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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2009

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

G

Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH		A Employer identification number 95-4640311	
	Number and street (or P O box number if mail is not delivered to street address) 2990 S SEPULVEDA BLVD		Room/suite	B Telephone number (see page 10 of the instructions) (310) 473-5121
	City or town, state, and ZIP code LOS ANGELES, CA 90064			

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,232,225

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

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	556,926			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	2,186	2,186		
	4 Dividends and interest from securities.	29,437	29,437		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-104,337			
	b Gross sales price for all assets on line 6a _____ 680,564				
	7 Capital gain net income (from Part IV , line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	556,647			
	12 Total. Add lines 1 through 11	1,040,859	31,623		
	13 Compensation of officers, directors, trustees, etc	121,272			121,272
	14 Other employee salaries and wages	96,850			96,850
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	900			900
	b Accounting fees (attach schedule)	9,290	2,323		6,967
	c Other professional fees (attach schedule)	104,308	24,587		85,628
	17 Interest	-1,509			-1,509
	18 Taxes (attach schedule) (see page 14 of the instructions)	16,244			16,244
	19 Depreciation (attach schedule) and depletion . . .	934			
	20 Occupancy				
	21 Travel, conferences, and meetings	20,115			20,115
	22 Printing and publications	34,007			34,007
	23 Other expenses (attach schedule)	396,908	5,410		390,506
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	799,319	32,320		770,980
	25 Contributions, gifts, grants paid	398,043			398,043
	26 Total expenses and disbursements. Add lines 24 and 25	1,197,362	32,320		1,169,023
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-156,503			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	859,943	478,628	478,628
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ 1,600 Less allowance for doubtful accounts ▶ _____		1,600	1,600
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	357,472	629,881	736,242
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 22,632 Less accumulated depreciation (attach schedule) ▶ 19,114	1,281	3,518	3,518
15	Other assets (describe ▶ _____)	13,229	12,237	12,237	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,231,925	1,125,864	1,232,225	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	70	90	
	23	Total liabilities (add lines 17 through 22)	70	90	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,231,855	1,125,774	
	30	Total net assets or fund balances (see page 17 of the instructions)	1,231,855	1,125,774	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,231,925	1,125,864		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	1,231,855
2	Enter amount from Part I, line 27a	2	-156,503
3	Other increases not included in line 2 (itemize) ▶ _____	3	50,422
4	Add lines 1, 2, and 3	4	1,125,774
5	Decreases 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), line 30	6	1,125,774

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8				

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	1,046,877	1,015,642	1 03075
2007	1,124,036	1,209,612	0 92925
2006	921,493	939,334	0 98101
2005	832,660	725,564	1 14760
2004	528,629	654,217	0 80803
2 Total of line 1, column (d).			2 4 89665
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 97933
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.			4 1,077,972
5 Multiply line 4 by line 3.			5 1,055,690
6 Enter 1% of net investment income (1% of Part I, line 27b).			6
7 Add lines 5 and 6.			7 1,055,690
8 Enter qualifying distributions from Part XII, line 4.			8 1,169,023

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		10
c 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-)		2
3 Add lines 1 and 2.		3
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5
6 Credits/Payments		
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments Add lines 6a through 6d.		7
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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		9
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10
11 Enter the amount of line 10 to be Credited to 2010 estimated tax 0 Refunded		11

Part 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 participate or intervene in any political campaign?			Yes No
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)? 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.			No
c Did the foundation file Form 1120-POL for this year?.			No
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 \$			
e 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? If "Yes," attach a detailed description of the activities.		2	No
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	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.		4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?.		4b	No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5	No
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 conflict with the state law remain in the governing instrument?		6	Yes
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	Yes
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) CA			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	No

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW pancreatic org	13	Yes	
14	The books are in care of ▶ STEPHEN C PRINCE CPA Telephone no ▶ (818) 992-8111 Located at ▶ 21031 VENTURA BLVD STE 702 WOODLAND HILLS CA ZIP+4 ▶ 91364			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

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

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

YesNo

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

YesNo

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

YesNo

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).

YesNo

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

YesNo

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?

