

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



## Form **990-PF**

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

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

	endar year 2010, or tax year beginning	, 2010	, and ending		
G Ch	eck all that apply 🔲 Initial return 🔲 Init	al Return of a former p	· —		al return
	Amended return	Address	change Name	change	
			1	Employer identification nu	mber
	FOUNDATION SOUTH FIGUEROA STREET #1600			20-5998535	
	ANGELES, CA 90071		8		instructions)
103	ANGELES, CA 900/1		<u> </u>	213-362-9300	
			9		· • • • • • • • • • • • • • • • • • • •
H C	book time of accounting V Continue 50	17-173	C		
n C	Heck type of organization $X$ Section 50 Section 4947(a)(1) nonexempt charitable to	(c)(3) exempt private f	oundation private foundation	2 Foreign organizations mee here and attach computati	ting the 85% test, check
L		counting method X C		If private foundation status	s was terminated
Ö		Other (specify)		under section 507(b)(1)(A	), check here
<b>►</b> \$		column (d) must be or	F	If the foundation is in a 60 under section 507(b)(1)(B	
Part					
	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)				purposes
	(see the instructions)				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)				
	2 Ck X if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	13,338.	13,338	. 13,338.	
	4 Dividends and interest from securities	15,550.	15,550	15,556.	
	5a Gross rents				
	b Net rental income or (loss)				
R	6a Net gain/(loss) from sale of assets not on line 10.	6,086.			
R E V	b Gross sales price for all assets on line 6a 306, 139.				
E N	7 Capital gain net income (from Part IV, line 2)		6,086		
ΰ	8 Net short-term capital gain 9 Income modifications			6,086.	
E	10 a Gross sales less returns and				
	allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total Add lines 1 through 11	10.404		10.404	
	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc.	19,424. 0.	19,424	. 19,424.	
	14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits				
А	16a Legal fees (attach schedule)				
A D M	<b>b</b> Accounting fees (attach sch) SEE ST 1	4,575.	-		
_ I _ N	c Other prof fees (attach sch)				
PS	17 Interest			_ RECEN	(En
O P E R A T	18 Taxes (attach schedule)(see instr.) SEE STM 2	10.			
A A	19 Depreciation (attach sch) and depletion			ME ULI 17	2011
I V E	20 Occupancy			HZ - OCT 17	P011   C
	21 Travel, conferences, and meetings	•		1	
A E N X D P	22 Printing and publications			COURT	1157
D P	23 Other expenses (attach schedule)	4 405			
AND EXPENSE	SEE STATEMENT 3	4,495.		+	
Ě	24 Total operating and administrative expenses. Add lines 13 through 23	9,080.			
-	25 Contributions, gifts, grants paid STMT 4	72,016.			72,016.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	81,096.	0	. 0.	72,016.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses	-			
	and disbursements	-61,672.			
	b Net investment income (if negative, enter -0-)		19,424		
	C Adjusted net income (if negative, enter -0-)			19,424.	

Page 2

Dard	art II Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only  Attached schedules and amounts only  At		End o	nd of year		
rai	. !!	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash — non-interest-bearing	3,754.			
	2	Savings and temporary cash investments	319,743.	99,864.	99,864.	
	3	Accounts receivable	1		_	
		Less allowance for doubtful accounts ▶		,		
	4	Pledges receivable		-		
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)				
	7	Other notes and loans receivable (attach sch)				
A S		Less. allowance for doubtful accounts ▶				
Š	8	Inventories for sale or use				
A S E T	9	Prepaid expenses and deferred charges				
Ś	10:	a Investments — U.S. and state government obligations (attach schedule)				
	1	b Investments — corporate stock (attach schedule)				
	•	c Investments — corporate bonds (attach schedule) .	194,721.	356,682.	353,210.	
	11	Investments — land, buildings, and equipment basis				
		Less: accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans.				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis ►			]	
		Less: accumulated depreciation (attach schedule)				
		Other assets (describe		·		
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	518,218.	456,546.	453,074.	
Ļ	17	Accounts payable and accrued expenses		<del></del>	1	
Å B	18	Grants payable				
В	19	Deferred revenue		<del></del>		
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons				
÷	21	Mortgages and other notes payable (attach schedule)				
Ī	22	Other liabilities (describe				
E S	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
N F	24	Unrestricted .			1	
N F E U T N	25	Temporarily restricted			1	
D	26	Permanently restricted			1	
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			!	
ĔĹ	27	Capital stock, trust principal, or current funds				
SN	28	Paid-in or capital surplus, or land, building, and equipment fund				
O E	29	Retained earnings, accumulated income, endowment, or other funds	518,218.	456,546.		
RS	30	Total net assets or fund balances (see the instructions)	518,218.	456,546.	1	
	31	Total liabilities and net assets/fund balances (see the instructions)	518,218.	456,546.	i	
Par	III	Analysis of Changes in Net Assets or Fund Balance			<u> </u>	
		<del></del>		ree with		
'	end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return).	iiiii (a), iiile 30 (iiiust a(	gree with	518,218.	
		er amount from Part I, line 27a		2	-61,672.	
3	Other	increases not included in line 2 (itemize)		3		
4	Add	lines 1, 2, and 3	·	4	456,546.	
		ases not included in line 2 (itemize)		5		
6	6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 6 456, 546.					

