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· Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

Fo	cale	endar year 2010, or tax	year beginning		, aı	nd ending			
G	Che	ck all that apply.	☐ Initial return ☐	☐ Initia	l return of a for	mer public chai	ıtv	☐ Final re	eturn
			Amended return		dress change	· —	•	change	
Na	me of	foundation						Employer Identification n	ımber
			NC.				20-2048033		
		IDER FOUNDATION, IN and street (or P.O. box number	if mail is not delivered to street	address)		Room/suite	B	Telephone number (see page	
		·		,					
		KIPWITH LANE wn, state, and ZIP code						(301) 299	
				MD		20854-1638	1	f exemption application is p	=
	Cha		X Section 501(c)(3) e				1	1. Foreign organizations, ch	_
<u>''</u>	Sec	tion 4947(a)(1) nonexen	npt charitable trust	Other t	taxable private	foundation	'	Foreign organizations me check here and attach co	
÷			 					f private foundation status v	vas terminated
•		market value of all asse ear (from Part II, col (c),		g metho specify)		Accrual		under section 507(b)(1)(A), a If the foundation is in a 60-m	
		16) ▶ \$	20.013 (Part I, column	d) mus	t be on cash bas	is)		under section 507(b)(1)(B),	
Pa	rt l	Analysis of Revenue	and Expenses (The total	- f			_		(d) Disbursements
			and (d) may not necessarily equ	. '~'	Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for chantable
		the amounts in column (a) (se	ee page 11 of the instructions))		books	income		income	purposes (cash basis only)
	1	Contributions gifts grants et	tc , received (attach schedule)	\dashv	18,994				, , ,
	2		n is not required to attach Sch	в					
	3		emporary cash investments		0			0	, , ,
	4	Dividends and interest fro	•		3			0	1
	5 a	Gross rents .						0	
a	t	Net rental income or (loss	s)	0		CEC	31	EU	
Revenue	6 a	Net gain or (loss) from sa	le of assets not on line 10		-1,448	HEU			
\$ \$ \$	t	Gross sales price for all asset	ts on line 6a 2,67	72	1			\0'	
28	7	Capital gain net income (from Part IV, line 2) .	-, -			2	0	
温	8	Net short-term capital gai	ın	ļ	* *	APR	7	القام ا	
	9	Income modifications .		_	<u> </u>	1	Ŧ		<u> </u>
		I Gross sales less returns and		0		1 OGI	Æ	171	
\$		Less Cost of goods sold		0	-	-		,	
2 0		Gross profit or (loss) (atta		}	0	<u> </u>		0 0	
;=-1 €30	11	Other income (attach sch	=	\vdash		<u>.</u>			
~ ~	12	Total. Add lines 1 throug			17,549			0 0	1
©°8	13	Compensation of officers		-	0				
Expense	14	Other employee salaries	•		<u> </u>			- 	
e G	15	Pension plans, employee Legal fees (attach schedi		\vdash	0			o c	0
	ı	Accounting fees (attach s	•		440			ol c	
ĕ.	١,	Other professional fees (•		0			0 0	
Administrati	17	Interest .							
Ist	18	Taxes (attach schedule) (see	page 14 of the instructions)		0			0 0	0
ΪΞ	19	Depreciation (attach sche			0			0 0)
틍	20	Occupancy .							
Ž	21	Travel, conferences, and	meetings .						
and	22	Printing and publications							
	23	Other expenses (attach s	schedule)		0			0 (0
Ë	24	Total operating and adr	ministrative expenses.	l					
Ē		Add lines 13 through 23		<u> </u>	440			0 0	
Operating	25	Contributions, gifts, grant		L	5,500				5,500
0	26	Total expenses and disburs	ements. Add lines 24 and 25		5,940			0 0	5,500
	27	Subtract line 26 from line		ļ					
			enses and disbursements	ļ	11,609				,
		Net investment income		ļ				0	
	1 (c Adjusted net income (if	negative, enter -0-)			1		l (ol l

