

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



•	Λ	^	Λ	D	
Form	y	\mathbf{y}	U	-1	Г

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

_െ 4 ∩

OMB No 1545-0052

		nt of the Treasury evenue Service	Note. The foundation	on may b	e able to use a copy of the	is return to satis	ri sfy state repo	rting requirements	∠W IU
F	or cal	lendar year 2010,	or tax year begin				and ending		, 20
-		ck all that apply	Initial return		Initial return o	of a former pul	blic charity		Final return
			Amended r	etum		ss change		Name change	_ =
N	ame o	of foundation						A Employer identifi	cation number
			HIAN FOUNDAT	TON.	TNC			, zmproyor tuotian	
		MARCUM LLP		1011,	1110.			02-	0711081
_			box number if mail is not	delivered	to street address)	· · · · · · · · · · · · · · · · · · ·	Room/suite	· - - · · · · · · · · · · · · · · · · · 	ee page 10 of the instructions)
.,		and street (or to b	box mamber in main is not	denvered	to street address)		Noomisalie	B releptione number (s	ee page 10 of the instructions)
1	Λ M1	ELVILLE PARK	מעסם.					,	,
_		own, state, and ZIP			· · · · · · · · · · · · · · · · · ·			C If exemption applicati	,
	ty Oi t	OWII, State, and Zii	code					pending, check here	······································
	DT 17	TITE NV 117						D 1 Foreign organizati	·
_		ILLE, NY 117		504/	. \(\(\) \(.	2. Foreign organizati 85% test, check he	
H	\neg	ck type of organiz			c)(3) exempt private for			computation .	
Ţ			onexempt charitable t		Other taxable private			E If private foundation s	tatus was terminated
ı		market value of a		_	unting method X C	ash Accı	rual	under section 507(b)	1)(A), check here
		ear (from Part II, c			ther (specify)			1	a 60-month termination
			239,036.		column (d) must be on	casn basis)		under section 507(b)	
Li	art l	Analysis of Rev	renue and Expens or columns (b), (c), and	es (The	(a) Revenue and	(b) Net inves	stment	(c) Adjusted net	(d) Disbursements for chantable
		may not necessan	lly equal the amounts	in .	expenses per books	income		income	purposes
_		column (a) (see pa	age 11 of the instruct	ions))					(cash basis only)
	1		s, etc., received (attach schee e foundation is not requ		0.	· v			
	2		ch Sch B		# z :	,			
	3	Interest on savings an	d temporary cash invest	tments	614.		614.		ATCH 1
	4	Dividends and inter	rest from securities						
	5 a	Gross rents			i				
	ь	Net rental income or (I	loss)		.*			` *	***
ē	6a	Net gain or (loss) from	sale of assets not on h	ae_10		* *5(* .		*3 ** \$\$.	^ •
Revenue	"	Gross sales price for a assets on line 6a	CEIVED_				4		*
ě	7	I =	ome (from Part-IV, lip	τeυ2∮.					· · · · · · · · · · · · · · · · · · ·
Œ	8	Net short-term cap	tal gain	<u>ين</u> ا ا	3 2	Ia A			, 1
	9	Income modification	ns	<u>Ö</u>]:::		* ,		-	*
		Gross sales less returnant allowances	1 E 1 E 1 E 1	<u>~ ~ ~ </u>					
	ь	Less Cost of goods of Gross profit or lioss	old .	_		1		ì.	
	С	Gross profit or (loss	(attach schedule)]		-			
	11	Other income (attac	ch schedule)		8.		8.		ATCH 2
_	12		hrough 11		622.	_	622.		·
	13	Compensation of office	ers, directors, trustees,	etc	0.				
	14	Other employee sal	lanes and wages .						
ses	15	Pension plans, emp							
Operating and Administrative Expense	16 a	Legal fees (attach s	schedule)					_	
X			ttach schedule) ATC		6,620.		3,310.	0.	3,310
ė	c	Other professional	fees (attach schedule	∍)			1.		
ŧ	17	Interest							
stra	18	Taxes (attach schedul	le) (see page 14 of the instr	uctions)					
Ë	19	Depreciation (attack	h schedule) and depl	etion .					
퉏	20	Occupancy							
٧p	21	Travel, conferences	s, and meetings					-	
ä	22	Printing and publica							
gu	23	- '	tach schedule) ATC		285.				285
aŧ	24		d administrative exp						
be		Add lines 13 throug	•		6,905.		3,310.	0.	3,595
0	25	-	grants paid		10,000.				10,000.
	26		bursements Add lines 24		16,905.		3,310.	0.	13,595.
_	27	Subtract line 26 from				-			
	l		expenses and disburseme	ents	-16,283.				
	l		ome (if negative, en				0.		
	l								

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

For Paperwork Reduction Act Notice, see page 30 of the instructions
2081AH M831 11/7/2011 1:18:47 PM

