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# Form **990-PF**

#### ON EXTENSION TO 5/16/2011

### Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2009 Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. 2009 JUN 30, For calendar year 2009, or tax year beginning JUL 1. , and ending 2010 Initial return of a former public charity Final return G Check all that apply: Initial return Amended return Address change Name change A Employer identification number Name of foundation Use the IRS label Otherwise, THE SABINA AND RAZA BOKHARI FOUNDATION 25-6899215 print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type 437 NORTH SPRING MILL ROAD 610-525-2767 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions 19085-1104 VILLANOVA. PA D 1 Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) F If the foundation is in a 60-month termination 600,342. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 43. 43. STATEMENT 15,880. 15,880. Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) <4,258. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 60,000. 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 11,665 15,923 Total, Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,758 1,758. **b** Accounting fees STMT 3 RECEIVED c Other professional fees 17 Interest RS-OS 18 Taxes MAY 2 3 2011 19 Depreciation and depletion 20 Occupancy OGDEN. 21 Travel, conferences, and meetings 22 Printing and publications STMT 4 88 88 0. 23 Other expenses 24 Total operating and administrative <u>1,758</u>. 88 expenses. Add lines 13 through 23 1,846 130,567 130,567. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 132,413 88 132,325. Add lines 24 and 25 27 Subtract line 26 from line 12: <120,748.b 3 Excess of revenue over expenses and disbursements 15,835 b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

N/A

۵	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		13,531.	13,531.
	2	Savings and temporary cash investments	105,535.	35,514.	35,514.
	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			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			·
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	616,119.	551,861.	551,297.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	}				
_	16	Total assets (to be completed by all filers)	721,654.	600,906.	600,342.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Foundations that follow SFAS 117, check here	-		
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
Fund Balance	25	Temporarily restricted			
Bal	1	Permanently restricted			
l d		Foundations that do not follow SFAS 117, check here			
급		and complete lines 27 through 31.			
s o	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	721,654.	600,906.	
Net Assets	30	Total net assets or fund balances	721,654.	600,906.	
_					
_	31	Total liabilities and net assets/fund balances	721,654.	600,906.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
_				1 1	
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		701 654
_	-	st agree with end-of-year figure reported on prior year's return)		1	721,654.
		r amount from Part I, line 27a		2	<120,748.>
3		r increases not included in line 2 (itemize) lines 1, 2, and 3		3	600,906.
4 5		eases not included in line 2 (itemize)		4 5	0.
S A		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (h). Jine 30	6	600,906.
<u>~</u>	. 5.0	The second of th	(5) mio 00		Form <b>990-PF</b> (2009)

25-6899215

Form 990-PF (2009) THE SABINA AND RAZA BOKHARI Part VI   Excise Tax Based on Investment Income (Section 4		25-689 948 - sec			Page 4 ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ ar	nd 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	➤ X and enter 1%	1		1	58.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	r 4% of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y. Others enter -0-)	2	_		<u>0.</u>
3 Add lines 1 and 2		3		1	<u>58.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	ly. Others enter -0-)	4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1	<u>58.</u>
6 Credits/Payments:					
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 503.				
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	60	.			
d Backup withholding erroneously withheld	6d	_		_	Λ <b>2</b>
<ul> <li>7 Total credits and payments. Add lines 6a through 6d</li> <li>8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is</li> </ul>	attached	7			03.
	attached	8			
<ul><li>Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed</li><li>Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaint.</li></ul>		10		3	45.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax	345. Refunded	11			0.
Part VII-A Statements Regarding Activities	343 •   Retunded				<del></del>
1a During the tax year, did the foundation attempt to influence any national, state, or local l	egislation or did it participate or intervene	ın		Yes	No
any political campaign?			1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes (see instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any materials publishe	d or			
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during					i
(1) On the foundation. > \$ (2) On foundation management					
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation				
managers. ► \$ 0.	h. 1000				77
2 Has the foundation engaged in any activities that have not previously been reported to the strategies, attach a detailed description of the activities	ne inor		2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its govern-	ing instrument articles of incorporation of	ır			1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	-	11	3		x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	_		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	, , , , , ,	N/A	4b		<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	ear?	,	5		Х
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	ed either:				
By language in the governing instrument, or					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mand</li> </ul>	atory directions that conflict with the state	law			
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
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 instru	uctions) >		_		
PA					
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	he Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of		ndar	İ		
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes	-		9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a so	chedule listing their names and addresses		10_	L	X

