

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**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

2009

For cal	lendar year 2009, or tax year beginning 10	0/01 , 2009 ,	and ending 9/3	0 , 2010	
G Che	eck all that apply Initial return Initia	al Return of a former p	ublic charity	Fina	al return
	Amended return	Address of	hange Name	change	
Use t	he		A	Employer identification nur	nber
IRS la	bel. M B KAHN FOUNDATION, INC.			57-6024465	
Otherw	1 TODI OILICH BOX 1000		В	Telephone number (see the	instructions)
prin or typ					
See Spe	ecific		С	If exemption application is	pending, check here
Instruct	10NS.		D	1 Foreign organizations, chec	k here
H Ç	Check type of organization X Section 501	(c)(3 <u>) e</u> xempt private f	oundation	2 Foreign organizations meet	
	Section 4947(a)(1) nonexempt charitable tr		private foundation	here and attach computation	
	(0	ounting method $oxed{X}$ Ca	ash Accrual E	If private foundation status under section 507(b)(1)(A)	
`.	1 —	Other (specify)	F	If the foundation is in a 60	-month termination
⊳ Ş		column (d) must be or	r cash basis)	under section 507(b)(1)(B)	, check here
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable purposes
	sarily equal the amounts in column (a)				(cash basis only)
	(see the instructions)) 1 Contributions, gifts, grants, etc. received (att.sch)	241 460			
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck if the foundn is not req to att Sch B	241,460.			
	3 Interest on savings and temporary				
	cash investments	203.	203.	203.	
	4 Dividends and interest from securities				
	5a Gross rents b Net rental income				
_	or (loss)				
E	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all			ļ	· · · · · · · · ·
⊻	assets on line 6a 7 Capital gain net income (from Part IV, line 2)		<u> </u>	-	
Ž.	8 Net short-term capital gain				
ຶ່ງບູ່)	9 Income modifications				
RE>EXOPE	10 a Gross sales less returns and				
	allowances b Less Cost of				
3.1	goods sold				
	c Gross profit/(loss) (att sch)				
÷	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	241,663.	203.	203.	
	13 Compensation of officers, directors, trustees, etc	0.	203.	203.	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
A D	16a Legal jees (attach schedule)				
M	D Accounting nees (attachyster)				
Ň	c Other prof fees (attach sch)			<u> </u>	
O I STRAT	17 Strees N 2 4 2011			-	
P S T R A A T	18 Takes (attach scriedule)(see instruction)				
ŤŤ	19 Depreciation (attach cc) sch) and depletion				
ΝV	20 Occupandy EN, UI				
GÉ	21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications			_	
A E X P E N	23 Other expenses (attach schedule) SEE STATEMENT 1	27.			
N S	24 Total operating and administrative	21.		 	
E S	expenses. Add lines 13 through 23	27.			
	25 Contributions, gifts, grants paid PART XV	233,182.			233,182.
	26 Total expenses and disbursements.	222 200	_	_	222 100
	Add lines 24 and 25 27 Subtract line 26 from line 12:	233,209.	0.	0.	233,182.
	a Excess of revenue over expenses	İ			
	and disbursements	8,454.			
	b Net investment income (if negative, enter -0-)		203.		
	C Adjusted net income (if negative, enter -0)			203.	
	for Drivery Act and Dananyork Paduction Act		47	*******	Earm 000 DE (2000)

Page 2

Dart	<u> </u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	f year
ran		Balance Sheets column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	18,526.	26,980.	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶		_	
	4	Pledges receivable	Ţ		
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
S		Less allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
S	10:	a Investments – US and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule)		· · · · · ·	
	٠	c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis.			-
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe)			
	16	Total assets (to be completed by all filers – see instructions. Also, see page 1, item l)	18,526.	26,980.	0.
Ļ	17				<u>:</u>
I A	18	Grants payable		,,,,	
A B	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
	2.5	Foundations that follow SFAS 117, check here		0.	
ΝF	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
Eυ	25	Temporarily restricted			
D	26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		· · · · · · · · · · · · · · · · · · ·	
ĔŢ	27	Capital stock, trust principal, or current funds			
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund		· · ·	
OE	29	Retained earnings, accumulated income, endowment, or other funds	18,526.	26,980.	
RS	30	Total net assets or fund balances (see the instructions)	18,526.	26,980.	
	31	Total liabilities and net assets/fund balances (see the instructions)	18,526.	26,980.	
Part	III	Analysis of Changes in Net Assets or Fund Balance	es		
1	Tota end-	l net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ımn (a), line 30 (must aç	gree with	18,526.
2		er amount from Part I, line 27a		2	8,454.
3	Other	increases not included in line 2 (itemize).	. 	3	
4	Add	lines 1, 2, and 3		4	26,980.
		ases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), II	ne 30 6	26,980.