Par	(a) List and describe	the kind(s) of property sold (e.g., re, or common stock, 200 shares MI	eal estate.	(b) How acc	iase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
<u>`</u>	VARIOUS CHARLES SCH	WAR		D — Dona P	tion	VARIOUS	VARIOUS
	VARIOUS TD AMERITRA			P	-	VARIOUS	VARIOUS
e			· · · · · · · · · · · · · · · · · · ·	L			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	le		(h) Gain or (e) plus (f) m	
a				2,181.			34.
			25	7,872.			6,052.
						<del></del>	<del></del>
							<del></del>
		ng gain in column (h) and owned by	v the foundation on 12/31/6	9		(I) Gains (Col	ump (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	1 (1)	g tha	ain minus column (lan -0-) or Losses (fi	k), but not less
а							34.
<u>b</u>							6,052.
e	<del></del>					T	
	Capital gain net income or (net		enter in Part I, line 7 ter -0- in Part I, line 7	-	2		6,086.
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6).				
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions	) If (loss), enter -0-	-	3		6,086.
Par		Section 4940(e) for Reduce	d Tay on Net Investm	ent Incol		L	0,000.
Was	s,' the foundation does not quali	tion 4942 tax on the distributable ar ify under section 4940(e) Do not co	omplete this part	·		Yes	☐ No
_1		n each column for each year; see th	ne instructions before makir	g any entr	ies		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(coli	<b>(d)</b> Distribution umn (b) divided	
	2009						
	2008						
	2007						
	2006						
	2005					<del>                                      </del>	
2	Total of line 1, column (d)				2		
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years	•	3		
4	Enter the net value of nonchard	table-use assets for 2010 from Part	X, line 5		4		
5	Multiply line 4 by line 3			-	5		
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	_	
7	Add lines 5 and 6				7	_	
8	Enter qualifying distributions fro	om Part XII, line 4			8		
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that	part using	a 1%	tax rate See t	he