	990-PF (2009) THE SABINA AND RAZA BOKHARI FOUNDATION 25-6899 art VII-A   Statements Regarding Activities (continued)	215		Page 5
		1 1		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			7.7
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	\ F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7.60	
14	The books are in care of ► SABINA AND RAZA BOKHARI  Telephone no. ► 610-52		/67	
	Located at ► 437 NORTH SPRING MILL ROAD, VILLANOVA, PA ZIP+4 ►19	085		_
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	<u>/A</u>	
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		i	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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			
	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			
	termination of government service, if terminating within 90 days )			
t	of the third that the state of the third that the t			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
á	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?			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is <b>not</b> 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		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>	1 1		
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		
	during the year?			
	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,			
	Form 4720, to determine if the foundation had excess business holdings in 2009)  N/A	3ь		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u> </u>
	had not been removed from reported before the first day of the tay year beginning in 2002	1 45		Y

Part WIL-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2009) THE SABINA AND RAZA BOKH	ARI FOUNDATIO	)N	<u>25-68992</u>	15 Page <u>6</u>
(1) Carry on propagatind, or otherwise attempt to influence legislation (section 4945(s))?  (2) Influence the outcome of any specific public election (see section 4945(s)); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other smalar purposes?  (4) Provide a grant to an individual for travel, study, or other smalar purposes?  (5) Provide for any purpose other than religious, charabile, scientific, literary, or educational purposes, or for the prevention of curally to childrion or animate?  (6) Provide for any purpose other than religious, charabile, scientific, literary, or educational purposes, or for the prevention of curally to childrion or animate?  (7) I alway inserts or 154 (1) 6, often or the transactions fail to qualify under the exceptions described in Regulations section 33.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If the amount is religious to the grant?  If the amount is religious to the grant?  If Yes, 154, 104, 104, 104, 104, 104, 104, 104, 10		Form 4/20 May Be I	Required (contin	ued)	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter repositation of the reposition of th				<u></u>	
any voter registation drive?  (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  \$50(a)(1), (2), or (3), or section 490(0)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cutility to children or animals?  I amy shares in 'See' to 54(1)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding diseaset assistance (see instructions)?  Organizations religion on current notice regarding diseaset assistance (see instructions)?  Organizations religion on current notice regarding diseaset assistance (see instructions)?  Organizations religion on current notice regarding diseaset assistance (see instructions)?  Organizations religion on current notice regarding diseaset assistance (see instructions)?  Organizations religion on current notice regarding diseaset assistance (see instructions)?  If 'Yes' to Question 54(4), does the foundation disease the scientification of the tax because it maintained expenditure responsibility for the grant?  If 'Yes' to Question 54(4), does the foundation of the scientification of the foundation, during the year, receive any funds, directly or indirectly, to ap preniums on a personal benefit contract?  If 'Yes' to Question of the foundation of the scientification of the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?  If 'Yes' to Question of the foundation of the say year, was the foundation of the previous development of the foundation of the previous of the say year and yea		* **		es LXL No	
(3) Provide a grant to an organization other than a charitable, etc., organization described in section  S08(g1), (2), or (3), or section 4940(0/29)  (5) Provide for any purpose other than relaquous, charitable, etc., organization described in section  S08(g1), (2), or (3), or section 4940(0/29)  (6) Provide for any purpose other than relaquous, charitable, etc., organization described in section  S08(g1), (2), or (3), or section 4940(0/29)  (7) If yes (3) If yes (4) I		or to carry on, directly or indir		[TT]	
(4) Provide a paint to an organization other than a charitable, etc., organization described in section  S08(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 the prevention of civelly to children or animals?  I amy answers vize 105 (1)-(5), did any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A yes No  N/A yes No  N/A Yes No  N/A Yes No  Hower N/A yes No  N/A Yes	•	•			
SSIGN(H, I, C), or (3), or section 4940(c)(2)?  (5) Provide for any purpose other than religious, charitable, soentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b I any answer is "Yes" to Sa(1)-(5), do any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disester assistance (see instructions)?  Organizations relying on a current notice regarding disester assistance (see instructions)?  Organizations relying on a current notice regarding disester assistance (see instructions)?  Organizations relying on a current notice regarding disester assistance check here in the completion of the development of the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(c)  8a Did the foundation, during the year, exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 69, the Form 8870  A lary time during the tax year, was the foundation aparty to a prohibition tax sheller transaction?  I lives, did the foundation receive any proceeds or have any not income attributable to the transaction?  I lives, did the foundation receive any proceeds or have any not income attributable to the transaction?  I lives, did the foundation during the tax year, was the foundation managers and their compensation.  (a) Name and address.  Compensation of five highest paid employees, and Contractors  TRUSTER  (b) Title, and average to the foundation of five highest paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average to the position of five highest paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest paid employees (other than those included on line 1). If none, enter "			Ye	s LX No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b Ifany answer is "Yes" to 56(1)-(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)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes, "attach the statement required by Regulations section 53.4945-5(c)  6a Did the foundation, duming the year, receive any function of the properties of the foundation duming the pear, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes is Os, fine Form 8870  7a Atl any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  TRUSTEE  (a) Name and address  (b) Title, and average for the paid, effective	• •	n described in section	<u> </u>	[92]	
b If any answer is "Yes" to \$61()-(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)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to quistion \$4(), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain?  If "Yes," attach the statement required by Regulations section 53.4945-5(g)  6a Did the foundation, during the vear, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 60, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Part VIII Part Vistees, coundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per veek devoted to position of the house of the position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee pad more than \$50,000 (b) Title, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of the highest-paid employees (other than those included on line 1). If none, ente				s LX No	
