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### Eorm **990-PF**

## **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

	For	calendar year 2010, or	tax year beginning OCT	12, 2010	, and ending	DEC 31, 201	<u> </u>			
		Check all that apply	X Initial return		ormer public charity	Final retur				
	u (	mook an that apply	Amended return	Address chan	· · · · · · · · · · · · · · · · · · ·	Name change	11			
	Nar	me of foundation	7411011000 7540111			A Employer identification number				
	THE MICHAEL COLOMBINI FOUNDATION 27-6877265									
	Nun	nber and street (or PO box	number if mail is not delivered to stree	B Telephone number						
		30 FRA	NKLIN AVENUE	914-271-2	814					
	City	y or town, state, and ZIF			C If exemption application is	pending, check here				
		CROTON	ON HUDSON, NY	D 1. Foreign organization	ns, check here					
	H_C	Check type of organization	` <u>'`</u>			Foreign organizations n check here and attach or	neeting the 85% test, pomputation			
	<u>_</u>		onexempt charitable trust		ation	E If private foundation st	atus was terminated			
			sets at end of year   J   Account	•	Accrual	under section 507(b)(	1)(A), check here			
		rom Part II, col. (c), lin		ther (specify)	have 1	F If the foundation is in a				
		\$ Analysis of Roy	130,366. (Part I, colu	1	· · ·	under section 507(b)(	7			
	<u> </u>	(The total of amoun necessarily equal th	enue and Expenses ts in columns (b), (c), and (d) may not ne amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)			
			ts, grants, etc , received	136,100.		N/A				
			e foundation is not required to attach Sch. B			, ,	<u> </u>			
		3 Interest on savings a cash investments			756					
'جيم			erest from securities	756.	756.		Statement 1			
์ไกว		5a Gross rents								
<b>~</b> i		D Net rental income or	` ′	<115.						
N	Jue	Gross sales price for assets on line 6a	n sale of assets not on line 10	1110.			-			
,	Revenue	7 Capital gain net inco			0.	**************************************				
3	ď	8 Net short-term ca								
		9 Income modificat								
SCANNED JUN		10a Gross sales less retu	<u> </u>	i i						
		b Less Cost of goods								
S		c Gross profit or (Id	ISS)	SE						
D		11 Other income	OCHENI III	=======================================	75.6					
		12 Total. Add lines		136,741.	756. 0.	· · · · · · · · · · · · · · · · · · ·	0.			
		i '	icers, directors, trustees, etc alaries and wages	<u> </u>	0.		- 0.			
		15 Pension plans, er					<del></del>			
	ses	16a Legal fees	npiojoo bononto							
	ens		Stmt 2	500.	0.		0.			
	Expen	c Other professiona	al fees							
	ĕ	17 Interest								
	and Administrative	18 Taxes								
	inis.	19 Depreciation and	depletion							
	Ę	20 Occupancy					<u> </u>			
	ΨÞ	21 Travel, conferenc	•							
	) an	22 Printing and publ	ications				-			
	ţi	23 Other expenses 24 Total operating a	and administrative				<del></del>			
	Operating	expenses Add II	nes 13 through 23	500.	o.		0.			
	Ö	25 Contributions, gif	•	4,500.			4,500.			
		26 Total expenses a	•				, - 3 -			
		Add lines 24 and		5,000.	0.		4,500.			
		27 Subtract line 26 f	rom line 12							
			ver expenses and disbursements	131,741.		<b>[</b>				
			ncome (if negative, enter -0-)		756.					
	0235		OME (if negative, enter -0-)		<u> </u>	N/A	- 000 PF (0040)			

