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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

For calendar year 2010, or tax year beginning and ending Final return G Check all that apply: Initial return Initial return of a former public charity Amended return Address change Name change A Employer identification number Name of foundation 26-4199874 THE KHALED HOSSEINI FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 4848 SAN FELIPE ROAD #150-221 408.677.4489 City or town, state, and ZIP code C If exemption application is pending, check here SAN JOSE, CA 95135 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method. X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) F If the foundation is in a 60-month termination. 190,557. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income 215,199. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 1. 1. STATEMENT 227. 227. STATEMENT Dividends and interest from securities 5a Gross rents CONTROL DEC O b Net rental income or (loss) 6a Net cain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 227,775. 0. STATEMENT 11 Other income 228. 443,202. 12 Total. Add lines 1 through 11 14,933. 0. 0. 13 Compensation of officers, directors, trustees, etc 26,380. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees 330. 0. 0. c Other professional fees STMT 4 17 Interest 335. 0. 0. 18 Taxes 19 Depreciation and depletion ਲ 20 Occupancy 21 Travel, conferences, and meeting 22 Printing and publications 1719,068 0. 0. 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 64,046 0. 238,801 238. 801 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 302,847 238,801. Add lines 24 and 25 27 Subtract line 26 from line 12: 140,355 a Excess of revenue over expenses and disbursements 228. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative enter -0-)

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THE KHALED HOSSEINI FOUNDATION

26-4199874

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		Balance Sheets Attached schedules and amounts in the description	Deginning of year	Elia oi y	ear
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	93,610.	183,909.	183,909.
1	2	Savings and temporary cash investments	391.	215.	215.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	0.	5,400.	6,433.
	С	Investments - corporate bonds			
	11	Investments - land, buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
				100 504	400 555
	16	Total assets (to be completed by all filers)	94,001.	189,524.	190,557.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue	44 022		
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons	44,832.		
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	44,832.	0.	
	23	Foundations that follow SFAS 117, check here	33,032.	- 0.	
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
arc	25	Temporarily restricted			
Fund Balanc	26	Permanently restricted			
멀		Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31.			
, or	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	100.	100.	
As	29	Retained earnings, accumulated income, endowment, or other funds	49,069.	189,424.	
Net Assets	30	Total net assets or fund balances	49,169.	189,524.	
_	31	Total liabilities and net assets/fund balances	94,001.	189,524.	
Р	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	49,169.
2	•	r amount from Part I, line 27a		2	140,355.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	189,524.
5	Decr	eases not included in line 2 (itemize)		5	0.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	1990-PF (2010) THE KHALED HOSSEINI FOUNDATION		4199			Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see II	ıstru	CTIOI	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		ŀ			_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	1	ļ			<u>5.</u>
	of Part I, line 27b		1			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	_3				5.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				5.
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	: Tax paid with application for extension of time to file (Form 8868)	_				
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				5.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation ► \$ 0. (2) On foundation managers. ► \$ 0.	,				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		x
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	Ŋ	1/A	4b		
	We will be a second of the sec			5		X
	If "Yes," attach the statement required by General Instruction T					
6						
	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	e law				
	remain in the governing instrument?			6	X	
7				7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV					
82	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
٠.	CA					
ł	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	X	
9		endar				
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10		STM?	r 8 1	10	X	

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be R	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s 🗶 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section		1	Ì	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f	or			
the prevention of cruelty to children or animals?	•		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	·		▶□□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned			
expenditure responsibility for the grant?		/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494		,		1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	Ent Erannanna an	☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal benefit contract?			6ь	x
If "Yes" to 6b. file Form 8870	por Sorial Borronic Gornicaet		<u> </u>		
7a At any time during the tax year, was the foundation a party to a prohibited tax:	shelter transaction?	[Ve	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Information About Officers Directors Trust		nagers Highly			
Part VIII Paid Employees, and Contractors	icco, i oundation ma	ilagoro, riigiii			
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		ount, other lowances
KHALED HOSSEINI	PRESIDENT	Citter o j	Compensation		- Ciranoco
4848 SAN FELIPE ROAD #150-221					
SAN JOSE, CA 95135	0.00	0.	0.		0.
ROYA HOSSEINI	CHIEF FINANCI			-	
4848 SAN FELIPE ROAD #150-221		TID OTTICE			
SAN JOSE, CA 95135	4.00	0.	0.		0.
SANDRA HOSSEINI	EXECUTIVE DIR		- 0.		
4848 SAN FELIPE ROAD #150-221	Thrucolly Din	Leion			
SAN JOSE, CA 95135	12.00	14,933.	0.		0.
SAN UUSE, CA 93133	12.00	14,555.			<u> </u>
	_				
	-			1	
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."	l	1	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense ount, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	400	ount, other lowances
NONE	dovoted to position		Compensation	<u> </u>	1011411000
NONE	1				
	1				
				1	
	1				
				-	_
	-				
	 				