b If any answer is Yes' to Sa(1)+(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  a (I the answer is Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for thing frain?  If Yes, "attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, attach the statement required by Regulations section 53.4945-5(d)  8b If Yes, did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes is 0.5, the Form 887 to foundation a party to a prohibited tax sheler transaction?  If Yes is 0.5, the Form 887 to foundation a party to a prohibited tax sheler transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly  Information About Officers, Directors, Trustees, Foundation Managers, Highly  It is all officers, directors, trustees, foundation managers and their compensation  (a) Name and address  (b) Title, and average hours by executed the paid.  If the paid in the paid of the paid o	• • • • • • • • • • • • • • • • • • • •	or educational purposes, or		(TE)	
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation drain exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," tratach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  By Did the foundation, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  If "Yes," to Bi, file Form 870  A Pat any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  It list all officers, directors, trustees, foundation Managers, Highly  Information About Officers, Directors, Trustees, Foundation Managers, Highly  It list all officers, directors, trustees, foundation managers and their compensation.  Call officers, directors, trustees, foundation managers and their compensation.  RAZA BOKHARI  TRUSTEB  TRUSTEB  1. It all officers, directors, trustees, foundation managers and their compensation.  PRUSTEB  2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense account, other compensation.  PRUSTEE  2. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted to position of the highest-paid employee paid more than \$50,000 to 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				s LX No	
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expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes X No  Bo X X If "Yes To 85, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  It is the foundation receives any proceeds or have any net income attributable to the transaction?  It is the foundation receives any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tile, and average (b) Tile, and average (lift in paid, either eithe					
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6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If It yes to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes to 8b No.	· · · · · · · · · · · · · · · · · · ·		1/A Y6	s L No	
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b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, life Form 8870  7 At At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If year, did the foundation receive any proceeds or have any net income attributable to the transaction?  It is, did the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tills, and average hours get week devoted to position  PAZA BOKHARI  TRUSTEE  TRUSTEE  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  0.10  0.0.0.0.0.  SABINA BOKHARI  TRUSTEE  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Tills, and average devoted for position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Tills, and average devoted for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (f) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (g) Name and address of each employee paid more than \$\$50,000\$  (h) Tills, and average (h) Compensation (h) Compensation (h) Compensati		pay premiums on	<u> </u>	( <del>ए</del> )	
If "Yes" to 6b, file Form 8870   Ta At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?   Yes X No	•	organal hanskii	Ye		,     ,
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		personal benefit contract?			Sb X
bilityes, did the foundation receive any proceeds or have any net income attributable to the transaction?    Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation.	·	.h.lttt0		<b>₩</b>	
Part VIII			Y6	<u> </u>	,
1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position (if not paid, enter "0-) (a) Name and address (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter "0-) (b) Title, and average hours per week devoted to position (if not paid, enter "0-) (c) Compensation (if not paid, enter "0-) (if n	- Information About Officers Directors Truct		nagers Highly		/ D
(a) Name and address (b) Title, and average hours per week devoted to position  RAZA BOKHARI  TRUSTEE  37 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  0.10  0.0  SABINA BOKHARI  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  0.10  0.0  0.0  0.0  0.0  0.0  0.0  0	Part VIII Paid Employees, and Contractors	ees, i oundation ivid	magers, riigin	,	
RAZA BOKHARI  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  SABINA BOKHARI  TRUSTEE  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  O.10  O. 0.  O. 0.  O. 0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combetations to employee secular allowances  (e) Compensation  (d) Combetations to employee secular allowances  (e) Compensation  (d) Combetations to employee secular allowances  (e) Compensation  (f) Title, and average hours per week devoted to position  (e) Compensation  (f) Compensation  (h) Title, and average hours per week devoted to position  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position	1 List all officers, directors, trustees, foundation managers and their	compensation.			
RAZA BOKHARI  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  SABINA BOKHARI  VILLANOVA, PA 19085  TRUSTEE  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  O.10  O. 0.	4.) Means and address	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
437 NORTH SPRING MILL ROAD VILLANOVA, PA 19085  O.10  O. 0.  ABBINA BOKHARI TRUSTEE  437 NORTH SPRING MILL ROAD VILLANOVA, PA 19085  O.10  O.0.  O.0.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combustions to employee the employee address of each employee paid more than \$50,000  NONE  (e) Compensation  (f) Compensation  (f) Compensation  (e) Expense account, other allowances	(a) Name and address		enter -0-)	and deferred compensation	allowances
VILLANOVA, PA 19085  SABINA BOKHARI  437 NORTH SPRING MILL ROAD  VILLANOVA, PA 19085  O.10  O. O. O.  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average heard expressed devoted to position  (c) Compensation  (d) Contributions to employee sent plans and detered devoted to position  (e) Expense and detered expressed in the property of the property	RAZA BOKHARI	TRUSTEE			
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2 Compensation of five highest-paid employees (other than those included on line 1). 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  NONE  (c) Compensation (d) Compensation addered compensation (e) Expense account, other allowances	VILLANOVA, PA 19085	0.10	0.	0.	0.
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(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances	VILLANOVA, PA 19085	0.10	0.	0.	<u> </u>
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances	2. Companyation of five highest poid ampleyees (ather them these year	hudad an line 4). If name			
(a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  implicit benefit plans addered compensation  NONE  (c) Compensation  implicit benefit plans addered compensation  account, other allowances	2 Compensation of five nighest-paid employees (other than those inc		enter NONE."	(d) Contributions to	(a) Evnance
NONE Gevoted to position compensation allowances	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans	account, other
	MONTE	devoted to position	<u> </u>	compensation	allowances
Total number of other employees paid over \$50,000	NONE	-			
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000			<del></del>		_
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000			+		
Total number of other employees paid over \$50,000 ▶ 0		1			
	Total number of other employees paid over \$50,000	<u></u> ,			0