Form 990-PF (2010) M3K FOUNDATION	20-599	8535		P.	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see the	instructio	ns)		
1 a Exempt operating foundations described in section 4940(d)(2), check here   ■ and enter 'N/A' on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)					
b Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1			3	88.
check here ► and enter 1% of Part I, line 27b	1				
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)					İ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				-	
foundations only Others enter -0-)	2	<del></del>			0.
3 Add lines 1 and 2	3				88.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable-foundations onlyOthers enter -	)·) -   <u>4</u> 5				<u>0.</u> 88.
<ul><li>5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-</li><li>6 Credits/Payments</li></ul>	-	<del></del>			00.
a 2010 estimated tax pmts and 2009 overpayment credited to 2010   6a   1,1	22				į
b Exempt foreign organizations — tax withheld at source 6b	-22.				1
c Tax paid with application for extension of time to file (Form 8868)					1
d Backup withholding erroneously withheld 6d					Ì
7 Total credits and payments. Add lines 6a through 6d	7			1.1	22.
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			7	34.
11 Enter the amount of line 10 to be Credited to 2011 estimated tax > 734. Refunded	▶ 11	Ι			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	d it	L		Yes	No
participate or intervene in any political campaign?	•	$\vdash$	1 a		<u>X</u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			1.		v
(see the instructions for definition)?			1b		<u> X</u>
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materior or distributed by the foundation in connection with the activities	als publisi	hed			
c Did the foundation file Form 1120-POL for this year?		-	1c	· -	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			<del>''</del>		
(1) On the foundation $\Rightarrow$ 0. (2) On foundation managers $\Rightarrow$ \$		0.			ł
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp foundation managers ►\$ 0.	osed on		j		
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, a of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	irticies es		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u> X</u>
If 'Yes,' attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				i	1
<ul><li>By language in the governing instrument, or</li></ul>					
By state legislation that effectively amends the governing instrument so that no mandatory directions	that confli	ct -			
with the state law remain in the governing instrument?		<u> </u>	6		<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.	_	 	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  N/A		_			
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> <sup>2</sup> If 'No,' attach explanation		_  -	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)	(3) or 494	12(1)(5)			
for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' co	mplete Pa	art XIV	9	-	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing and addresses	neir name	1	10		Х
BAA		Form	า 990	-PF (	2010)

	990-PF (2010) M3K FOUNDATION	<u> 20-599</u> 853	5	F	Page 5
Parl	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 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 exemptio Website address  N/A	n application?.	13	Х	
14	The books are in care of ► SATTAR & ASSOCIATES, CPA'S Telephone		23-0	444	
15	Located at ► 515 SOUTH FIGUEROA ST., # 1620 LOS ANGELES C ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	90071 	N/A		∏ N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other a bank, securities, or other financial account in a foreign country?		16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the n foreign country ►	ame of the			Ì
Parl	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
1 a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	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			
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	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 )	Yes X No			
Ь	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction Organizations relying on a current notice regarding disaster assistance check here.	ons)? ► □	1 b	N	/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		10		
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, 20, 20	Yes X No			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942) <b>all</b> years listed, answer 'No' and attach statement — see the instructions.)		2b	N	/A
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years	here			
	► 20, 20, 20				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
b	If 'Yes,' did it have excess business holdings in 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 period (or longer period approve 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	d			
4 a	determine if the foundation had excess business holdings in 2010.)  Did the foundation invest during the year any amount in a manner that would jeopardize its		3b	Ň	/A
	charitable purposes?		4a		X
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b		X

Form 990-PF (2010) M3K FOUNDATION			20-599	38535	Page
Part VII-B   Statements Regarding Activiti		1 4720 May Be Req	uired (continued)	1 - 1	
5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	<del>-</del>	on (costion 4945(a))?	□vac ☑	No	Ì
	-		∐ Yes X	NO	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,			Yes X	No	1
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientifi n of cruelty to children	c, literary, or or animals?	- Yes - X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5 b	- N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ □		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	•	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
<ul><li>6a Did the foundation, during the year, receive ar on a personal benefit contract?</li><li>b Did the foundation, during the year, pay prem</li></ul>			Yes X	No 6b	x
If 'Yes' to 6b, file Form 8870	iums, directly or mairet	my, on a personal bene	iit contract?	60	
7a At any time during the tax year, was the found	dation a party to a prof	nbited tax shelter transa	ction? Yes X	No	
<b>b</b> If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra		N/A 7b	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees	,
and Contractors		·····			
1 List all officers, directors, trustees, foundation				(a) Evpans	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
MURAD M SIAM	PRESIDENT &	0.	0.		0
515 S FIGUEROA STREET, STE1600	1.00				
LOS ANGELES, CA 90071					
MOUSA M SIAM	SECRETARY	0.	0.		0
515 S FIGUEROA STREET, STE1600 LOS ANGELES, CA 90071	1.00			}	
KRISTI C. SIAM	CFO	0.	0.		0
515 S. FIGEROA ST., # 1600	0	0.	0.		U
LOS ANGELES, CA 90071					
2 Compensation of five highest-paid employee				<del></del>	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
NONE		• • • • • • • • • • • • • • • • • • • •			<del></del>
Total number of other employees paid over \$50,000	)	• • • • • • • • • • • • • • • • • • • •	, -		