Organizations relying on a current notice regarding disaster assistance check here.

YesNo

5b

No

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

YesNo

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 pay premiums on a personal benefit contract?

YesNo

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

YesNo

If "Yes" to 6b, file Form 8870.

6b

No

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

YesNo

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

YesNo

7b

No

Part VIII

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

1

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL SCOTT ESQ	Director	0		
15165 VENTURA BLVD 300 SHERMAN OAKS,CA 91403	5 00			
STEPHEN PRINCE CPA	Director	0		
21031 VENTURA BLVD 702 WOODLAND HILLS,CA 91364	5 00			
LISA MANHEIM	DIR , FDTN MGR	88,500	17,766	
10021 CHEVIOT DR LOS ANGELES,CA 90064	40 00			
AGNES BERLINER HIRSHBERG	DIR PRES	0	15,006	
21031 VENTURA BLVD Suite 702 WOODLAND HILLS,CA 91364	20 00			

2

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LISA FLETCHER	COMM DIRECTOR	57,330	16,718	
8335 COLEGIO DRIVE LOS ANGELES,CA 90045	40 00			

Total

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

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Part VIII

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 U C L A MEDICAL CENTER HIRSHBERG LABORATORY AND RESEARCH-RESEARCH DIRECTED AT MECHANISMS,TREATMENTS,AND POTENTIALCURES FOR PANCREATIC CANCER	255,000
2 GRANTS MADE TO RESEARCHERS TO FURTHER SPECIFIC RESEARCH TOPICS RELATED TO PANCREATIC CANCER	143,043
3 FOUNDATION PROVIDES SUPPORT TO CHARITIES AND ORGANIZATIONS FOR THE SUPPORT OF FAMILIES WITH PANCREATIC CANCER. INFORMATION AND WEB SITE MAINATAINED FOR DISSEMINATION OF INFORMATION TO BOTH THE MEDICAL COMMUNITY AND THE GENERAL PUBLIC MEETINGS AND CONFERENCES HELD AND ATTENDED FOR DISSEMINATION OF MEDICAL RESEARCH FINDINGS AND TOPICS WITH THE PANCREATIC CANCER RESEARCH COMMUNITY	770,980
4	

Part IX-B

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	559,003
b	Average of monthly cash balances.	1b	535,385
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,094,388
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,094,388
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	16,416
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,077,972
6	Minimum investment return. Enter 5% of line 5.	6	53,899

Part XI

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

1	Minimum investment return from Part X, line 6.	1	53,899
2a	Tax on investment income for 2009 from Part VI, line 5.	2a	
b	Income tax for 2009 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	53,899
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	53,899
6	Deduction from distributable amount (see page 25 of the instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	53,899

Part XII

Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,169,023
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,169,023
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,169,023
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				53,899
2 Undistributed income, if any, as of the end of 2008				
a Enter amount for 2008 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004.	528,629			
b From 2005.	832,660			
c From 2006.	876,770			
d From 2007.	1,064,883			
e From 2008.	996,095			
f Total of lines 3a through e.	4,299,037			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 1,169,023				
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). . .	0			
d Applied to 2009 distributable amount.				53,899
e Remaining amount distributed out of corpus	1,115,124			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,414,161			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions).	528,629			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	4,885,532			
10 Analysis of line 9				
a Excess from 2005.	832,660			
b Excess from 2006.	876,770			
c Excess from 2007.	1,064,883			
d Excess from 2008.	996,095			
e Excess from 2009.	1,115,124			

Part XIV

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

1a

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

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

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

Part XV

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

1

Information Regarding Foundation Managers:

a

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

AGNES BERLINER HIRSHBERG

b

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

2

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

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

a

The name, address, and telephone number of the person to whom applications should be addressed

b

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

c

Any submission deadlines

d

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

Part XV

Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> See Additional Data Table				
<div>Total</div>			<div>▶ 3a</div>	398,043
<div>b Approved for future payment</div>				
<div>Total</div>			<div>▶ 3b</div>	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments					2,186
4	Dividends and interest from securities. . . .					29,437
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					-104,337
9	Net income or (loss) from special events					556,647
10	Gross profit or (loss) from sales of inventory. .					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .					483,933
13	Total. Add line 12, columns (b), (d), and (e).					483,933

