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Form **990-PF**

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

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

| For cale | endar year 2010, | or tax year beginn | ing | , 2010, | and ending | | | | | |
|----------------|--|---|------------|--------------------------|---------------------------------------|----------|---------------------------------|-----------------------------------|---------------------------------------|---------------|
| G Che | ck all that apply: | Initial return | Initi | al Return of a former p | ublic charity | _ | | Fin | al return | |
| | | Amended ref | turn | X Address of | :hange | Name | change | | | |
| | | | | | | Α | | entification nui | mber | |
| | | ANET HARARY | FAMIL | Υ | | - | 56-244 | | | |
| | DATION EAST 2ND S | יייבדרי | | | | B | lelephone nu | ımber (see the | instructions) | |
| | KLYN, NY 11 | | | | | c | If everytion | annication is | pending, check here | _ <u></u> |
| | | | | | | | • 1 Foreign orga | • • | | ▶ - |
| H CI | heck type of orga | nization X Se | ction 50 | 1(c)(3) exempt private f | oundation | | | · - | ting the 85% test, ch | ieck |
| · ř | |)(1) nonexempt cha | | | | ition _ | here and att | ach computation | on | ▶ |
| | ir market value of all | assets at end of year | | counting method X C | ash Acc | rual | If private too under section | ındatıon status n 507(b)(1)(A) | s was terminated), check here. | ▶ [|
| (fi | rom Part II, column (c |), line 16) | | Other (specify) | | F | If the founda | ition is in a 60 | -month termination | . \square |
| ▶ \$ | | -1,198. | (Part I, | , column (d) must be or | cash basis) | | under sectio | n 507(b)(1)(B) |), check here | <u> </u> |
| Part I | | Revenue and | to in | (a) Revenue and | (b) Net inve | | | | (d) Disbursen | |
| | columns (b), (| The total of amoun (c), and (d) may no | t neces- | expenses per books | incom | ne | inco | ome | for charital purposes | |
| | sarily equal th (see the instru | ie amounts in colun | nn (a) | | | | | | (cash basis | |
| | | gifts, grants, etc, received | (att sch) | 99,506. | | | | | | |
| 300 | _ | the foundn is not req to a | | | | | | ·· | | |
| (0 | | savings and tempo | orary | | | | | | | |
| € 9 | cash inves | urnerns I interest from securities | | | | | | | | |
| 64 | 5a Gross rent | | | | | | | | | |
| O, | b Net rental inco or (loss) | ome | | | | | | | | |
| R≥ | 6a Net gain/(loss) b Gross sales pr | from sale of assets not o | in line 10 | | - 1 | | | | <u> </u> | |
| Schezinzmady 2 | assets on line | 6a | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| E | | et income (from Part IV, li erm capital gain | ine 2) | | | | | | | |
| ξ <u>υ</u> | 9 Income mo | • • | | | | | | | | |
| Ē | 10a Gross sales le returns and | ss | | | | • | , | | | |
| Q_{i} | allowances b Less Cost of | | | | N | | - | | · · · · · · · · · · · · · · · · · · · | |
| | goods sold | (1000) (0# 00b) | | | | - , | - | | | |
| | c Gross profit/(| me (attach schedul | e) | | | | | | | |
| | | (2.1.2.1. 2.2.1.2.1.2.1 | -7 | | | | | | | |
| | | lines 1 through 11 | | 99,506. | | Ó | | =:.∵ -0 | | |
| | • | of officers, directors, trus | itees, etc | 0. | | <u>\</u> | REC | EIVEL | 165 | |
| | ' ' | ee salaries and wages ans, employee ben | efits | | | - 1 | œ | e pr 0044 | 101 | |
| Α | 16a Legal fees (at | | Citto | - - | | ¥ | | 1 7 2011 | 10 | |
| Ď M | | | ST 1 | 3,946. | | 1 | | | IC 3, | ,946. |
| - X | c Other prof fee | es (attach sch) | | | | | HOGE | EN, U | - | |
| O P E R A | 17 Interest | | | | | | | | | |
| RR | 18 Taxes (attach scho | | | · | | | | | - | |
| ŢŢ | sch) and d | lepletion | | | | | | | ļ | |
| 'N E | 20 Occupancy | | | | | | _ | | | |
| _ | | nferences, and mee nd publications | tings | | | | - | | | |
| A E X | | enses (attach sched | dule) | | | *** | | | | |
| E N | | SEE STATEM | ENT 2 | 564. | | | | | | 564. |
| S E | 24 Total oper | ating and administ Add lines 13 throu | rative | 4,510. | | | | | | ,510. |
| S | expenses. 25 Contributions | , gifts, grants paid ST | MT 3 | 95, 941. | | | | | | , 941. |
| | 26 Total expe | enses and disburse | | | · · · · · · · · · · · · · · · · · · · | _ | | <u>.</u> | | |
| | Add lines : | 24_and 25 | | 100,451. | | | <u>) - </u> | 0. | 100 | <u>, 451.</u> |
| | | ne 26 from line 12: revenue over expe | nses | | | | | | | |
| | and disbu | rsements. | | -945. | | | | | | |
| | | nt income (if negative, en | | | | |). | | | |
| | C Adjusted net | Income (if negative, enter | r 0-) | <u> </u> | L | | | 0. | | |