	5998535 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai	id Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, 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	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
	Lxperises
1 <u>N/A</u>	
2	<del>-  </del>
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	<b>D</b> 0.
BAA	Form <b>990-PF</b> (2010)

Page 8

Part.X- Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign foi	undations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		450 400
a Average monthly fair market value of securities	1 a	460,688.
b Average of monthly cash balances	1b	43,068.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	503,756.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	1 1	_
2 Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3 Subtract line 2 from line 1d	3	503,756.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,556.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	496,200.
6 Minimum investment return. Enter 5% of line 5	6	24,810.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating fou	indations
and certain foreign organizations check here ▶ □ and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6	1	24,810.
2a Tax on investment income for 2010 from Part VI, line 5 . 2a 388.		
b Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	388.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	24,422.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	24,422.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	24,422.
Part XII Qualifying Distributions (see instructions)	[xsaman]	
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.</li> <li>Expenses, contributions, gifts, etc — total from Part I, column (d), line 26</li> </ul>	1 a	72,016.
<b>b</b> Program-related investments — total from Part IX-B	16	<del></del>
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 a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	72,016.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	72,016.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whethe qualifies for the section 4940(e) reduction of tax in those years	r the found	•
BAA	F	orm <b>990-PF</b> (2010)

## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
Distributable amount for 2010 from Part XI, line 7				24,422.
2 Undistributed income, if any, as of the end of 2010				24,422.
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005				
<b>b</b> From 2006				
c From 2007 69, 144. d From 2008 104, 592.				
d From 2008 104,592. e From 2009 47,124.				
f Total of lines 3a through e	220,860.			
4 Qualifying distributions for 2010 from Part	220,000.			
XII, line 4. ► \$ 72,016.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years				
(Election required – see instructions)		0.		<u> </u>
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			04 400
d Applied to 2010 distributable amount	47 504			24,422.
e Remaining amount distributed out of corpus     Excess distributions carryover applied to 2010	47,594.			0.
(If an amount appears in column (d), the	<u> </u>	<u></u>		<u> </u>
same amount must be shown in column (a) )				
6 Enter the not total of each column as				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	268,454.			
<b>b</b> Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
		0.	,	·
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
6 Hadistabutad massas for 2010. Cubbast lives				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be				_
distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
,	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	268,454.			
10 Analysis of line 9				
a Excess from 2006				
<b>b</b> Excess from 2007 69, 144.				
c Excess from 2008 104, 592.				
d Excess from 2009 47, 124. e Excess from 2010 47, 594.				
e Excess nom 2010 47, 594.				<del></del>

Form 990-PF (2010) M3K FOUNDATION				20-5998535	Page 10
Part XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or c is effective for 2010, enter the date of the	ruling	·		`_ ` <b>^</b>	7 4040415
<b>b</b> Check box to indicate whether the foundat		erating foundation (		4942(j)(3) or	4942 <sub>(J</sub> )(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a			·		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>					
section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,					<del></del>
line 6 for each year listed					
c 'Support' alternative test — enter  (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section)	•				
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Information assets at any time during th	(Complete this e year – see in	part only if the structions.)	organization ha	id \$5,000 or moi	e in
Information Regarding Foundation Manage     List any managers of the foundation who is close of any tax year (but only if they have SEE STATEMENT 5	nave contributed m	ore than 2% of the than \$5,000) (See	total contributions researchers section 507(d)(2))	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who ca partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a co 0% or greater inter	rporation (or an equa rest	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ▶ X If the foundation only n requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	s to preselected cha	arıtable organization:		
a The name, address, and telephone numbe	r of the person to	whom applications	should be addressed	d	
<b>b</b> The form in which applications should be s	submitted and info	rmation and materi	als they should ınclu	de	<del></del>
c Any submission deadlines					
d Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors

Page 11

3' Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	l	Foundation status of recipient		Amount	
Name and address (home or business)	substantial contributor	recipient			
a Paid during the year					
Tatal	<u> </u>	l	<u> </u>		
Total b Approved for future payment			► 3a		
Total			► 3b	<u> </u>	

