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Schedule B (Form 990, 990-E之, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

Name of the organization	Employer identification number
THE HARAR FAMILY FOUNDATION, LTD	
C/O JEROME OSTROV, ESQ & ROBERT E. HARAR	52-2101472
Organization type (check one)	
Filers of: Section:	
Third off.	
Form 990 or 990-EZ 501(c)() (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private	foundation .
527 political organization	
Form 990-PF X 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foun	dation
501(c)(3) taxable private foundation	t
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 instructions	a Special Rule See
General Rule	
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 property) from any one contributor. Complete Parts I and II	0 or more (in money or
Special Rules	
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the y of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, II	ear, a contribution of the greater
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fro the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charit educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II,	able, scientific, literary, or
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fro the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these caggregate to more than \$1,000. If this box is checked, enter here the total contributions that year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts us applies to this organization because it received nonexclusively religious, charitable, etc., conduring the year.	contributions did not t were received during the nless the General Rule atributions of \$5,000 or more
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (F 990-PF)	H of its Form 990-EZ,

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

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

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

⊃age	of	of Part I

Name of o	organization THE HARAR FAMILY FOUNDATION, C/O JEROME OSTROV, ESQ & ROB		Employer identification number 52-2101472	
Part I Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1		\$15,035.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	

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Page of of Part I

Name of organization THE HARAR FAMILY FOUNDATION, LTD

C/O JEROME OSTROV, ESQ & ROBERT E. HARAR

Employer identification number 52-2101472

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	EXXON MOBIL SHARES		
		\$\$5,035.	11/16/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

ATTACHMENT 1

FORM 990PF,

GIFTS AND GRANTS RECEIVED - CONTRIBUTIONS, PART I

ROBERT & ELAINE HARAR 4291 NIETZEY PLACE ALEXANDRIA, VA 22309-3070 NAME AND ADDRESS

11/16/2009 DATE

SUPPORT DIRECT PUBLIC

TOTAL CONTRIBUTION AMOUNTS

15,035.

ATTACHMENT 1