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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

OMB No 1545-0052

2010

Fo	For calendar year 2010, or tax year beginning				010	, an	id end	ding		12/31/2	010				
G	Che	ck all that apply	X Initial return	Initial	return of a	forr	ner pi	ublic chai	rity			Final re	turn		
			Amended return		dress chan		•		-	change	, –				
Na	me of	foundation							_			ification nu	ımber		
Hv	mow	itz Family Foundation								27-4267865					
			if mail is not delivered to street	address) Room/suite			om/suite	В	B Telephone number (see page 10 of the instruction:						
clo	Fou	ndation Source, 501 Silv	erside Road	•	123 (800) 839-				-1754						
		wn, state, and ZIP code	reiside ittoad		 -			120	C If exemption application is pending, che				ock here	► X	
\A/ii	Wilmington						19800	-1377	1	-			_	.ck nere	
_	H Check type of organization X Section 501(c)(3) ex				vate found			-1011	D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test,					5% test	- Ш
Ë	Sec	tion 4947(a)(1) nonexer	npt charitable trust	Other ta	xable priva	ite f	founda	ation		check	here an	d attach co	mputation		ightharpoons
一	Fair	market value of all asse	ts at end J Accounting	method	X C	aeh		Accrual	E			ion status w 7(b)(1)(A), c			
•		ear (from Part II, col (c),	Other (s	specify)				Accidai	F			is in a 60-m			
		16) ▶ \$	100,000 (Part I, column	(d) must	be on cash i	ası.	s)		ľ			7(b)(1)(B), d			▶ 🔲
Pa	rt I	Analysis of Revenue	and Expenses (The total o		Revenue and									sburseme	
		amounts in columns (b), (c),	and (d) may not necessanly equa		penses per		(b)	Net investm income	ent	(4	Adjus) (: incoi			chantable urposes	t
		the amounts in column (a) (se	ee page 11 of the instructions))		books			moonic				,,,,	(cash	basis onl	ly)
	1	Contributions, gifts, grants, e	tc , received (attach schedule)		100,0	00	∜″,	٠ <u>٠</u> ٧	~	%	ĝ	the same	100 m	,386.	- 1
	2	Check ▶☐ If the foundatio	n is not required to attach Sch E	3	5 1/2 1884	2	,**	- 460	*		Y, W	**************************************	% %.	32	1
	3	Interest on savings and te	emporary cash investments			_					_				
	4	Dividends and interest fro	om securities			_							;		į
	5 :	Gross rents		- 200	- A	/ 2000	10 0						***		<u> </u>
<u>a</u>		b Net rental income or (loss		in the	· · · · · · · · · · · · · · · · · · ·		₩.1 *:	Ť.		1 1/2	- ;	<u> </u>	173.78		
Ĭ	l .	Net gain or (loss) from sa		.*85.	× @ 1 2	_	Andrea College	: <u>(i)</u>		- 1-00b		×3	,		
Revenue		Gross sales price for all asse			- <u>``@(`\</u>			, \$* % _{. (}	12	0 1 3			100		
Ř	8	Capital gain net income (Net sho d term capital gai	•		· 4	-],	7.A.J.	**		U 17 *	/%	*	138.7	· ķ.	
	9				- 43		*	788					*		
	_	Income modifications of the large security o	allowances	\$ 100 m	i i		<u> </u>		a s		3 1 3	in a		***.	
		b Less Cost of goods sold		1,200			2 3	'''		- A		12.W	88		
		Gross profit or (655) (att			71 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Ť	}	······································				<u> </u>		***** · · · · · · · · · · · · · · · · ·	
	11	Other income (attach sch				T							(J)	*2	
	12	Total. Add lines 1-through	10.11		100,0	00				0			(,2'	* 3.	i
S	13	Compensation of officers					•								
ße	14	Other employee salaries													
oe.	15	Pension plans, employee				_									
Expenses		Legal fees (attach schedu				_							ļ		
		Accounting fees (attach s	•			4									
ative		Other professional fees (attach schedule)			+									
	18	Interest Taxes (attach schedule) (see	nage 14 of the instructions	-						+			-		—
Ë	19	Depreciation (attach sche	· -	-		+				-					
Operating and Administr	20	Occupancy	and depiction			\dashv				+					
ĕ	21	Travel, conferences, and	meetings			寸			_						
Pu	22	Printing and publications	v		· · · · · · · · · · · · · · · · · · ·	\neg									
	23	Other expenses (attach s	chedute)												
Ë	24	Total operating and adm	ninistrative expenses.												
ī		Add lines 13 through 23				0				0					0
þe	25	Contributions, gifts, grant	•			\bot									
_	26	Total expenses and disburse	ements Add lines 24 and 25			0				0					
	27	Subtract line 26 from line	· -			\Box									
	_	Excess of revenue over expe			100,0	00									
		Net investment income		ļ		4				0					
	_ (Adjusted net income (if	negative, enter -0-)												Ī