12-07-10 LHA For Paperwork Reduction Act Notice, see the Instructions

orm **990-PF** (2010

For	m 99	0-PF (2010) THE MICHAEL COLOMBINI F	OUNDATION	27-	6877265 Page <b>2</b>
ď	<b>3</b> 4	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u></u>
	al L	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		2,054.	
		Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
	١_	Less allowance for doubtful accounts ▶			
	5	Grants receivable	-		<del></del>
	Ь	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons			
	<b>′</b>	Other notes and loans receivable  Less allowance for doubtful accounts			
<b>(5</b>		Inventories for sale or use			
Assets	0	Prepaid expenses and deferred charges			<del></del>
As	102	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate stock			
	11	Investments - Land, buildings, and equipment basis			
	''	Less accumulated depreciation		ĺ	
	12	Investments - mortgage loans			
	13	Investments - other Stmt 3	0.	129,687.	130,366.
	14	Land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	15	Other assets (describe			
		0.1107 0.00010 (0.0001100 1			
	16	Total assets (to be completed by all filers)	0.	131,741.	130,366.
	1	Accounts payable and accrued expenses		,	
	18	Grants payable		•	
ç	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
<b>(0</b>		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
alan	25	Temporarily restricted			
Ä	26	Permanently restricted		·	
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
ř	1	and complete lines 27 through 31.		_	
ts	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	131,741.	
ž	30	Total net assets or fund balances	0.	131,741.	
		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		121 741	
	31	Total liabilities and net assets/fund balances	0.	131,741.	
F	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	20		
'		st agree with end-of-year figure reported on prior year's return)	30		0.
2	•	st agree with end-of-year figure reported on prior year's return) er amount from Part I, line 27a		1 2	131,741.
2		er increases not included in line 2 (itemize)		3	0.
3		lines 1, 2, and 3			131,741.
5		reases not included in line 2 (itemize)		5	0.
6		il net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	131,741.
<u> </u>		and the state of t			Form <b>990-PF</b> (2010)

2-story brick warehouse, or common stock, 200 shs MLC Co )				P	How ac - Purch - Dona	nase   '	Date acquired (mo , day, yr )		ate sold day, yr )	
1a 2325.581 FRANKI	IN						P V	arious	12/1	13/10
b					ļ					
<u>C</u>			<u> </u>	<u></u>	-					
d	-								_	
е		<del></del>			<u> </u>					
(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale				(h) Gain or (le (e) plus (f) min		
a 5,000.				5,11	L5.					<115
b			_							
C			<u> </u>						<del></del>	
d			ļ				<u> </u>			
<u>e</u>			<u> </u>	10101100						
Complete only for assets showing			T					Gains (Col. (h) g k), but not less		
(i) F M V as of 12/31/69		Adjusted basis s of 12/31/69		cess of col (i) col (j), if any				Losses (from c		
a										<115
b										
C										
d										
е							-			
		∫ If gain, also ente	rın Part I line	7	1					
2 Capital gain net income or (net cap	oital loss)	If (loss), enter -C	)- ın Part I, line	7	þ	2				<115
3 Net short-term capital gain or (los	-	•								
If gain, also enter in Part 1, line 8,		10 III 580110115 1222(5) at	iiu (o)		1					
If (loss), enter -0- in Part I, line 8	ooiaiiiii (c)				ľ	3		N,	/A	
	nder Se	ction 4940(e) for	r Reduced	Tax on Net	t Inv	estn	ent Inco	me		
(For optional use by domestic private	foundation	s subject to the section	4940(a) tax or	net investment i	ncom	e )			N/Z	A
(i or optional acc by democile private	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 10(0) (2).			• ,			,	
If section 4940(d)(2) applies, leave th	ıs part blan	k								
Was the foundation liable for the sect	ion 4042 to	v on the distributable as	mount of any v	ear in the hace no	rind?				☐ Ye	s No
if "Yes," the foundation does not qual					, iiou					· 110
1 Enter the appropriate amount in e					ies					
	00.00.00.00.00.00.00.00					·			(d)	
(a) Base period years	,,,,,	(b) Adjusted qualifying dis	stributions	Net value of n	(c) oncha		use assets		stribútión ration divided by co	
Calendar year (or tax year beginnir	ig III)	, 10,00100 quamj.ng an		7.00				(601 (6)	ulvided by Ci	JI (C))
2009									-	
2008		·				_		<del> </del>		
2007										
2006		· <del></del>								
2005				l						
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the 5	5-year base	period - divide the total	on line 2 by 5,	, or by the numbe	r of y	ears				
the foundation has been in exister	nce if less th	han 5 years						3		
4 Enter the net value of noncharitab	le-use asse	ts for 2010 from Part X	, line 5					4		
5 Multiply line 4 by line 3								5 _		
6 Enter 1% of net investment incom	ne (1% of P	art I, line 27b)						6		
	•	,								
7 Add lines 5 and 6								7		
8 Enter qualifying distributions from	n Part XII, lı	ne 4						8		
if line 8 is equal to or greater than	line 7, che	ck the box in Part VI, lin	e 1b, and com	plete that part usi	ng a 1	% tax	rate			
See the Part VI instructions										