(a) List and describ 2-story brick warehou	be the kind(s) of property sold (e.g., ruse, or common stock, 200 shares ML	eal estate, .C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A				-	
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
a	^				
b					
С					
d					
e					
Complete only for assets show	ving gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Coli	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		pain minus column (f an -0-) or Losses (fr	
a		· · · · · · · · · · · · · · · · · · ·			
<u>b</u>					
c					
d				·	
e					
2 Capital gain net income or (ne	et capital loss)	enter in Part I, line 7 ter -0- in Part I, line 7			
. •	(loss) as defined in sections 1222(5)	· · ·	Ì		
ın Part I, line 8	ne 8, column (c) (see the instructions)		3_		
	er Section 4940(e) for Reduce to the section of			N/A	
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable an	mplete this part	· 	Yes	☐ No
	in each column for each year, see th		ig any entries	45	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (col	(d) Distribution umn (b) divided	
2008					
2007					
2006					
2005					
2004					
-2 Total of line 1, colūmn (d) "		-	2		
Average distribution ratio for to number of years the foundation	he 5-year base period — divide the to on has been in existence if less than !	otal on line 2 by 5, or by the 5 years	3		
4 Enter the net value of noncha	ritable-use assets for 2009 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		<u>-</u>
8 Enter qualifying distributions f	rom Part XII, line 4		8		
if line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that	part using a 19	% tax rate See t	he
BAA				For	n 990-PF (2009)

Form 990-PF (2009) M B KAHN FOUNDATION, INC. 57-60			age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	instructions	<u>) </u>	
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1			
Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,	<u> </u>		4.
check here ► and enter 1% 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, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	2		<u>0.</u>
3 Add lines 1 and 2	3		4.
(, , , , , , , , , , , , , , , , , , ,	1		0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		<u>4.</u>
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009			
b Exempt foreign organizations – tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
	7		0.
	3		
,	9		<u>4.</u>
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_		
11 Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11 Part VII-A Statements Regarding Activities	1		
		Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1:	+	X
	 !:	a	<u> </u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	11	b	X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials publis or distributed by the foundation in connection with the activities	shed		
c Did the foundation file Form 1120-POL for this year?	10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	0.		1
(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	- 0.		
foundation managers \Rightarrow \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If 'Yes,' attach a detailed description of the activities	== -		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			_
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4:		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	41	b N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
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 conf	lict	1	l
with the state law remain in the governing instrument?	6	 ,,	<u> X</u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions) SC			
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	8	b X_	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 49)42 ₍₁₎ (5)		
for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete F	Part XIV 9	-	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nan and addresses	nes 10_		х
BAA	Form 9	90-PF	(2009)

TEEA0304L 07/06/09

orm 990-PF (2009) M B KAHN FOUNDATION, INC.	57-	602446	5,	Pa	age 5
Part VII-A Statements Regarding Activities Continued					
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		Х
Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address ► N/A	on applica	ition?	13	Х	
	 ne no ►	803 7	36 33	325	
Located at ► 101 FLINT LAKE ROAD COLUMBIA SC ZIP + 4					
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check her	e		$\overline{N/A}$	▶	
and enter the amount of tax-exempt interest received or accrued during the year	•	15		1	<u>N/A</u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			\vdash	Yes	No
1a During the year did the foundation (either directly or indirectly)		V			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
(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?	Yes	X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			1
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo			,
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 the instruc	n tions)?	_	1 b	N/	'A_
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 act that were not corrected before the first day of the tax year beginning in 2009?	S,		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))					
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	XNo			,
If 'Yes,' list the years ► 20 , 20 , 20 , 20				-	_ 1
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494 all years listed, answer 'No' and attach statement — see the instructions)	12(a)(2) 2(a)(2) to		2b	- Ñ	'A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year 20, 20, 20	s here				•
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
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 appropriate by the Consensation 4943(c)(7)) to dispose of holdings acquired by gift or bequest, to the lapse of the 100 of the consensation 4943(c) to be beginning acquired by gift or beginning to the lapse of the 100 of the consensation and the consensation and the consensation are the consensation and the consensation and the consensation are the consensation are the consensation are the consensation and the consensation are the consensation are the	on ved	-			
(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule Č, Form 4720, to determine if the foundation had excess business holdings in 2009)			3ь	N/	'A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
h Did the foundation make an investment in a new control of the Beautiful 21, 1000 H. J. and					
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?			4b		_X_
BAA		Fo	orm 99 0)-PF (2009)