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)

Pai	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		f year
		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	3,267	18,996	18,996
	2	Savings and temporary cash investments			
	3	Accounts receivable 0			
		Less allowance for doubtful accounts	0	o	0
	4	Pledges receivable 0			
		Less: allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the		_	
	_	instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
Assets	_	Less allowance for doubtful accounts	0	0	0
SS(8	Inventories for sale or use			
Ä	9	Prepaid expenses and deferred charges			
		Investments—US and state government obligations (attach schedule)	0	0	0
		Investments—corporate stock (attach schedule)	0	0	0
	С	: Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis		····	
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	5,943	1,330	1,017
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item l)	9,210	20,326	20,013
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			· -
Liabilities	19	Deferred revenue		_	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	0	. 0	-
<u>-a</u>	21	Mortgages and other notes payable (attach schedule)	0	0	
_	22	Other liabilities (describe	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
10		Foundations that follow SFAS 117, check here			
ĕ		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
	25	Temporanly restricted			
Ш	26	Permanently restricted			
Ĭ		Foundations that do not follow SFAS 117, check here		İ	
正		and complete lines 27 through 31.			
Net Assets or Fund B	27	Capital stock, trust principal, or current funds			
şţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund .	0.240	20.226	•
88	29	Retained earnings, accumulated income, endowment, or other funds	9,210	20,326	
ä	30	Total net assets or fund balances (see page 17 of the	0.240	20.226	
Žet		instructions)	9,210	20,326	
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	9,210	20.326	
Da	rt III	of the instructions) Analysis of Changes in Net Assets or Fund Balances	9,210	20,326	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with	<u> </u>	
'		f-year figure reported on prior year's return)		11	9,210
2		amount from Part I, line 27a	· · · · · · ·	2	11,609
		_		3	0
				4	20,819
		nes 1, 2, and 3 eases not included in line 2 (itemize) FAIR MARKET VALUE/BOOK		· · · · ·	493
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, o		6	20,326
•	TULAT	net assets of fund balances at end of year (line + minds line 5)—r art if, o		<u> </u>	20,320