J\$A

Part II		Attached schedules and amounts in description column should be for end		Beginning of year		End	of year	
Li	art II	Balance Sneets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	
	1	Cash - non-interest-bean	ing	255,319.				
	2		cash investments		,		· · · · · · · · · · · · · · · · · · ·	
	3	Accounts receivable		· · · · · · · · · · · · · · · · · · ·			7,3 %	
		Less allowance for doub	otful accounts			~ ~ *******	Approximate and the second of the second	
	4	Pledges receivable		. , ,	789 Y.S.			
		Less allowance for doub	otful accounts	, , , , ,	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SEA . ,	
	5	Grants receivable						
	6		officers, directors, trustees, and other		 			
	1		ich schedule) (see page 15 of the instructions)					
				\$ NA.				
			ceivable (attach schedule)		milita an common.		Mand	
	1		tful accounts >				<u></u>	
ş	I	Inventories for sale or us	• • • • • • • • • • • • • • • • • • • •					
ssets			eferred charges		· · · · · · · · · · · · · · · · · · ·			
Ä			government obligations (attach schedule)					
			stock (attach schedule)					
	44 C	Investments - corporate b	oonds (attach schedule)					
	11	Investments - land, buildings and equipment basis			3	ζ,	i iki i	
		Less accumulated deprecial (attach schedule)	tion >					
	12		oans		,			
	13	Investments - other (attack	ch schedule)					
	14	Land, buildings, and equipment basis	>	i i i i i i i i i i i i i i i i i i i	á , `,,	*3,	: 94.44	
		Less accumulated depreciat	tion >]	*	~~~~oe.da.	
	15	(attach schedule) Other assets (describe I)				 	
			completed by all filers - see the					
	ı		ge 1, item I)	255,319.	239,0	136	239,036.	
_					239,0	550.	239,036.	
			crued expenses					
(A		Grants payable	• • • • • • • • • • • • • • • • • • • •					
Liabilities								
ij			s, trustees, and other disqualified persons		<u> </u>			
-ia			es payable (attach schedule)				1	
_	22	Other liabilities (describe	>)				1 1 1 2 2 2	
_	23	Total liabilities (add lines	s 17 through 22)			0.		
			ow SFAS 117, check here ▶					
		and complete lines 24	through 26 and lines 30 and 31.					
es	24	Unrestricted						
alances	25	Temporanly restricted						
32							1. Ma. v	
B		Foundations that do r				-	m, "Mille	
Net Assets or Fund			lete lines 27 through 31.					
		Capital stock, trust princip	-	255,319.	239,0	36.		
2			land, bldg , and equipment fund				· ,,,	
Se			ated income, endowment, or other funds	0.		0.	·	
¥			und balances (see page 17 of the				*	
흴			· · · · · · · · · · · · · · · · · · ·	255,319.	230 (136	,	
	31	Total liabilities and set	assets/fund balances (see page 17	233,313.	239,0	,50.	(* 1	
			` . •	255 210			, ,	
	ort III	Analysis of Cha	anges in Not Access or Fund	255,319.	239,0	36.		
			anges in Net Assets or Fund		. .			
7			alances at beginning of year - Part		-			
		f-year figure reported of				1	255,319.	
		amount from Part I, Iin				2	-16,283.	
3	Other	increases not included				3		
4	Add li	nes 1, 2, and 3				4	239,036.	
5	Decre	eases not included in lir	ne 2 (itemize) ▶			5		
			ances at end of year (line 4 minus line	5) - Part II, column (b).	Ine 30	6	239,036.	

Part IV Capital Gains	s and Losses for Tax or	Inve	estment Income			
(a) List an	d describe the kind(s) of property s	old (e	g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story b	nck warehouse, or common stock,	200 st	ns MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo, day, yr)
1a						
b						
С						
d						
е				1		
	(f) Depreciation allowed		(g) Cost or other basis	†	(h) Gain or (lo	nee)
(e) Gross sales price	(or allowable)		plus expense of sale		(e) plus (f) mini	
a						
b					·	
<u>c</u>				+		
<u>d</u>				 		
<u>e</u>				 		
Complete only for assets	showing gain in column (h) and ow	ned by			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from ∞	
a						
b						
С						
d						
е		1				•
		r If c	gain, also enter in Part I, line 7			
2 Capital gain net income or	(net capital loss)		(loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in sections					
	line 8, column (c) (see pages 1					
	line 8			2		
Part V Qualification I	Inder Section 4940(a) for	Radu	ced Tax on Net Investment In	come	• •	
	· · · · · · · · · · · · · · · · · · ·		ction 4940(a) tax on net investmen			
(1 of optional use by domestic	private roundations subject to	1110 30	cuon 4040(a) tax on het investmen	t income)	1	
If an about 4040(d)(2) and long I	la acca Aboa — ant blando					
If section 4940(d)(2) applies, I	eave this part blank					
Man the formulation habits for t	the eastern 4042 tax on the dist		hla amazınık af amızınanın Aha hazı	10		٠, الم
	not qualify under section 4940(ble amount of any year in the base	period /	L	Yes X No
						
1 Enter the appropriate amo		ear, se	e page 18 of the instructions before	e making a		
Base period years	(b)		(c) Net value of nonchantable-use assets		(d) Distribution ra	itio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	_		-	(col (b) divided by	
2009	17,90		249,260.			0.071813
2008	1,800,00		31,855.			6.506043
2007	5,00	0.	2,856.			1.750700
2006						
2005						
						