[illegible]

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

<p>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?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of</p> <p> (1) Cash.</p> <p> (2) Other assets.</p> <p>b Other transactions</p> <p> (1) Sales of assets to a noncharitable exempt organization.</p> <p> (2) Purchases of assets from a noncharitable exempt organization.</p> <p> (3) Rental of facilities, equipment, or other assets.</p> <p> (4) Reimbursement arrangements.</p> <p> (5) Loans or loan guarantees.</p> <p> (6) Performance of services or membership or fundraising solicitations.</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</p> <p>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.</p>		Yes	No
	1a(1)		No
	1a(2)		No
	1b(1)		No
	1b(2)		No
	1b(3)		No
	1b(4)		No
	1b(5)		No
	1b(6)		No
	1c		No

[illegible]

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

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

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.				
*****			2010-11-15	
Signature of officer or trustee			Title	
Paid Preparer's Use Only	Preparer's Signature STEPHEN C PRINCE		Date	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input checked="" type="checkbox"/>	
	Stephen C Prince CPA 21031 Ventura Blvd Ste 702 Woodland Hills, CA 91364		Preparer's identifying number (see Signature on page 30 of the instructions) EIN 92-1111111 Phone no. (818) 992-8111	

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 organization HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH	Employer identification number 95-4640311
---------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box 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).

Name of organization HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH	Employer identification number 95-4640311
---------------------------------------------------------------------------------------	---------------------------------------------------------

Part I

Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<div>_____</div>	See Additional Data Table <div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>

Name of organization HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH	Employer identification number 95-4640311
--------------------------------------------------------------------------------	--------------------------------------------------

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
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>

Name of organization HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH	Employer identification number 95-4640311
---------------------------------------------------------------------------------------	---------------------------------------------------------

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ➤ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
<div>(e) Transfer of gift</div>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
<div>(e) Transfer of gift</div>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
<div>(e) Transfer of gift</div>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
<div>(e) Transfer of gift</div>			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	

Additional Data

Software ID:

Software Version:

EIN: 95-4640311

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<div>18</div>	<div>ERIK LUDWICK</div> <div>15332 ANTIOCH ST</div> <div>PACIFIC PALISADES, CA 90272</div>	<div>\$5,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>17</div>	<div>MADELINE GUSSMAN</div> <div>909 N WHITTIER DR</div> <div>BEVERLY HILLS, CA 90210</div>	<div>\$5,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>16</div>	<div>AHMED ENANY-SO CAL BIO MED</div> <div>444 S FLOWER ST</div> <div>LOS ANGELES, CA 90071</div>	<div>\$6,305</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>15</div>	<div>DEBORAH ROE</div> <div>916 BERKSHIRE DR</div> <div>LOUISVILLE, TX 75077</div>	<div>\$15,150</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>14</div>	<div>DAVID JARET</div> <div>4550 SCOTTS VALLEY RD A</div> <div>LAKEPORT, CA 95453</div>	<div>\$15,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>13</div>	<div>AMY LARKIN CO CUPID FNDTN</div> <div>1020 HULL STREET</div> <div>BALTIMORE, MD 21230</div>	<div>\$5,000</div>	<div>Person<input checked="" type="checkbox"/></div> <div>Payroll<input type="checkbox"/></div> <div>Noncash<input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	<div>PAUL N JABLON FAMILY TRUST</div> <div>10866 WILSHIRE BLV 11TH FLOOR</div> <div>LOS ANGELES, CA 90064</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
11	<div>VIRGINIA A MERTZ WALL</div> <div>P O BOX 402</div> <div>INLET, NY 13560</div>	\$ 10,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
10	<div>THE CODING SOURCE INC</div> <div>11150 W OLYMPIC BLVD STE 600</div> <div>LOS ANGELES, CA 90064</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
9	<div>MICHAEL J MEISTER</div> <div>JPMORGAN CHASE BANK</div> <div>PHOENIX, AZ 85716</div>	\$ 5,275	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
8	<div>WAYNESBURG UNIVERSITY</div> <div>51 WEST COLLEGE STREET</div> <div>WAYNESBURG, PA 15370</div>	\$ 5,517	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
7	<div>STEVE WASSERMAN-COCINDARIN</div> <div>16154 TRENTON RD</div> <div>UPPERCO, MD 21156</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	DONALD CRISWELL 16000 LEDGE LN EDMOND, OK 73013	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	GENETECH PO BOX 9030 SO SAN FRANCISCO, CA 94063	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	AGRONINC 2440 S SEPULVEDA BL STE 201 LOS ANGELES, CA 90064	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	LINDA TALLEN DAVID KANE FNDN 433 N CAMDEN DRIVE STE 1070 BEVERLY HILLS, CA 90210	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	PAUL HUGHES FAMILY FOUNDATION 5300 N LANKERSHIM BLVD100 NORTH HOLLYWOOD, CA 91601	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
1	AGNES B HIRSHBERG 375 HOMEWOOD RD LOS ANGELES, CA 90049	\$ 5,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Additional Data