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

Form **990-PF** (2010)

$\overline{}$		Release Sheets Attached schedules and amounts in the description column	Beginning of year		of year	уеаг		
		Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Val	ue	(c) Fair Ma	rket Value	
	1	Cash—non-interest-bearing						
	2	Savings and temporary cash investments		100	0,000		100,000	
	3	Accounts receivable	-∛			變	Sits.	
		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 page 15 of the						
	l _	instructions)	18.	alt?		- A	· 3 1	
	7	Other notes and loans receivable (attach schedule)				77		
Assets	١ ـ	Less allowance for doubtful accounts		 		 		
SS	8	Inventories for sale or use		 		 		
As	9	Prepaid expenses and deferred charges				 		
	I .	a Investments—U.S. and state government obligations (attach schedule)		ļ		 		
		b Investments—corporate stock (attach schedule)						
		c Investments—corporate bonds (attach schedule)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		060		~ @	
	11	Investments—land, buildings, and equipment basis	23.				<u>[</u>]	
	۱	Less accumulated depreciation (attach schedule)						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)		\$,			i	
	14	Land, buildings, and equipment basis			:			
		Less accumulated depreciation (attach schedule)				 		
	15	Other assets (describe)				 		
	16	Total assets (to be completed by all filers—see the		100	000		100.000	
_	17	instructions Also, see page 1, item I)	0	100	0,000		100,000	
	1	Accounts payable and accrued expenses				4 . 1		
es	18	Grants payable					3,1	
≝	19	Deferred revenue		<u> </u>		1	Í	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		!		1		
<u>:</u> "	21 22	Mortgages and other notes payable (attach schedule)				1962	9 , 3.	
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0			1 71	*	
	125	<u> </u>				# [*]		
u)		Foundations that follow SFAS 117, check here				Ny v	/ Ĵ.	
Balances	24	and complete lines 24 through 26 and lines 30 and 31.				. , , ,	ž ,	
핕	24	Unrestricted				*** **	ξ,	
Bal	25 26	Temporarily restricted Permanently restricted					, , , , , , , , , , , , , , , , , , ,	
_	20	Foundations that do not follow SFAS 117, check here		İ			*** #	
جَ	İ	and complete lines 27 through 31.					<u> </u>	
Net Assets or Fund	27	Capital stock, trust principal, or current funds				المسلم المسلم		
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund						
šet	29	Retained earnings, accumulated income, endowment, or other funds	0	100	0,000	, , , , ,	4n	
Ś	30	Total net assets or fund balances (see page 17 of the	· · · · · · · · · · · · · · · · · · ·		7,000	, . ·		
jt (instructions)	l o	100	000,0	4.5	Á	
ž	31	Total liabilities and net assets/fund balances (see page 17				1		
_		of the instructions)	0	100	0,000	1	ļ	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances					·	
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with					
	end-o	of-year figure reported on prior year's return)	-		1		0	
2	Enter	amount from Part I, line 27a			2		100,000	
3	Other	increases not included in line 2 (itemize)		3				
4	Add I	ines 1, 2, and 3			4		100,000	
		eases not included in line 2 (itemize)			5			
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, c	olumn (b), line 30		6		100 000	