2 Total of line 1, column (d)				2	5	8.328556
3 Average distribution ratio	for the 5-year base period - div					
•	dation has been in existence if I		• •	3	1	9.442852
•						
4 Enter the net value of non	charitable-use assets for 2010	from F	Part X line 5	4		245,828.
The first value of from	Chantable doc assets for 2010			 		213,020.
5 Multiply line 4 by line 3				_	4	770 507
5 Multiply line 4 by line 5				5	4,	779,597.
a 5 , 40′ 6 , ,				1 _ 1		•
6 Enter 1% of net investmen	nt income (1% of Part I, line 27)	o)		6		0.
7 Add lines 5 and 6				7	4,	779,597.
				1 1		
8 Enter qualifying distributio	ns from Part XII, line 4			8		13,595.
		box ir	Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the
Part VI instructions on page	ge 18					

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see pag	e 18 of the	instructi	ons)	
1a	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 ruling letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			0.
	here and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			
3	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	···		0.
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a				
b	Exempt foreign organizations-tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.				*.3
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded	11			
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		, *	Yes	No
	participate or intervene in any political campaign?		. <u>1a</u>		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 1	9			l
	of the 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 material	is			
	published or distributed by the foundation in connection with the activities			N/	
C	Did the foundation file Form 1120-POL for this year?		1c	147.	<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				Ì
	(1) On the foundation >\$(2) On foundation managers >\$				
е	, , , , , , , , , , , , , , , , , , ,	sed			
_	on foundation managers \$			-	X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		· · _2		-
•	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, article				
4	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			N/	
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		· · 4b		X
3	If "Yes," attach the statement required by General Instruction T		• • •		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
Ū	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions	that			İ
	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? If "Yes," complete Part II, col. (c), ar		7	Х	
8a			` _		
	instructions) \triangleright NY,				İ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	v General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		. 8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494				
-	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV				
	27)? If "Yes," complete Part XIV	. •	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lit.				
. •	names and addresses	-	10		Х
		· · · · · · · · · · · · · · · · · · ·	Form 99	0-PF	(2010)

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u></u>
	Website address N/A			
14	The books are in care of ► MARCUM LLP Telephone no ► 631-414	-400	0	
	Located at ▶10 MELVILLE PARK ROAD MELVILLE, NY ZIP+4 ▶ 11747			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		>	$\cdot \sqcup $
	and enter the amount of tax-exempt interest received or accrued during the year		····	,
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			,
	the name of the foreign country			<u> </u>
Par	t 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.	3 37	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	\$2.5		* *
	(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?	, 77, X		,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	3.1	Žį.	1
	(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 X No	\$ ×	**	3
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	foundation agreed to make a grant to or to employ the official for a period after	Ì	48, X	
	termination of government service, if terminating within 90 days)			* 1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	l	N/	_
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	* 8	*
	Organizations relying on a current notice regarding disaster assistance check here		*	ì
С	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 2010?	1c	× 4	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private) (1 12
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	- 385 ·	,	
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2010?	4885 8	* *	ŧ,
	de, l'art Atti, lor lax year(a) beginning belore 2010		*	,
	If "Yes," list the years	1 %		
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1.%	\$: <u> </u>	Ă
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b	N/	
_	all years listed, answer "No" and attach statement - see page 22 of the instructions)		3	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1,2,8,3	\$ r	å.
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterorise		4	
3 a				
h	at any time during the year.	`		,
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the larger of the 5-year period for larger period approved by the			,
	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 2010)	3b	N/A	<u>,</u> "
As	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u>-</u> -	 	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requir	ed (contin	ued)			
5 a	During the year did the foundation pay or incur any amount	to	<u>,</u>		,		,	,
	(1) Carry on propaganda, or otherwise attempt to influence		945(e))?	Yes	X No		-,	1
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							·
	directly or indirectly, any voter registration drive?	•		Yes	X No		344	, , ,
	(3) Provide a grant to an individual for travel, study, or other				X No			1
	(4) Provide a grant to an organization other than a chantab						14.37	56
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se			Yes	X No			
	(5) Provide for any purpose other than religious, charitable	. •					,	33
	purposes, or for the prevention of cruelty to children or			Yes	X No	1		× 4 3
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa				NO	l		, \$50°, `,
U	Regulations section 53 4945 or in a current notice regard					5b	$\tilde{N}/2$	animara i
	Organizations relying on a current notice regarding disaster				irii	30	1	-
_					لـــا		,3 2,4	
С	If the answer is "Yes" to question 5a(4), does the foundation		N/A	Yes				Zg
	because it maintained expenditure responsibility for the gra			res	∐ No	\$i		ý
	If "Yes," attach the statement required by Regulations section	• •				Ti.		
6 a	Did the foundation, during the year, receive any funds, direct	• • • •	• •					1
	on a personal benefit contract?			. L Yes	X No			34 Z.
b	Did the foundation, during the year, pay premiums, directly	or indirectly, on a per	sonal benefit contract?			. 6b		X
	If "Yes" to 6b, file Form 8870							
	At any time during the tax year, was the foundation a party	•	•	. Yes	X No			
	If "Yes," did the foundation receive any proceeds or have an				<u>.</u>	7b		<u> </u>
Par	t VIII Information About Officers, Directors and Contractors	, Trustees, Four	ndation Managers	, Highly Pa	d Empl	oyees,		
1	List all officers, directors, trustees, foundation man	agers and their co	mpensation (see pa	ge 22 of the i	nstructio	ns).		
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributio		(e) Expen		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benefined compand deferred compand	it plans		se accou lowance:	
		hours per week	(If not paid, enter -0-)	employee benef	it plans pensation			
AT	(a) Name and address TACHMENT 5	hours per week	(If not paid, enter	employee benef	it plans			
AT		hours per week	(If not paid, enter -0-)	employee benef	it plans pensation			s
 TA	TACHMENT 5	hours per week	(If not paid, enter -0-)	employee benef	it plans pensation			s
AT	TACHMENT 5	hours per week	(If not paid, enter -0-)	employee benef	it plans pensation			s
	TACHMENT 5	hours per week	(If not paid, enter -0-)	employee benef	it plans pensation			s
AT	TACHMENT 5	hours per week	(If not paid, enter -0-)	employee benef	it plans pensation			s
	TACHMENT 5	hours per week devoted to position	(If not paid, enter -0-)	employee benet	it plans vensation	other al		s .
	TACHMENT 5 Compensation of five highest-paid employees (other	hours per week devoted to position	(If not paid, enter -0-)	employee benet	it plans vensation	other al		s
	TACHMENT 5	hours per week devoted to position	(If not paid, enter -0-)	employee benefined and deferred compand deferred deferred compand deferred defer	it plans pensation 0 .	other al		s .
2	TACHMENT 5 Compensation of five highest-paid employees (other	hours per week devoted to position	(If not paid, enter -0-)	employee benefined compand deferred defe	instruct	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (other none, enter "NONE."	hours per week devoted to position	(If not paid, enter -0-) 0.	employee benef	instructions to nefit learned	ions).	lowance	0
2	TACHMENT 5 Compensation of five highest-paid employees (other none, enter "NONE."	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (other none, enter "NONE."	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0
2 (a	TACHMENT 5 Compensation of five highest-paid employees (othelf none, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position r than those include (b) Title, and average hours per week	(If not paid, enter -0-) 0.	age 23 of the (d) Contribute employee be plans and de	instructions to nefit learned	ions).	se accoi	0