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Pa	t VI Excise Tax Based on Investment Income (Section 494	0(a), 4940	0(b), 4940(e),	or 4948	- see ir	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗓 and e	nter "N/A" on	line 1					
	Date of ruling or determination letter (attach copy of letter if nec	cessary-see i	instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► and e	enter 1%	1		N/	A	
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	6 of Part I, lin	e 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only O	thers enter <b>-</b> 0	)-)	2				0.
3	Add lines 1 and 2			3		_		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only C	Others enter -(	0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6	Credits/Payments							
а	2010 estimated tax payments and 2009 overpayment credited to 2010	6a						
b	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
đ	Backup withholding erroneously withheld	6d						
7	Total credits and payments Add lines 6a through 6d			7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>▶</b> 9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶ 10				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax		Refunded	▶ 11				
Pa	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did	it participate or inte	rvene in			Yes	-
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo					1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of	any matenals pub	lished or				
	distributed by the foundation in connection with the activities							
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							
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers			0.				
9	Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax impo	osed on foundation					
	managers 🕨 \$O.							
2	Has the foundation engaged in any activities that have not previously been reported to the I	RS?				2		<u> X</u>
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		rticles of incorporat	ion, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang					3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	aro		_	/_	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			J	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	7				5		X
_	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 e	uther						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions t	that conflict with the	state law				٠,
_	remain in the governing instrument?					6	37	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	X	<u></u>
_	If "Yes," complete Part II, col. (c), and Part XV.							
8a	Enter the states to which the foundation reports or with which it is registered (see instruction NTV)	ons) 🟲						
	NY		-1/					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	attorney Gene	rai (or designate)				٦,	
_	of each state as required by General Instruction G? If "No," attach explanation		VAN 48 48 11 1-1 -			8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of se			r calendar				v
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," of			<b>a-</b>	<b>-</b>	9	37	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedi	ule listing their r	names and addresses	Stm	L 4	10	X	1

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had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Part VII-B Statements Regarding Activities for Which		Postuired (see	2/-68//2	65	Page 6
	i FOTITI 4720 IVIAY BE I	Jednii an (coussi	iuea)		
5a During the year did the foundation pay or incur any amount to	ing 4045/eV/2		es X No	4	1
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect			ו מאובט צפ	ł	1
(2) Influence the outcome of any specific public election (see section 4955)	, or to carry on, directly or indir		es X No		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos	• •	— 1	82 [V] NO	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	tion described in section		. rv	.] -	.
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No /		1
(5) Provide for any purpose other than religious, charitable, scientific, literal	ry, or educational purposes, or		( <del>2</del> 7)	1	
the prevention of cruelty to children or animals?	•		es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u		in Regulations	/-		1
section 53,4945 or in a current notice regarding disaster assistance (see inst	• •		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption			}		
expenditure responsibility for the grant?	•	1/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53 49	945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	to pay premiums on		\		
a personal benefit contract?		Υι	es 🔀 No 📗	1	
b Old the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?		. L	6b	X
If "Yes" to 6b, file Form 8870.			E.		
7a At any time during the tax year, was the foundation a party to a prohibited tax	x shelter transaction?	🔲 Yı	es X No		
b if "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	nagers, Highl	у		
1 List all officers, directors, trustees, foundation managers and the	ir compensation.	······································		<del></del>	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	accou	xpense int, other wances
JOHN COLOMBINI	TRUSTEE	Giller -0-)	Compensation	80	17411043
30 FRANKLIN AVENUE			İ	ļ	
CROTON ON HUDSON, NY 10520	10.00	0.	0.	1	0.
BARBRA COLOMBINI	TRUSTEE	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del> -	<u>_</u>
30 FRANKLIN AVENUE				1	
CROTON ON HUDSON, NY 10520	10.00	0.	0.		0.
CROTON ON HODSON, NI 10520	10.00	ļ	ļ	<del> </del>	<u> </u>
	-		Į.		
		<del> </del>		<del> </del>	<del></del>
	-			1	
	-				
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·	·	
(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 deterred compensation	(e) E accou allov	xpense int, other wances
NONE					
				<u> </u>	
			1		
	1			ļ	
	7	1		}	
	<del>                                     </del>	1		T	
<del></del>	7	1	}		
Total number of other employage and ever \$50,000	<u> </u>	<u> </u>	▶	<u></u>	0
Total number of other employees paid over \$50,000	<u> </u>				

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	testical information auch as the	
number of organizations and other beneficiaries served, conferences convened, research papers pi		Expenses
1 N/A		
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		
2		
All other program-related investments See instructions		<u> </u>
3		

0.