	kınd(s) of property sold (e.g., real es		(b) How acquire	d (c)	Date acquired	(d) Date sold	
	e, or common stock, 200 shs MLC (P—Purchase D—Donation		mo , day, yr)	(mo , day, yr)		
1a	·		B Bonation				
b							
C							
<u>d</u>							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		Cost or other basis s expense of sale			n or (loss) f) minus (g)	
<u>a</u>							
b						<u> </u>	
d							
e							
	ing gain in column (h) and owne	d by the four	ndation on 12/31/69		(I) Gains (Col	(h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess of col (i)		col (k), but not	less than -0-) or	
a	-	4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	_				
b							
С							
d							
е		<u> </u>					
2 Capital gain net income or (n Part I, line 7 n Part I, line 7	}			
3 Net short-term capital gain of							
_	ine 8, column (c) (see pages	: 13 and 17	of the	}			
instructions) If (loss), enter				J 3	L		
Part V Qualification Und							
(For optional use by domestic p	rivate foundations subject to	the section	n 4940(a) tax on ne	t invest	ment income)		
If section 4940(d)(2) applies, lea	ave this part blank				N/A - 1ST Y	'EAR	
Was the foundation liable for the	e section 4942 tax on the dis	stributable a	mount of any year	in the h	ase period?	☐ Yes ☐ No	
If "Yes," the foundation does no				(acc poince		
	unt in each column for each			uctions	before making	any entries	
(a)	(b)	754., 555 p	(c)			(d)	
Base penod years Calendar year (or tax year beginning in	Adjusted qualifying distribution	ons Net v	/alue of nonchantable-us	e assets	i	nbution ratio	
2009	<u>" </u>				(201 (1))	0 000000 0 (c)	
2008						0 000000	
2007						0 000000	
2006						0 000000	
2005		,				0 000000	
					} _		
2 Total of line 1, column (d)	adha E wasahasa wasad . d.		-1 1 0 1- 5	L	2	0 000000	
3 Average distribution ratio for the number of years the four				ру	3	0 000000	
and manned or yours are rea	industrial seem in existent	20 11 1000 till	an o years		<u> </u>	0 000000	
4 Enter the net value of nonch	naritable-use assets for 2010	from Part	X, line 5		4	0	
5 Multiply line 4 by line 3				-	-5	0	
6 Enter 1% of net investment	income (1% of Part I, line 27	b)			6		
7 Add lines 5 and 6			7	0			
8 Enter qualifying distributions					8	0	
If line 8 is equal to or greate the Part VI instructions on p	r than line 7, check the box i	n Part VI, lı	ne 1b, and comple	te that p	art using a 1%	6 tax rate See	

Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of t	ne inst	ructi	ons)						
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1								
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0							
	here ▶ ☐ and enter 1% of Part I, line 27b	eku.	`}`							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	3. 3. 1								
	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-)		0	<u> </u>						
3	Add lines 1 and 2		0	ļ						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)									
5	102 0									
6	Credits/Payments									
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0	Keine	1238 -	3						
b	Exempt foreign organizations—tax withheld at source			Ş., .						
	Tax paid with application for extension of time to file (Form 8868)	Or Wall	ાહેં જ	*						
	Backup withholding erroneously withheld 6d	ثشاشت	يتثع							
7	Total credits and payments Add lines 6a through 6d		0	-						
8	Enter any penalty for underpayment of estimated tax. Check here		0	-						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	-						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0	_						
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ■ 0 Refunded ■ 11		0							
	rt VII-A Statements Regarding Activities		1	T						
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	X. W.	Yes	No						
	participate or intervene in any political campaign?	1a	<u> </u>	X						
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	1								
	instructions for definition)?	1b	. Problem See	X ,						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		v.							
_	published or distributed by the foundation in connection with the activities		i							
	Did the foundation file Form 1120-POL for this year?	1c	7 6663**	X						
ū	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			K X						
	(1) On the foundation \$ (2) On foundation managers \$ \$	B.C.	3	1						
•	enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers			18						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	W. 33	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		2.3							
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1930 - Se	X						
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X						
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	<u> </u>						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х						
	If "Yes," attach the statement required by General Instruction T			7 .						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	12								
	By language in the governing instrument, or	13	1	3.2.						
	By state legislation that effectively amends the governing instrument so that no mandatory directions		137	数						
	that conflict with the state law remain in the governing instrument?	6	X							
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X							
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1							
	instructions) ▶ DE									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	A PAGE		المنافقة المنافقا المنافقا المنافقا المنافقا المنافقا المنافقا المنافقا الم						
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>						
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			<u>** '</u>						
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?	9	1	×						
10	If "Yes," complete Part XIV									
10	Old any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing									
_	their names and addresses	10	L X	Щ.						