3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If no	one, enter "NONE.
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u></u>	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year include relevant statistical infor organizations and other beneficianes served, conferences convened, research papers produced, etc	matron such as the number of	Expenses
1_N/A		14
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 24 of the instru	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
Total. Add lines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	n foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	249,572.
Ç	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	249,572.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	249,572.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	3,744.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	245,828.
6	Minimum investment return. Enter 5% of line 5	6	12,291.
Pa	To the instructions of the instruction of	e operating art)	
1	Minimum investment return from Part X, line 6	1	12,291.
2 a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	12,291.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	12,291.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	<u>line 1</u>	7	12,291.
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)	· · · · · ·	· · · · · · · · · · · · · · · · · · ·
1		, ,	
a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		10.505
a b	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	13,595.
	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2			•
•	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		•
a	Suitability test (prior IRS approval required)	3a	0.
b 4	Cash distribution test (attach the required schedule)	3b	0.
5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	13,595.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	N7 / 7
•	Enter 1% of Part I, line 27b (see page 26 of the instructions) Adjusted qualifying distributions. Subtract line 5 from line 4	6	N/A
6			13,595.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating wh	etner the foundation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Согриѕ	Years pnor to 2009	2009	2010
	line 7	, *, *,		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12,291.
2	Undistributed income, if any, as of the end of 2010			s Arkai v	
а	Enter amount for 2009 only	* ***** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , , , , , , , , , , , , , , , , , ,		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b	Total for prior years 20 08 ,20 07 ,20 06	** / /		·	******
3	Excess distributions carryover, if any, to 2010	; / · 3		*	l în.
а	From 2005	, "',			
b	From 2006	, ** \		٠	
С	From 2007 4,857.	* * *		gig SA	
d	From 2008 1,798,407.			1994. <i>i</i>	,
е	From 2009 5,442.	A MARKA AT	` !\\.		1
f	Total of lines 3a through e	1,808,706.		. (6) . (5)	
4	Qualifying distributions for 2010 from Part XII,		*		* \$2,
	line 4 ▶ \$13,595.			F40 10	l'i fai
а	Applied to 2009, but not more than line 2a	, , , , , , , , , , , , , , , , , , , ,	x x (13500)		`# # #
b	Applied to undistributed income of prior years (Election	`			**
	required - see page 26 of the instructions)	è ,		W 31 /	
С	Treated as distributions out of corpus (Election			``````````````````````````````````````	
	required - see page 26 of the instructions)		- TYP IN H	×	````
	Applied to 2010 distributable amount				12,291.
е	Remaining amount distributed out of corpus	1,304.		^ ^{''}	W. Mirk
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same amount must be shown in column (a))				13 14 1
6	Enter the net total of each column as			žxx2. 42.ž	l Well
	indicated below:	1 010 010			3 4
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,810,010.			\$,4 % ××××××
b	Prior years' undistributed income Subtract			*	
_	line 4b from line 2b			9/2 \$ 1	2
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been	linta e a :			t dó.
	issued, or on which the section 4942(a) tax has			, **	
	been previously assessed				
d	Subtract line 6c from line 6b Taxable	MARIAN I AV			h påiğ .
e	amount - see page 27 of the instructions Undistributed income for 2009 Subtract line		(92°** *** *		
•	4a from line 2a Taxable amount - see page				**
	27 of the instructions		31.331	* *****	* \$
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011			AND State	
7	Amounts treated as distributions out of corpus		<u> </u>	A SEASS STATE OF	(av 47222, dv)
	to satisfy requirements imposed by section			^\$ ·	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			ř	* 20. ·
8	instructions)		, , ,		
	applied on line 5 or line 7 (see page 27 of the		^ v	* *,	
	instructions)				
9	Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	1,810,010.		1	
10	Analysis of line 9			*	1
a a	F				· ,
b	Excess from 2006				
c	1 799 407				
d	Excess from 2009 5, 442.			,	
	Excess from 2010				
<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>