Part VIII Paid Employees, and Contractors (continued)		5899215 Page /
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(C) Compensation
HOHE	1	
· · · · · · · · · · · · · · · · · · ·		
	1	
	į	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities	ı	<u></u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1 N/A		
2		
3		
4		
<b>*</b>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on la	nes 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
а	Average monthly fair market value of securities	1a	542.913.
b	Average of monthly cash balances	1b	542,913. 65,654.
С	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	608,567.
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	608,567.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,129.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	599,438.
6	Minimum investment return Enter 5% of line 5	6	29,972.
P	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.)	id certain	
1	Minimum investment return from Part X, line 6	_1	29,972.
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 )  2b		
C	Add lines 2a and 2b	2c	158.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	29,814.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	29,814.
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	29,814.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	132,325.
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	
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	132,325.
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	158.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	132,167.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for	the section

# 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	_			29,814.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only		•	0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</b> From 2005				•
c From 2006 40,345.				
d From 2007				
e From 2008 201,442.				
f Total of lines 3a through e	241,787.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 132,325.			_	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.	<del>_</del>		20 014
d Applied to 2009 distributable amount	100 511	<del></del>		29,814.
e Remaining amount distributed out of corpus	102,511.			0
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	344,298.			
<b>b</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	l			
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	344,298.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 40,345.				
c Excess from 2007				
d Excess from 2008 201, 442.				
e Excess from 2009 102,511.		1	<u> </u>	Form <b>990-PF</b> (2000)