Software ID: 09000047
Software Version:
EIN: 95-4640311
Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VARIOUS CONTRIBUTORSC/O HIRSHBERG 2990 S SEPULVEDA BLV LOS ANGELES,CA 90064	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESSRESEARCH	12,589
UNIV OF PITTSBURGH-HILLMAN CANCER C5117 CENTRE AVE-STE 27 RESEARCH P PITTSBURGH,PA 15213	NONE	GIFT	TO FURTHER CACER AN RELATED ILLNESSRESEARCH	40,000
MEMORIAL SLOAN KETTERING INSTITUTE1275 YORK AVE NEW YORK,NY 10065	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	40,000
AMERICAN PANCREATIC ASSOCIATIONP O BOX 14906 MINNEAPOLIS,MN 55414	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	15,000
UNIVERSITY OF CALIFORNIA REGENTS11000 KINROSS AVE 102 LOS ANGELES,CA 90095	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	20,454
LA BIO-MED HARBOR UCLA MED CTR1124 WEST CARSON N-14 TORRANCE,CA 90502	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	15,000
UCLA FOUNDATION10833 LeCONTE AVE LOS ANGELES,CA 90095	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESSRESEARCH	255,000
Total ▶ 3a				398,043

TY 2009 Accounting Fees Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	9,290	2,323	0	6,967

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

TY 2009 Amortization Schedule

Name:

HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN:

95-4640311

Software ID:

09000047

Software Version:

2009v1.3

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
LEASEHOLD IMPROVEMENTS	2007-05-01	14,882	1,653	15	992			2,645

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

TY 2009 Depreciation Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE EQUIPMENT ETC	2009-10-19	1,468		57	3 57 %	52			
OFFICE EQUIPMENT, ETC	2009-09-20	1,703		57	10 71 %	182			
COMPUTER EQUIPMENT	2007-07-26	1,315	684	53	19 20 %	252			
OFFICE EQUIPMENT, ETC	2003-08-18	2,578	2,233	57	8 93 %	230			
OFFICE EQUIPMENT, ETC	2003-07-15	2,000	1,734	57	8 93 %	179			
OFFICE EQUIPMENT,ETC	2002-02-19	925	886	57	4 46 %	39			

TY 2009 Employee Compensation Explanation

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Employee	Explanation
LISA FLETCHER	