ĽΞ	rt XIV Private Ope	rating Foundations	(see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or o	determination letter that	it it is a private opera	iting	
	foundation, and the ruling	is effective for 2010, ente	r the date of the ruling		•	
b	Check box to indicate whe	ether the foundation is a p	rivate operating foundation	on described in section	4942()(3) or 4942(j)(5)
_		Tax year		Pnor 3 years		/(0/ 0/ 10 12()/(0/
2 a	Enter the lesser of the ad- justed net income from Part		(b) 2009	(c) 2008	(d) 2007	(e) Total
	for the minimum investment		(6) 2003	(0) 2000	(4) 2007	
	return from Part X for each					
	year listed			-		
b	85% of line 2a			<u> </u>		
С	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					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
-	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)		1			
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"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)		L			
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization (4)					
	(4) Gross investment income		1	1 15 41 5 1		
Pa					ition nad \$5,000	or more in assets
		during the year - se		su ucuons.)		
1	Information Regarding					
а	List any managers of	the foundation who have the control of the	nave contributed more	e than 2% of the total	contributions receiv	ed by the foundation
	before the close of any	reax year (but only if the	ley have contributed i	more man \$5,000) (Se	e section 507(a)(2))	
	N/A					
b	List any managers of	the foundation who	own 10% or more of	f the stock of a corpo	ration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	f which the foundation	has a 10% or greater	interest	ange person or are
	, ,	• • • • • • • • • • • • • • • • • • • •		J .		
	N/A					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc Programs:		
_				• •		
	Check here ► X if t	ne toundation only t	makes contributions	to preselected charita	able organizations a	ind does not accept
	unsolicited requests forganizations under of	ther conditions, comply	dation makes gins, g	grants, etc. (see page	28 of the instruction	ns) to individuals or
		 				
а	The name, address, an	id telephone number of	f the person to whom a	pplications should be a	ddressed	
b	The form in which appl	ications should be subr	mitted and information	and materials they shou	uld include	
	,.			•		
c	Any submission deadling	nes				
_	,					
	Any realmeters of t			alexant and the second	1 6 11 1 1	
a	Any restrictions or li factors	mitations on awards,	, such as by geogra	ipnicai areas, charitat	pie tields, kinds of	institutions, or other
	idolois					

