

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



· Form 990-PF

Department of the Treasury

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

interr	anne	venue Service 110tc. The foundation may i	oc able to ase a copy of this	Totalli to callely state rope	rung requirementer	
For	calen	dar year 2009, or tax year beginning JUN	1, 2009	, and ending	MAY 31, 2010	- <u>-</u>
G	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	Final return	
		Amended return	Address chan	ge	Name change	
Had	•ha	Name of foundation			A Employer identification	number
	the label.	TRADUTT ON ACCOUNTAINTON O	HARITABLE TR	UST		
	erwi				16-6076130	
	print			Room/suite	B Telephone number	
	r type		EП		607-272-55	50
See	Spec	cific City or town, state, and ZIP code	<u> </u>		C If exemption application is p	
Inst	ructio	ons. ITHACA, NY 14850			D 1. Foreign organizations	
	`h a a l-		vernat a surate foundation		Foreign organizations me check here and attach co	eting the 85% test,
H	_	type of organization: X Section 501(c)(3) ex		-4		
<u></u>			Other taxable private founda		E If private foundation stat	tus was terminated
		rket value of all assets at end of year J Account	•	Accrual	under section 507(b)(1)	(A), check here
			her (specify)		F If the foundation is in a 6	
<u> </u>	· <u>\$</u>	148,720. (Part I, colu	mn (a) must be on cash i		under section 507(b)(1)	1
Pa	<u>ırt l</u>	If the total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received				
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	5,451.	5,451.		STATEMENT 1
	5a	Gross rents				
σ,	ь	Net rental (ncome or (loss)				The state of the s
	6a	Net gain or (loss) from sale of assets not on line 10	204.		Гр	ECENTED 1
Revenue	ь	Gross sales price for all assets on line 6a 45,000.				
Ş	7	Capital gain net income (from Part IV, line 2)		204.	lo	V C
æ	8	Net short-term capital gain			ig M	AY 2 4 ZUII 10
	وا	Income modifications			7	jū.
	10a	Gross sales less returns			1-0	GDEN, UT
	Ι.	and allowances	<u> </u>		<u> </u>	CHOLIN, OI
	l	Less Cost of goods sold				
	1	Gross profit or (loss)				
	11	Other income		F 655		
	12	Total Add lines 1 through 11	5,655.	5,655.	0.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages				
Ø		Pension plans, employee benefits				
ses		Legal fees				
per	b	Accounting fees STMT 2	900.	900.	900.	0.
Ä	C	Other professional fees				
<u>×</u>	17	Interest				
Operating and Administrative Expen	18	Taxes STMT 3	50.	0.	0.	50.
nist	19	Depreciation and depletion				
<u>=</u>	20	Occupancy				
Ad	21	Travel, conferences, and meetings	1,617.	0.	0.	1,617.
Ē	22	Printing and publications	1,138.	0.	0.	1,138.
9	23	Other expenses STMT 4	61,701.	381.	381.	57,320.
atir	24	Total operating and administrative				
Ser.		expenses. Add lines 13 through 23	65,406.	1,281.	1,281.	60,125.
ŏ	25	Contributions, gifts, grants paid	500.			500.
		Total expenses and disbursements.				
		Add lines 24 and 25	65,906.	1,281.	1,281.	60,625.
_	27	Subtract line 26 from line 12:	05,500.	1,201.	1,201.	00,023.
			-60,251.		J	
		Excess of revenue over expenses and disbursements	-00,231.	4,374.	-	
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)	 -	4,3/4.	0.	
	ı c	ADJUSTED HEL HICOTTE (IT negative, enter -0-)	1	;	, U.	1

Form **990-PF** (2009)

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

		0-PF(2009) C/O SCIARABBA WALKER & C			5076130 Page 2
P	art	III Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	75,505.	29,838.	29,838.
	1	Savings and temporary cash investments			
	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			
	١_	disqualified persons			
	′	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	1 -	Inventories for sale or use Prepaid expenses and deferred charges			
Ass	1	Investments - U.S. and state government obligations STMT 5	127,057.	112,523.	118,882.
	1		121,031.	112,323.	110,002.
	1	Investments - corporate stock			 -
	1	Investments - corporate bonds Investments - land, buildings, and equipment basis			·
	''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1 -	Land, buildings, and equipment: basis		·	
	''	Less accumulated depreciation			
	15	Other assets (describe			
	"				
	16	Total assets (to be completed by all filers)	202,562.	142,361.	148,720.
		Accounts payable and accrued expenses	529.	529.	
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jabi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe >)	3,540.	3,590.	
	23	Total liabilities (add lines 17 through 22)	4,069.	4,119.	
		Foundations that follow SFAS 117, check here		[
ťΛ	1	and complete lines 24 through 26 and lines 30 and 31			
ĕ	24	Unrestricted			
<u>la</u>	25	Temporarily restricted			
Ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.			
ţş	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	•
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	198,493.	138,242.	
ž	30	Total net assets or fund balances	198,493.	138,242.	
			202 562	140 261	
_	31	Total liabilities and net assets/fund balances	202,562.	142,361.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
•		st agree with end-of-year figure reported on prior year's return)	·•	1,1	198,493.
	,			⊢' ∔	