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

TY 2009 Gain/Loss from Sale of Other Assets Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
1 BERKSHIRE HATHAWAY INC	2005-10	Purchase	2009-03		73,460	84,600	Cost		-11,140	
70 NUCOR CORPORATION	2007-01	Purchase	2009-03		2,227	4,443	Cost		-2,216	
111 NUCOR CORPORATION	2007-05	Purchase	2009-03		3,531	7,207	Cost		-3,676	
11 NUCOR CORPORATION	2008-11	Purchase	2009-03		350	419	Cost		-69	
61 HOME DEPOT INC	2007-01	Purchase	2009-03		1,119	2,461	Cost		-1,342	
106 HOME DEPOT INC	2007-05	Purchase	2009-03		1,945	4,066	Cost		-2,121	
154 HOME DEPOT INC	2008-01	Purchase	2009-03		2,826	4,546	Cost		-1,720	
289 DISNEY (WALT) CO COM STK	2008-01	Purchase	2009-03		4,526	8,566	Cost		-4,040	
259 AT&T INC	2008-01	Purchase	2009-03		5,682	9,707	Cost		-4,025	
2 PFIZER INC DEL PV\$0 05	2007-01	Purchase	2009-03		25	52	Cost		-27	
163 PFIZER INC DEL PV\$0 05	2007-05	Purchase	2009-03		2,057	4,466	Cost		-2,409	
64 PFIZER INC DEL PV\$0 05	2008-01	Purchase	2009-03		808	1,475	Cost		-667	
463 PFIZER INC DEL PV\$0 05	2008-11	Purchase	2009-03		5,843	8,144	Cost		-2,301	
38 TOTAL S A SPADR	2005-01	Purchase	2009-03		1,712	2,008	Cost		-296	
31 TOTAL S A SPADR	2007-01	Purchase	2009-03		1,397	2,081	Cost		-684	
63 TOTAL S A SPADR	2007-05	Purchase	2009-03		2,838	4,763	Cost		-1,925	
53 MONSANTO CO NEW DEL COM	2008-01	Purchase	2009-03		3,850	5,865	Cost		-2,015	
187 GENUINE PARTS CO	2008-01	Purchase	2009-06		6,191	8,055	Cost		-1,864	
206 AUTOMATIC DATA PROC	2008-01	Purchase	2009-03		6,831	8,106	Cost		-1,275	
602 ALCOA INC	2008-11	Purchase	2009-03		3,287	7,405	Cost		-4,118	
66 PNC FINCL SERVICES GROUP	2008-11	Purchase	2009-03		1,324	4,871	Cost		-3,547	
143 WELLS FARGO & CO NEW DEL	2008-11	Purchase	2009-03		1,444	4,876	Cost		-3,432	
146 BOEING COMPANY	2008-11	Purchase	2009-03		4,510	7,358	Cost		-2,848	
387 INGERSOLL RAND CO LTD A	2008-11	Purchase	2009-03		4,753	7,281	Cost		-2,528	
339 CHIQUITA BRANDS INTL INC	2008-11	Purchase	2009-03		1,546	4,004	Cost		-2,458	
561 UNIFI INC	2008-11	Purchase	2009-03		332	2,693	Cost		-2,361	
244 KRAFT FOODS INC VA CL A	2008-11	Purchase	2009-03		5,207	7,374	Cost		-2,167	
241 COACH INC	2008-11	Purchase	2009-03		2,842	4,938	Cost		-2,096	
146 BP PLC SPON ADR	2008-11	Purchase	2009-03		5,283	7,363	Cost		-2,080	
173 HCP INC	2008-11	Purchase	2009-03		2,820	4,871	Cost		-2,051	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciat ion
172 OIL STS INTL INC DEL COM	2008-11	Purchase	2009-03		2,030	4,050	Cost		-2,020	
568 NPS PHARMACEUTICLS INC	2008-11	Purchase	2009-03		2,062	4,061	Cost		-1,999	
126 CAMPBELL SOUP CO	2008-11	Purchase	2009-03		3,245	4,924	Cost		-1,679	
212 ILLINOIS TOOL WORKS INC	2008-11	Purchase	2009-03		5,635	7,278	Cost		-1,643	
180 MARSH & MCLENNAN COS INC	2008-11	Purchase	2009-03		3,240	4,844	Cost		-1,604	
320 CRAWFORD & COMPANY CL B	2008-11	Purchase	2009-03		2,156	3,754	Cost		-1,598	
138 CASEYS GEN STORES INC	2008-11	Purchase	2009-03		2,607	4,101	Cost		-1,494	
468 INTEL CORP	2008-11	Purchase	2009-03		5,930	7,319	Cost		-1,389	
78 CLOROX CO DEL COM	2008-11	Purchase	2009-03		3,595	4,866	Cost		-1,271	
73 GENERAL MILLS	2008-11	Purchase	2009-03		3,638	4,902	Cost		-1,264	
111 CONSOLIDATED EDISON INC	2008-11	Purchase	2009-03		3,665	4,884	Cost		-1,219	
79 LACLEDE GROUP INC	2008-11	Purchase	2009-03		2,867	4,080	Cost		-1,213	
242 EL PASO ELECTRIC CO NEW	2008-11	Purchase	2009-03		2,844	4,044	Cost		-1,200	