Form 990-PF (2009) THE SAE	SINA AND RAZ	A BOKHARI F	OUNDATION	25-689	99215 Page 10
Part XIV   Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		=	▶		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 494	<del>12(j)(5)</del>
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
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:					
<ol><li>Total support other than gross investment income (interest,</li></ol>					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt		l			
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	1			<del></del>
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during		instructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed i	nore man \$5,000). (See S	ection 507(0)(2).)			
SEE STATEMENT 6					
b List any managers of the foundation wh			(or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha	is a 10% or greater interes	SI.			
NONE					
2 Information Regarding Contribut					
Check here ► X if the foundation					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	inder other conditions, c	omplete items 2a, b, c, and	<u>d.</u>
a The name, address, and telephone num	aber of the person to who	m applications should be	addressed:		
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they sl	hould include:		
c Any submission deadlines:					
	<del> </del>				
d Any restrictions or limitations on award	is, such as by geographic	ai areas, charitable fields,	KINGS OF INSTITUTIONS, OF	otner tactors:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Name and address (home or business)	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		
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient				
a Paid during the year						
		!				
		1				
CDD CMAMOVDAM 7						
SEE STATEMENT 7		<u> </u>	▶ 3a	130,567.		
b Approved for future payment				130,307.		
NONE						
			1			
Total 923611 02-02-10	<del></del>		<u>▶ 3b</u>	0 . orm <b>990-PF</b> (2009)		
			r	onn 220-FT (2009)		

Unrelated business income

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Loue		- COGE		
<b>a</b>			<del> </del> -	<del> </del>	<del></del>
b					
c					
d					<del></del>
e		<b></b>			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	43.	
4 Dividends and interest from securities	 		14	43. 15,880.	
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			18	<4,258.	>
9 Net income or (loss) from special events				11,2300	
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue:				- · · · · · ·	
ab					
c					<del></del>
d					
12 Subtotal. Add columns (b), (d), and (e)		0.		11,665.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		1	12,005.	11,665.
(See worksheet in line 13 instructions to verify calculations )				10_	
Part XVI-B Relationship of Activities to		amuliahmant of Fu		A D	
· · · · · · · · · · · · · · · · · · ·					
Explain below how each activity for which income the foundation's exempt purposes (other than be			contri	buted importantly to the accon	aplishment of
the foundation's exempt purposes (other than b	y providing it	inus ioi sucii purposes).			<del></del>
		<del>.</del>			
				<del>.</del>	
					_
		-			
			_		
923621 02-02-10	-				Form <b>990-PF</b> (2009)

Forr	990-PF (2009) THE SABINA AND RAZA BOKHARI FOUNDATION 25-689	<i>)</i> 9215_	Pag	ge 13		
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable						
Exempt Organizations						
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of	Y	'es	No		
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?					
а	Transfers from the reporting foundation to a noncharitable exempt organization of:					

	ble the diganization directly of indirectly engage in any of the following with any other diganization described in section so ite/ of		 .,,
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
1	Transfers from the reporting foundation to a noncharitable exempt organization of:	1	
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	Х
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
;	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

	colum	n (d) the value of the goods, o	other assets, or services received.		,	,	
(a)∟	ine no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfers, transaction	ons, and sharing arra	ngements
			N/A				
			·				
			······································				
						··-	
			.,				
2a	Is the	foundation directly or indirect	ly affiliated with, or related to, one	or more tax-exempt organiz	ations described		
	ın sec	tion 501(c) of the Code (other	than section 501(c)(3)) or in sect	ion 527?		Yes	X No
b	If "Yes	," complete the following sch	edule.				
		(a) Name of oro	anization	(h) Type of organization	(c) Description of r	elationshin	

_										
	ın sec	foundation directly or indirect tion 501(c) of the Code (other	than section 501(c)(3	•	·	rganıza	tions described		Yes	X No
	) II Yes	s," complete the following sche (a) Name of org			(b) Type of organizat	tion	(	(c) Description of r	elationship	·
		N/A							,. <u>.</u>	
				-					<u> </u>	
					-					
ere	and con	enalties of perjury declare that I had the plete Declaration of preparer in he grature of officer or trustee					is any knowledge	my knowledge and be	elief, it is true, correct	
Sign Here	id irer's Only	Preparer's signature	119			Dat	// , / sel	eck if if- iployed	Preparer's identifying	ig number
	Paid Prepare Use On	Firm's name (or yours PARE of self-employed),	NTEBEARD I BYBERRY F	LLC ROAD SU	JITE 1100		7 - 7	EIN ►		