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	indations, se	e 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	129,687.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	129,687.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	129,687.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,945.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	127,742.
6	Minimum investment return. Enter 5% of line 5 Adjusted for Short Tax Period	6	1,417.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,417.
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)  2b		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,417.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,417.
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	1,417.
P	art XII Qualifying Distributions (see instructions)		•
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	4,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	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	4,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0 .
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,500
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

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4940(e) reduction of tax in those years

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	111111111111111111111111111111111111111
р Total for pnor years		0		
3 Excess distributions carryover, if any, to 2010	**************************************	0.		***************************************
a From 2005				
<b>b</b> From 2006				
<b>c</b> From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ N/A				
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			1111 11 1111 1111 11 1111	
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.		
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			ο.	
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	0.			
0 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010		···	,	
				Form <b>QQA_DF</b> (2010)

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Form **990-PF** (2010)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Grants and Contributions Paid During the	rear or Approved for Future	rayment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	roorpione		
i rad damig the year				
		İ		
		1		
See Statement 5				
Total		l.	<b>▶</b> 3a	4,50
Approved for future payment				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
None				
			1	
		1		
		1		

## **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		1000		
a			+		
b		<u> </u>	-		
c	<del> +</del>		+		<del></del>
	+	<del></del>	+		<del></del>
1		<del></del>	+		<del></del>
g Fees and contracts from government agencies	<del> </del>				·······
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·	+		<del></del>
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					756.
5 Net rental income or (loss) from real estate		<del></del>			
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					<115.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b			-		
C		<del></del>	<u> </u>	-	
d					
6					
12 Subtotal Add columns (b), (d), and (e)		0		0.	641.
13 Total. Add line 12, columns (b), (d), and (e)				13	641.
(See worksheet in line 13 instructions to verify calculations )					

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
13	Income and capital gains are used to further the amount of funding
	available for the advancement of medical research, children's welfare
	early child development programs
	_

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Form **990-PF** (2010)

Pa	rt XV	Information Exempt Organization		isfers To a	and Transactions	and Relation	ships With No	ncharitable	В	
1	Did th			of the followin	g with any other organizati	on described in sec	tion 501(c) of	· · · · · · · · · · · · · · · · · · ·	Yes	No
•					?7, relating to political orga		000000000000000000000000000000000000000			
а		fers from the reporting fou								
-	(1) C	. •			g <u></u>			1a(1)	<u> </u>	Х
	٠.	ther assets						1a(2)	î e	Х
b	Other	transactions								
	(1) S	ales of assets to a noncha	ritable exempt organiza	ition				1b(1)		Х
	(2) P	urchases of assets from a	noncharitable exempt	organization				1b(2)		Х
	(3) R	lental of facilities, equipme	nt, or other assets					1b(3)		Х
	(4) R	leimbursement arrangeme	nts					1b(4)	_	X
	(5) L	oans or loan guarantees						1b(5)		X
	(6) P	erformance of services or	membership or fundra	ising solicitatio	ins			1b(6)		Х
		ng of facilities, equipment,	•		• •			10		X
đ	If the	answer to any of the above	e is "Yes," complete the	following sche	dule Column (b) should a	lways show the fair	market value of the	goods, other as:	sets,	
					ed less than fair market val	ue in any transactio	n or sharing arrange	ement, show in		
		nn (d) the value of the good	<del>-</del> -				<u> </u>			
(a) ∟	ine no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	on of transfers, transacti	ons, and sharing ar	rangeme	ents
				N/A			<del></del>			
							·-···			
						-				
					<u></u>					_
									<del></del>	
				<del></del>			<del></del> -			
			<del></del>	<del></del>						
							<del></del>		•	
						-	· · · · · · · · · · · · · · · · · · ·			
2a	Is the	foundation directly or indi	rectly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
		tion 501(c) of the Code (o	•		• •			Yes	X	No
b		s," complete the following s	·							
		(a) Name of	organization		(b) Type of organization		(c) Description of r	elationship		
		N/A	A							
		<del></del>	<del></del>			<u> </u>				
					ing accompanying schedules at ased on all information of which			e and belief, it is tr	ue, corre	ct,
	gn	A			1 .	11.	•			
П	ere				196/0	) ) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	RUSTEE			
	i	Signature of difficer of		Descripto	Date !	I Data	Title	DTIN		
		Print/Type preparer's	s name	Preparer's s	ignature	Date	Check X If	PTIN		
Pa	aid.	Dann :	Knyh	1.~		06/02/11	self- employed			
	uu epar	<del> </del>	AVID M. KRU	I V	<del></del>	100/02/11	Francis Stat -	L		
	se Or	1	P.O. BOX 20		$\mathcal{C}$		Firm's EIN			
J	,0 01		PURCHASE, 1		7-0200		Phone no 9	14-9971	406	
		2 200.000	. Orternable, I	.,, 100/	, 0200		Filolie IIO 9	17 - 22/I	<del>-</del> 7 0 0	
		<u>, , , , , , , , , , , , , , , , , , , </u>		·	-			Form <b>990</b>	-PF	2010\