COIIII	1990-PF (2010) Hymowitz Family Foundation 27-428	3/865	Р	age 🧿
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address			
14	The books are in care of ► Foundation Source Telephone no ►	(800)) 839	1754
	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-1377	7 		
15	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			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u></u>	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter	* ;		7.33
Do	the name of the foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	,	,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	133 4	Yes	No
1a	During the year did the foundation (either directly or indirectly)	1,,,		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	١,,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1		
		ar.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	,		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	· .		. /
	for the benefit or use of a disqualified person)?		ŀ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		Ú.	` ^ 3
	if the foundation agreed to make a grant to or to employ the official for a period	4 - "	***	7.4
L	after termination of government service, if terminating within 90 days)	.,		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	3		<u>}</u>
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			-150
·	that were not corrected before the first day of the tax year beginning in 2010?	1c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	16		^
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	.103m		
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d	1 1 2		
	and 6e, Part XIII) for tax year(s) beginning before 2010?	6 77	* ' , *	**
	If "Yes," list the years 20, 20, 20	ļ	`,	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		3 5	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	٤, ٩		1
	20 20 20 20	```\}_	`,'	i
3a	Did the foundation hold more than a 2% direct or indirect interest in any business) Š		
_	enterprise at any time during the year? Yes X No	-		ļ
Ŋ	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation		"	1
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings provided by city as however, as (2)]		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			ł
	If the foundation had excess business holdings in 2010)			
la	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	N/A	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable	4a		X
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?			Ţ
	The state of the s	_4b_		Х

For	1990-PF (2010) Hymowitz Family Foundation	n						27-426	7865		Page 6
Pa	rt VII-B Statements Regarding Activ		for Which For	n 4	720 May Be R	equired (continued)				
	During the year did the foundation pay or incur a								ν.	7	
	(1) Carry on propaganda, or otherwise attemp	t to inf	luence legislation	(sec	tion 4945(e))?		Yes	X No	5 7 3	-%.	ì
	(2) Influence the outcome of any specific publ	c elec	tion (see section 4	955)), or to carry		_		. `	•	1
	on, directly or indirectly, any voter registrate	on dri	ve [?]				Yes	X No	Ι'		
	(3) Provide a grant to an individual for travel,	tudv.	or other similar pui	rpos	es?		Yes	X No			
	(4) Provide a grant to an organization other th	-		•				٠··- ب	ľ		
	in section 509(a)(1), (2), or (3), or section						Yes	X No			
	(5) Provide for any purpose other than religiou	s, cha	ritable, scientific, li	ıtera	rv. or			٠.٠٠			1.
	educational purposes, or for the prevention of cruelty to children or animals?									3	
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in								l		1 :
	Regulations section 53 4945 or in a current notice								5b	N/A	· ·
	Organizations relying on a current notice regard	ng dis	aster assistance cl	heck	here		_ ´ ▶	\Box			1
С	If the answer is "Yes" to question 5a(4), does the	-							1		
	tax because it maintained expenditure responsit						Yes	□No	,	. {	
	If "Yes," attach the statement required by Regula	tions	section 53 4945–5	(d)			—		ľ	*	,
6a	Did the foundation, during the year, receive any	iunds,	directly or indirect	ly, to	pay						1 :
	premiums on a personal benefit contract?		•	•			Yes	X No			1
b	Did the foundation, during the year, pay premiun	is, dire	ectly or indirectly, o	on a	personal benefit of	contract?		_	6b		Х
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, was the foundati	on a p	arty to a prohibited	d tax	shelter transaction	on?	Yes	X No		ŝ	
b	If "Yes," did the foundation receive any proceeds	or ha	ve any net income	attr	ibutable to the tra	nsaction?		_	7b	N/A	T
P	art VIII Information About Officer	s, Dii	rectors, Truste	ees	, Foundation	Manager	s, Highly F	aid Em	ploy	ees,	
	and Contractors										
_1	List all officers, directors, trustees, foun	datio	n managers and			ion (see p	age 22 of th	ne instru	ction	s).	
	(a) Name and address	(b	Title, and average hours per week		c) Compensation f not paid, enter		ntributions to e benefit plans	(e)	Expen	se acc	ount,
		_ 0	evoted to position	<u>L"</u>	-0-)		ed compensation	on_ C	other al	lowanc	es
SE	ATTACHMENT	.									
		.									
		+		-							
		.									
—		+		⊢							
								-			
2	Compensation of five highest-paid empl		(other than the	L	included on lie	20.1 000		the inet			
-	If none, enter "NONE."	yees	o (Other than the	USE	incidaea on in	ie i—see	page 23 or	me insu	ructio	ms).	
_			T.,			(d)	Contributions to				
(a	Name and address of each employee paid more than \$5	0.000	(b) Title, and avera hours per week	- 1	(c) Compensation	en	ployee benefit	(e)	Expen		
•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	devoted to position		(0) 00	l pia	ns and deferred compensation	٩	other all	owanc	es
NO	NE .						ompensation				
						<u> </u>		1			
						- 1					
							-				
			<u>L</u>					_			
					<u> </u>						
_			L								
Tot	al number of other employees paid over \$50	.000						▶ _			

