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Form **990-PF**

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

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For	ale	enda	r year 2009, or ta	ax year beginning	, 2009	, and ending	,	
G	he	ck a	II that apply	Initial return Init	ial Return of a former p	oublic charity	Fin	al return
				Amended return	Address	change Name	change	
Us	. 41					TA	Employer identification nu	mber
IRS		el	HARARY FAM	ILY FOUNDATION	INC.		52-2405627	
Othe			275 ROUTE			В	Telephone number (see the	instructions)
	rıni	: 1		WICK, NJ 08816			,	
or See S						c	If exemption application is	nending check here
Instru							1 Foreign organizations, che	· •
Н	\sim	aeck	type of organiza	tion X Section 50	1(c)(3) exempt private f		2 Foreign organizations mee	
••	ř			nonexempt charitable t		orivate foundation	here and attach computati	on Street Cost, crick
$\overline{}$	Fa		ket value of all asset		counting method X C		If private foundation status	s was terminated
•	(fi	om Pa	art II, column (c), line	16)	Other (specify)		under section 507(b)(1)(A	·
•	s			·	column (d) must be or	Cash basis	If the foundation is in a 60 under section 507(b)(1)(B)	
		- Δ	nalysis of Re					, check here
In CIT	-111			total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		ÇC	olumns (b), (c), a	and (d) may not neces-	expenses per books	income	income	for charitable purposes
		sa	arily equal the an	nounts in column (a)				(cash basis only)
	_	(S	ee the instruction	- 1 - 1	00 000	and the second of the second o	486 5 265 148 PM	·
		1		grants, etc, received (att sch)	90,000.	性情報に知る。 Norman continue Continues of		
		2		nundon is not req to att Sch B Ings and temporary		Crris a rationality of	A CONTRACTOR OF A LANGUAGE	数7多子系统系统 等级 等级。" 数据的第三人称形式的第三人称:"
		3	cash investmer	niga ana temporary NS				
		4	Dividends and inter					位。4. 假写真是。这是:
			Gross rents					我心在海水 人名西班牙克斯
		t	Net rental income or (loss)		是此些學校的	過程を対対は対対	調整はいたでは動物	
R				sale of assets not on line 10		ない。	ATTENNEY S.	表面影響。共和的問
Ë		t	Gross sales price for assets on line 6a	all	THE PARTY OF THE P	いい。日本の大会の場合	The State of the S	に動きをいれている
_Ě		7		ome (from Part IV, line 2)	上はず といいるとのない			The state of the s
200E		8	Net short-term	capital gain		理論を行うできる		が一般である。 1000年
2		9	Income modific	ations	Parks miss as a second	はないないに、いてかいは他は		
<u></u>		10 a	Gross sales less returns and			克勒尔尼亚马克克克		TO THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE
60	1	ŀ	allowances Less Cost of			いいよう、アラウンスを持ちませると	· では、 ・ できる。	· · · · · · · · · · · · · · · · · · ·
9	-	-	goods sold		The State of the S		TEST OF ANY	差別電話では、 スペーニュー・ディーラ
AUG			Gross profit/(loss)					FAMILY TO THE STATE OF
		11	Other Income (attach schedule)				CRESTELL AND AND CONTRACTOR
		12	Total. Add lines	1 through 11	90,000.	0.	0.	
<u></u>	\dashv	13		cers, directors, trustees, etc	90,000.	0.	U .	ENTER REPORT OF THE P
SCANNED	ı	14	Other employee sala		<u>.</u>			
S	-	15		employee benefits				· · · · · · · · · · · · · · · · · · ·
ัด			Legal fees (attach s					
	<u> </u>		-	tach sch) See St 1	8,826.			8,826.
	M		Other prof fees (atta		0,020.			
o	N	17	Interest	2011 20117	1,226.			1,226.
Ε	S T	18	Taxes (attach schedule)(se	ee instr)				
R A	R	19	Depreciation (a	ttach		····		·道言等 水色等等 包
Ţ	T		sch) and deplet	ion				
	Ě	20	Occupancy		-			
		21		nces, and meetings				
N :	E X P	22 23	Printing and pu	(attach schedule)			· · · · · · · · · · · · · · · · · · ·	
		23		ee Statement 2	365.			365.
1	E N S	24		and administrative	303.			303.
	S S	24	expenses. Add	lines 13 through 23	10,417.			10,417.
	_	25	Contributions, gifts,	grants paid Part XV		《海峡运》以及 [2]	Commence of the second	55,268.
	┎╢	26 r		and disbursements.				
	Ц				65,685.	0.	0.	65,685.
		.27	Subtract line 26		地區是共產黨	· · · · · · · · · · · · · · · · · · ·	というのというのでははない	THE PARTY OF THE P
	18	a اد	andgispursem andgispursem	nue over expenses	24,315.	The state of the s		
	1	t l		me (if negative, enter -0-)	STATE THE	0.		
				(if negative enter 0-)	· 2007年	海路等型的	0.	
BAA	۴c				t Notice, see the instru		A0504L 02/02/10	Form 990-PF (2009)