Part I\	Capital Gains ar	nd Losses for Tax on Inve	estme	ent Inco	ne			
		e kınd(s) of property sold (e g , real es ise, or common stock, 200 shs MLC ((b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a LEG	G MASON OPP CLAS	s c			P		12/24/2007	9/27/2010
	G MASON VALUE CLA				Р		4/19/2005	9/27/2010
С								
d								
е								
	e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale		(h) Gain (e) plus (f)	, ,
<u>a</u>	1,445	0			2,097			-652
_b	1,227	0	-		2,023			796
_ <u>c</u>	0		-		0			0
<u>d</u>	0	0		-	0		, , , , , , , , , , , , , , , , , , , ,	0
<u>e</u>	0	0			0			0
Com	iplete only for assets show	ving gain in column (h) and owne	d by th	e foundation	on on 12/31/69		(I) Gains (Col	
(i)	F M V as of 12/31/69	(j) Adjusted basis			ss of col (ı)		col (k), but not l	
		as of 12/31/69		over co	l (ı), ıf any		Losses (fro	
_a	0				0			-652
<u>b</u>	0				0			<u>-796</u>
<u>c</u>	<u>0</u> 0		 		<u>0</u>			0
e	0				0			0
	<u> </u>	<u></u>	عادہ ما	nter in Da	rt I, line 7	- 1		
2 Cap	ital gain net income or	(net capital loss) { if (loss),				2		-1,448
3 Net	short-term capital gain	or (loss) as defined in section						-1,1-10
		line 8, column (c) (see pages			` '			
_		r -0- in Part I, line 8			}	3		0
		der Section 4940(e) for Re	educe	ed Tax o	n Net Investme	ent Ir	come	
		private foundations subject to						
	•	•	1110 30	500011 45-	o(a) tax on het ii	ivesiii	nent income)	
If section	n 4940(d)(2) applies, le	eave this part blank.						
Was the	e foundation liable for th	ne section 4942 tax on the dis	tributa	able amou	int of any year in	the ba	ase period? [Yes X No
		ot qualify under section 4940(
		ount in each column for each		-		ions b	efore making	any entries
	(a)	(b)			(c)		<u> </u>	(d)
	Base period years	Adjusted qualifying distribution	ons	Net value	of nonchantable-use a	ssets		bution ratio
Calenda	ar year (or tax year beginning 2009	in)			12	041	(col (b) al	vided by col (c))
	2009		3,750 8,789			,041 ,050		1 054367 0 750060
	2007		3,335			,186		0 132415
	2006		3,025			,070		0 333517
	2005		3,550			0		0 000000
			0,000					
2 Tota	al of line 1, column (d)						2	2 270359
		or the 5-year base period—div	vide th	e total on	line 2 by 5, or by	, [
		undation has been in existenc				.	3	0 454072
	•				•	Ì		
4 Ente	er the net value of nonc	hantable-use assets for 2010	from	Part X, Iir	ie 5 .		4	9,170
						ſ		
5 Mult	tiply tine 4 by line 3			•		į	5	4,164
						ſ		
6 Ente	er 1% of net investment	tincome (1% of Part I, line 27	b) .				6	0
						ſ		
7 Add	lines 5 and 6 .					. [7	4,164
						Ī		
		is from Part XII, line 4					8	5,500
		er than line 7, check the box i	n Part	VI, line 1	b, and complete	that p	art using a 1%	tax rate See
the	Part VI instructions on [page 18						

Form 990-PF (2010) THE HAIDER FOUNDATION, INC.			20-204	8033	Pa	ge 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s	ee pa	ge 1	8 of the	inst	uctio	ns)
1 a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	. 1					
Date of ruling or determination letter:(attach copy of letter if necessary—see instructions)						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check	\ <u> </u>	1			0	
here ▶ 🔀 and enter 1% of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	ا ر					
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			0	
3 Add lines 1 and 2	-	3			이	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4				
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	ŀ	5			9	
6 Credits/Payments a 2010 estimated tax payments and 2009 overpayment credited to 2010 .	ıl				. 1	
						ł
b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c 0	-	- 1			l	
d Backup withholding erroneously withheld 6d	\dashv					
7 Total credits and payments Add lines 6a through 6d	-	7	•		0	
8 Enter any penalty for underpayment of estimated tax. Check here	·	8			ŏ l	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			ō	
10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	- ▶	10			ō	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax O Refund	ed ▶	11			0	
Part VII-A Statements Regarding Activities			·			
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			·		Yes	No
participate or intervene in any political campaign?				1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 or	f the		•			
instructions for definition)?				1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
published or distributed by the foundation in connection with the activities				_ ^		
c Did the foundation file Form 1120-POL for this year?				1c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
(1) On the foundation \$ (2) On foundation managers \$						
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					1	
on foundation managers \$						
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			•	2		<u> </u>
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						
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	•			3 4a		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a 4b	N/A	^
b If "Yes," has it filed a tax return on Form 990-T for this year?			• •	5	19/7	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . If "Yes." attach the statement required by General Instruction T.				٣		, ^
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no mandatory directions						
that conflict with the state law remain in the governing instrument?				6		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), a	nd Pa	art XV	7	Х	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
instructions) ► MD				1		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
General (or designate) of each state as required by General Instruction G? If "No," attach explanation				8b	Χ	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)						
or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 2010)	age 27)?				
If "Yes," complete Part XIV	•			9	Х	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing				1		i

their names and addresses . . .