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-1.198.

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| (a) List and describ | be the kind(s) of property sold (e.g., respectively, respectively). | eal estate. | b) How acquered P — Purcha D — Donat | se | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|---|---|---|--------------------------------------|-----------|---|-------------------------------------|
| 1a N/A | | | | | | |
| b | _ | | | | - | , |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | i | | (h) Gain or (e) plus (f) m | |
| <u>a</u> | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| Complete only for assets show | ving gain in column (h) and owned by | the foundation on 12/31/69 | | | (I) Gains (Coli | ımn (h) |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (over column (j), if any | | ga tha | ain minus column (I an -0-) or Losses (fr | (), but not less rom column (h)) |
| ab | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| e | at contal loss) If gain, also | enter in Part I, line 7 er -0- in Part I, line 7 | | | | · · · · |
| 2 Capital gain net income or (ne | If (loss), ent | er -0- in Part I, line 7 | | 2 | ··· | |
| 3 Net short-term capital gain or | (loss) as defined in sections 1222(5) | and (6) [.] | | | | |
| If oain, also enter in Part I lin | ie 8, column (c) (see the instructions) | If (loss) enter :0: | | | | |
| in Part I, line 8 | le 6, column (c) (see the instructions) | 11 (1033); eriter 0 | | 3 | | |
| Part V Qualification Under | er Section 4940(e) for Reduce | d Tax on Net Investmer | nt Incon | ne | | · |
| If 'Yes,' the foundation does not qua | ction 4942 tax on the distributable am alify under section 4940(e) Do not co in each column for each year, see th | mplete this part. | | | Yes | X No |
| | | | arry critin | | (d) | |
| (a) Base period years Calendar year (or tax year beginning in) | Adjusted qualifying distributions | (c) Net value of noncharitable-use asse | ts | (colu | Distribution umn (b) divided | |
| 2009 | 114,283. | | 901. | | | 126.840178 |
| 2008 | 109,261. | | 755. | | | 144.716556 |
| 2007 | 77,631. | 1, | ,881. | | • | 41.271132 |
| 2006 | 55,717. | | ,498. | | | 37.194259 |
| 2005 | 343,703. | 76, | ,031. | | | 4.520564 |
| 2 Total of line 1, column (d) | | | | 2 | | 354.542689 |
| Average distribution ratio for to number of years the foundation | the 5-year base period — divide the to on has been in existence if less than 5 | tal on line 2 by 5, or by the years | | 3 | | 70.908538 |
| 4 Enter the net value of noncha | ritable-use assets for 2010 from Part | X, line 5 | | 4 | | 1,490. |
| | | | | | | |
| 5 Multiply line 4 by line 3 | | | - | 5 | | 105,654. |
| 6 Enter 1% of net investment in | come (1% of Part I, line 27b) | | - | 6 | | |
| 7 Add lines 5 and 6 | | | - | 7_ | | 105,654. |
| 8 Enter qualifying distributions to | | | | 8 | | 100,451. |
| If line 8 is equal to or greater Part VI instructions | than line 7, check the box in Part VI, | line 1b, and complete that pa | art using | a 1% | | ne |

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charitable purposes?