139

David	11.4	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
Гаг	21153	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	890.	25,205	25,205.
	う	Savings and temporary cash investments			
	3	Accounts receivable	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AND CONTROL OF	建筑建筑。
	"	Less allowance for doubtful accounts		FILE AGE ACTION OF THE ACTION AND ACTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION	A C Man Manager Drag and a World
	4	Pledges receivable	5 4 法的意義	这类 对于1.6	
		Less allowance for doubtful accounts	James - war and war and a history with the	TO A STATE OF THE ACT	TO SECURE AND APPROXIMENT OF APPROXIMENT
	5	Grants receivable			
	_				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			Minister To
Ą		Less allowance for doubtful accounts ▶			
A S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	l t	nvestments — corporate stock (attach schedule)			
		Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and	对表现的对象		
		equipment basis		REPENDING.	
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item I).	890.	25,205.	25,205.
Ļ	17	Accounts payable and accrued expenses			
A	18	Grants payable			
Ŗ	19	Deferred revenue			the offer weeks with within the
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ţ	21	Mortgages and other notes payable (attach schedule)			
T	22	Other liabilities (describe			古様では近畿を大き
E S	23	Total liabilities (add lines 17 through 22)	0.	n	
_ 5_	23	Foundations that follow SFAS 117, check here	0.	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.		:	
N F E U T N	24	Unrestricted			
E U	25	Temporarily restricted			
, D	26	Permanently restricted			The grant of the grant of the grant of
A B A L T S N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund		•	
۲	29	Retained earnings, accumulated income, endowment, or other funds	890.	25,205.	
O E R S	30	Total net assets or fund balances (see the instructions)	890.	25,205.	
	31	Total liabilities and net assets/fund balances (see the instructions)	890.	25,205.	The state of the s
Part		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total end-	net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	umn (a), line 30 (must a	gree with	890.
2		r amount from Part I, line 27a		2	24,315.
3		increases not included in line 2 (itemize)		3	,
4	Add	lines 1, 2, and 3		4	25,205.
5	Decrea	ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	– Part II, column (b), I	line 30. 6	25,205.

(a) List and descr	tibe the kind(s) of property sold (e.g., repuse, or common stock, 200 shares ML	eal estate,	b) How acq	ase	(c) Date acquired (month, day, year)	(d) Date sold (month day, year)
1a N/A	<u> </u>		D - Donat	tion	_	
b `						
					· · · · ·	
d		<u> </u>				
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (e) plus (f) m	
a						
b						
<u> </u>						·
d e						
	L	the foundation on 12/31/69			(I) Coupe (Colu	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any	1)		l) Gains (Coll) Jain minus column (k Jan -0-) or Losses (fr	(), but not less
a						
b						
С						
d						
е						
2 Capital gain net income or (r	net capital loss) If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2		
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	and (6)				
ın Part I, Iıne 8	ine 8, column (c) (see the instructions)			3		
Part V - Qualification Und	er Section 4940(e) for Reduced	d Tax on Net Investmer	nt Incon	ne		
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable amualify under section 4940(e) Do not cont in each column for each year; see the	mplete this part		es	Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse			(d) Distribution umn (b) divided	
2008	65,718.	3,	,356.		<u> </u>	19.582241
2007	83,424.		,420.			15.391882
2006	70,790.	11,	,473.		_	6.170139
2005	45,778.		,840.			2.429830
2004	71,159.	10,	, 434.		ī	6.819916
2 Total of line 1, column (d)			L	2		50.394008
	the 5-year base period — divide the toon has been in existence if less than 5			3_		10.078802
4 Enter the net value of noncha	arıtable-use assets for 2009 from Part 2	X, line 5		4		898.
5 Multiply line 4 by line 3				5_		9,051.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		9,051.
8 Enter qualifying distributions	from Part XII, line 4			8		65,685.
If line 8 is equal to or greater Part VI instructions	r than line 7, check the box in Part VI,	line 1b, and complete that pa	art using a	a 1%	tax rate See th	ne