	1				
Total number of other amplayees paid over \$50,000		L		.1	0
Total number of other employees paid over \$50,000					U

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Part VIII Information About Officers, Directors, Trustees, Foundation Mar Paid Employees, and Contractors (continued)	agers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	pensation
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 informat number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the	Expense	s
1 <u>N/A</u>			
			0.
2			
3			
4			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount	
1 N/A		Amount	
N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	>		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	138,949.
	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	138,949.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	138,949.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,084.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	136,865.
6	Minimum investment return Enter 5% of line 5	6	6,843.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	6,843.
2a	Tax on investment income for 2010 from Part VI, line 5		· ·
b	Income tax for 2010. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	5.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,838.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,838.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,838.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	238,801.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	_3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	238,801.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	238,801.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI, line 7				6,838.
2 Undistributed income if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2010.				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009 175, 208.				
f Total of lines 3a through e	175,208.			
4 Qualifying distributions for 2010 from				·
Part XII, line 4: ►\$ 238,801.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				6,838.
e Remaining amount distributed out of corpus	231,963.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below				
	407,171.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	407,171.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a	407,171.			
10 Analysis of line 9	İ			
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				,
d Excess from 2009 175, 208.				
e Excess from 2010 231,963.				

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Part XIV Private Operating Fo	oundations (see ins	tructions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of the	he ruling	▶ ∟_		
b Check box to indicate whether the found	ation is a private operatin	g foundation described		4942(j)(3) or49	42(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					
b 85% of line 2a		. <u>.</u>	<u> </u>		
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 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter			ļ		
(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 Info			if the foundati	on had \$5,000 or mo	ore in assets
information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed minus) NONE	have contributed more		tributions received by	the foundation before the clos	se of any tax
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large p	ortion of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contributi Check here ► if the foundation o the foundation makes gifts, grants, etc. (nly makes contributions t	to preselected charitable	organizations and do	es not accept unsolicited requ	
a The name, address, and telephone number				., 03p.0.0 itoliio 24, 0, 0, 0 aliu	·
THE KHALED HOSSEINI 4848 SAN FELIPE ROAD	FOUNDATION	ATTN: OMID	GRANT, 40	8-904-7175	
b The form in which applications should b SEE WWW.KHALEDHOSSEI	e submitted and informat	tion and materials they s	hould include:	PDF APPLICAT	ION FORMS.
c Any submission deadlines: 1/1, 4/1, 7/1, 10/1					
d Any restrictions or limitations on awards GRANTEE MUST BE A 50			, kınds of institutions,	or other factors:	

	SSEINI FOUNDAT	LION	26-419	9874 Page 1
Part XV Supplementary Information	·			
3 Grants and Contributions Paid During the You	ear or Approved for Future If recipient is an individual,	Payment		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or Substantial Contributor	Toolplont		
AFGHAN FRIENDS NETWORK PO BOX 170368 SAN FRANCISCO, CA 94117	NONE	NONPROFIT UNDER 501(C)(3)	TO SUPPORT THE KHURASAN LEARNING CENTER FOR GIRLS	15,925
RAZIA'S RAY OF HOPE FOUNDATION PO BOX 81052 WELLESLEY, MA 02481	NONE	UNDER	TO SUPPORT WOMEN AND CHILDREN'S EDUCATION PROGRAMS	45,000
UNIVERSITY OF CALIFORNIA, BERKELEY 2080 ADDISON STREET BERKELEY, CA 94720-4200	NONE	L	TTO FUND SCHOLARSHIPS TO THE UNIVERSITY OF CALIFORNIA	10,000
USA FOR UNHCR (UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES) - 1775 K STREET, NW, SUITE 290	NONE	NONPROFIT UNDER 501(C)(3)	TO SUPPORT UNHCR'S WORK IN AFGHANISTAN	122,875
TRUST IN EDUCATION PO BOX 936 LAFAYETTE, CA 94549	NONE	NONPROFIT UNDER 501(C)(3)	TO SUPPORT TRUST IN EDUCATION WORK WITH VILLAGES IN AFGHANISTAN	45,001
Total b Approved for future payment	<u> </u>	1	▶ 3a	238,801
• , др. •				
NONE				
Total			▶ 3b	0
				000 DE