Form	990-PF (2010) THE HAIDER FOUNDATION, INC. 20-204	8033	Р	age 5
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			
13	August 17, 2008?	12 13	Х	X
	Website address • N/A			
14	The books are in care of ► THE FOUNDATION Telephone no ► (301) 299-3	046		
45	Located at ► 11305 SKIPWITH LANE POTOMAC MD ZIP+4 ► 20854			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		•	• L_
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, secunties, or other financial account in a foreign country?	16	163	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	<u> </u>		
	the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . 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?	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			
	(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)			
h	after termination of government service, if terminating within 90 days)			
b	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	-		
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		Х
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))	_		
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?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
_	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
J u	enterprise 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 lapse of the 5-year penod (or longer penod 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			ļ
	if the foundation had excess business holdings in 2010.)	3b	N/A	ļ ,.
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	41-		
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		L X

For	m 990-PF (2010) THE HAIDER FOUNDATION	, INC					20-20	48033	P	age 6
Pa	art VII-B Statements Regarding Activiti	es fo	r Which Form	n 4720 <mark>M</mark> ay Be R	equired (c	ontinued)				
	During the year did the foundation pay or incur any							T		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes X No									
	(2) Influence the outcome of any specific public election (see section 4955); or to carry									
	on, directly or indirectly, any voter registration	n drıv	≘?			Yes	X No			
	(3) Provide a grant to an individual for travel, stu	idy, o	other similar pur	poses?		Yes	X No			
	(4) Provide a grant to an organization other than	-	•	•						
	in section 509(a)(1), (2), or (3), or section 49	40(d)	(2)? (see page 22	of the instructions) .		Yes	X No			
	(5) Provide for any purpose other than religious,	chari	table, scientific, li	terary, or						
	educational purposes, or for the prevention of	of crue	elty to children or	animals? .		Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transa	ctions fail to qual	ify under the exception	ns described	 ∣in				
	Regulations section 53.4945 or in a current notice	regar	dıng disaster assı	stance (see page 22	of the instruc	tions)?		5b	N/A	
	Organizations relying on a current notice regarding	disa	ster assistance ch	neck here .		▶				
C	If the answer is "Yes" to question 5a(4), does the f	ounda	ition claim exemp	tion from the						
	tax because it maintained expenditure responsibility	ty for	the grant?			Yes	No			
	If "Yes," attach the statement required by Regulation	ons s	ection 53.4945–5	(d)				1		
6a	Did the foundation, during the year, receive any fu	nds, c	irectly or indirect	y, to pay						
	premiums on a personal benefit contract?					Yes	X No			
b	Did the foundation, during the year, pay premiums	, direc	tly or indirectly, o	n a personal benefit	contract?			6b		X
	If "Yes" to 6b, file Form 8870						_			
7a	At any time during the tax year, was the foundation	n a pa	rty to a prohibited	I tax shelter transaction	on?.	Yes	X No	L		
_b	If "Yes," did the foundation receive any proceeds of							7b		
Р	art VIII Information About Officers,	Dire	ectors, Truste	es, Foundation	Managers	, Highly P	aid Er	nploy	ees,	
	and Contractors									
_1	List all officers, directors, trustees, found						e instr	uction	s).	
_1		(b)	Title, and average	(c) Compensation	(d) Con	tributions to) Expen	se acco	
_	(a) Name and address	(b) de	Title, and average nours per week voted to position		(d) Con employee		(6) Expen		
RIA	(a) Name and address	(b) de	Title, and average lours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) Con employee	tributions to benefit plans	n (e) Expen	se acco)S