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Pär	tVI Excise Tax Based on Investment Income (Section 4940(a), 49	40(b), 4	4940(e), or 49	948 – see	the in	nstruc	tions))	
1 a	Exempt operating foundations described in section 4940(d)(2), check here	N/A' on	line 1	\neg				- A. 2	, - <u>, ' ^</u> -
	Date of ruling or determination letter (attach copy of letter if necessa	ry - se	ee instr.)						
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			-	1				0.
	check here ► X and enter 1% of Part I, line 27b					ؙۼ <u>ؠڂ؈ؿ</u>	iker	رُ جُهُ مُعَادِيدٍ ا	بارند وفهده
(: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I,	line 12, c	column (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				2				0.
3	Add lines 1 and 2				3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ons onl	v. Others en	er -0-)	4	t			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, ent		,		5				0.
6	Credits/Payments					100	. W. Te	\$56.75	*****
-	2009 estimated tax pmts and 2008 overpayment credited to 2009	6 a							
	Exempt foreign organizations — tax withheld at source	6ь							
	: Tax paid with application for extension of time to file (Form 8868)	6c						******	2.76
	Backup withholding erroneously withheld	6d				(3)气体学 医人类键的	tal. in		5475 F
	Total credits and payments Add lines 6a through 6d	<u> </u>			7	125. see 1.	, "' <u>, Jac</u> as	en jare	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2	220 is :	attached		8				.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	220 13 6	attached	•	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			.	10				<u> </u>
11	Enter the amount of line 10 to be Credited to 2010 estimated tax	- 1	Refunded	. ▶	11	 			
	VII-A Statements Regarding Activities		Refulluet		11				
								Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or participate or intervene in any political campaign?	or local	legislation o	r did it			1a	163	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for politiose the instructions for definition)?	tical pu	ırposes				1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities are or distributed by the foundation in connection with the activities	nd copi	ies of any ma	nterials pu	blishe	∍d		建	海·水
c	Did the foundation file Form 1120-POL for this year?						1 c	language 17.0	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed	l during	the year						医药
	(1) On the foundation $\qquad \qquad \qquad$		▶ \$			0.	FATACON SENSON		F. C.
e	Enter the reimbursement (if any) paid by the foundation during the year for politic foundation managers \blacktriangleright \$ 0.	cal exp	penditure tax	imposed	on			変製	
2	Has the foundation engaged in any activities that have not previously been report	ted to	the IRS?				2		X
	If 'Yes,' attach a detailed description of the activities							. 4 개 교 산 . 4	* T.
3	Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformal conforma	govern rmed co	ing instrume	nt, articles <i>anges</i>	5		3		ж
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during			J		Ì	4a		Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?					Ì	4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		i	•		Ì	5		Х
	If 'Yes,' attach the statement required by General Instruction T					Ī		Fr∓-i. *Uri£i'	ক্ষাক্ষ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) s	satisfied	d either:			ŀ	THE PERSON	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	By language in the governing instrument, or					ļ		10 mm	デキリ
	By state legislation that effectively amends the governing instrument so that no	mand	atory directio	ne that co	nflict				
_	with the state law remain in the governing instrument?			ins wat co	milet		6	V	Χ
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II,			_		}	7	X	3商汤
ва	Enter the states to which the foundation reports or with which it is registered (see NJ	e the ir	nstructions). —————			_ _			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	eral				-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the mer for calendar year 2009 or the taxable year beginning in 2009 (see instructions for	anıng o	of section 494 (IV)? <i>If 'Yes.</i>	12(j)(3) or ' complete	4942 Part	()(5) (*X/V	<u> </u>		¥₹¥ X
	Did any persons become substantial contributors during the tax year? If 'Yes,' at and addresses			na their n	ames	Г	10	Х	

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Form **990-PF** (2009)

Forr	n 990-PF (2009) HARARY FAMILY FOUNDATION INC.	52-	-240562	27	F	Page 5
	t:VII-A. Statements Regarding Activities Continued					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		•	11		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 exemp	tion applica	ation?	13	X	
14		one no				. — — –
	Located at ► 275 ROUTE 18, EAST BRUNSWICK NJ ZIP + 4		316			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check he and enter the amount of tax-exempt interest received or accrued during the year	1	15	N/A	. •	∐ N/A
Par	t VIL B Statements Regarding Activities for Which Form 4720 May Be Required					
1,41	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			護星	Yes	No
1.				- T	3 1 1 2	140
1 6	a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	Server Server	الله المراجعة المراجعة المراجعة	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		<u></u>		24 S	2. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			Market St.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	湾		2 4 3 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo			
Į	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instru	ın ıctıons)?		≟ــُـــُــُــُــُــُــُــُــُــُــُــُــ	جمکمہ N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	-	医		- L
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2009?	cts,		1 c	Tie mi	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			福祉		9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ā	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					
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49 all years listed, answer 'No' and attach statement — see the instructions)			2b	N	多霉 /A
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year 20, 20, 20, 20	rs here				
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		المستودا ملاحدودا المستودا المستودا	
ŀ	of Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appropriate Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	on oved or				
А	determine if the foundation had excess business holdings in 2009)			3b	IN	/A
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	s, (al _m)	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?			4b	To an Selection	X
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Total number of other employees paid over \$50,000