023622 03-04-11

# Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

THE MICHAEL COLOMBINI FOUNDATION

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

	THE MICHAEL COLOMBINI FOUNDATION	27-6877265				
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 50 General Rule  X For an organization	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, (10) or more strong filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more implete Parts I and II.					
Special Rules						
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or inbutions of more than \$1,000 for use exclusively for religious, charitable, scientific, lite of cruelty to children or animals. Complete Parts I, II, and III.					
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an exclut complete any of the parts unless the <b>General Rule</b> applies to this organization becatable, etc., contributions of \$5,000 or more during the year.	ot aggregate to more than \$1,000. lusively religious, charitable, etc.,				
	on that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on	-				

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 MICHAEL COLOMBINI FOUNDATION

27-6877265

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN & BARBARA COLOMBINI  30 FRANKLIN AVENUE  CROTON ON HUDSON, NY 10520	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and 21° + 4	\$	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
			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
		\$	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

Employer identification number

## THE MICHAEL COLOMBINI FOUNDATION

27-6877265

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
<del></del>			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ļ		\$	

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF Dividend	ls and	Inter	est from	Secur	rities	Statement	1
Source		Gross	Amount		ital Gains ividends	Column (A Amount	.)
FRANKLIN OPPENHEIMER			545. 211.		0.		45. 11.
Total to Fm 990-PF, Part I, 1	.n 4		756.		0.	7	56.
Form 990-PF	Ac	counti	ng Fees		1 1111	Statement	2
Description	Expe	a) enses Books	(b) Net Inve		(c) Adjusted Net Incom		
TAX ADVSISOR		500.		0.		<del></del>	0.
To Form 990-PF, Pg 1, ln 16b	· · · · · · · · · · · · · · · · · · ·	500.		0.			0.
Form 990-PF	Oth	ner Inv	estments			Statement	3
Description			luation ethod	Вос	ok Value	Fair Marke Value	t
MUTUAL FUNDS		:	FMV		129,687.	130,3	66.
Total to Form 990-PF, Part II	, lin	ne 13			129,687.	130,3	66.

	ostantial Contributors VII-A, Line 10	State	ement 4
Name of Contributor	Address		
JOHN & BARBRA COLOMBINI	30 FRANKLIN AVENUE CROTON ON HUDSON, NY	10520	
	and Contributions During the Year	State	ement 5
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
BLYTHEDALE CHILDREN'S HOSPITAL 95 Bradhurst Ave. Valhalla, NY 10595	N/A CHILDREN'S HEALTH	HOSPITAL	500.
BLYTHEDALE SCHOOL 95 Bradhurst Ave. Valhalla, NY 10595	N/A GENERAL EDUCATION	SCHOOL	500.
THE CARING CIRCLE/ VNA OF HUDSON VALLEY 540 White Plains Rd. Tarrytown, NY 10591	N/A CHILDREN'S HEALTH	FOUNDATION	500.
CROTON HARMON EDUCATIONAL FOUNDATION PO Box 172 Croton on Hudson, NY 10520	N/A GENERAL EDUCATION	EDUCATIONA FOUNDATION	500.
HARLEM RBI 333 East 100th st New York, NY 10029	N/A SPORTS ADVANCEMENT	FOUNDATION	500.
MAKE A WISH FOUNDATION OF AMERICA PO Box 749596 Los Angeles, CA 90074	N/A CHILD SUPPORT	FOUNDATION	500.

THE MICHAEL COLOMBINI FOUNDATION	N	27	7-6877265
ST. JUDE SHILDREN'S RESEARCH HOSPITAL 501 St Jude Place Memphis, TN 38105	N/A CHILDREN'S HEALTH	HOSPITAL	500.
TEMPLE ISRAEL OF NORTHERN WESTCHESTER, Early childhood center - 31 Glengary Rd. Croton on Hudson, NY 10520	N/A CHILD SUPPORT	RELIGIOUS	500.
JUVENILE DIABETES RESEARCH FOUNDATION 26 Broadway New York, NY 10004	N/A CHILDREN'S HEALTH	FOUNDATION	500.
Total to Form 990-PF, Part XV, li	ne 3a		4,500.