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512 513 or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		·			
3 Interest on savings and temporary cash					
investments					1.
4 Dividends and interest from securities					227.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a PROCEEDS FROM SPEAKING					
b ENGAGEMENTS		227,775.			
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		227,775.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	228,003.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contri	outed importantly to the accor	nnlishment of
the foundation's exempt purposes (other than t	•	` '	00,,,,,	outed importantly to the decer	inplication of
KHALED IS ASKED TO SPEA	K AT M	ANY VENUES E	ACH	YEAR REGARDI	NG HIS
CRITICALLY ACCLAIMED NO					
PERSPECTIVE ON AFGHANIS					
COUNTRY. DURING HIS LEC				•	
WITH HIS FOUNDATION, HI					
AND THE NEEDS OF WOMEN,	CHILD	REN AND RETU	RNE	ES IN AFGHANI	STAN. AS IS
HIS NATURE, HE DOES NOT	SOLIC	IT FOR DONAT	ION	S, RATHER HE	DIRECTS
PEOPLE TO HIS FOUNDATION	N'S WE	BSITE AND DI	SCU	SSES THE WORK	HE IS DOING
IN THE CONTEXT OF HOW C	THERS	CAN GET INVO	LVE	D AND HELP. H	E INSPIRES
THOSE WHO LISTEN TO HIM	AT OT 1	KE ACTION, H	OWE	VER THEY CHOO	SE TO DO SO
IS COMPLETELY UP TO THE	EM			<u>.</u>	
		<u> </u>			

Part X		HALLU HUSSEINI		nd Relationships With Nonchar			ge 13
raitA	Exempt Organ	-	and transactions an	io nelationships with Nonchar	itable	,	
1 Did t	he organization directly or indir	rectly engage in any of the followir	ng with any other organization	described in section 501(c) of		Yes	No
the C	ode (other than section 501(c))(3) organizations) or in section 52	27, relating to political organiz	ations?			
a Trans	sfers from the reporting founda	ation to a noncharitable exempt or	ganization of:				
(1)	Cash				1a(1)		X
(2)	Other assets				1a(2)		X
b Othe	r transactions:						
(1)	Sales of assets to a noncharital	ble exempt organization			1b(1)		\mathbf{X}_{-}
(2)	Purchases of assets from a no	ncharitable exempt organization			1b(2)		X
(3)	Rental of facilities, equipment,	or other assets			1b(3)		_X
(4)	Reimbursement arrangements				1b(4)		X
(5)	Loans or loan guarantees				15(5)		<u>X</u>
(6)	Performance of services or me	mbership or fundraising solicitation	ons		1b(6)		X
c Shar	ing of facilities, equipment, ma	uling lists, other assets, or paid em	ployees		1c		<u>X</u>
	<u>-</u>			ays show the fair market value of the goods, o		ets,	
				in any transaction or sharing arrangement, st	now in		
	, ` ` · · · · · · · · · · · · · · · · · 	other assets, or services received.		T			
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers transactions, and s	haring arr	angeme	nts
		N/A					
							