Form 990-PF (2009) M B KAHN FOUNDATIO	ON, INC.		57-602	2 44 65 ·	Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	n 4720 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu	r any amount to				
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible. If 'Yes,' attach the statement required by Regions	sibility for the grant?		N/A Yes] No	
6a Did the foundation, during the year, receive ar on a personal benefit contract?		• •	s Yes X	No	
b Did the foundation, during the year, pay prem	iums, directly or indired	etly, on a personal bene		6b	X
If 'Yes' to 6b, file Form 8870	·				
7a At any time during the tax year, was the found	dation a party to a proh	iibited tax shelter transa	iction? Yes X	No	
b If yes, did the foundation receive any proceed				7b	N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	imployees	,
1 List all officers, directors, trustees, foundation	n managers and their	compansation (see inst	ructions)		
List an officers, unectors, trustees, foundation	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
ALAN B KAHN	PRESIDENT	0.	0.		0
P O BOX 1608	0			1	
COLUMBIA, SC 29223					
2 Compensation of five highest-paid employee	es (other than those inc	cluded on line 1— see in	structions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
<u>NONE</u>					
					
Total number of other ampleyage and success 650,000	1	<u> </u>	•		
Total number of other employees paid over \$50,000	J TEEA0306L	07/06/09		Form 990	

Form 990-PF (2009) M B KAHN FOUNDATION, INC.		7-6024465 Page 7
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional services - enter 'NONE.'	- (see instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	L	> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tatistical information such as the number of c	Expenses
1 <u>N/A</u>		
2		
3		
4		·
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation	on during the tax year on lines 1 and	2 Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions 3		

TEEA0307L 07/06/09

•

Form **990-PF** (2009)

Total. Add lines 1 through 3

BAA

Par	see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. Average monthly fair market value of securities.	1 a	
	Average of monthly cash balances	1 b	53,558.
	Fair market value of all other assets (see instructions)	1 c	33,330.
	Total (add lines 1a, b, and c)	1d	53,558.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	 " 	33,330.
	(attach detailed explanation) 1 e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	53,558.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	803.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4.	5	52,755.
6	Minimum investment return. Enter 5% of line 5	6	2,638.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	atıng	
	and certain foreign organizations check here ► and do not complete this pa	_	
1	Minimum investment return from Part X, line 6	1	2,638.
2 a	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.)	1	
c	Add lines 2a and 2b	2 c	4.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,634.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,634.
6	Deduction from distributable amount (see instructions)	6	
_7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,634.
Par	Qualifying Distributions (see instructions)	TT	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	233,182.
b	Program-related investments – total from Part IX-B	1 b	·-
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	233,182.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	233,182.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years	ther the	e foundation
BAA			Form 990-PF (2009)

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,				2 624
line 7 2 Undistributed income, if any, as of the end of 2009				2,634.
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004]			
b From 2005 147,005.				
c From 2006 221, 697.				
d From 2007 189, 990.	1			
e From 2008 167, 075.				
f Total of lines 3a through e	725,767.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 233,182.				
XII, line 4 ► \$ 233, 182. a Applied to 2008, but not more than line 2a			0.	
, ,			0.	
 Applied to undistributed income of prior years (Election required – see instructions) 		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount	<u> </u>			2,634.
e Remaining amount distributed out of corpus	230,548.			2,034.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	956,315.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		0.		
ed 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 instructions			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) (see instructions)	0.			
8 Excess distributions carryover from 2004 not				· · · · · · · · · · · · · · · · · · ·
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	956,315.			
O Analysis of line 9	730,313.			· · · · · · · · · · · · · · · · · · ·
a Excess from 2005 147,005.				
b Excess from 2006 221, 697.	1			
c Excess from 2007 189, 990.]			
d Excess from 2008 167, 075.]			
e Excess from 2009 230, 548.	<u> L</u>	Í		·