67 GENZYME CORPORATION	2008-11	Purchase	2009-03		3,675	4,856	Cost		-1,181	
82 AMGEN INC COM PV \$0 0001	2008-11	Purchase	2009-03		3,781	4,929	Cost		-1,148	
130 SOUTHWESTERN ENERGY CO	2008-11	Purchase	2009-03		3,681	4,809	Cost		-1,128	
143 DIAMOND FOODS INC	2008-11	Purchase	2009-03		3,007	4,085	Cost		-1,078	
120 ANIXTER INTL INC	2008-11	Purchase	2009-03		2,993	4,071	Cost		-1,078	
187 CARTER HOLDINGS INC	2008-11	Purchase	2009-03		2,990	4,033	Cost		-1,043	
86 ABBOTT LABS	2008-11	Purchase	2009-03		4,020	4,856	Cost		-836	
138 COMPUTER PROGRAMS & SYS	2008-11	Purchase	2009-03		3,371	4,124	Cost		-753	
168 THORATEC CORP COM NEW	2008-11	Purchase	2009-03		3,429	4,084	Cost		-655	
88 OCCIDENTAL PETE CORP CAL	2008-11	Purchase	2009-03		4,437	4,832	Cost		-395	
104 GILEAD SCIENCES INC COM	2008-11	Purchase	2009-03		4,548	4,892	Cost		-344	
350 HEALTH NET INC	2008-11	Purchase	2009-03		3,958	4,019	Cost		-61	
58 MYRIAD GENETICS INC	2008-11	Purchase	2009-03		4,512	4,090	Cost		422	
510 PHH CORP	2008-11	Purchase	2009-03		5,111	4,074	Cost		1,037	
18 MICROSOFT CORP	2007-01	Purchase	2009-04		347	547	Cost		-200	
12 MICROSOFT CORP	2007-01	Purchase	2009-03		209	365	Cost		-156	
18 EXXON MOBIL CORP COM	2004-01	Purchase	2009-03		1,223	740	Cost		483	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
7 EXXON MOBIL CORP COM	2005-01	Purchase	2009-03		476	361	Cost		115	
3 EXXON MOBIL CORP COM	2006-01	Purchase	2009-03		204	190	Cost		14	
57 EXXON MOBIL CORP COM	2007-05	Purchase	2009-03		3,874	4,724	Cost		-850	
3 EXXON MOBIL CORP COM	2008-11	Purchase	2009-04		201	228	Cost		-27	
24 EXXON MOBIL CORP COM	2008-11	Purchase	2009-03		1,631	1,826	Cost		-195	
3 CHEVRON CORP	2008-11	Purchase	2009-04		197	231	Cost		-34	
106 CHEVRON CORP	2008-11	Purchase	2009-03		7,039	8,172	Cost		-1,133	
28 CATERPILLAR INC DEL	2008-11	Purchase	2009-04		895	1,186	Cost		-291	
46 CATERPILLAR INC DEL	2008-11	Purchase	2009-03		1,255	1,949	Cost		-694	
23 EMERSON ELEC CO	2008-11	Purchase	2009-04		749	820	Cost		-71	
77 EMERSON ELEC CO	2008-11	Purchase	2009-03		2,110	2,745	Cost		-635	
16 BRISTOL-MYERS SQUIBB CO	2009-03	Purchase	2009-04		324	338	Cost		-14	
9 MERCK&CO INC	2009-03	Purchase	2009-04		229	239	Cost		-10	
8 JOHNSON AND JOHNSON COM	2009-03	Purchase	2009-04		414	423	Cost		-9	
3 WAL-MART STORES INC	2009-03	Purchase	2009-04		151	156	Cost		-5	
32 PFIZER INC DEL PV\$0 05	2009-03	Purchase	2009-04		439	439	Cost			
7 PEPSICO INC	2009-03	Purchase	2009-04		362	361	Cost		1	
5 COLGATE PALMOLIVE	2009-03	Purchase	2009-04		295	292	Cost		3	
8 COCA COLA COM	2009-03	Purchase	2009-04		357	350	Cost		7	
11 PROCTER & GAMBLE CO	2009-03	Purchase	2009-04		548	518	Cost		30	
36 DU PONT E I DE NEMOURS	2009-03	Purchase	2009-04		990	782	Cost		208	
97 GENERAL ELECTRIC	2009-03	Purchase	2009-04		1,174	965	Cost		209	
46 JPMORGAN CHASE & CO	2009-03	Purchase	2009-04		1,532	1,180	Cost		352	
106 DOW CHEMICAL CO	2009-03	Purchase	2009-04		1,229	874	Cost		355	
31 MCDONALDS CORP COM	2007-01	Purchase	2009-03		1,652	1,358	Cost		294	
31 MCDONALDS CORP COM	2007-05	Purchase	2009-03		1,652	1,582	Cost		70	
5 MCDONALDS CORP COM	2007-05	Purchase	2009-04		272	255	Cost		17	
JPMORGAN CHASE MONEY FUNDS	2008-11	Purchase	2009-02		6,565	6,565	Cost			
290 UNIFI INC	2008-11	Purchase	2009-02		555	1,394	Cost		-839	
JPMORGAN CHASE MONEY FUNDS	2008-11	Purchase	2009-02		383,821	383,821	Cost			