	n 990-PF (2009) HARARY FAMILY FOUNDATION INC.	52-2405627 Page
·Par	rtVIII Information About Officers, Directors, Trustees, Foundation Managers, Fand Contractors (continued)	lighly Paid Employees,
3	Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of se	rvice (c) Compensation
Nor	ne	,
Total	I number of others receiving over \$50,000 for professional services	
Dar	र्दाX-A Summary of Direct Charitable Activities	
ગન્ધા		
List th organi	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the num izations and other beneficiaries served, conferences convened, research papers produced, etc.	ber of Expenses
1	N/A	
2		
3		
4		
Par	Summary of Program-Related Investments (see instructions)	
Desc	cribe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2. Amount
1	N/A	
2		
All o	other program-related investments. See instructions	

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Form **990-PF** (2009)

Total. Add lines 1 through 3 BAA

Part X: Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities 1 a 912. **b** Average of monthly cash balances 1 b c Fair market value of all other assets (see instructions) 1 c 912. 1 d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e 0. (attach detailed explanation) 0. Acquisition indebtedness applicable to line 1 assets 2 912. 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 14. 898. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 45. Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here 1 45. Minimum investment return from Part X, line 6 * > 2a Tax on investment income for 2009 from Part VI, line 5 2a 2b b Income tax for 2009 (This does not include the tax from Part VI) c Add lines 2a and 2b 2 c 45. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 4 5 45. Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 45. 7 Part XII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 65,685. b Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a b Cash distribution test (attach the required schedule) 3 b Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 65,685. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4 65,685.

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

BAA

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

•		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for line 7	2009 from Part XI,	A CONTRACTOR OF THE PROPERTY O			45.
2 Undistributed income, if any, a	s of the end of 2009	11/21/10			文学经验对于50分量
a Enter amount for 2008 of		The state of the s	4 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·	0.	
	, 20 , 20	The second second	0.	· 城市 " 、 " 、 " " " · · · · · · · · · · · · · · · · ·	方式加到金额
3 Excess distributions carryover,	- — —	Charles (1)			
a From 2004	70,637.	The state of the s			
b From 2005	44,836.		at the time that the		
c From 2006	70,216.	1211 (2014)			
d From 2007	83,153.			11. 是學學是於	
e From 2008	65,550.				
f Total of lines 3a through		334,392.			
4 Qualifying distributions f		* · · · · · · · · · · · · · · · · · · ·	Jan Bara V Garage	11 1 10 10 10	200 day 18 3 3 3 6 1 3 8
XII, line 4 ► \$	65,685.		3.4		
a Applied to 2008, but not		, s, , , , ,		0.	
			, , , , , , , , , , , , , , , , , , ,	10.66	
b Applied to undistributed (Election required — see	income of prior years e instructions)	E SE	0.		
			To the state of th	THE PROPERTY OF	
 c Treated as distributions (Election required — see 	out of corpus	0.			
d Applied to 2009 distribut		THE PROPERTY OF	E YEAR SHOW	The state of the s	45.
e Remaining amount distr		65,640.		西斯斯斯斯斯斯	
5 Excess distributions carryover		0.	Salata Salata	11100000000000000000000000000000000000	0.
(If an amount appears II	n column (d), the	The state of the s		AFRICA STORY	* 74"(TEXATA) (3)
same amount must be s	shown in column (a))				
		1 34 M 2		15 15 44 15 15 16	
6 Enter the net total of ear indicated below:	ch column as	State of the state	a Santa Jan Santa Sa		
a Corpus Add lines 3f, 4c, and 4	e Subtract line 5	400,032.		AL CONTRACTOR	
		William Court is in	* ALTA COMMUNICATION SECTION S		
b Prior years' undistributed line 4b from line 2b	d income Subtract		0.		
c Enter the amount of price				***********	
ed income for which a n	otice of deficiency				
has been issued, or on v 4942(a) tax has been pr	wnich the section eviously assessed		0.		
	-	ET WATER TO THE OWN			
d Subtract line 6c from line amount — see instruction			0.		
- 11-distributed f 2000	Culphanak lana da fasan		Paradian in	A STATE OF THE PARTY OF THE PAR	
e Undistributed income for 2008 line 2a Taxable amount — see				0	The state of the s
		the market of the same who is	生沙拉克到沙里里里	[第7] 李祖 [] [] [] [] [] [] [] [] [] [AND - 4 - 4 - 7
f Undistributed income for					
4d and 5 from line 1 Th distributed in 2010	is amount must be	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.
7 Amounts treated as distr	ributions out of			対学権性 はまじょう	
corpus to satisfy require	ments imposed				
by section 170(b)(1)(F) ((see instructions)	or 4942(g)(3)	0.			
8 Excess distributions carr	nuovar fram 2001 nat				
applied on line 5 or line	7 (see instructions)	70,637.			
		·			NOTABLE BURNER.
9 Excess distributions can Subtract lines 7 and 8 fr		329,395.			
10 Analysis of line 9					
a Excess from 2005	44,836.				
b Excess from 2006	70,216.		建 北省 (1) 本 (1)		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
c Excess from 2007	83,153.				
d Excess from 2008	65,550.				
e Excess from 2009	65,640.				
BAA	<u> </u>			Date Continuous	Form 990-PF (2009)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	1	Amount			
Name and address (home or business)	substantial contributor	recipient					
a Paid during the year			1				
See Statement 6							
	}	}	1				
	}						
	1						
			<u> </u>				
Total			► 3a	55,268.			
b Approved for future payment							
			j				
				in			
Takal			<u> </u>	<u> </u>			
Total			_ 3b				