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	198,493.
2	Enter amount from Part I, line 27a	2	-60,251.
3	Other increases not included in line 2 (itemize)	3_	0.
4	Add lines 1, 2, and 3	4	138,242.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	138,242.

L	Part IV Capital Gains a	nd Losses for Tax on In	vestment	t Income					
	(a) List and describ 2-story brick ward	be the kind(s) of property sold (e.g. ehouse; or common stock, 200 sha	., real estate, s. MLC Co.)		l, b-	low acquired - Purchase - Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
18	\$10,000 TREASUR	Y NOTE				P	08/0)5/99	08/17/09
	\$5,000 TREASURY					P		27/05	05/17/10
	\$5,000 TREASURY				ļ	P		L4/05	05/17/10
_	<u> \$25,000 TREASUR</u>	Y NOTE			_	P	01/2	29/07	08/14/09
_6	<u> </u>				<u> </u>			2	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	(g)
_6				9,93					63.
_		· · · · · · · · · · · · · · · · · · ·		5,01					-13.
_	5,000.			4,87 24,97					127. 27.
_			ļ ——		3.				
_		gain in column (h) and owned by	the foundation	on 12/31/69	-		(I) Gaine (Col. (h) gaın	minue
_	Complete only for assets showing	(i) Adjusted basis		cess of col. (I)			òl. (k), buṫ	not less tha	n -0-) or
_	(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losse	s (from col. (· · · ·
_	1	-			-				63.
	<u> </u>					 -			-13.
_	<u>c</u>		 			-			127. 27.
_			<u> </u>	<u> </u>					41.
_6	<u> </u>	<u> </u>	<u> </u>		$\overline{}$				
2	Capital gain net income or (net cap	ital loss) { If gain, also enter ital loss), enter -0-	r in Parti, line - in Parti line	<i>1</i> 7	1	2			204.
		`		,	7				
J	Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		iu (6).		1				
	If (loss), enter -0- in Part I, line 8				儿	3		N/A	
[Part V Qualification Un	nder Section 4940(e) for	Reduced	i Tax on Net	Inve	<u>estment In</u>	come		
(F	or optional use by domestic private t	foundations subject to the section 4	4940(a) tax on	net investment in	come.	.)			
If	section 4940(d)(2) applies, leave this	s nart hlank							
	as the foundation liable for the section			·	riod?				Yes X No
_	Yes," the foundation does not qualif Enter the appropriate amount in ea				00				
<u> </u>	(a)		uctions before	making any enun	•	<u>-</u>			(d)
	Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	tributions	Net value of no	(c) onchar	ıtable-use asse	ts	Distrit	oùtion ratio /ided by col. (c))
_	2008	9.111)	8,938.			208,00	1	(001. (5) 411	.042971
-	2007		9,504.			214,25			.091030
-	2006		3,978.			153,37			.091137
_	2005		4,440.			104,24			.042594
_	2004		4,300.			107,09			.040151
				-			Ì		
2	Total of line 1, column (d)						2		.307883
	Average distribution ratio for the 5	-year base period - divide the total (on line 2 by 5,	or by the number	of yea	ars			
	the foundation has been in existent	ce if less than 5 years					3		.061577
4	Enter the net value of noncharitable	e-use assets for 2009 from Part X,	line 5				4	ļ	170,201.
5	Multiply line 4 by line 3						_5_		10,480.
							,		
6	Enter 1% of net investment income	e (1% of Part I, line 27b)					6		44.
_							1_		10 504
7	Add lines 5 and 6						7	 	10,524.
8	Enter qualifying distributions from	Part XII, line 4					8	1	60,625.
	If line 8 is equal to or greater than I		tb, and comr	olete that part usin	ng a 19	% tax rate.			
	See the Part VI instructions	,	,	,	-				

EPSILON ASSOCIATION CHARITABLE TRUST 16-6076130 Form 990-PF (2009) C/O SCIARABBA WALKER & CO. LLP Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VJ 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% 1 44. of Part I, line 27b 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-) 44. 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 6h b Exempt foreign organizations - tax withheld at source 47 c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 47. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 0. 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? X 1b 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. Х c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 . (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ X 2 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 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 X 4a 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: . By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 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.