RI/	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00	(c) Compensation (if not paid, enter	(d) Con employee	tributions to benefit plans	(6) Expen	se acco	
RIA 113 YA	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD	(b) de EXE	Title, and average sours per week voted to position C DIR 2.00	(c) Compensation (if not paid, enter -0-)	(d) Con employee	tributions to benefit plans	O (e) Expen	se acco	es 0
RIA 113 YA	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00	(c) Compensation (if not paid, enter -0-)	(d) Con employee	tributions to benefit plans	n (e) Expen	se acco)S
RIA 113 YA	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00	(c) Compensation (if not paid, enter -0-)	(d) Con employee	tributions to benefit plans	0 0) Expen	se acco	0 0
RIA 113 YA	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD	(b) de EXE	Title, and average sours per week voted to position C DIR 2.00	(c) Compensation (if not paid, enter -0-)	(d) Con employee	tributions to benefit plans	O (e) Expen	se acco	es 0
RIA 113 YA	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00	(c) Compensation (if not paid, enter -0-)	(d) Con employee	tributions to benefit plans	0 0) Expen	se acco	0 0
R!/ 11: YA 11:	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00	(c) Compensation (if not paid, enter -0-) 0	(d) Con employee and deferre	tributions to benefit plans d compensation	0 0 0) Expen other al	se acco	0 0
R!/ 11: YA 11:	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00	(c) Compensation (if not paid, enter -0-) 0	(d) Con employee and deferre	tributions to benefit plans d compensation	0 0 0) Expen other al	se acco	0 0
R!/ 11: YA 11:	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854	(b) de EXE	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Con employee and deferre	tributions to benefit plans d compensation	0 0 0 0) Expen other al	se acco	0 0
RIA 113 YA 113	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on lie	(d) Con employee and deferred	page 23 of to ontributions to benefit plans of compensation of the	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco lowance	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to ontributions to benefit plans of compensation of the	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 113 YA 113 2 (a	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	EXE DIR	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0
RIA 111 YA 111	(a) Name and address AZ HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 SMEEN HAIDER, MD 305 SKIPWITH LANE POTOMAC MD 20854 Compensation of five highest-paid employ If none, enter "NONE."	ded	Title, and average lours per week voted to position C DIR 2.00 ECTOR 1 00 00 (other than the lours per week voted to position of the lours per week voted to lours per week vo	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	ne 1—see p	page 23 of to contributions to benefit plans discompensation to compensation to compensation to coloyee benefit is and deferred	0 0 0 0 the inst	truction	se acco	0 0 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa	id Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, en	ter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	0
	0
	0
	0
	l 0
Total number of others receiving over \$50,000 for professional services	<u> </u>
	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as	Expenses
the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 INTERNATIONAL RESCUE COMMITTEE: AN NGO WORKING TO PROVIDE EMERGENCY RELIEF,	
POST-CONFLICT DEVELOPMENT AND RESETTLEMENT SERVICES; TO WORK FOR THE PROTECTION	
OF HUMAN RIGHTS, AND TO ADVOCATE FOR THOSE UPROOTED OR AFFECTED BY VIOLENCE	1,750
2 SOCIETY OF INTERNATIONAL HELP AN NGO ESTABLISHED TO SET-UP FORMAL AND	
INFORMAL SCHOOLS IN PAKISTAN	
	1,000
3 INTERNATIONAL STUDENT HOUSE THE MISSION OF THE INTERNATIONAL STUDENT HOUSE	
IS TO OFFER INTERNATIONAL AND AMERICAN STUDENTS AN IN-DEPTH EXPERIENCE IN	
INTERNATIONAL LIVING	1,400
4 ZAUQI CHARIATABLE & EDUCATIONAL TRUST A TRUST ORGANIZED FOR THE BENEFIT	
OF DISADVANTAGED PAKISTANI CHILDREN	500
DevelV-D- Summary of Browner Bolated Investments (see page 24 of the instructions)	1 500
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	Amount
·····	
2	
	İ
••••••	1
All other program-related investments. See page 24 of the instructions	
3	
	1 0
Total. Add lines 1 through 3	0