Form 990-PF (2010) Hymowitz Family Foundation		27-4267865 Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pai	d Employees,
3 Five highest-paid independent contractors for professional services (see	e page 23 of the instructions). If none, enter	r "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Type of contract	(c) components
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficianes served, conferences convened, research		Expenses
1		
2		
		_
3		
4		
Part IX-B Summary of Program-Related Investments (see	nage 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax ye		Amount
4		Amount
1		
••••••		
2	· 	
All other program-related investments See page 24 of the instructions		
3		
		_
Total Add Inno 1 through 2		0
Total. Add lines 1 through 3	<u>P</u>	0

0 Form **990-PF** (2010)

qualifies for the section 4940(e) reduction of tax in those years

Form 9	990-PF (2010) Hymowitz Family Foundation			27-426	7865 Page 9
Part	XIII Undistributed Income (see page 26 of	the instructions)			
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
	line 7				121
2	Undistributed income, if any, as of the end of 2010				
a	Enter amount for 2009 only				
_	Total for pnor years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2010	130	ĺ	~5	^* ,
a	From 2005 0	**			4
b	From 2006 0	4			
C	From 2007 0				
d	From 2008 0	1			
e	From 2009 0	ļ			
t	Total of lines 3a through e	0			
4	Qualifying distributions for 2010 from Part	96 to	4	, ' •	
_	XII, line 4 \$ 0	,	1	0	
	Applied to 2009, but not more than line 2a Applied to undistributed income of prior years			<u></u>	*
b	(Election required—see page 26 of the instructions)		ام		
С	Treated as distributions out of corpus (Election				
·	required—see page 26 of the instructions)			4,3-	
d	Applied to 2010 distributable amount	7.3		1,5%	·
	Remaining amount distributed out of corpus	0	/ / / / / / / / / / / / / / / / / / / /	. ¥4.60	
5	Excess distributions carryover applied to 2010	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:	3 1 ~	4 2 2	4	å.
_			· (87.4	A A STATE OF THE S	* ***********************************
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2.50.25	a#3%. ·		
b	Prior years' undistributed income Subtract			* 🖏	
_	line 4b from line 2b		0	<u> </u>	
С	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				Ž.,
ч	Subtract line 6c from line 6b Taxable	l		# WA #	# * * * * * * * * * * * * * * * * * * *
u	amount—see page 27 of the instructions		ا	· \$ (\$)	
е	Undistributed income for 2009 Subtract line	<u> </u>			
·	4a from line 2a Taxable amount—see page 27 of the				;
	instructions			o	
f	Undistributed income for 2010 Subtract				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2011	% a, <i>ii</i>	*		121
7	Amounts treated as distributions out of	W. S. 700			14!
-	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)				
8	Excess distributions carryover from 2005				
	not applied on line 5 or line 7 (see page 27 of the				
	instructions)	o			
9	Excess distributions carryover to 2011.	<u>_</u>			
-	Subtract lines 7 and 8 from line 6a	0	1		
10	Analysis of line 9	U			· · · · · · · · · · · · · · · · · · ·
-	Excess from 2006				
_	Excess from 2007				
	Excess from 2008				
_	Excess from 2009				
	Excess from 2010				

	1990-PF (2010) Hymowitz Family Foundation 1 XIV Private Operating Foundations (S		e instructions ar	nd Part VII-A, qu	27-426 estion 9)	7865 Page 10
	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, ent	ation letter that it is a j	private operating	▶		
b	Check box to indicate whether the foundation is a	private operating foun	idation described in	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	0	0	
С	Qualifying distributions from Part XII, line 4 for each year listed	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	0				0
С	''					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Рa	rt XV Supplementary Information (Co	nplete this part	only if the four	ndation had \$5,	000 or more in	
	assets at any time during the ye	•	-	·		
1	Information Regarding Foundation Manag	ers:		-		
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have			•	the foundation	
	dan Hymowitz Sarah Hym					
b	List any managers of the foundation who own 10%				ortion of the	
NO	ownership of a partnership or other entity) of which	the foundation has a	i 10% or greater in	terest		
<u>NO</u> 2	NE Information Regarding Contribution, Gran	t Gift Loan Saha	Jarohin oto D-	ograme:		
_	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, are	contributions to presentes gifts, grants, etc	elected charitable o	organizations and do	es not accept lividuals or organizat	ions
а	The name, address, and telephone number of the	person to whom appli	cations should be	addressed		
b	The form in which applications should be submitted	d and information and	materials they sho	ould include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as t factors	oy geographical areas	, charitable fields, l	kinds of institutions,	or other	-