TY 2009 General Explanation Attachment

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Identifier	Return Reference	Explanation
		EFFECTIVE JANUARY 1, 2008, THE FOUNDATION APPLIED FOR AND RECEIVED A CHANGE OF STATUS TO THAT OF A PUBLIC CHARITY UNDER 501(C)(3)WHICH WILL BE REFLECTED IN FUTURE FILINGS

TY 2009 Land, Etc. Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Miscellaneous	1,315	936	379	
Machinery and Equipment	21,317	18,178	3,139	3,518

TY 2009 Legal Fees Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	900	0	0	900

TY 2009 Other Assets Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Net Intangible Assets	13,229	12,237	12,237

TY 2009 Other Expenses Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	8,197			8,197
REPAIRS & MAINTENANCE	1,024			1,024
RENT & PARKING	43,292			43,292
PATIENT CARE SERVICES	60,000			60,000
OTHER OPERATIONAL COST	2,630			2,630
OFFICE EXPENSES/POSTAGE ETC	16,489	5,410		11,079
MISCELANEOUS COSTS	14,643			14,643
MARKETING/PUBLIC RELATIONS	3,338			3,338
INSURANCE-HEALTH	22,898			22,898
INSURANCE -GENERAL	1,818			1,818
CHARITY EVENT EXPENSES	220,682			220,682
BANK CHARGES/DISCOUNT FEES	905			905
A mortization	992			

TY 2009 Other Income Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Description	Revenue And Expenses Per Books	Net Invest ment Income	Adjusted Net Income
Income From Special Events	556,647		

TY 2009 Other Increases Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
ADJUSTMENTS TO EQUITIES COSTS	50,422

TY 2009 Other Liabilities Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year - Book Value	End of Year - Book Value
Rounding		1
PAYROLL TAXES PAYABLE	70	89

**TY 2009 Other Notes/Loans
Receivable Short Schedule**

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Name of 501(c)(3) Organization	Balance Due
EMPLOYEE ADVANCES	1,600

TY 2009 Other Professional Fees Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	5,001	0	0	5,001
CREDIT COSTS, INFO MGMT	93,400	18,680	0	74,720
BROKERAGE MANAGEMENT FEES	5,907	5,907	0	5,907

TY 2009 Taxes Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 09000047

Software Version: 2009v1.3

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	15,959			15,959
OTHER TAXES & LICENSES	180			180
FOREIGN TAXES	105			105