_							
			-				
	<u> </u>			-			
	-						
	ļ						
0 - 10 46	- formed above diversity or reduces	the officer of court or related to one		hand decembed			
		tly affiliated with, or related to, one		ations described	7 v	T	No
		r than section 501(c)(3)) or in sec	31011 5217	L	Yes	LA3.	סמו ר
<u> D 11 </u>	es," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relationsh	ıın		
	N/A	guinzation	(b) Type of organization	(b) Bosonphon of rolations	···P		
	_ N/A						
	<u> </u>			····			
	 .			· · · · · · · · · · · · · · · · · · ·			
	Under penalties of perjury, I declare	e that I have examined this return, include	ling accompanying schedules and	statements and to the best of my knowledge and beli	ef it is tru	ie corre	ct,
Sign		er (Ober than taxpayer or fiduciary) is b					
Here	Marler	AÀ)	111141	3011 ► CHIEF FINANCIA	ΔT. Ω	ਸ ਬਬ	CER
	Signature of officer or tru	ustee	Date	Title	<u> </u>	<u> </u>	CLIC
_	Print/Type preparer's na		A / /	Date / Check if PTIN			
	PETRINOVIC	//		11/12/ self- employed			_
Paid	COMPANY	,	HOW!		207	40	753
Prepa		RINOVICH PUCH &	COMPANY, LLE				
Use O				94 – 166	87	92	
•		3 WEST SANTA CI	ARA ST., #830)		•	
		N JOSE, CA 9511		Phone no (408)	28	7-7	911
							

(408) 287-7911 Form **990-PF** (2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number Name of the organization 26-4199874 THE KHALED HOSSEINI FOUNDATION Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc. purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE KHALED HOSSEINI FOUNDATION

26-4199874

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL BEALMEAR 65 INVERRARY LANE ALAMO, CA 94507	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	KHALED AND ROYA HOSSEINI 4848 SAN FELIPE ROAD #150-221 SAN JOSE, CA 95135	\$108,475.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MID SHORE COMMMUNITY FOUNDATION 102 DOVER STREET EASTON, MD 21601	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	BRANDENBURG FAMILY FOUNDATION 1122 WILLOW STREET #200 SAN JOSE, CA 95125	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	PEARSON FOUNDATION P.O BOX 3003 LIVONIA, MI 48150	\$6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	ELAINE KOSTER 55 CENTRAL PARK WEST, SUITE #6 NEW YORK, NY 10023	\$5,400.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)

Name of organization

THE KHALED HOSSEINI FOUNDATION

26-4199874

Part II Nor	ncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6 _	SHS OF PROCTOR & GAMBLE STOCK		<u> </u>
		s6, <u>433.</u>	01/01/10
(a) No. rom rart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 12-23-10		Schedule B (Form 99	0 990-F7 or 990-PF

Page of of Part III

Name of organization

Employer identification number

HE KH	HALED HOSSEINI FOUNDATION	ON		26-4199874				
Part III	Exclusively religious, charitable, etc., incomore than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year (Enter this info	dividual contributions to section columns (a) through (e) and the us, charitable, etc., contributions	e following line entry. For a s of	organizations aggregating organizations completing				
a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desi	(d) Description of how gift is held				
		-						
_								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's name, address, an	d ZIP + 4	Trolationship of transferor to transferee					
		i	· · · · · · · · · · · · · · · · · · ·					
a) No.								
from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
Part I								
								
	(e) Transfer of gift							
			_					
-	Transferee's name, address, an	<u>id ZIP + 4</u>	Relationship of transferor to transferee					
ļ								
1								
a) Nia								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I	(,,							
}		*****		- 4				
				···				
			 					
-								
	(e) Transfer of gift							
			Relationship of transferor to transferee					
-	Transferee's name, address, an	id ZIP + 4	Helationship of tra	ansteror to transferee				
l			·					
Ì								
a) No.		<u></u>						
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
				_				
	(e) Transfer of gift							
L	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
i								

FORM 990-PF INTEREST ON SAVID	IGS AND TE	MPORARY CA	SH]	INVESTMENTS	STATEMENT	1
SOURCE					TUUOMA	
WELLS FARGO SAVINGS						1.
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	COLUMN A		-		1.
FORM 990-PF DIVIDENDS	S AND INTE	EREST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROS	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
WELLS FARGO INVESTMENTS		227.		0.	2	27.
TOTAL TO FM 990-PF, PART I, LI	N 4	227.		0.	2	27.
FORM 990-PF	OTHER	INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		
PROCEEDS FROM SPEAKING ENGAGEMENTS		227,	775.	0	•	
TOTAL TO FORM 990-PF, PART I, LINE		227,	227,775.		•	
FORM 990-PF O	THER PROFI	ESSIONAL FI	EES		STATEMENT	4
DESCRIPTION	-	(B) NET INV S MENT IN		(C) ADJUSTED NET INCOM		
PROFESSIONAL FEES	1,33	0.	0	•		0.
TO FORM 990-PF, PG 1, LN 16C		0.	0	•		0.