Form 990-PF (2009) M B KAHN FOUNDAT				57-6024 4 6	5 ' Page 10
Part XIV Private Operating Foundati				· · · · · · · · · · · · · · · · · · ·	N/A
1a If the foundation has received a ruling or is effective for 2009, enter the date of the	ruling			_	
b Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
b 85% of line 2a.		-			
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter				İ	
(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
 c 'Support' alternative test — enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		<u> </u>			
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	ad \$5,000 or mo	re in
Information Regarding Foundation Mana List any managers of the foundation who close of any tax year (but only if they have NONE	igers: have contributed m	nore than 2% of the	total contributions i section 507(d)(2))	received by the foun	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a	of the stock of a cor 10% or greater inter	poration (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds if the foundation make complete items 2a, b, c, and d	makes contribution es gifts, grants, etc	s to preselected cha , (see instructions) t	aritable organization to individuals or org	anizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse	d	
b The form in which applications should be	submitted and info	rmation and materia	als they should inclu	ude	
c Any submission deadlines					- 17
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	ible fields, kinds of	institutions, or other	factors
BAA		EEA0310L 07/06/09			Form 990-PF (2009)

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	5511115211511	
a Paid during the year SEE STATEMENT 2				
				000 100
Total b Approved for future payment		Ī	► 3a	233,182.
b Approved for fature payment				
Total			► 3t	<u> </u>

Part XVI-A Analysis of Income-Producing Activities

		1		1		
Enter gross	amounts unless otherwise indicated	Unrelate	ed business income	Excluded by	section 512, 513, or 514	
1 Droc-	am service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
				Code		(See the instructions)
		+				
°		+-				
d			· 	+ +		
				+		
f			· · · · · · · · · · · · · · · · · · ·			
a Fees	and contracts from government agencies					
-	pership dues and assessments		····			
	t on savings and temporary cash investments			14	203.	
	ends and interest from securities					
	ental income or (loss) from real estate		· · · ·		* * *	
	financed property					
	ebt-financed property					
6 Net rer	ntal income or (loss) from personal property					
7 Other	investment income					
8 Gain or	(loss) from sales of assets other than inventory					·
9 Net in	ncome or (loss) from special events.					
10 Gross	s profit or (loss) from sales of inventory					
11 Other	revenue	, a	A CARLO SEE	4	* * * *	
a						
b						
c						
d				+ +		
е						
		\ \ -			202	1
12 Subto	otal Add columns (b), (d), and (e)	2		<u> </u>	203.	202
12 Subto	Add line 12, columns (b), (d), and (e)			<u> </u>	203. 13	203.
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify c	alculations)		1 1	13	203.
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e)	alculations)	ishment of Exem	pt Purpose	13	203.
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify c	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI- Line No.	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	tly to the the instructions)
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	
12 Subto 13 Total. (See works Part:XVI-	Add line 12, columns (b), (d), and (e) theet in the instructions for line 13 to verify carriers. Relationship of Activities to the	alculations)			13 es	

No

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

	descr		of the Code (otl	ngage in any of the follow ner than section 501(c)(3				3 2 1	3 10
				a noncharitable exempt o	organizati	ion of			
	(1) C	ash						1a (1)	<u> </u>
	(2) O	ther assets						1 a (2)	X
	b Other	transactions							,
	(1) S	ales of assets to a non-	charitable exer	npt organization				1 b (1)	X
	(2) P	urchases of assets fron	n a noncharitat	ole exempt organization				1 b (2)	X
	(3) R	tental of facilities, equip	ment, or other	assets				1 b (3)	X
	(4) R	leimbursement arranger	ments					1 b (4)	X
	(5) L	oans or loan guarantee:	s					1 b (5)	X
	(6) P	erformance of services	or membershi	or fundraising solicitation	ons			1 b (6)	X
	c Sharı	ng of facilities, equipme	ent, mailing list	s, other assets, or paid e	employee	es		1 c	X
_	the gany to	oods, other assets, or s ransaction or sharing ar	ervices given t rangement, sh	complete the following so by the reporting foundation ow in column (d) the value	on If the ue of the	foundation receive goods, other asse	ed less than fair mark ets, or services receiv	ket value in red	
	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organiza	tion	(d) Description of	transfers, transactions, and	1 sharing arrangeme	ents
N.	/A								
_									
_									
_				<u> </u>					
_									
_									
_			-						
_									
_				· · · · · · · · · · · · · · · · · · ·	 -				
			· · · · · · · · · · · · · · · · · · ·						
			 						