Part XVI As Analysis of Income-Producing Activities

Line V	accomplishment of the foundation's exemp					ly to the he instructions)
	No. Explain below how each activity for which accomplishment of the foundation's exempt					ly to the he instructions)
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	No. Explain below how each activity for which accomplishment of the foundation's exempt					ly to the he instructions)
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	No. Explain below how each activity for which accomplishment of the foundation's exempt					ly to the he instructions)
Line	·					:ly to the
	XVIEB® Relationship of Activities to th	e Accompii	shment of Exemp	t Purpe		
Part'	was large of the contract of t				oses	
	vorksheet in the instructions for line 13 to verify	calculations)				
	Fotal. Add line 12, columns (b), (d), and (e)	1 **2 (5.9)		1 120 - 54	13	0.
e_ 12	Subtotal Add columns (b), (d), and (e)	Z'~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
d_				}		
c_				ļ		
						
11 (a		25 SE 2.25	ST BURNEY WE TAKE	200	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	THE PARTY OF THE P
	Gross profit or (loss) from sales of inventory Other revenue	A water of	F 7 7 3 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tis min		TOTAL UNITED STATE
	Net income or (loss) from special events					
	Gain or (loss) from sales of assets other than inventory					
	Other investment income					
	Not debt-financed property Net rental income or (loss) from personal property					
	Debt-financed property		<u></u>	-		
	Net rental income or (loss) from real estate		Total House	Charles Services	The state of the s	
	Dividends and interest from securities					
	Interest on savings and temporary cash investments			 		
_	Fees and contracts from government agencies Membership dues and assessments				<u> </u>	
f						
e_						
d				<u> </u>		
_						
p_						
b _		L		sion		function income (see the instructions)
a _ b _ c _	Program service revenue	code		1 0.00	Amount	(e) Related or exempt
a _ b _ c _	、 Program service revenue	(a) Business code	(b) Amount	(c) Exclu-	(d)	

Yes No

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

desc	the organization directly cribed in section 501(c) o ting to political organizat	of the Code (oth	gage in any of the er than section 50	following with 1(c)(3) organi	any other orga zations) or in se	nization ection 527,		
	nsfers from the reporting		noncharitable exe	empt organiza	tion of			
	Cash			, ,			1a (1)	X
(2)	Other assets						1 a (2)	X
b Othe	er transactions							
(1)	Sales of assets to a non	charitable exem	pt organization				1 b (1)	X
(2)	Purchases of assets from	n a noncharitab	le exempt organiza	ation			1 b (2)	Х
(3)	Rental of facilities, equip	ment, or other	assets				1 b (3)	X
(4)	Reimbursement arrangei	ments					1 b (4)	X
(5)	Loans or loan guarantee	s					1 b (5)	X
(6)	Performance of services	or membership	or fundraising sol	icitations			1 b (6)	X
c Sha	ring of facilities, equipme	ent, mailing lists	s, other assets, or	paid employe	es		1 c	X
the	e answer to any of the a goods, other assets, or s transaction or sharing at (b) Amount involved	ervices given b rangement, sho	v the reportina fou	indation If the ne value of the	e foundation rec e goods, other a	eived less than fair n	narket value in ceived	
N/A		· ·						