Part XVI-A	Analysis	of Income-Pro	oducing Activities
------------	----------	---------------	--------------------

Enter gross	s amounts unless otherwise indicated	Unrelate	d business income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)
_	am service revenue			code	<del>-</del>	, <u> </u>
b				<del>                                     </del>		
c						
d				<del>  -</del>		
e	· · · · · · · · · · · · · · · · · · ·			<del>  </del>		<u> </u>
a Fees	and contracts from government agencies			<del>                                     </del>		
	bership dues and assessments			1		
3 Interes	t on savings and temporary cash investments			14	13,338.	
	ends and interest from securities					
	ental income or (loss) from real estate			<del>-  -</del> -		
	financed property			+ +		
	ebt-financed property ntal income or (loss) from personal property		<u>-</u>	+	<del></del>	
	investment income		<del> </del>	<del>  </del>		
8 Gain o	r (loss) from sales of assets other than inventory			14	6,086.	
9 Net ir	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					
	revenue			-		
			<del></del>	+		
d			<del></del>			
e				<u> </u>		
e	otal Add columns (b), (d), and (e)				19,424.	
e Subto	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)				19,424. <b>13</b>	19,424.
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation		charant of Evens		13	19,424.
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation	Accompli		<u>.                                      </u>	13 es	
12 Subto 13 Total (See works Part XVI	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	
e	otal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculations.  Relationship of Activities to the	Accompli		<u>.                                      </u>	13 es	

BAA

Form 9	90-PF (	(2010) M3K FO	UNDATION					20-59	998535	Pa	age 13
Part )	(VII	Information R Exempt Organ	egarding Tr	ansfers To a	and Transaction	ons an	d Relations	hips With No	ncharitable		<del> </del>
<u> </u>		Exempt Organ	lizations							Yes	No
1 D	id the d	organization directly d in section 501(c)	or indirectly e	engage in any o	f the following wi	th any of	ther organization	on 527			110
re	lating t	to political organiza	itions?				) or in section	527,			
		s from the reporting	g foundation to	a noncharitable	e exempt organız	ation of					
•	) Cash								1a (1)		X
•	•	er assets . Ansactions						•	1 a (2)		<u>X</u>
		s of assets to a noi	ncharitable exe	empt organizatio	าก				. 1b(1)		x
-	-	hases of assets fro							1 b (2)		X
(3	) Rent	al of facilities, equi	pment, or othe	er assets					1 b (3)		Х
•	•	nbursement arrange							1 b (4)		Х
•	•	is or loan guarante							1b (5)		X
•	•	ormance of services of facilities, equipm		•	· ·	000			1b (6) 1c		$\frac{\hat{x}}{x}$
•	namg	or racinites, equipir	icitt, mailing ii.	313, 011101 23301	s, or paid employ	663			L		
<b>d</b> If th ar	the an le good ny trans	swer to any of the a ls, other assets, or saction or sharing a	above is 'Yes,' services given arrangement, s	complete the for by the reporting show in column	ollowing schedule g foundation If th (d) the value of ti	Columine found ne goods	n <b>(b)</b> should al ation received s, other assets	ways show the fall less than fair ma , or services rece	air market val arket value in eived	ue of	
(a) Line		(b) Amount involved		of noncharitable exe				nsfers, transactions,			ts
N/A											
		<u> </u>			<del></del>						
		<del></del>							<u></u>		
			<del> </del>								
							<del></del>				
											<del></del>
						ļ					
			· · · · · · · · · · · · · · · · · · ·						<del> </del>		
		<del></del>									
					<del></del>	<del> </del>					
						ļ					
	_					<u></u>					
d	escribe	undation directly or d in section 501(c) complete the follow	of the Code (o	rated with, or re other than section	elated to, one or ron 501(c)(3)) or in	nore tax n section	-exempt organ 527?	ızatıons	Yes	; X	No
	(a)	Name of organizat	tion	<b>(b)</b> Typ	oe of organization	•	(	c) Description of	relationship		
N/A		······		-							
						<del></del>					
	,										
		1									
	Under p	enaltier of perjury, I decla and complete Declaration	re that I have exam	nined this return, including than taxpayer or fide	uding accompanying souciary) is based on all i	hedules an	d statements, and to	to the best of my known as any knowledge	rledge and belief, i	t is true	
Sign		11			<b>,,</b>						
Here	<b>_</b>					1/4	9/1/11	▶ PRESIDE	ENT		
	Sign	nature of officer or trustee				Date		Title	DT:::		
		Print/Type preparer's na		ZW	SAPR O. A	a the	alma 1	Check if X	L		
Paid		<b>}</b>	SATTAR	ZAKAI ASSOCIATES	XIA A. SAII	AK	17/1/1	self-employed Firm's EIN ▶ 95	P00378	3443	
Prepa Use C				GUEROA ST.		)		rums Env = 33	220000		
J36 C	, iii y	I Firm's address 🗩 💳		ES, CA 900				Phone no (2	13) 623-	0444	l