FORM 990-PF	TAXES			STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM) TABLE OSES	
PAYROLL TAXES	2,335.		0.			0.	
TO FORM 990-PF, PG 1, LN 18	2,335.		0.			0.	
FORM 990-PF	OTHER E	XPENSES			STATEMEN	т 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM) TABLE OSES	
BANK SERVICE CHARGES POSTAGE LICENSES AND PERMITS OTHER EXPENSES CONSULTING MARKETING SOS PROGRAM EXPENSES	91. 1,384. 38. 250. 3,668. 7,717. 5,920.		0. 0. 0. 0.			0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	19,068.		0.			0.	
FORM 990-PF	CORPORAT	E STOCK			STATEMEN	T 7	
DESCRIPTION			вос	OK VALUE	FAIR MAR VALUE		
PROCTOR & GAMBLE - 100SHS				5,400.			
TOTAL TO FORM 990-PF, PART II, LINE 10B				5,400.	6	,433.	

STATEMENT FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS MID SHORE COMMUNITY FOUNDATION 102 EAST DOVER STREET EASTON, MD 21601 1122 WILLOW STREET, #200 BRANDENBURG FAMILY FOUNDATION SAN JOSE, CA 95125 P.O BOX 3003 PEARSON FOUNDATION LIVONIA, MI 48150 55 CENTRAL PARK WEST, SUITE #6 ELAINE KOSTER

NEW YORK , NY 10023

Form 886	68 (Rev 1·2011)					Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	x	•	X		
Note. Or	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8	3868			
If you	are filing for an Automatic 3-Month Extension, comple							
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	pies n	eeded)			
Type or	Name of exempt organization				oyer identification	number		
print		_	.					
File by the	THE KHALED HOSSEINI FOUNDAT:	2	<u>6-4199874 </u>					
extended Number, street, and room or suite no if a P.O. box, see instructions								
due date for filing your	TOTO DIEN I DELLE ROLD WISO 25		 = _ = _ = = = = = = = = = 	-	_			
return See instructions	City, town or post office, state, and ZIP code For a fo	oreign add	Iress, see instructions					
	SAN JOSE, CA 95135	-						
	Datum and for the return that the application is far (file		to application for each return)			0 4		
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Applicat	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 996	0	01						
Form 99		02	Form 1041-A			08		
Form 99		03	Form 4720		09			
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		11			
	Form 990-T (trust other than above) 06 Form 8870					12		
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	sly file	d Form 8868.			
	SANDRA HOSSEIN	I						
• The b	ooks are in the care of ARAB SAN FELIP	E ROA	<u>D #150-221 - SAN JOS</u>	E,	CA 95135			
Telep	hone No ▶ <u>408-904-7175</u>		FAX No 🕨					
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		•			
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	s is for	the whole group, c	heck this		
box 🕨	If it is for part of the group, check this box		ach a list with the names and EINs of all	memb	ers the extension is	for		
	· ·	NOVEM:	BER 15, 2011					
	or calendar year 2010 , or other tax year beginning $_$, and ending					
6 If t	the tax year entered in line 5 is for less than 12 months, o	check reas	on Initial return	Final r	eturn			
_ L	Change in accounting period							
	ate in detail why you need the extension	E E	CAMUED MAMEDIAL THE	DMA	MION IN OF	DED		
	AXPAYER NEEDS ADDITIONAL TIM		GATHER MATERIAL INFO	KMA	TION IN OR	DER		
17	O FILE AN ACCURATE AND COMPLI	ere r	NCOME TAX RETURN.					
8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	enter the tentative tax less any		•			
	enrefundable credits. See instructions	01 0003, 6	the the tentative tax, less any	8a	\$	0.		
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Oa	9			
	x payments made Include any prior year overpayment al	-						
	reviously with Form 8868	iiovvca as a	a create and any amount paid	8b	\$	0.		
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using					. •			
	TPS (Electronic Federal Tax Payment System) See instr	•		8c	\$	0.		
_			nd Verification					
	nalties of perjury, I declare that I have examined this form, includ		panying schedules and statements, and to the	best o	f my knowledge and b	elief,		
ıt ıs true,	correct, and complete, and that I am authorized to prepare this fo	orm						
Signature	Title ▶ (CPA		Date	•			

Form **8868** (Rev 1-2011)