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

Form 990-PF (2009)

8b

X

X

EPSILON ASSOCIATION CHARITABLE TRUST Form 990-PF (2009) Page 5 C/O SCIARABBA WALKER & CO. LLP 16-6076130 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 X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ JAMES PAUL BLANCO Telephone no. \triangleright (917) 692-8051 Located at ▶ 70-25 YELLOWSTONE BLVD APT 11D, FOREST HILLS, NY 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year N/A Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) 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)? 1b Organizations relying on a current notice regarding disaster assistance check here 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 X before the first day of the tax year beginning in 2009? 1c 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 Yes X No before 2009? If "Yes," list the years 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 instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2009)

Х

3b

4a

Yes X No

during the year?

EPSILON ASSOCIATION CHARITABLE TRUST C/O SCIARABBA WALKER & CO. LLP Form 990-PF (2009) 16-6076130 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes X No Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? 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 instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained __ Yes ___ No N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b Х If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (If not paid, enter -0-) (a) Name and address JAMES PAUL BLANCO TREASURER 70-25 YELLOWSTONE BLVD., APT 11D FOREST HILLS, NY 11375 2.00 0 0 0. TRUSTEE FREDERICK BLOOM 815 DORSEA RD 0 LANCASTER, PA 17601 2.00 0 0. CHARLES R. HOLCOMB TRUSTEE 3 EASTERLY CT HUNTINGTON, NY 11743 2.00 0 0 0. BRUCE E. YOUNG TRUSTEE P.O. BOX 165 PO BOX HULETTS LANDING 2.00 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deterred (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (c) Compensation compensation NONE

Form **990-PF** (2009)

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

Form 990-PF (2009) 16-6076130 Page 7 C/O SCIARABBA WALKER & CO. LLP Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service 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 **Expenses** number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 6 24,000. SEE STATEMENT 7 34,207. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A

Form **990-PF** (2009)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form 990-PF (2009)

16-6076130

Page 8

P	art X' Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	132,161.
	Average of monthly cash balances	1b	40,632.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	172,793.
е	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 _	0.
3	Subtract line 2 from line 1d	3	172,793.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,592.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	170,201.
6	Minimum investment return. Enter 5% of line 5	6	8,510.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	8,510.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	44.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,466.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,466.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,466.
Р	art XII Qualifying Distributions (see 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	60,625.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
а	Suitability test (prior IRS approval required)	3a	<u></u>
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	<u>60,625.</u>
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	5	44.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u>_60,581.</u>
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				8,466.
2 Undistributed income, if any, as of the end of 2009				0,400.
a Enter amount for 2008 only			0.	
b Total for prior years:				
b rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006 5,926. d From 2007 8,967.				
e From 2008	14 002			
f Total of lines 3a through e	14,893.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 60,625.			0	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		<u>, </u>		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0.455
d Applied to 2009 distributable amount				8,466.
e Remaining amount distributed out of corpus	52,159.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	67,052.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2004			· · · · · · · · · · · · · · · · · · ·	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	67,052.			
10 Analysis of line 9:			-	
a Excess from 2005				
b Excess from 2006 5,926.				
c Excess from 2007 8,967.				
d Excess from 2008				
e Excess from 2009 52,159.				
				Form 990-PF (2009)

Form 990-PF (2009) C/O SCIARABBA WALKER & CO. LLP 16-6076130 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a 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 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2009 (b) 2008 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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 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 foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gıft, 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 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: SEE SCHEDULE b The form in which applications should be submitted and information and materials they should include: SEE SCHEDULE c Any submission deadlines: SEE SCHEDULE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: SEE SCHEDULE

923601 02-02-10

Form **990-PF** (2009)

Form 990-PF (2009) C/O SCIARABBA WALKER & CO. LLP
Part XV Supplementary Information (continued)

16-6076130 Page 11_

3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year ERIC STERN CORNELL UNIVERSITY ITHACA, NY 14850	N/A	SCHOLARSHP RECIPIENT	SCHOLARSHIP	500.
		i		
Total			▶ 3a	500.
Total b Approved for future payment				
NONE				
	:			
Total			<u></u> 3b	0.