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	IS,
1	see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.		
•	purposes.		
а	Average monthly fair market value of securities	1a	2,977
b	Average of monthly cash balances	1b	6,333
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0,555
d	Total (add lines 1a, b, and c)	1d	9,310
e	Reduction claimed for blockage or other factors reported on lines 1a and		9,510
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,310
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25		0,010
•	of the instructions)	4	140
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,170
6	Minimum investment return. Enter 5% of line 5	6	459
	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of		
	foundations and certain foreign organizations check here $\blacktriangleright X$ and do not complete this part)	porduring	
1	Minimum investment return from Part X, line 6	TIT	0
2a	·		
ь	Income tax for 2010 (This does not include the tax from Part VI)	100	
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	0
		<u> </u>	
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	5,500
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,500
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	dation	-

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THE HAIDER FOUNDATION, INC.

20-2048033

Page 9

	t XIV Private Operating Foundations (s		a instructions ar	nd Part VII-A ou	20-2048	SO33 Page IU
	If the foundation has received a ruling or determin			id Part VII-A, qu	estion 9)	
	foundation, and the ruling is effective for 2010, ent			. ▶		
b	Check box to indicate whether the foundation is a	private operating four	ndation described in	section	X 4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each year listed	0	0			
_	•	0	0	0	0	0
	85% of line 2a	<u> </u>	U		. 0	0
C	Qualifying distributions from Part XII, line 4 for each year listed	5 500	42.750	40,000	2.250	44 400
4	•	5,500	13,750	18,800	3,350	41,400
	Amounts included in line 2c not used directly for active conduct of exempt activities .				<u></u>	0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c	5 500	40.750	40.000	2.250	44.400
3	Complete 3a, b, or c for the	5,500	13,750	18,800	3,350	41,400
•	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets .					0
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed .	200				200
_	"Support" alternative test—enter	306				306
С	• •					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)]				
	* * * * * * * * * * * * * * * * * * * *					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support					
	from an exempt organization .					0
	(4) Gross investment income	l				0
Pa	t XV Supplementary Information (Co				000 or more in	
	assets at any time during the ye		of the instruct	tions.)		
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have cor				the foundation	
	before the close of any tax year (but only if they have	ave contributed more	than \$5,000) (See	section 507(d)(2))		
	RIAZ HAIDER					
b	List any managers of the foundation who own 109				rtion of the	
	ownership of a partnership or other entity) of which	n the loundation has a	10% or greater int	erest.		
NO		4 Ciff Loon Cohe	damahin ata Da			
2	Information Regarding Contribution, Gran			=		
	Check here In the foundation only makes unsolicited requests for funds. If the foundation makes	•		-	·	one
	under other conditions, complete items 2a, b, c, a	• •	(see page 20 of the	e mstructions) to ma	ividuais oi organizad	Olis
	The name, address, and telephone number of the		ications should be a	addressed		
d	The name, address, and telephone number of the	Forest to throni appr				
DR	RIAZ HAIDER 11305 SKIPWITH LANE POT	OMAC MD 20854 (301) 299-3046			
	The form in which applications should be submitted			ould include.		
	RIOUS			-·		
С	Any submission deadlines					
	MP*					
NO	NE Any restrictions or limitations on awards, such as	hy geographical areas	chantable fields	kinds of institutions	or other	
đ	factors	o, goograpinoarareas	, J. G		J. 00.0.	
<u>NO</u>	NE					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year PRIME MINISTER FLOOD RELIEF FUND	NONE	PUBLIC	TO AID PAKISTAN FLOOD VICTIMS.	250
Pakistan SOCIETY FOR INTERNATIONAL HELP	NONE	PUBLIC	TO AID IN THE DEVELOPMENT OF	1,000
Pakistan INTERNATIONAL RESCUE COMMITTEE	NONE	PUBLIC	SCHOOLS TO ASSIST INDIVIDUALS	1,750
DEVELOPMENT IN LITERACY	NONE	PUBLIC	WORLWIDE TO HELP DEVELOP LITERACY	250
INTERNATIONAL STUDENT HOUSE	NONE	PUBLIC	TO ASSIST INTERNATIONAL	1,400
IMRAN KHAN	NONE	PUBLIC	STUDENTS TO AID CANCER VICTIMS	250
Pakistan ZAUQI CHARIATABLE & ED. TRUST	NONE	PUBLIC	TO ASSIST EDUCATIONAL NEEDS	500
AMERICAN HEART ASSOCIATION	NONE	PUBLIC	TO ASSIST IN MEDICAL RESEARCH	100
Tabl				5.500
Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>	. ▶ 3a	5,500
Total		•	▶ 3b	0

Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	
a h		0		0	
6		0		0	
d	-	0		0	
8		0		0	
• •		0		0	
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	-		14	3	
5 Net rental income or (loss) from real estate	۶۵ ′ ۱۰		, ,		
a Debt-financed property					-
b Not debt-financed property					
6 Net rental income or (loss) from personal property					-
7 Other investment income	 				
8 Gain or (loss) from sales of assets other than inventory				0	
	-		-	<u>~</u>	
9 Net income or (loss) from special events	· · · · · · · · · · · · · · · · · · ·				
11 Other revenue: a		0	- "	0	0
		0		0	
c		0		0	
d		0		0	†
e		0		0	
12 Subtotal. Add columns (b), (d), and (e)	•	0		3	0
13 Total. Add line 12, columns (b), (d), and (e) .				13	3
(See worksheet in line 13 instructions on page 29 to verify calcu	ilations)				
Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt P	urposes	•	
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions.)	e is reported in col ourposes (other tha	umn (e) of Part X an by providing fu	VI-A contributed in nds for such purp	mportantly to oses) (See	
					<u>.</u>
		· · · · · · ·	·		
					
					
		·			
		 			
		<u>-</u>			

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

		ction	ganization directly 501(c) of the Code ons?							attick of the state of the stat	Yes	No
а	Trans	sfers	from the reporting	foundation to	a noncharitat	ole exempt organ	zation of:			5 200	<i>(*)</i>	
	(1) C			•		, ,				1a(1)		X
	• •		assets .							1a(2)		Х
b			sactions [.]							-37	·	
	(1) S	Sales	of assets to a none	charitable exe	empt organiza	tion .		•		1b(1)		X
			ases of assets from							1b(2)		X
			l of facilities, equip		•	*				1b(3)		X
			oursement arrange							1b(4)		X
			or loan guarantee							1b(5)		X
			mance of services			ing solicitations				1b(6)		X
			facilities, equipme							1c		Х
		_	ver to any of the at				-	n (h) should alw	avs show the fa	ur mad	ket	
	value value	of the	ne goods, other ass ny transaction or si	sets, or service haring arrange	es given by the ement, show i	ne reporting found in column (d) the	dation If the value of the	e foundation rec he goods, other	eived less than assets, or servi	fair ma ces rec	arket ceived	<u> </u>
(a)	Line no	4	(b) Amount involved		of nonchantable e	exempt organization	(d) Des	scription of transfers,	transactions, and sl	nanng ar	rangen	nents
		4-	0									
			0	-								
	_		0	 								
			0				_					
			0									
			0									
			0						<u> </u>			
			0	 								
		+-	0									
		+	0	 								
	_		0						 			
		+-	0				-					
		+-	0									—
		-										
		+-	0	+						-		
	1- 45-		Ondation directly or i		atad weth are	alatad ta ana ar	more toy c	vomet ergenizet	ions		-	
	desc	rıbed	in section 501(c) on section 501(c) on the complete the following the fo	of the Code (c	other than sec	tion 501(c)(3)) or	in section	527?		res X] No	
		(a) Name of organization	1	(b	Type of organization		(c) (Description of relation	nship		
					ļ							
					<u> </u>							
			 								_	
					1							
Si	l _h	Jnder p belief, it	penalties of perjury, I dec t is true, correct, and cor	mplete Declaration	on of preparer (oth	m, including accompa ier than taxpayer or fic	duciary) is bas	sed on all information	of which preparer h	y knowle as any k	dge an nowled	d ige
He	re	.	/cuz_	Stac	der		17/7/	2011 E	xective I	ire	for	
	[]	Sign	nature of officer or truste	е			Date /	Tit	le			
			Print/Type preparer's n	ame	Preparer's signa	ature 2		Date		PTIN		
Pa	id			252	KEVIKI BI	IDKHUI DEI	4	27/0044	Check if			
Pr	epar	er	KEVIN BURKHOL			<u>JRKHOLDEI</u>		3/7/2011	self-employed	<u> </u>		
Us	e Or	nly			DER AND CO		0.000=0.00		Firm's EIN	4) 775	000:	
	_		Firm's address > 14	UU5 MANOR	VALE ROAD,	ROCKVILLE, MI	U 20853-2	019		1) 775-		
									F	.m 990	U-PF	(2010)