Form 990-PF				02-0711081	Page 11
Part XV	Supplementary Information (continued)	<u>-</u>		
3 Gran	nts and Contributions Paid Duri	ng the Year or App	roved for I	Future Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	e and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	7 U I O U I I
a Paid	during the year				
	~~~~				
ATTAC	CHMENT 6				
				ļ	
				i	
	•				
				1	
		ľ			
T-4-1		l	<u> </u>		10.000
h Anna	oved for future payment	<del></del>	<del></del>	▶ 3a	10,000.
<b>u</b> Appro	oved for future payment				
			İ		
		1			
		I	<u> </u>	<u> </u>	
Total				▶ 3b	1

02-0711081

Part XVI	-A Analysis of Income-Produ	ucing Act	ivities			1 4 4 4 4
	amounts unless otherwise indicated	I	ated business income	Excluded by	section 512, 513, or 514	(e)
-		(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
_	n service revenue		_		<del></del>	the instructions )
				+		
		<del></del>				
d		_		+		
e						
f		·		+		
9	and contracts from government agencies					
	rship dues and assessments				C1.4	
	on savings and temporary cash investments	<u> </u>		14	614.	
	ds and interest from securities	ļ				
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property .			ļ		
7 Other in	vestment income			-		<del></del>
8 Gain or (	loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events					
10 Gross p	rofit or (loss) from sales of inventory					
11 Other re	evenue a					
<b>ь</b> <u>ОТН</u>	HER INCOME			18	8.	
c						
d						
е				1		
12 Subtota	I Add columns (b), (d), and (e)	1.60 10.7 11.2		* & 6	622.	
13 Total. A	Add line 12, columns (b), (d), and (e)				13	622.
	heet in line 13 instructions on page 29 to					·····
Part XVI	Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No.	Explain below how each activity accomplishment of the foundation instructions )	on's exemp	ot purposes (other than	by providing	funds for such purpose	es) (See page 29 of the
	<u> </u>					
			<del> </del>		<del></del>	
				<del></del> -		
			<del> </del>			
					<del></del>	<del> </del>
					<del></del>	
					· <del>- · · · · · · · · · · · · · · · · · ·</del>	
	<u>                                     </u>					
	<u> </u>	_				
					· · · · · · · · · · · · · · · · · · ·	
					···	<del></del>
			<del></del>			

Part XV			Regarding Ti	ransfers To	and Transa	ctions	and Relati	ionships With	Nonc		table
in s		organization directly in 501(c) of the C							1 - 1. 1. %	Yes	No
a Tran	nsfers	from the reporting fou			•				7.00		
(1)	Cash			· · · · · · · · · ·		,	. <b></b>	. <i></i>	1a(1)	ļ	X
		rassets	· · · · · · · · · ·		<i></i>			<i></i>	1a(2)		X
		nsactions							1 - '	ľ	333
(1)	Sales	of essets to a noncha	iritable exempt org	ranization	<i></i>				16(1)	ļ	X
								. <b></b>			X
										ļ	X
(4)	Reim	bursement arrangeme	ints					<i></i>	16(4)		X
(5)	Loan	s or loan guarantees					<b>.</b>	. <i>.</i>	1b(5)	<u> </u>	X
		rmance of services or	•	•				<i> , , .</i>	1b(6)	<u> </u>	X
c Sha	nng a	f facilities, equipment,	mailing lists other	assets, or paid en	nployees				!		X
d If t	he a	inswer to any of	the above is "Y	es," complete ti	he following s	chedule	Column (b)	should always show	/ the	fair	marke
valu	ie of	the goods, other	assets, or serve	ces given by th	ne reporting to	undation	. If the found	lation received less	than	fair	merke
valu	ie in	any transaction or	shanng amang	ement show in	column (d) it	ne value	e of the goods	s, other assets, or	servic	es re	ceived
(a) Line no	<u> </u>	(b) Amount involved	(c) Name of no	onchantable exempt o	nortszinego	(d) De	escription of transfer	rs, transactions, and shar	aug surs	ngemer	nts
		N/A	<u> </u>			N/A					
								······································			
	_	<del></del>						<del></del>	•		
<del></del>	_		<u> </u>								
	+-		1								
···	-		<del> </del>				· · · · · · · · · · · · · · · · · · ·				<del></del>
			<del></del>								
			<del> </del>					**************************************			
	+-									-	
<del> </del>	+	<del> </del>	<del> </del>								
								······································			
·····	1.		<del> </del>					· · · · · · · · · · · · · · · · · · ·			
			<u> </u>								
desc	cribed	foundation directly t in section 501(c) of	the Code (other th							es 📃	× No
b If"Y	es ' c	complete the following		*·······	·····						
		(a) Name of organization	<u> </u>	(b) Type	of organization		(1	<ul> <li>c) Description of relations</li> </ul>	hip		
									·····		
								<i>I</i>			
								· · · · · · · · · · · · · · · · · · ·			
			,					,			
Sign	Inder belief, i	penalties of perjury. I di it is true, correct, and cor	ectare that I have ex nplete Declaration o	xammed this return, if preparer (other than	including accomp in taxpayer or fiduci	anying so ery) is ba	chedules and state sed on all informate	ments, and to the best on of which preparer has	of my to sany kn	nowled owledg	ige an ie.
Here 1		1ango	Shay _		1///	12	111 🕟				
	S·g	nature of officer or trusted	, 0	-	Date		TIE	ie			
		Print/Type preparer's	name	Preparer's sign	nature		Date		PTIN	······	<del></del>
Paid		RomaldFire	العلام)	Royald	m Jula	un	ulnla	Check f self-employed		117	4 £
Prepare	er	Firm's name ► MA	RCUM LLP		· <del></del>			Firm's EIN ▶ 12-1			
Use On		Firm's address ▶ 10		SPBK BU	· · · · · · · · · · · · · · · · · · ·			FRITIS EIN > 12-1	2003		
	-		LVILLE, N			9.	1747	Bhassa 621 A	122	000	