	<u> </u>		1.40					
					·			
						<u> </u>		
			·					
		· · ·						
desc	e foundation directly or i cribed in section 501(c) c es,' complete the followi	f the Code (oth	ed with, or related er than section 50	to, one or mo 1(c)(3)) or in s	ore tax-exempt of section 527?	organizations	Yes	s X No
	(a) Name of organization	on	(b) Type of	organization		(c) Description o	f relationship	
<u>N/A</u> _								
						 .		
				 .				
Under pe complete	nalties of perjury, I declare that I Declaration of predarer (other th	have examined this nan taxpayer or fiduo	return including accomp lary) is based on all info	anying schedules a rmation of which p	and statements, and reparer has any know	to the best of my knowledge riedge	and belief, it is true	e, correct, and
s	\mathcal{A}	_ /			1 6/12/10	► Ah	oe-	
S S SIG	nature of officer or rus ee		11/		Date	Title		
G Sig		11 41-10	M. 1. 1. 1.	а	Date /		Preparer's Identify	
H Paid	Preparer's signature	Windows in	That The	unkro	6/11/10	Check if self-	(See Signature in	
Paid R Pre-	Flan	Musacchi	<u> </u>	·-·		employed 13	P00717098	
parer's	yours if self-		Rubin PLLC	·		EIN ► 13-	3845495	<u> </u>
Only	address, and Novy		12th Floor 0016-6517				(212) 447	~0222
BAA.	ZIP code New .	OLK, NI I	0010 0317		· · · · · · · · · · · · · · · · · · ·	Phone no	(212) 447	
BAA							rorm 99	0-PF (2009)

Schedule B (Form 990, 990-EZ, 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

2009

Name of the organization		Employer identification number
HARARY FAMILY FOUNDATION INC.	<u>_</u>	52-2405627
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not trea	ted as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
1 01111 330 1 1	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 G	eneral Rule or a Special Rule	L. Consul D. In. Consultry at any
Note: Only a section 501(c)(/), (8), or (10) org	panization can check boxes for both the General Rule	and a Special Rule. See Instructions
General Rule —		
X For an organization filing Form 990, 990-E.	Z, or 990-PF that received, during the year, \$5,000 o	or more (in money or property) from any one
contributor (Complete Parts I and II)		
Special Rules –		
509(a)(1)/170(b)(1)(A)(vi) and received from any	Form 990 or 990-EZ, that met the 33-1/3% support to y one contributor, during the year, a contribution of the gre or (ii) Form 990-EZ, line 1 Complete Parts I and II	est of the regulations under sections eater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organiz	zation filing Form 990 or 990-EZ, that received from	any one contributor, during the year,
aggregate contributions of more than \$1,00 prevention of cruelty to children or animals	00 for use <i>exclusively</i> for religious, charitable, scient	ific, literary, or educational purposes, or the
For a section 501(c)(7), (8), or (10) organiz	zation filing Form 990 or 990-EZ, that received from	any one contributor, during the year,
contributions for use exclusively for religion	us, charitable, etc, purposes, but these contributions intributions that were received during the year for an	did not aggregate to more than \$1,000 If
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 b	y the General Rule and/or the Special Rules does no	ot file Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part IV, III 990-PF, to certify that it does not meet the filir	e 2 of their Form 990, or check the box on line H of ng requirements of Schedule B (Form 990, 990-EZ, o	its Form 990-EZ, or on line 2 of its Form or 990-PF)
BAA For Privacy Act and Paperwork Reducti		Schedule B (Form 990, 990-EZ, or 990-PF) (2009
for Form 990, 990EZ, or 990-PF.	· -	, , , , , , , , , , , , , , , , , , , ,

Part 1	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Michael Harary 893 Elberon Avenue Elberon NJ 07740,	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Leon Harary Inc 275 route 18 E Brunswick NJ 08816,	\$ <u>70,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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)

Page 1

of 1

of Part II

HARARY FAMILY FOUNDATION INC.

Employer identification number

52-2405627

Part I Noncash Property (see instructions)
Part il 表 Noncash Property (see instructions))

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A	-	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u>-</u> -	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	
	\$	
	Description of noncash property given (b) Description of noncash property given Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Description of noncash property given FMV (or estimate) (see instructions)

HARARY FAMILY FOUNDATION INC.

Employer identification number 52-2405627

Part III	Exclusively religious	charitable, et	tc, individual	contributions	to section	501(c)(7), (8),	or (10)	
	organizations aggreg	ating more th	an \$1, 000 for	the year.(Com	plete cols (a) t	hrough (e) and th	e following line	entry)

	organizations aggregating more the For organizations completing Part III, enter			
(2)	contributions of \$1,000 or less for the year	(Enter this information once –	see instructi	ons)
(a) No. from	(b) Purpose of gift	Use of gift		Description of how gift is held
Part I	N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres		Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	Rela	tionship of transferor to transferee	
	T. Control of the con			

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/	u	u	

Federal Statements

Page 1

Client HARARYFD

HARARY FAMILY FOUNDATION INC.