_			· · · · · · · · · · · · · · · · · · ·						
	· · -· · -	· · · · · · · · · · · · · · · · · · ·							
_	descr	e foundation directly or in the state of the section 501(c) constitutions, complete the following the sections of the section of the sections of the section of the sections of the sections of the section of the sections of	of the Code (ot	ated with, or related to, o her than section 501(c)(3	ne or mo	ore tax-exempt org section 527?	anızatıons	Yes [X No
		(a) Name of organizati	on	(b) Type of organ	nization		(c) Description of re	elationship	
<u>N</u>	/A								
_									
_									
_									
	Under pen complete	alties of perjury, I declare that I Declaration of preparer (other t	have examined this han taxpayer or hid	s return, including accompanying uciary) is based on all information	schedules a	and statements, and to the reparer has any knowled	ne best of my knowledge and ge	I belief, it is true, cor	rect, and
s ₋	-		Ma	-BH		11/18/2011	► Presidu	<i>t</i>	
_Gz	Sign	ature of officer or trustee				Date	Title		
n ¥m&n	Paid Pre-	Preparer's signature WILL	IAM F. QU	ATTLEBAUM	e_	Date	Check if (Se	eparer's Identifying n ee Signature in the ii /A	
Ε	parer's	Firm's name (or J. W	. HUNT AM	D COMPANY			EIN ► N/A		
	Use Only		OX 265						
		address, and ZIP code COLU	MBIA, SC	29202-0265			Phone no ► (8	03) 254-83	196
B/	AA			<u> </u>				Form 990-PI	F (2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number			
M B KAHN FOUNDATION, INC.		57-6024465			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
101111 330 1 1	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Ge Note: Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule and a S	Special Rule See instructions			
General Rule –					
- <u></u>	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one			
Special Rules —					
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support test of the one contributor, during the year, a contribution of the greater of (1 or (ii) Form 990-EZ, line 1 Complete Parts I and II	e regulations under sections) \$5,000 or (2) 2% of the			
For a section 501(c)(7), (8), or (10) organiz aggregate contributions of more than \$1,00 prevention of cruelty to children or animals	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, liter Complete Parts I, II, and III	contributor, during the year, ary, or educational purposes, or the			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contribution, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively					
religious, charitable, etc, contributions of \$5	5,000 or more during the year	► \$			
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sce 2 of their Form 990, or check the box on line H of its Form g requirements of Schedule B (Form 990, 990-EZ, or 990-P	n 990-EZ, or on line 2 of its Form			
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Schedul	e B (Form 990, 990-EZ, or 990-PF) (2009)			

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
M B KA	AHN_FOUNDATION, INC.	57-	6024465
Part I	Contributors (see instructions)		·
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1(a) Number	MB_KAHN_CONSTRUCTION_CO. PO_BOX_1179 COLUMBIA, SC 29202 (b) Name address and 7IR + 4	\$241,460 (c) Aggregate	(Complete Part II if there is a noncash contribution)
Number	Name, address, and ZIP + 4	contributions	Type of contribution
·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribu <u>ti</u> ons	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll

(Complete Part II if there is a noncash contribution)

of 1 of Part II

Name of organization

M B KAHN FOUNDATION, INC.