Form **990-PF** (2010)

2010	FEDERAL STATEMENTS	PAGE 1
	M3K FOUNDATION	20-5998535
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D)_ CHARITABLE PURPOSES
	TOTAL $\frac{\$}{\$}$ $\frac{4,575}{4,575}$ $\frac{\$}{\$}$ 0.	\$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
LICENSE, PERMITS & FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 10.	(D) CHARITABLE PURPOSES
	TOTAL \$ 10. \$ 0.	\$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES

	_	EXPENSES PER BOOKS	INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
BANK CHARGES INSURANCE	\$	68. 700.			
INVESTMENT ADVISOR FEE MEALS & ENTERTAINMENT OFFICE SUPPLIES		1,524. 2,146. 57.			
	TOTAL 🛐	4,495.	\$ 0.	\$ 0.	\$ 0.

## **STATEMENT 4** FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

WELFARE

ANERA

635 MASSACHUSETTS AVE., NW

WASHINGTON, DC 20001

NONE

EXEMPT ORGANIZATION

\$ 20,500.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CHARITABLE

MPAC FOUNDATION

3010 WILSHIRE BLVD. # 217

LOS ANGELES, CA 90010 NONE

2010

## FEDERAL STATEMENTS

PAGE 2

**M3K FOUNDATION** 

20-5998535

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

ORGANIZATIONAL STATUS OF DONEE: EXEMPT ORGANIZATION

AMOUNT GIVEN:

11,956.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: SPORTS

VALLEY SPORTS FOUNDATION 2470 STEARNS STREET STE 159 SIMI VALLEY, CA 93063

NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

EXEMPT ORGANIZATION

10,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL UNIVERSITY OF SOUTHERN CALIFORNIA

USC

LOS ANGELES, CA 90089

NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

EXEMPT ORGANIZATION

10,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

CHARITABLE

VARIOUS CHARITIES- (AMOUNT UNDER \$5,000)

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CA NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

19,560.

TOTAL \$ 72,016.

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

MURAD M SIAM KRISTI C. SIAM

### Form **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box		► [X]
If you ar	e filing for an Additional (Not Automatic) 3-Mon	th Extension	n, complete only Part II (on page 2 of the	s form)	
Do not com	<i>plete Part II unless</i> you have already been grant	ed an autom	natic 3-month extension on a previously t	iled Form 8868	
request an e Associated \	ling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ring of this form, visit www.irs.gov/efile and click	ot automatic) n Part I or Pa nust be sent	) 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructi	ectronically file Form Iformation Return for	8868 to
Part A	utomatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).	· · · · · · · · · · · · · · · · · · ·	
	n required to file Form 990-T and requesting an			complete Part I only	▶ □
All other con	rporations (including 1120-C filers), partnerships returns	, REMICS, a	nd trusts must use Form 7004 to reques	t an extension of tim	ne to file
	Name of exempt organization			Employer identification r	number
Type or					
print	M3K FOUNDATION			20-5998535	
File by the due date for	Number, street, and room or suite number. If a P O box, see	instructions.		A	
filing your return See	515 SOUTH FIGUEROA STREET #16	500			
instructions	City, town or post office, state, and ZIP code. For a foreign ad	ldress, see instru	actions		
	LOS ANGELES, CA 90071				
Application Is For	eturn code for the return that this application is f	Return	Application		04 Return
Is For		Code	ls For		Code
Form 990	······································	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 990-E.		03	Form 4720		09
Form 990-P		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
Telephor  If the ore If this is check the	is are in the care of SATTAR & ASSOCIA  see No 213-623-0444  ganization does not have an office or place of bit for a Group Return, enter the organization's four box If it is for part of the group, che insign is for	FAX No usiness in th ir digit Group	o ►213-623-0442 le United States, check this box b Exemption Number (GEN) If		
	est an automatic 3-month (6 months for a corpo	ration require	ed to file Form 990-T) extension of time		
until _ The ex	8/15 , 20 $11$ , to file the exempt of tension is for the organization's return for calendar year 20 $10$ or tax year beginning , 20	rganızatıon r	eturn for the organization named above		
	tax year entered in line 1 is for less than 12 mor lange in accounting period	nths, check r	eason:	nal return	