Line 16b (990-PF) - Accounting Fees

THE HAIDER FOUNDATION, INC.

		440	0	0	
					Disbursements
		Revenue and			for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Іпсоте	(Cash Basis Only)
-	K.S. BURKHOLDER & CO, P.C.	440			
7					
က					
4					
2					
9					
_					
 					
6					
10					

Part II, Line 13 (990-PF) - Investments - Other

			5,943	1,330	1,017
		Basis of	Book Va	3ook Value	FMV
	or Category	Valuation		ind of Year	End of
1	MUTUAL FUNDS	ATCOST		1,330	1,017
2					
3					
4					
5					
9					
7					
8					
6					
10					

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

ݕ┌╴			0								\neg
	Compensation		1								
Average	Hours	2	1								
	Title	EXEC DIR	DIRECTOR								
Foreign											
	Zip Code	20854	MD 20854								
	State	QW	MD								
ŀ			POTOMAC								
	Street	11305 SKIPWITH LANE	11305 SKIPWITH LANE								
Check "X"	if Business										
	Name	RIAZ HAIDER, MD	YASMEEN HAIDER, MD								
		-	2	က	4	2	9	7	æ	6	10

2010 Realized Gain/Loss - Detail

2011

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Long Term							
Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
LEGG MASON OPPORT. TR CL C	LMOPX	16.554	6.554 12/24/07	\$277.11	09/27/10	\$162.40	(\$114.71)
	LMOPX	0.635	06/25/07	13.92	09/27/10	6.23	(69.2)
	LMOPX	0.122	12/11/06	2.31	09/27/10	1.20	(1.11)
	LMOPX	0.068	06/27/06	1.11	09/27/10	0.67	(0.44)
	LMOPX	104.435	04/19/05	1,454.78	09/27/10	1,024.50	(430.28)
	LMOPX	24.975	04/19/05	347.90	10/07/10	250.00	(97.90)
	Total	146.789		\$2,097.13		\$1,445.00	(\$652.13)
LEGG MASON VALUE TRUST FD CL (LMVTX	L C LMVTX	27.049	27.049 04/19/05	1,614.82	09/27/10	977.00	(637.82)
	LMVTX	6.838	04/19/05	408.23	10/07/10	250.00	(158.23)
	Total	33.887		\$2,023.05		\$1,227.00	(\$796.05)
Long Term Fotal				\$4,120,118			
2010 Short & Long Term Total				\$1,000,13		0016/29/65	

The above summary/prices/quotes/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. The information contained in client monthly account statements and confirmations reflects all transactions, and as such supersedes all other reports for financial and tax purposes. Investments and services offered through Morgan Stanley Smith Barney LLC, and accounts carried by Citigroup Global Markets Inc., Members SIPC. © 2011 Morgan Stanley Smith Barney.

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^{**} Gain/Loss is only calculated when an original cost basis is available.