Employer identification number

57-6024465

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·			
		\$	ļ
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
-		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	1	Schedule B (Form 990, 990-E2	Z, or 990-PF) (200

Name of organization

Employer identification number

57-6024465

M B KAHN FOUNDATION, INC \perp Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry) For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year (Enter this information once — see instructions.) (a) No. from Purpose of gift Use of gift Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (c) (d) No. from Purpose of gift Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (d) No. from Purpose of gift Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (c) (d) No. from Purpose of gift Use of gift Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2	0	0	9
4	v	U	J

FEDERAL STATEMENTS

PAGE 1

M B KAHN FOUNDATION, INC.

57-6024465

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGE CHECK ORDER	TOTAL	\$ 3. 24. \$ 27.	\$ 0.	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 2 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
RICHLAND SCHOOL DISTRICT TWO 6831 BROOKFIELD ROAD COLUMBIA, SC 29206	NONE	PUBLIC	GENERAL USE	\$ 9,000.
RIDGE RIDERS 340 DOGWOOD DRIVE RIDGEWAY, SC 29130	NONE	PUBLIC	GENERAL USE	300.
LEXINGTON ONE EDUCATIONAL FOUNDATION P O BOX 1869 LEXINGTON, SC 29071	NONE	PUBLIC	GENERAL USE	500.
SISTERCARE P O BOX 1029 COLUMBIA, SC 29202	NONE	PUBLIC	GENERAL USE	1,000.
PALMETTO HEALTH FOUNDATION 9 RICHLAND MED PRK, STE 600 COLUMBIA, SC 29203	NONE	PUBLIC	GENERAL USE	1,000.
YOUNG LIFE OF COLUMBIA-PO BOX 5772 COLUMBIA, SC 29250	NONE -	PUBLIC-	GENERAL USE	750.
MARCH OF DIMES 240 STONERIDGE DRIVE COLUMBIA, SC 29210	NONE	PUBLIC	GENERAL USE	1,340.
COLUMBIA GREEN P O BOX 50191 COLUMBIA, SC 29250	NONE	PUBLIC	GENERAL USE	250.
COLUMBIA JEWISH FEDERATION P O BOX 23257 COLUMBIA, SC 29224	NONE	PUBLIC	GENERAL USE	156,000.

2	0	0	9

FEDERAL STATEMENTS

PAGE 2

M B KAHN FOUNDATION, INC.

57-6024465

STATEMENT 2 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SC-CEFPI 404 STATE ROAD CHERAW, SC 29520	NONE	PUBLIC	GENERAL USE	\$ 500.
PALMETTO FAMILY COUNCIL P O BOX 11953 COLUMBIA, SC 29211	NONE	PUBLIC	GENERAL USE	1,000.
HEALTHY LEARNERS 2711 MIDDLEBURG DR, STE 204 COLUMBIA, SC 29204	NONE	PUBLIC	GENERAL USE	10,000.
MINORITY ECONOMIC DEVELOPMENT INSTITUTE P O BOX 9254 GREENVILLE, SC 29604	NONE	PUBLIC	GENERAL USE	1,180.
CONWAY MEDICAL CENTER FOUNDATION P O BOX 829 CONWAY, SC 29528	NONE	PUBLIC	GENERAL USE	2,672.
COASTAL EDUCATION FOUNDATION P O BOX 261954 CONWAY, SC 29528	NONE	PUBLIC	GENERAL USE	1,500.
JUNIOR ACHIEVEMENT OF CENTRAL SC, INC. P O BOX 532 COLUMBIA, SC 29202	NONE	PUBLIC	GENERAL USE	1,000.
USC NROTC ALUMNI ASSOCIATION POST OFFICE BOX 24677 COLUMBIA, SC 29224	NONE	PUBLIC	GENERAL USE	350.
FRANKE AT SEASIDE 1885 RIFLE RANGE ROAD MT. PLEASANT, SC 29464	NONE	PUBLIC	GENERAL USE	410.
LUTHERAN HOMES OF SC FOUNDATION 300 MINISTRY DRIVE IRMO, SC 29063	NONE	PUBLIC	GENERAL USE	9,700.
CEFPI-NC 333 FAYETTEVILLE STREET SUITE 225 RALEIGH , NC 27601	NONE	PUBLIC	GENERAL USE	500.

20	'n	0
ΖŲ	IU	J

FEDERAL STATEMENTS

PAGE 3

M B KAHN FOUNDATION, INC.