Form 990-PF (2009)

Analysis of Income-Producing Activities

16-6076130 Page 12

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
zinoi groso amounto amoso otnoi mao maioatoa.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
4 December 1	(a) Business	Amount	sion	Amount	function income
1 Program service revenue:	code		COGE		
a		ļ			
b					
C					
d					
•	ļ				
e		-	 		
·			-		
g Fees and contracts from government agencies	ļ		ļ		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	1				
4 Dividends and interest from securities			14	5,451.	
5 Net rental income or (loss) from real estate:		-			·
			 		
a Debt-financed property	ļ		 		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	204.	
			10	201.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		-	<u> </u>		
11 Other revenue:	1				
a					
	1			<u></u>	
.					
b					
c					
d					
c		0		5 655	0
c d e 12 Subtotal. Add columns (b), (d), and (e)		0.		5,655.	0.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.			0. 5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e)		0.			0. 5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	o the Acc			13	0. 5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	o the Acc			13	0. 5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)		omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incor	ne is reported	omplishment of Ex	kemp	13 _	5,655.

Form 990-PF (2009)

C/O SCIARABBA WALKER & CO. LLP

16-6076130 Page 13

P	art XV	Information Re Exempt Organ		ers To a	nd Transactions a	ind Relations	hips With No	oncharitable	9	
1	Did th	e organization directly or indi		he following	with any other organization	on described in sect	tion 501(c) of		Yes	No
•		de (other than section 501(c								
•		fers from the reporting found				124(10113)				
a		• •	ation to a noncharitable	exempt or yo	anization of.			10/1\		v
	(1) C							1a(1)	_	X
		ther assets						1a(2)	-	X
D		transactions:			_					37
		ales of assets to a noncharita						1b(1)		X
		urchases of assets from a no		anization				1b(2)		X
		ental of facilities, equipment,						1b(3)		X
		eimbursement arrangements	•					1b(4)		X_
		oans or Ioan guarantees						1b(5)	$\overline{}$	X
	٠,	erformance of services or me						1b(6)	<u> </u>	X
		ig of facilities, equipment, ma	-					1c		X
d		answer to any of the above is							sets,	
	or serv	vices given by the reporting f	oundation. If the founda	ition received	d less than fair market valu	ie in any transaction	n or sharing arrang	gement, show in		
	_colum	n (d) the value of the goods,								
(a)	Line no	(b) Amount involved	(c) Name of no	ncharitable (exempt organization	(d) Description	n of transfers, transac	tions, and sharing ar	rangeme	nts
				N/A						
		 -								
										
	-									
	1			·-						
							*			
					<u> </u>					
		,								
			_			-				
						 				
20	la tha	foundation directly or indirec	the affiliated with or relati	tod to one o	or more tay exempt organi	zatione decembed				
24		foundation directly or indirection 501(c) of the Code (other				zations described		ГПусс	TV	No
		• • • • • • • • • • • • • • • • • • • •	, . , ,	/) OF III SECTIO	JII 321 '			L Yes	LA] ио
	<u> II res</u>	s," complete the following sch (a) Name of or		- -	(b) Type of organization		(c) Description of	relationshin		
			garrization	-	(b) Type of organization		(b) Description of	Tolationship		
		N/A		+						
		<u> </u>		+						
										
								·		
		moltron of manufacture at 1911		aludine		onto and to the best	of my knowledge and	holiof it in the series		
١		enalties of perjury, I declare that I I iplete Declaration of preparer (of th		-			or my knowledge and	bellet, it is true, corre	ect,	
ľ	. 🗸	Manne	1		.1 1	_	easnor			
اہ	Ž	J (MAN)	mc_		4/15/11		-			
Sign Here	▼ Sig	nature of officer or trustee			Date	Title		Tp		
딝	" .	Preparer's	10 00 Vica	. (1		1/20/A/ SE	neck if	Preparer's identif	ying nun	ider
ž,	oris Oris	signature / / Will	ea ve A van	West	olle	4/1411 er	nployed 🕨	<u> </u>		
	Paid epare se On		RABBA WALKI			•	EIN ►			
	Paid Preparer' Use Only		E BUFFALO							
	لـــــــ	address, and ZIP code TTHA	CA, NEW YOU	<u>RK 148</u>	350		Phone no.	<u>607-272-</u>	<u>555</u>	0

Form **8868** (Rev April 2009) '