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions .

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

**b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

BAA For Paperwork Reduction Act Notice, see Instructions.

payment instructions

Form 8868 (Rev. 1-2011)

3a|\$

зы\$

388.

0.

1,122.

Form 8868 (Re	ev 1-2011)					Page 2
• If you are	filing for an Additional (Not Automatic) 3-Month	h Extension	, complete only Part II and check t	his box		. ► X
Note. Only cor	mplete Part II if you have already been granted	an automai	tic 3-month extension on a previous	sly filed For	m 8868	
If you are:	filing for an Automatic 3-Month Extension, con	nplete only	Part I (on page 1).			
Part II Add	ditional (Not Automatic) 3-Month Exte	nsion of	<b>Time.</b> Only file the original (r			
Na	me of exempt organization			Employer ider	ntification numb	er
Type or						
print M3	3K FOUNDATION			20-5998	<u> 3535</u>	
File by the	imber, street, and room or suite number. If a P O box, see instr	uctions				
extended SI	ATTAR & ASSOCIATES, CPA'S	-		=	_	
filing the 5.	15 S. FIGUEROA ST. SUITE 1600					
instructions City	ty, town or post office, state, and ZIP code For a foreign addres	s, see instruction	ons			
	OS ANGELES, CA 90071-3334	<del></del>				
Enter the Retu	urn code for the return that this application is fo	r (file a sep	arate application for each return)			04
			F	-		<del></del>
Application ls For		Return Code	Application Is For			Return Code
		<u> </u>				-
Form 990 Form 990-BL		01 02	Form 1041-A			08
Form 990-EZ		03	Form 4720			09
Form 990-PF		03	Form 5227			10
	section 401(a) or 408(a) trust)	05	Form 6069			11
	rust other than above)	06	Form 8870			12
	t complete Part II if you were not already grante			ously filed	Form 8868	1 12
	are in care of SATTAR & ASSOCIATES			ously lileu	1 01111 0000.	
			213-623-0442			
	enization does not have an office or place of bus					▶ □
_	or a Group Return, enter the organization's four				If th	السا is is for the
			nis box and attach a list wi	th the name	<del></del>	
	extension is for					
	t an additional 3-month extension of time until	11/15	, 20 <u>11</u>			
5 For cale	ndar year $2010$ , or other tax year beginning	<del></del>	, 20 , and ending		, 20	
	x year entered in line 5 is for less than 12 mont			Fin	al return	
Char	nge in accounting period					
7 State in	detail why you need the extensionTHE	TAXPAYE	R REQUIRES ADDITIONAL	TIME TO	GATHER	ALL THE
_INFOR	RMATION NECESSARY TO FILE A CO	MPLETE A	AND ACCURATE INCOME TA	X RETUR	.N .	
8a if this ap	oplication is for Form 990-BL, 990-PF, 990-T, 47	720, or 6069	, enter the tentative tax, less any			
nonrefur	ndable credits. See instructions		· · · · · ·	8a	\$	388.
	oplication is for Form 990-PF, 990-T, 4720, or 6 ts made Include any prior year overpayment al					
with Fori		iuweu as a	credit and any amount paid previou	8b	\$	1,122.
c Balance	due. Subtract line 8b from line 8a. Include you	r pavment v	with this form, if required, by using			
EFTPS (	(Electronic Federal Tax Payment System) See	instructions		8c	\$	0.
	•		d Verification			
	perjury, I declare that I have examined this form, including accilete, and that I am authorized to prepare this form	ompanying sche	edules and statements, and to the best of my kn	nowledge and b	elief, it is true,	
		DDECIP	PNITT.			
Signature >	Title	PRESIDE		D	ate Poco	(Pay 1 2011)
BAA		FIFZ0502L	11/15/10		FUIII 0000	(Rev 1-2011)