	- 1	122	( ۱۷ م شابلاند د سد.	•		1.	1/5 [	Phone no 631 4	14-4	$\sigma \sigma \sigma$	

	NET INVESTMENT INCOME	614.	614.
FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS	REVENUE AND EXPENSES PER BOOKS	614.	614.
ON TEMPORARY			TOTAL
I - INTEREST		48683	
FORM 990PF, PART	DESCRIPTION	INTEREST INCOME:	

ATTACHMENT 2

- OTHER INCOME PART FORM 990PF,

DESCRIPTION OTHER INCOME

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

TOTALS

. ω

. 8

. ∞

PAGE 15

6618001

FEES
ACCOUNTING
i
H
PART
OPF,
99

CHARITABLE PURPOSES	3,310.	3,310.
ADJUSTED NET INCOME		• 0
NET INVESTMENT INCOME	3,310.	3,310.
REVENUE AND EXPENSES PER BOOKS	6,620.	6,620.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

PART I - OTHER EXPENSES FORM 990PF,

DESCRIPTION NYS DEPARTMENT OF LAW NY LAW JOURNAL

REVENUE AND EXPENSES PER BOOKS 160.

285.

TOTALS

285.

 $\frac{160}{125}$ .

CHARITABLE PURPOSES

PAGE 17

EXPENSE ACCT

CONTRIBUTIONS

ALLOWANCES AND OTHER

BENEFIT PLANS TO EMPLOYEE

0

0

0

0

0

0

0

0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION COMPENSATION	DIRECTOR 0.	DIRECTOR 5.00	DIRECTOR 0.	GRAND TOTALS
NAME AND ADDRESS	TANAZ ESHAGHIAN C/O MARCUM LLP 10 MELVILLE PARK ROAD MELVILLE, NY 11747	MAHROKH ESHAGHIAN C/O MARCUM LLP 10 MELVILLE PARK ROAD MELVILLE, NY 11747	HOURA YAVARI C/O MARCUM LLP 10 MELVILLE PARK ROAD MELVILLE, NY 11747	

AMOUNT	5,000		5,000	
PURPOSE OF GRANT OR CONTRIBUTION	RELIGIOUS		CHARITABLE	
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	501(C)(3)	NONE	501 (C) (3)
RECIPIENT NAME AND ADDRESS	AMERICAN FRIENDS OF BEIT HATFUTSOT	NEW YORK, NY 10017	NEW YORK FILM COUNCIL INC	NEW YORK, NT 10025

10,000 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 6 PAGE 19

(Rev January 2011)

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

OMB No 1545-1709

Internal Revenu		► File a	separate ap	pplication for each return			
• If you are	e filing for an	Automatic 3-Month Extension, c	omplete o	only Part I and check this box			X
				ision, complete only Part II (on page			
Do not com	plete Part II ເ	<i>inless</i> you have already been gran	nted an au	tomatic 3-month extension on a pre	viously file	d Form 8868	,
a corporation 8868 to re- Return for instructions	on required quest an ex Transfers A ) For more	to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal details on the electronic filing of the	ial (not aut forms liste I Benefit ( ils form, vis	ou need a 3-month automatic extension of time and in Part I or Part II with the exce Contracts, which must be sent to sit www irs gov/efile and click on e-f.	You can ption of Fo	electronicall orm 8870, li in paper fo	y file Form information format (see
		-Month Extension of Time. On					
Part I only . All other co		including 1120-C filers), partnershi		atic 6-month extension - check this to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control			f time
Type or		empt organization THE E. IKE	ESHAGHI	AN FOUNDATION, INC.	Employer	identification	number
print		RCUM LLP			1	-0711081	
_		treet, and room or suite no. If a P.O. box	c, see instruc	ctions			<del></del>
File by the due date for	THE DY LICE I						
filing your		or post office, state, and ZIP code For	a foreign ad	dress, see instructions			
retum See instructions	1 .	•	a locugii da	arcas, acc madadans			
	MELVIL	LE, NY 11747		······································		<del></del>	
Enter the R	teturn code f	for the return that this application i	s for (file a	a separate application for each return	)		0 4
Application	1		Return	Application			Return
ls For			Code	Is For			Code
Form 990			_01_	Form 990-T (corporation)			07
Form 990-E	3L		02	Form 1041-A			08
Form 990-E	Z		03	Form 4720			09
Form 990-F		··	04	Form 5227			10
		a) or 408(a) trust)	05	Form 6069			11
		r than above)	06	Form 8870			12
Telepho	ne No ▶	care of MARCUM LLP  631 414-4000  Descriptions an office of place of light and large of light and large of light and large of light and large of light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and light and l		FAX No ▶		<del>-</del>	<b>▶</b> □
-				oup Exemption Number (GEN)			· · · · · · · · · · · · · · · · · · ·
				art of the group, check this box			
		nd EINs of all members the extensi		art of the group, effect the bex, , ,			2011
				equired to file Form 990-T) extension	of time		<del></del>
until_				ganization return for the organizatio		above The e	idension is
<b>▶</b> X	calendar y	ear 20 <u>10</u> or					
▶	tax year b	eginning	, 20	, and ending		, 20	
	-	ered in line 1 is for less than 12 m accounting period	onths, che	ck reason Initial return	Final retu	ırn	
3a If this	application	n is for Form 990-BL, 990-PF, 99	90-T, 4720	o, or 6069, enter the tentative tax	k, less any	y	
	• •	edits. See instructions				3a \$	
b if the	s application	on is for Form 990-PF, 990-T,	4720, o	r 6069, enter any refundable c	redits and		
		ments made Include any prior yea				3b \$	
				nent with this form, if required, by us	sing EFTPS	8	
		al Tax Payment System) See instru		Lough this Form 2000 and French	0452.50	3c \$	70.50.6
	•	oing to make an electronic fund t	withorawa	I with this Form 8868, see Form	6453-EU :	and romm 88	379-EO for
payment in		n Act Notice, see Instructions				Form RREP	(Rev 1-2011)
- OF FADRIM	OLK MEDUCIO	ii ACL MOUCE, DOE HIBU UCUQUIS				10,111 0000	1

- 15	Rev 1-2011)			Page 2
