form 990-BL   Form 990-Titus of the tentative tax, less any nonerfundable credits See instructions   Separation of the stimulation of the stimulation of the subplication is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonerfundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any	Type or	Name of Exempt Organization	Employe	er identıf	ication number
Number, street, and room or suite no. If a P O. box, see instructions provided aterior filling the return. See Instructions nestructions.    POBOX 6089	print	HINTZ FAMILY FUND, INC			
the date for hing the return See instructions    P O BOX 6089	File by the	C/O JPMORGAN SERVICE INC,	26-3	8 <u>433</u> 0	9
Thing the return See naturations or post office, state, and ZIP code. For a foreign address, see instructions.  NEWARK  DE 19714 - 6089  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-F  Form 990-T (fixet other than above)  Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ▶ EDWARD HINTZ  Telephone No ▶ 302 - 634 - 2931  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the pames and ElNs of all members the extension is for  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization of the group, check this box  If this is for a Group Return, enter the organization of the group, check this box  If this is for a Group Return, enter the organization of the group, check this box  If this is for a Group Return, enter the organization of the group of the group of the group of the group of the gr	extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS	use only	
City, town or post office, state, and ZIP code   For a foreign address, see instructions		or P O BOX 6089			
Check type of return to be filed (File a separate application for each return)  Form 990  Form 990  Form 990-BL  Form 990-FF  Form 990-FF  Form 990-FF  Form 990-FF  Form 990-FF  Form 990-FT  Form 990	_	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Form 990	instruction	S NEWARK DE 19714-6089			
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720 Form 8870  Form 990-EZ Form 990-T (trust other than above) Form 5227  STOP¹ Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ► EDWARD HINTZ  Telephone No ► 302-634-2931 FAX No ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box	Check ty	pe of return to be filed (File a separate application for each return)			
Form 990-EZ   Form 990-T (trust other than above)   Form 5227  STOP¹ Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ► EDWARD HINTZ Telephone No ► 302-634-2931   FAX No ►  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is  for the whole group, check this box   If it is for part of the group, check this box   If this is made and EINs of all members the extension is for  I request an additional 3-month extension of time until 11/15/10  For calendar year 2009, or other tax year beginning   and ending    If this tax year is for less than 12 months, check reason   Initial return   Change in accounting period    State in detail why you need the extension   ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND    ACCURATE TAX RETURN.  Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,   less any nonrefundable credits See instructions   Sa \$ 153,690    b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any	For	rm 990 X Form 990-PF			Form 6069
STOP¹ Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ► EDWARD HINTZ Telephone No ► 302 - 634 - 2931 FAX No ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is  If this is  If this is  If this is  If this is  If this is  If this is  If this is  If this is  If this is  If this is  And attach a and attach a and attach a and attach a and attach a list with the names and EINs of all members the extension is for  If this tax year is for less than 12 months, check reason Initial return Tenal return Change in accounting period  The provided Hamber of the group, check this box  If this tax year is for less than 12 months, check reason Initial return Tenal return Change in accounting period  The provided Hamber of the group, check this box  If this is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	Fo	rm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720			Form 8870
The books are in the care of ► EDWARD HINTZ Telephone No ► 302-634-2931 FAX No ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  for the whole group, check this box  If it is for part of the group, check this box  If this is	Fo	rm 990-EZ Form 990-T (trust other than above) Form 5227			
Telephone No ▶ 302-634-2931  FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  for the whole group, check this box  If it is for part of the group, check this box  If this is  for the whole group, check this box  If this is  for the whole group, check this box  If this is  for the whole group, check this box  If this is  and attach a  list with the names and EINs of all members the extension is for  I request an additional 3-month extension of time until 11/15/10  5 For calendar year 2009, or other tax year beginning, and ending 6 If this tax year is for less than 12 months, check reason I initial return Tell Prinal return Change in accounting period  7 State in detail why you need the extension  ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,  less any nonrefundable credits See instructions  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previously file	ed Form	8868.	
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  for the whole group, check this box  If it is for part of the group, check this box  If this is  for the whole group, check this box  If this is  If this	• The	books are in the care of   EDWARD HINTZ			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  In it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  In it is for part of the group, check this box  If this is and attach a  In it is for part of the group, check this box  If it is for part of the group, check this box  If this and attach a  If this is and attach a  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group, check this box  In it is for part of the group and attach a  In it is for part of the group and attach a  In it is for part of the group and attach a  In it is for part of the group and attach a  In it is for part of the group and attach a  In it is for part of the group and attach a  In it is	Tele	phone No ▶ 302-634-2931 FAX No ▶			
for the whole group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is application is for less than a standard and estimated tax payments made include any prior year overpayment allowed as a credit and any  If it is for part of the group, check this box  If it is for part of the group is for part of the group is for part of the group is for part of the group is for part of the group is for part of the group is for part of the group is	• If the	e organization does not have an office or place of business in the United States, check this box			▶ 🗌
It with the names and EINs of all members the extension is for  I request an additional 3-month extension of time until 11/15/10  For calendar year 2009, or other tax year beginning, and ending  If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period  State in detail why you need the extension ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.   8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is		
I request an additional 3-month extension of time until 11/15/10  For calendar year 2009, or other tax year beginning , and ending  If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period  State in detail why you need the extension  ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,  less any nonrefundable credits See instructions  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	for the w	hole group, check this box  If it is for part of the group, check this box  ar	nd attach	a	
For calendar year 2009, or other tax year beginning, and ending  If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period  State in detail why you need the extension  ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	list with t	the names and EINs of all members the extension is for			
For calendar year 2009, or other tax year beginning, and ending  If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period  State in detail why you need the extension  ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	4   re	equest an additional 3-month extension of time until 11/15/10			
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any					
State in detail why you need the extension ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any			account	ing perio	d
ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,  less any nonrefundable credits. See instructions.  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,  less any nonrefundable credits. See instructions.  8a \$ 153,690  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any	Α	DDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A C	OMPL	ETE A	AND
less any nonrefundable credits See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any	Α	CCURATE TAX RETURN.			
less any nonrefundable credits See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any	8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
estimated tax payments made include any prior year overpayment allowed as a credit and any	les	ss any nonrefundable credits. See instructions	8a	\$	153,690
1.0.000	b If t	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
amount paid previously with Form 8868 8b \$ 160,000	es	stimated tax payments made. Include any prior year overpayment allowed as a credit and any			
	an	nount paid previously with Form 8868	8b	\$	160,000
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	c Ba	alance 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 8c \$ 0	WI		8c	\$	0
Signature and Verification					
Under penalties of penury, declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Under per	nalties of penury, t declare that I have examined this form, including accompanying schedules and statements, and to the best of correct, and continue and that I am authorized to prepare this form	my knowle	dge and b	elief,
Signature VP JPMacher CHASE Date > 07/26/10	(	THE NP JEMONIA CHALL			

Form 8868 (Rev 4-2009)