Form <b>886</b> 8	3 (Rev 1-2011)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mo	nth Extension	n, complete only Part II and check th	is box	<b>►</b> X
Note. Only	y complete Part II if you have already been grant	ed an automa	tic 3-month extension on a previousl	y filed Form 8868	_
	are filing for an Automatic 3-Month Extension, c				
Part II	Additional (Not Automatic) 3-Month Ex	tension of	Time. Only file the original (n	o copies needed)	
	Name of exempt organization Employer identification number				
Type or					
print	M3K FOUNDATION		[	<u> 20-5998535</u>	
File by the	Number, street, and room or suite number. If a P.O. box, see i	instructions			
extended due date for filing the	SATTAR & ASSOCIATES, CPA'S 515 S. FIGUEROA ST. SUITE 160	0			
return See instructions	City, town or post office, state, and ZIP code. For a foreign add	dress, see instructi	ons		
	LOS ANGELES, CA 90071-3334				
Enter the	Return code for the return that this application is	for (file a sep	parate application for each return)		04
Applications  Is For	on	Return Code	Application Is For		Return Code
Form 990		01			
Form 990	-BL	02	Form 1041-A		08
Form 990	-EZ	03	Form 4720		09
Form 990	-PF	04	Form 5227		10
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990	-T (trust other than above)	06	Form 8870		12
	o not complete Part II if you were not already gra			usly filed Form 8868.	
	ooks are in care of <u>SATTAR &amp; ASSOCIAT</u> hone No ≥ 213-623-0444		S 213-623-0442		
	organization does not have an office or place of				▶ 🗀
	is for a Group Return, enter the organization's for			If this	s is for the
whole gro	oup, check this box 🕨 📗 If it is for part of the	group, check	this box 🕨 🗌 and attach a list wit	h the names and EINs (	of all
members	the extension is for				
4 1 re	quest an additional 3-month extension of time ur	ntil 11/15	, 20 <u>11</u>		
5 For	calendar year $\underline{2010}$ , or other tax year begin	ning	, 20 , and ending	, 20 _	- <del></del>
6 If th	ne tax year entered in line 5 is for less than 12 m	ionths, check i	reason Initial return	Final return	
	Change in accounting period		<del>-</del>		
7 Sta	te in detail why you need the extensionTH	E TAXPAYE	R REQUIRES ADDITIONAL :	FIME TO GATHER	ALL THE
<u> 1</u> N	FORMATION NECESSARY TO FILE A	COMPLETE	AND ACCURATE INCOME TAX	K RETURN.	
8a If the	nis application is for Form 990-BL, 990-PF, 990-T prefundable credits. See instructions.	, 4720, or 606	9, enter the tentative tax, less any	8a \$	0.
pay	nis application is for Form 990-PF, 990-T, 4720, or rments made Include any prior year overpaymen h Form 8868	or 6069, enter at allowed as a	any refundable credits and estimated credit and any amount paid previou	d tax sly 8b\$	1,122.
c Bal	lance due. Subtract line 8b from line 8a Include TPS (Electronic Federal Tax Payment System) S	your payment See instruction	with this form, if required, by using is	8c \$	0.
	Si	gnature an	d Verification		
Under pena	Ities of perjury, I declare that I have examined this form, including I complete, and that I am authorized to prepare this form	accompanying scl	hedules and statements and to the best of my kn	lowledge and belief, it is true	
	· Kornain a pattar Tille	► CPA		Date - 8/	9/11
BAA	interest in the control line		L 11/15/10		(Rev 1-2011)
			· •		· · · .