it you at	re filing for an Additional (Not Automatic) 3-	Month Exter	nsion, complete only Part II and check this box	. ▶ X
-	· ·		tomatic 3-month extension on a previously filed Form 886	
-	re filing for an Automatic 3-Month Extension			
Part II			of Time. Only file the original (no copies needed)	
Type or	Name of exempt organization THE E. IKE			n number
print	C/O MARCUM LLP		02-071108	1
File by the	Number, street, and room or suite no. If a P.O.	oox. see instru		
extended	10 MELVILLE PARK ROAD			
due date for iling your	City, town or post office, state, and ZIP code F	or a foreign ad	idress see instructions	···
eturn See	'	or a roroigir do		
nstructions	MELVILLE, NY 11747	<del></del>		
Enter the f	Return code for the return that this applicatio	n is for (file a	a separate application for each return)	0 4
Applicatio	п	Return	Application	Return
s For	••	Code	Is For	Code
		01	3.0	1
Form 990	DI	+	***************************************	+
Form 990-		02	Form 1041-A	08
Form 990-		03	Form 4720	09
Form 990-		04	Form 5227	10
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069	11
	T (trust other than above)	06	Form 8870	12
	not complete Part II if you were not alread  oks are in the care of MARCUM LLP	y granted ar	n automatic 3-month extension on a previously filed For	m 8868
1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I request to 1 I re	e names and EINs of all members the extensuest an additional 3-month extension of time calendar year 2010, or other tax year begin tax year entered in line 5 is for less than 12	on is for until ining	and at  11/15 , 20 11  20 , and ending , ck reason  Initial return  Final return	20
	Change in accounting period	TNEODMAG		
7 State			TION REQUIRED TO FILE A COMPLETE AND	
			FION REQUIRED TO FILE A COMPLETE AND	
	URATE RETURN IS NOT YET AVAILA		FION REQUIRED TO FILE A COMPLETE AND	
			FION REQUIRED TO FILE A COMPLETE AND	
ACCI	URATE RETURN IS NOT YET AVAILA	ABLE.		
ACCI	S application is for Form 990-BL, 990-PF,	ABLE.	), or 6069, enter the tentative tax, less any	
ACCI 8a If the nonre	S application is for Form 990-BL, 990-PF, efundable credits. See instructions	990-T, 4720	0, or 6069, enter the tentative tax, less any 8a \$	0.
8a If the nonre	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-PF, 990-P	990-T, 4720 T, 4720, or	o, or 6069, enter the tentative tax, less any 8a \$	0.
8a If the nonre b If the estim	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-Thated tax payments made. Include any page 1.	990-T, 4720 T, 4720, or	o, or 6069, enter the tentative tax, less any 8a \$ r 6069, enter any refundable credits and overpayment allowed as a credit and any	0.
8a If the nonre b If the estimamore	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-Thated tax payments made include any punt paid previously with Form 8868.	990-T, 4720 T, 4720, or prior year o	o, or 6069, enter the tentative tax, less any 8a \$ or 6069, enter any refundable credits and any by overpayment allowed as a credit and any 8b \$	0.
8a If the nonre b If the estimamore	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-Thated tax payments made include any punt paid previously with Form 8868.	990-T, 4720 T, 4720, or prior year o	o, or 6069, enter the tentative tax, less any 8a \$ r 6069, enter any refundable credits and overpayment allowed as a credit and any	0.
8a If the nonre b If the estimamore Balar	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-Thated tax payments made include any punt paid previously with Form 8868.	990-T, 4720 T, 4720, or prior year o	o, or 6069, enter the tentative tax, less any 8a \$ or 6069, enter any refundable credits and any by overpayment allowed as a credit and any 8b \$	0.
8a If the nonre b If the estimamor c Balar (Electure)	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-1 nated tax payments made include any punt paid previously with Form 8868 ince Due Subtract line 8b from line 8a Include tronic Federal Tax Payment System. See instructions of perjury, I declare that I have examined this form ect, and complete, and that I am authorized to prepare this	990-T, 4720 T, 4720, or orior year of e your paymructions The productions The production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the produc	o, or 6069, enter the tentative tax, less any ser 6069, enter any refundable credits and overpayment allowed as a credit and any senent with this form, if required, by using EFTPS sec \$ act Verification companying schedules and statements, and to the best of my knowledge.	0.
Ba If the nonre b If the estimamor c Balar (Electure)	s application is for Form 990-BL, 990-PF, efundable credits. See instructions is application is for Form 990-PF, 990-Total day payments made include any part paid previously with Form 8868 ince Due. Subtract line 8b from line 8a. Include incomic Federal Tax Payment System.) See instructions of perjury, I declare that I have examined this form	990-T, 4720 T, 4720, or orior year of e your paymructions The productions The production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the production of the produc	o, or 6069, enter the tentative tax, less any 8a \$ or 6069, enter any refundable credits and soverpayment allowed as a credit and any 8b \$ or ent with this form, if required, by using EFTPS 8c \$ ad Verification	0.