52-2405627

6/11/10

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Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees

	(a)	(b) Net	(c)	(d)	
	Expenses	Investment	Adjusted	Charitable	
	per Books	<u>Income</u>	Net Income	<u>Purposes</u>	
ACCOUNTING FEES	\$ 8,826. Total \$ 8,826.	\$ 0.	\$ 0.	\$ 8,826. \$ 8,826.	

Statement 2 Form 990-PF, Part I, Line 23 Other Expenses

		(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable <u>Purposes</u>
BANK FEES FILING FEE	Total	\$ 310. 55. \$ 365.	\$ 0.	\$ 0.	\$ 310. 55. \$ 365.

Statement 3 Form 990-PF, Part VII-A, Line 10 **Substantial Contributors During the Tax Year**

Name of Substantial Contributor Address of Substantial Contributor

LEON HARARY INC.

275 ROUTE 18

E. BRUNSWICK, NJ 08816

MICHAEL HARARY

275 ROUTE 18

EAST BRUNSWICK, NJ 08816

Statement 4 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

MICHAEL HARARY JERRY HARARY

Statement 5 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name: Care Of: Street Address: JERRY HARARY HARARY GROUP 275 ROUTE 18

City, State, Zip Code:

EAST BRUNSWICK, NJ 08816

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Federal Statements

Page 2

Client HARARYFD

HARARY FAMILY FOUNDATION INC.

52-2405627

6/11/10

05 05PM

Statement 5 (continued) Form 990-PF, Part XV, Line 2a-d Application Submission Information

Telephone:
Form and Content:
Submission Deadlines:
Restrictions on Awards:

Statement 6 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

	Donee	Found- ation	Purpose of	
Name and Address	<u>Relationship</u>	<u>Status</u>	<u>Grant</u>	Amount
OHEL YAACOB CONGREGATION P.O. BOX 225 DEAL, NJ 07723	NONE	NFP	RELIGIOUS	\$ 10,000.
BEIT YAACOV INC 19275 MYSTIC POINTE DR AVENTURA, FL 33180	NONE	NFP	RELIGIOUS	16,165.
AMERICAN FRIENDS of HECHAL EZRA 1470WEST 35th STREET NEW YORK, NY 10001	NONE	NFP	RELIGIOUS	500.
BEIT EDMOND J. SAFRA SYNAGOGUE 19275 MYSTIC POINTE DR AVENTURA, FL 33180	NONE	NFP	RELIGIOUS	2,200.
CONGREGATION MAGEN DAVID OF WE 395 DEAL ROAD OCEAN, NJ 07712	NONE	NFP	RELIGIOUS	1,050.
HILLEL YESHIVA P.O. BOX 2288 OCEAN, NJ 07712	NONE	NFP	EDUCATIONAL	2,600.
SEPHARDIC BIKUR HOLIM 425 KINGS HIGHWAY BROOKLYN, NY 11223	NONE	NFP	CHARITABLE	550.
THE SEPHARDIC FOOD FUND 8 WEST 40TH STREET 4TH NEW YORK, NY 10018	NONE	NFP	CHARITABLE	7,200.
ILAN HIGH SCHOOL 82 NORWOOD AV STE 3 DEAL, NJ 07723	NONE	NFP	EDUCATIONAL	500.

2009	Federal Sta	tements		Page
Client HARARYFD	HARARY FAMILY FO	UNDATION II	NC.	52-2405
6/11/10				05 09
Statement 6 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
CONGREGATION CHESED L'AVAHAM C/O SITT 37 BRIDGE ST 5 FL BROOKLYN, NY 11201	NONE	NFP	RELIGIOUS	\$ 1,00
LADIES AUX - DEAL FIRE DEPT 110 BRIGHTON AVE DEAL, NJ 07723	NONE	NFP	CHARITY	10
JCC 100 GRANT AVE DEAL, NJ 07723	NONE	NFP	CHARITY	50
AHAVA VE AHVA OCEAN PARKWAY BROOKLYN, NY	NONE	NFP	EDUCATIONAL	15
ECHO NATIONAL JEWISH INST 1879 EAST 2nd STREET BROOKLYN, NY 11223	NONE	NFP	EDUCATIONAL	1,00
YECHAVE BA'AT 928 44th ST BROOKLYN, NY 11219	NONE	NFP	EDUCATIONAL	5,00
DEAL FIRE DEPARTMENT 110 BRIGHTON AVENUE DEAL, NJ 07723	NONE	NFP	CHARITABLE	10
DEAL FIRST AID & EMERGENCY SQUAD PO BOX 6 DEAL, NJ 07723	NONE	NFP	CHARITABLE	10
HATZALAH VOLUNTEER EMS PO BOX 2333 ELBERON, NJ 07740	NONE	NFP	CHARITABLE	25
ALLEGRA FRANCO WOMEN'S TEACHERS COLLEGE C/O CONG BETH TORAH1061 OCEAN PKWAY BROOKLYN, NY 11230	NONE	NFP	EDUCATIONAL	50
MARCH of DIMES PO BOX 9500 TRENTON, NJ 08650	NONE	NFP	CHARITY	10
ATERET KOHANIM PO BOX 1076 JERUSALEM, 91009 ISRAEL.	NONE	NFP	EDUCATIONAL	50