27-4267865

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount						
	or substantial contributor	reapient	oonunsuus.							
Name and address (home or business) Paid during the year		reapient								
Total			▶ 3a	0						
Approved for future payment										
	Recipient Name and address (home or business) Paid during the year Total	Recipient Name and address (home or business) Paid during the year Total Approved for future payment	Recipient sum and address (home or business) Paid during the year Total Approved for future payment	Recipient Name and address (home or business) Paid during the year If recipient is all violation shall be a state of recipient or substantial contributor Purpose of grant or state of recipient or substantial contributor Purpose of grant or state or recipient or substantial contributor Purpose of grant or state of recipient or substantial contributor Purpose of grant or state or recipient or substantial contributor Purpose of grant or state or recipient or substantial contributor Purpose of grant or state or recipient or substantial contributor Purpose of grant or state or recipient or substantial contributor Purpose of grant or state or recipient or state or recipient or state or recipient or substantial contributor Purpose of grant or state or recipient or substantial contributor or recipient or recipi						

Analysis of income-rioducing Activ	VILIES				
Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue					the instructions)
a					
b					
C				<u>.</u>	
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u></u>				
3 Interest on savings and temporary cash investments	<u> </u>				
4 Dividends and interest from securities		, 1 4 _d		4.40.000	223.20.2
5 Net rental income or (loss) from real estate	23 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18	* ' '''		46.3	
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					
b					
<u> </u>		-			
d					
е	**		is mild of the district		
e		0		0	0
e Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0		13	0
e	ulations)				
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to venfy calcularit XVI-B Relationship of Activities to the Acculate No. Explain below how each activity for which income	ulations) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed in	13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to venfy calcularity Part XVI-B Relationship of Activities to the Acculation. Explain below how each activity for which income the accomplishment of the foundation's exempt page 1.	ulations) complishment e is reported in col	of Exempt Poumn (e) of Part X	urposes VI-A contributed in	13	
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Form 990-PF (2010) Hymowitz Family Foundation 27-4267865 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1		organization directly			Yes	No					
		on 501(c) of the Code	g to political		, and						
	organiza	ations?								3 47 6 3	
а	Transfei	rs from the reporting	foundation to	a noncharitable exempt o	rganizat	tion of				45(X) + 0 E	
	(1) Cas			·	•				1a(1)		Х
	(2) Oth	er assets							1a(2)		Х
b	Other tra	ansactions								The sec	
	(1) Sale	es of assets to a non-	charitable ex	empt organization					1b(1)		_X_
	(2) Pure	chases of assets fror	n a noncharit	able exempt organization					1b(2)		X
	(3) Ren	ital of facilities, equip			1b(3) 1b(4)		X				
	(4) Reimbursement arrangements										X
	(5) Loans or loan guarantees										
				hip or fundraising solicitation					1b(6)		X
	_	· ·	_	sts, other assets, or paid er					1c		X
	value of	the goods, other ass	sets, or service	complete the following sc es given by the reporting fement, show in column (d	oundati	on If th	e foundation re	ceived less than	ı faır m	arket	t
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	tion	(d) De:	scription of transfers	, transactions, and s	hanng ar	rangerr	nents
			ļ			<u> </u>					
						<u> </u>					
	-+										
											
		·-····································									
			-								
	describe		of the Code (d	ated with, or related to, one other than section 501(c)(3				tions	Yes X	No No	
		(a) Name of organization		(b) Type of organiz	ation		(c)	Description of relation	onship		
											