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If your	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		\triangleright \mathbf{X}
you c	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Do not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	rm 8868
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corpora	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I onl	y		>
All other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	exten	sion of time
to file inc	ome tax returns.		
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fileworlefile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ated Form 990-T Instead,
Type or	Name of Exempt Organization	Emp	loyer identification number
print	EPSILON ASSOCIATION CHARITABLE TRUST		
Elia dia	C/O SCIARABBA WALKER & CO. LLP	1	6-6076130
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions 200 EAST BUFFALO STREET	•	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions ITHACA, NY 14850	····	
Check ty	pe of return to be filed (file a separate application for each return)		
☐ For	m 990 Form 990-T (corporation) Form 47	20	
===	m 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52		
===	m 990-EZ Form 990-T (trust other than above) Form 60		
_			
X For	m 990-PF	370	
LX For	m 990-PF Form 1041-A Form 88	370 —	
For	JAMES PAUL BLANCO	370 	
• The bo	JAMES PAUL BLANCO books are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST	_	LLS, NY 11375
• The bo	JAMES PAUL BLANCO	_	LLS, NY 11375
The bothTelephIf the of	JAMES PAUL BLANCO books are in the care of \triangleright 70-25 YELLOWSTONE BLVD APT 11D - FOREST some No \triangleright (917) 692-8051 FAX No. \triangleright organization does not have an office or place of business in the United States, check this box	HI	▶ □
The bot TelephIf the continuous of this in the continuous of the co	JAMES PAUL BLANCO books are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST sone No ▶ (917) 692-8051 FAX No. ▶ briganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	HI	r the whole group, check this
The bothTelephIf the officers	JAMES PAUL BLANCO books are in the care of \triangleright 70-25 YELLOWSTONE BLVD APT 11D - FOREST some No \triangleright (917) 692-8051 FAX No. \triangleright organization does not have an office or place of business in the United States, check this box	HI	r the whole group, check this
The bot Teleph If the co If this box ► 1	JAMES PAUL BLANCO poks are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST gione No ▶ (917) 692-8051 FAX No. ▶ programization does not have an office or place of business in the United States, check this box as for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt JANUARY 15, 2011 , to file the exempt organization return for the organization named as or the organization's return for	HI s is fo	r the whole group, check this ers the extension will cover
• The bot Teleph • If the co • If this is box ▶ [1 I reco	JAMES PAUL BLANCO poks are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST plane No ▶ (917) 692-8051 FAX No. ▶ programization does not have an office or place of business in the United States, check this box as for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt JANUARY 15, 2011 , to file the exempt organization return for the organization named a	HI s is fo	r the whole group, check this ers the extension will cover
• The bo Teleph • If the c • If this box ▶ [1 I red Is ft	JAMES PAUL BLANCO poks are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST gione No ▶ (917) 692-8051 FAX No. ▶ programization does not have an office or place of business in the United States, check this box as for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt JANUARY 15, 2011 , to file the exempt organization return for the organization named a part the organization's return for or	HI s is fo	r the whole group, check this ers the extension will cover
• The bot Teleph • If the c • If this box ▶ [1	JAMES PAUL BLANCO poks are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST group No ▶ (917) 692-8051 FAX No. ▶ programization does not have an office or place of business in the United States, check this box as for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this if it is for part of the group, check this box ▶ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt JANUARY 15, 2011 , to file the exempt organization return for the organization named as or the organization's return for:	HI s is fo	r the whole group, check this ers the extension will cover The extension Change in accounting period
• The bot Teleph • If the c • If this box ▶ [1	JAMES PAUL BLANCO books are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST from No ▶ (917) 692-8051 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto JANUARY 15, 2011, to file the exempt organization return for the organization named and the organization's return for calendar year or JUN 1, 2009, and ending MAY 31, 2010 is tax year is for less than 12 months, check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions	HI s is fo	r the whole group, check this ers the extension will cover The extension Change in accounting period
• The bot Teleph • If the c • If this is box ▶ [1 I read is for part of the content of the co	JAMES PAUL BLANCO cooks are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST cone No ▶ (917) 692-8051 FAX No. ▶ corganization does not have an office or place of business in the United States, check this box s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this lift is for part of the group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all causest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untangle or the organization's return for Calendar year or X tax year beginning JUN 1, 2009 , and ending MAY 31, 2010 It is tax year is for less than 12 months, check reason: Initial return Final return It is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions It is application is for Form 990-PF or 990-T, enter any refundable credits and estimated	HI s is fo memb	r the whole group, check this ers the extension will cover The extension Change in accounting period
• The bot Teleph • If the c • If this box ▶ [1 I red Is ft If this box ▶ [2 If th 3a If th b If the c b If the c b If the c b If the c contact the co	JAMES PAUL BLANCO books are in the care of ▶ 70 – 25 YELLOWSTONE BLVD APT 11D - FOREST from No ▶ (917) 692–8051 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box ▶ □ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto JANUARY 15, 2011, to file the exempt organization return for the organization named a portion or the organization's return for calendar year or □ Initial return □ Final return □ Final return □ Final return □ Final return □ sapplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made Include any prior year overpayment allowed as a credit	HI s is fo	r the whole group, check this ers the extension will cover The extension Change in accounting period
• The bot Teleph • If the c • If this box ▶ [1	JAMES PAUL BLANCO books are in the care of ▶ 70 – 25 YELLOWSTONE BLVD APT 11D - FOREST from No ▶ (917) 692-8051 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt JANUARY 15, 2011, to file the exempt organization return for the organization named a or the organization's return for calendar year or X tax year beginning JUN 1, 2009 and ending MAY 31, 2010 is tax year is for less than 12 months, check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made Include any prior year overpayment allowed as a credit cance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	HI s is fo memb	r the whole group, check this ers the extension will cover The extension Change in accounting period
• The bot Teleph • If the c • If this box ▶ [1	JAMES PAUL BLANCO books are in the care of ▶ 70 – 25 YELLOWSTONE BLVD APT 11D - FOREST from No ▶ (917) 692–8051 FAX No. ▶ organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box ▶ □ and attach a list with the names and EINs of all quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto JANUARY 15, 2011, to file the exempt organization return for the organization named a portion or the organization's return for calendar year or □ Initial return □ Final return □ Final return □ Final return □ Final return □ sapplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made Include any prior year overpayment allowed as a credit	HI s is fo memb	r the whole group, check this ers the extension will cover The extension Change in accounting period