HUNTINGDON VALLEY, PA 19006-3523

215-947-2100 Form **990-PF** (2009)

FORM 990-PF INTEREST ON SAVI	NGS ANI	D TEM	PORARY C	ASH IN	  VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
GOLDMAN SACHS							43.
TOTAL TO FORM 990-PF, PART I,	LINE 3	3, CO	LUMN A				43.
FORM 990-PF DIVIDEND	S AND :	INTER	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE	(	GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	)
GOLDMAN SACHS			15,880.		0.	15,8	80.
TOTAL TO FM 990-PF, PART I, L	JN 4		15,880.		0.	15,8	80.
FORM 990-PF	ACC	OUNTI	NG FEES	<u> </u>		STATEMENT	3
DESCRIPTION	(A EXPEN: PER B	SES	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	1	,758.		0.		1,7	58.
TO FORM 990-PF, PG 1, LN 16B	1	,758.		0.		1,7	58.
FORM 990-PF	OT	HER E	XPENSES			STATEMENT	4
DESCRIPTION	(A EXPEN: PER B	SES	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
BANK FEES		88.		88.			0.
TO FORM 990-PF, PG 1, LN 23		88.		88.		<del></del>	0.

FORM 990-PF OTHER	RINVESTMENTS		STATEMENT	5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
GOLDMAN SACHS CORE FIXED INCOME FUND CLASS A	COST	551,861.	551,2	97.
TOTAL TO FORM 990-PF, PART II, LINE	13	551,861.	551,29	97.
	/ - LINE 1A NDATION MANAGE	RS	STATEMENT	6

NAME OF MANAGER

RAZA BOKHARI SABINA BOKHARI

•	S AND CONTRIBUTIONS D DURING THE YEAR	STAT	EMENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
AMERICAN FUND FOR HUMAN DEVELOPMENT INC 23105 KASHIWA CT TORRANCE, CA 90505	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	2,000.
LRBT AMERICA 630 FIRST AVENUE SUITE 6E NEW YORK, NY 10016	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	4,567.
TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELHPIA, PA 19122	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	100,000.
UNIVERISTY OF PENNSYLVANIA 3451 WALNUT STREET, RM 433 PHILADELHPIA, PA 19104	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	1,000.
WOMEN'S RESOURCE CENTER 113 W. WAYNE AVENUE WAYNE, PA 19087	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	500.
THE FRANKLIN INSTITUTE 222 NORTH 20TH STREET PHILADELHPIA, PA 19103	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	10,000.
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	2,500.
THE AGNES IRWIN SCHOOL ITHAN AVENUE AND CONESTOGA RD ROSEMONT, PA 19010	NONE TO SUPPORT THE OPERATING BUDGET OF THE RECIPIENT	PUBLIC CHARITY	10,000.
TOTAL TO FORM 990-PF, PART XV, 1	LINE 3A		130,567.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Is you are filing for	an Automatic 3-Month Extension, complete only Part I and check this box	► X
<ul> <li>If you are filing for</li> </ul>	an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)
Do not complete P	art II unless you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868.
Part I Aut	omatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation requir	ed to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I only		. ▶□
All other corporation to file income tax ret	s (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of time
Electronic Filing (e noted below (6 mon (not automatic) 3-mo you must submit the	file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension his for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroning in the extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or confully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filed click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional assolidated Form 990-T Instead,
Type or Name of	Exempt Organization	Employer identification number
print PHR	SABINA AND RAZA BOKHARI FOUNDATION	25-6899215
File by the	street, and room or suite no. If a P.O. box, see instructions	
filing your 437	NORTH SPRING MILL ROAD	
etutii see i	n or post office, state, and ZIP code. For a foreign address, see instructions	
VILL	ANOVA, PA 19085-1104	
Check type of retur	n to be filed(file a separate application for each return):	
Form 990	Form 990 T (corporation)	20
Form 990-BL	Form 990-T (sec. 401(a) or 408(a) trust)	
Form 990 EZ	Form 990-T (trust other than above)	
X Form 990-PF	Form 1041·A	
Telephone No If the organization If this is for a Ground III this is for a Ground II this is for a	SABINA AND RAZA BOKHARI  he care of > 437 NORTH SPRING MILL ROAD - VILLANOVA,  610-525-2767  FAX No >  does not have an office or place of business in the United States, check this box  ip 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	s is for the whole group, check this
	and attach a list with the names and Elvis of an	
	tomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until	
FEBRU	ARY 15, 2011, to file the exempt organization return for the organization named a	bove The extension
is for the organ		
▶ ☐ calend	ar year or	
▶ ☐ calend		
calend	ar year or	Change in accounting period
calend X tax year	ar year or r beginning	
calend  a tax year  If this tax year  If this application on refundable	ar year or r beginning or JUL, and ending	
calend  X tax year  If this tax year  If this application nonrefundable  b If this application	ar year or r beginning JUL1 , 2009, and ending JUN30 , 2010 s for less than 12 months, check reason Initial return Final return Final return Final return so is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any credits See instructions.	3a \$ 318
calend  tax year  If this tax year  If this application nonrefundable  b If this application tax payments references	ar year or r beginning JUL1 , 2009 , and ending JUN30 , 2010 s for less than 12 months, check reason Initial return Final return on is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any credits See instructions. On is for Form 990-PF or 990-T, enter any refundable credits and estimated made. Include any prior year overpayment allowed as a credit.	Change in accounting period  3a \$ 318  3b \$ 503
calend tax year  If this tax year  If this application on refundable b If this application tax payments r c Balance Due.	ar year or r beginningJUL1 ,2009 , and endingJUN30 ,2010 s for less than 12 months, check reason Initial return Final return on is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any credits. See instructions.  on is for Form 990-PF or 990-T, enter any refundable credits and estimated made. Include any prior year overpayment allowed as a credit.  Subtract line 3b from line 3a Include your payment with this form, or, if required,	3a \$ 318
calend tax year  If this tax year  If this application on refundable b If this application tax payments r c Balance Due.	ar year or reginning	3a \$ 318

HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Mailed 11/9/10 William R. Deise, CFA

Form 8868 (Rev. 4-2009)

Form 8868 (Rev. 1 2011)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension. c	complete only Part II and check this bo	×		▶	X
Note. Only complete Part II if you have already been granted an				3868	•	
If you are filing for an Automatic 3-Month Extension, comple						
Part II Additional (Not Automatic) 3-Month E			opies n	eeded)		
Name of exempt organization			Empl	oyer iden	tification	number
Type or				·		
rint THE SABINA AND RAZA BOKHARI	FOUN	DATION	2	5-689	9215	
File by the extended Number, street, and room or suite no. If a P.O. box, s						
due date for 437 NORTH SPRING MILL ROAD						
intig your	you					
nstructions VILLANOVA, PA 19085-1104	<b>-</b>					
Enter the Return code for the return that this application is for (file	e a senara	te application for each return)				0 4
the result of the result and the application is for the	o a sopaia	as application for such retain,				لتبي
Application	Return	Application				Return
s For	Code	Is For				Code
Form 990	01					
Form 990-BL	02	Form 1041 A	-			08
Form 990-EZ	03	Form 4720				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already granted		*·····	sly file	d Form 8	868	
The books are in the care of <b>A37</b> NORTH SPRII						
Telephone No ▶ 610-525-2767	112	FAX No. ▶			<del></del>	
If the organization does not have an office or place of business	s in the Un	-				
If this is for a Group Return, enter the organization's four digit			ıs ıs foı	the whole	e group, cl	heck this
ox . If it is for part of the group, check this box	, ·	ch a list with the names and EINs of all			•	
4 I request an additional 3-month extension of time until		15, 2011				
5 For calendar year, or other tax year beginning			JUN	30.	2010	
6 If the tax year entered in line 5 is for less than 12 months, c			Final r			
Change in accounting period						
7 State in detail why you need the extension						
THE TAXPAYER IS STILL WAITING	TO R	ECEIVED INFORMATION	THA	T IT	NEEDS	IN
ORDER TO FILE A COMPLETE AND A						
Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions		•	8a	\$		318.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	-			
tax payments made Include any prior year overpayment all						
previously with Form 8868.		,	8b	\$		503.
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System) See instru	•	, , ,	8c	\$		0.
		d Verification				
nder penalties of perjury, I declare that I have examined this form, includ			e best o	f my knowl	edge and be	elief,
is true, correct, and complete, and that I am authorized to prepare this fo		A		_		
ignature > William R. Deise Title >	(g4	4-	Date	<b>▶</b> 2~	5-20	1/