57-6024465

STATEMENT 2 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CULTURAL COUNCIL OF RICHLAND & LEXINGTON 930 RICHLAND STREET COLUMBIA, SC 29201	NONE	PUBLIC	GENERAL USE	\$ 2,500.
THE SC COUNCIL ON ECONOMIC EDUCATION 1705 COLLEGE STREET, ROOM 651 COLUMBIA, SC 29208	NONE	PUBLIC	GENERAL USE	1,000.
RICHLAND ONE HALL OF FAME 1616 RICHLAND STREET COLUMBIA, SC 29201	NONE	PUBLIC	GENERAL USE	380.
EPWORTH CHILDREN'S HOME 2900 MILLWOOD AVENUE COLUMBIA, SC 29205	NONE	PUBLIC	GENERAL USE	4,000.
THE RIVER ALLIANCE 420 RIVERMONT DRIVE #C COLUMBIA, SC 29210	NONE	PUBLIC	GENERAL USE	5,000.
KEEP THE MIDLANDS BEAUTIFUL 930 RICHLAND STREET COLUMBIA, SC 29202	NONE	PUBLIC	GENERAL USE	1,000.
GREATER COLUMBIA CHAMBER OF COMMERCE P.O. BOX 1360 COLUMBIA, SC 29202	NONE	PUBLIC	GENERAL USE	500.
MIDLANDS HOUSING ALLIANCE 1901 MAIN STREET, SUITE 250 COLUMBIA, SC 29201	NONE	PUBLIC	GENERAL USE	6,666.
UNITED WAY OF THE MIDLANDS P.O. BOX 152 COLUMBIA, SC 29202	NONE	PUBLIC -	GENERAL -USE -	650.
COVENANT CLASSICAL CHRISTIAN SCHOOL P.O. BOX 1179 COLUMBIA, SC 29202	NONE	PUBLIC	GENERAL USE	400.
TEMPLE OF ISRAEL 400 SPRING FOREST ROAD GREENVILLE, SC 2965	NONE	PUBLIC	GENERAL USE	250.
PROVIDENCE ATHLETIC CLUB 1357 KNOTT'S HAVEN LOOP LEXINGTON, SC 29073	NONE	PUBLIC	GENERAL USE	200.

2009

FEDERAL STATEMENTS

PAGE 4

M B KAHN FOUNDATION, INC.

57-6024465

STATEMENT 2 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE (OF AMOUNT
CAROLINA CHILDREN'S HOME P.O. BOX 4465 COLUMBIA, SC 29240	NONE	PUBLIC	GENERAL USE	\$ 500.
NAWIC P.O. BOX 7513 COLUMBIA, SC 29202	NONE	PUBLIC	GENERAL USE	250.
HOME WORKS P.O. BOX 102 IRMO, SC 29063	NONE	PUBLIC	GENERAL USE	100.
TREE OF LIFE CONGREGATION 6719 NORTH TRENHOLM ROAD COLUMBIA, SC 29206	NONE	PUBLIC	GENERAL USE	400.
PALMETTO CENTER FOR WOMEN 1420 SUMTER STREET COLUMBIA, SC 29201	NONE	PUBLIC	GENERAL USE	154.
GRACE UNITED METHODIST CHURCH P.O. BOX 460 WILLIAMSTON, SC 29697	NONE	PUBLIC	GENERAL USE	100.
THE COOPERATIVE MINISTRY 3821 WEST BELTLINE BOULEVARD COLUMBIA, SC 29204	NONE	PUBLIC	GENERAL USE	1,000.
THE RALPH MARK GILBERT CIVIL RIGHTS MUSE 460 MARTIN LUTHER KING BLVD. SAVANNAH, GA 31401	NONE	PUBLIC	GENERAL USE	5,000.
THE HOSPITAL FOUNDATION P.O. BOX 7003 CAMDEN, SC 29021	NONE	PUBLIC -	-GENERAL-USE	1-,000.
ONE COLUMBIA P.O. BOX 11394 COLUMBIA, SC 29211	NONE	PUBLIC	GENERAL USE	2,000.
THE SCOTT HANNON MEMORIAL FOUNDATION POST OFFICE BOX 3448 IRMO, SC 29063	NONE	PUBLIC	GENERAL USE	1,180.
				TOTAL \$ 233,182.