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (,	A)
GOVT BOND INTEREST	-	· · ·	5,451.	· <u></u>	0.	5,	451.
TOTAL TO FM 990-PF, PART I, I	LN 4		5,451.		0.	5,	451.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS			ADJUSTED	CHARIT	
ACCOUNTING FEES		900.		900.	90	0.	0.
TO FORM 990-PF, PG 1, LN 16B		900.		900.	90	0.	0.
FORM 990-PF		TAX	ES	 _		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET INV	EST-	(C) ADJUSTED NET INCOM	CHARIT	
NYS CHARITABLE FILING FEE		50.		0.		0.	50.
TO FORM 990-PF, PG 1, LN 18		50.	· 	0.		0.	50.
FORM 990-PF	0	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
BANK CUSTODIAL FEES EDUCATIONAL SPEAKERS EDUCATIONAL PROGRAM ELIE WIESEL DINNER OLIPHANT SPEAKER EVENT		381. 5,000. 6,887. 4,000. 5,433.		381. 0. 0. 0.	1	0. 45, 0. 6,	0. 000. 887. 0. 433.
TO FORM 990-PF, PG 1, LN 23	6	1,701.		381.	38	1. 57,	320.

FORM 990-PF U.S. AND STATE/	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKE' VALUE	Г
US TREASURY NOTES	X		112,523.	118,8	32.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	112,523.	118,8	32.
TOTAL STATE AND MUNICIPAL GOVERNME	NT OBLIG	RATIONS			
TOTAL TO FORM 990-PF, PART II, LIN	E 10A	=	112,523.	118,88	32.
FORM 990-PF SUMMARY OF DIRE	CT CHARI	TABLE A	CTIVITIES	STATEMENT	6
ACTIVITY ONE NOBEL LAUREATE ELIE WIESEL SPOKE O HALL AT CORNELL UNIVERSITY. HIS L CHARITABLE TRUST, STRESSED CONTINU	ECTURE,	FUNDED 1	BY EPSILON		
LIFE.				EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 1				24,0	00.
FORM 990-PF SUMMARY OF DIRE	CT CHARI	TABLE A	CTIVITIES	STATEMENT	7
ACTIVITY TWO					
TWO LEGENDARY ATHLETES-TURNED-POL KEN DRYDEN, CORNELL Ø70 DISCUSSED SPORTS, SERVICE & LEADERSHIPØ AT C 10, 2010. THEIR LECTURS WERE FUNDE TRUST.	OLIVES (ON THE RINIVERSI	UN: TY ON SEPT.		
				EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 2				34,2	07.