2009	Federal Sta	tements				Page 4
Client, HARARYFD	HARARY FAMILY FO	UNDATION IN	IC.			52-2405627
6/11/10					•	05 05PM
Statement 6 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year						
Name and Address	Donee <u>Relationship</u>	Found- ation <u>Status</u>	Purpose Grant	of		Amount
SAFE PO BOX 230060 BROOKLYN, NY 11223	NONE	NFP	CHARITY		\$	5,200.
				Total	\$	55,268.

r

Application for Extension of Time To File an Exempt Organization Return

Dep	partment of the ernal Revenue	Treasury Service		► File a sep	arate application fo	r each return.				
•	If you are	filing for an	Automatic 3-Month	Extension, con	plete only Part I an	id check this box				► X
•	If you are	filing for an i	Additional (Not Aut	omatic) 3-Monti	h Extension, comple	ete only Part II (on	page 2 of t	his form)		
Do	not comp	lete Part II un	<i>less</i> you have alrea	ady been grante	d an automatic 3-mo	onth extension on a	a previously	filed Forr	n 8868	
Р	art l	Automatic	3-Month Extens	ion of Time.	Only submit orig	ginal (no copies	needed)			
					outomatic 6-month e			•	-	▶ 🗌
	l other corp come tax re		udıng 1120-C filers)), partnerships, i	REMICS, and trusts	must use Form 70	04 to reque	st an exte	nsion of time	to file
the Fo	e additional irm 990-T I	(not automainstead, you r	tic) 3-month extens	ion or (2) you fill y completed and	Form 8868 if you w. le Form 990-T) Hov le Forms 990-BL, 60 d signed page 2 (Pa es & Nonprofits)69. or 8870. aroup	returns, or	a compos	site or consolid	tated
		Name of Exempt	Organization					Employer	r identification num	ıber
pri	rpe or int		AMILY FOUNDA					52-24	105627	
due	by the date for	Number, street, a	and room or suite number	If a P O box, see in:	structions					
retu	JIII 366 L	275 ROUT								
ınst	tructions	City, town or posi	office, state, and ZIP coo	de For a foreign addr	ess, see instructions					
		EAST BRU	NSWICK, NJ 0	8816						
Ch	eck type o	f return to be	filed (file a separat	_ ''	•		_			
	Form 990			Form 990-T (corporation)		Form 47	720		
	Form 990	-BL		Form 990-T (s	section 401(a) or 40	8(a) trust)	Form 52	227		
Γ	Form 990	-EZ	Γ	Form 990-T (t	trust other than abov	ve)	Form 60)69		
X	Form 990	-PF		Form 1041-A			Form 88	370		
•	Telephone If the orga If this is for check this the extensi	No ► anization does or a Group Re box ► sion will cove	eturn, enter the organic If it is for part of t	or place of bus anization's four he group, check	FAX No Family FAX No Fax	on Number (GEN) d attach a list with	the names	and EINs		
•	until The exte	8/15_ ension is for t	, 20 $\underline{10}$, to file he organization's re	the exempt orga	tion required to file l anization return for t					
	► X	calendar year	20_ <u>09</u> _ or							
	•	tax year begii	nning	, 20	, and ending $\ _$ $_$ $$, ²⁰				
_;	2 If this ta	x year is for	ess than 12 months	s, check reason	Initial return	Final retur	rn 📗	Change ir	accounting pe	eriod
;			or Form 990-BL, 99 See instructions	0-PF, 990-T, 47	20, or 6069, enter th	ne tentative tax, les	s any	3a \$		0.
					refundable credits credit	and estimated tax	payments	3b\$		0.
	made Include any prior year overpayment allowed as a credit C Balance Due. Subtract line 3b from line 3a. 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 3b \$ 0.									

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2009)

OMB No 1545-1709

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.