			.	<u> </u>							
										····	
						-					
Siç He	gn belief			Examined this return, including according of preparer (other than taxpayer		ary) is bas	ed on all information		•	_	9
110	i b	ignature of officer or trusted			1/		<u> </u>	mores	<u> 400</u>	-11	es
	1, 8	Print/Type preparer's na		Preparer's signature	Dat		Date	ne	PTIN		
Pa	id	Time Typopreparer's III	ame	1			Date	Check I if	-		
	eparer	Jeffrey D Haskell		Jeffrey D. Haskell			7/21/2011	self-employed			
	e Only	France A CC	UNDATION					Firm's EIN	-		
	e Omy			VE, FAIRFIELD, CT 06824	ļ			Phone no	(800)	839-	1754
								Fo	om 990		
										- '	/

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

Employer identification number

Name of the organization		Employer Identification number
Umanuta Family Faundation		27-4267865
Hymowitz Family Foundation Organization type (check on	e)	121-4201003
3	-,	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundate	ion
	501(c)(3) taxable private foundation	
•	covered by the General Rule or a Special Rule . (), (8), or (10) organization can check boxes for both the General Rule at	nd a Special Rule See
General Rule		
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II	or more (in money or
Special Rules		
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to d 170(b)(1)(A)(vi), and received from any one contributor, during the yea % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, li	ar, a contribution of the greater
the year, aggregate of	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charits, or the prevention of cruelty to children or animals. Complete Parts I, II,	table, scientific, literary, or
the year, contribution aggregate to more the year for an exclusive	7), (8), or (10) organization filing Form 990 or 990-EZ that received from s for use <i>exclusively</i> for religious, charitable, etc., purposes, but these can \$1,000. If this box is checked, enter here the total contributions that very religious, charitable, etc., purpose. Do not complete any of the parts up zation because it received nonexclusively religious, charitable, etc., continuations.	contributions did not were received during the inless the General Rule
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not f ist answer "No" on Part IV, line 2 of its Form 990, or check the box on lii F, to certify that it does not meet the filing requirements of Schedule B (I	ne H of its Form 990-EZ

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2010)		Page I of I of Part
Name of or	ganization		Employer identification number
Hymowitz	Family Foundation		27-4267865
Part I	Contributors (see instructions)		_
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Hymowitz, Jordan 28 Presidio Terrace San Francisco CA 94118 Foreign State or Province Foreign Country	\$100,000	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
2	Foreign State or Province Foreign Country	\$0	Person 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
3	Foreign State or Province Foreign Country	\$0	Person 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
4	Foreign State or Province Foreign Country	\$0	Person 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
5	Foreign State or Province Foreign Country	\$0	Person 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	Foreign State or Province Foreign Country	\$0	Person Payroli Noncash (Complete Part II if there is a noncash contribution)

Schedule	R	Form	nρρ	990-F7	or 99	O-PF)	(20	10

Name of organization

Page 1 of 1 of Part II

Employer identification number

Hymowitz	Family Foundation		27-4267865
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

lame of org				Employer identification number 27-4267865
Part III	Family Foundation Exclusively religious, charitable, etc., i	individual con	tributions to section 5	
i are in	aggregating more than \$1,000 for the y			
	For organizations completing Part III, ente			
	contributions of \$1,000 or less for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
;	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	F P			•••••
(a) No.	For Prov Country			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Down			
(a) No.	For Prov Country		<u> </u>	
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
raiti				
		(e) T	ransfer of gift	
	T		-	
	Transferee's name, address, and	ZIP + 4	Relationsn	ip of transferor to transferee
	•••••			
	For Day			
(a) No.	For Prov Country			
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
				•••••
				•
	For Prov Country			

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page ___1_

of __1

of Part III

Hymowitz Family Foundation

ŭĹ	Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	Substantial Contributors				
	Name	Street	City	State	Zip Code	Foreign Country
	1.lordan Hymowitz	98 Presidio Terrace	San Francisco	Ą	94118	
1 .		28 Dresido Terrane	San Francisco	5 2	2 41	
<u>"</u>				5		
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6				_		
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Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

Co- President / Director / Secretary Co- President / Director					7.0		Ava	0	0	Expense
Wilmington DE 19809 Co- President / Director / 1 0 0 0 Secretary	Name	Street	City	State	Code	Title	Hrs	Comp	Benefits	Account
Wilmington DE 19809 Co. President / Director 1 0 0 0	Jordan Hymowitz	c/o Foundation Source 501 Silverside Road Suite 123		DE	19809		-	0	;	
	2 Sarah Hymowrtz	c/o Foundation Source 501 Silverside Road Suite 123		DE	19809			0		
					l					
	-						_			