4a

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

| Part VII-B Statements Regarding Activiti | es for Which Form | <u>ı 4720 May Be Req</u> ı | uired (continued) | | | | |
|---|--|--|--|---------------------------|--|--|--|
| 5a, During the year did the foundation pay or incu | • | | | , | | | |
| (1) Carry on propaganda, or otherwise attempt | ot to influence legislatio | n (section 4945(e))? | . Yes X | No | | | |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | ation drive? | • | |] No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | nan a charitable, etc, oi 4940(d)(2)? (see instri | rganization described uctions) | Yes X |] No | | | |
| (5) Provide for any purpose other than religio educational purposes, or for the preventio | us, charitable, scientific n of cruelty to children | c, literary, or or animals? | Yes X |] No | | | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the except ding disaster assistance | tions | 5b N/A | | | |
| Organizations relying on a current notice rega | rding disaster assistant | ce check here | ▶ [| | | | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi | sibility for the grant? | | N/A Yes |] No | | | |
| 6a Did the foundation, during the year, receive an on a personal benefit contract? | ny funds, directly or ind | irectly, to pay premiums | . Yes X |]No | | | |
| b Did the foundation, during the year, pay prem | iums, directly or indirec | tly, on a personal benef | fit contract? | 6b X | | | |
| If 'Yes' to 6b, file Form 8870. | dataa a aashi ta a aaal | this all say abolton tropped | ction? Yes X | No No | | | |
| 7a At any time during the tax year, was the found b If yes, did the foundation receive any proceed | | | | N/A 7b | | | |
| Part VIII Information About Officers, D | irectors. Trustees. | Foundation Manag | ers. Highly Paid | -17 | | | |
| and Contractors | | | | | | | |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | | | | |
| | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expense account, | | | |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | other allowances | | | |
| MICHAEL HARARY | DIRECTOR & S | 0. | 0. | 0. | | | |
| 893 ELBERON AVENUE | 0 | | | | | | |
| ELBERON, NJ 07740 | | | | | | | |
| _JERRY HARARY | PRESIDENT & | 0. | 0. | 0. | | | |
| 1904 E. 2ND STREET | 0 | | | | | | |
| BROOKLYN, NY 11223-2830 | VICE PRECIPE | | | 0. | | | |
| JANET HARARY | VICE PRESIDE | 0. | 0. | ٠. | | | |
| 1904 E. 2ND STREET | 0 | | | | | | |
| BROOKLYN, NY 11223-2830 LEON J HARARY | DIRECTOR & T | 0. | 0. | 0. | | | |
| 420 EAST 54TH STREET | DIRECTOR & 1 | " | 0. | · · | | | |
| NEW YORK, NY 10022-5152 | 0 | | | | | | |
| 2 Compensation of five highest-paid employee | es (other than those inc | cluded on line 1— see ir | structions). If none, e | enter 'NONE.' | | | |
| (a) Name and address of each employee | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expense account, | | | |
| paid more than \$50,000 | hours per week devoted to position | | employee benefit plans and deferred compensation | other allowances | | | |
| NONE | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | 1 | ł. | | | | | |
| Total number of other employees paid over \$50,000 | | <u> </u> | | 0 | | | |
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Form 990-PF (2010) THE JERRY AND JANET HARARY FAMILY

| Form 990-PF (2010) THE JERRY AND JANET HARARY FAIR Information About Officers, Directors, Trus and Contractors (continued) | | 444173 Page 7 Employees, |
|--|--|--|
| 3 Five highest-paid independent contractors for professional se enter 'NONE.' | ervices (see instructions). If none, | |
| (a) Name and address of each person paid more than \$50,0 | | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| · · · · · · · · · · · · · · · · · · · | | |
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| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional service | ces | 0 |
| Partix: A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include | relevant statistical information such as the number of | |
| List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers pro | | Expenses |
| 1 <u>N/A</u> | | - |
| | | <u>-</u> |
| 2 | | _ |
| | | - |
| 3 | | |
| | | _ |
| 4 | Allow v | |
| | | _ |
| | | |
| Part IX-B. Summary of Program-Related Investments | (see instructions) | |
| Describe the two largest program-related investments made by the f | foundation during the tax year on lines 1 and 2 | Amount |
| 1 <u>N/A</u> | | - |
| | | - |
| 2 | | |
| | | - |
| All other program-related investments. See instructions | ···· | |
| 3 | | _ |
| | | - |
| ************************************** | | + |

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| (in car) | see instructions.) | oreign io | ariuations, |
|----------|---|---------------|--------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities | 1 a | |
| ь | Average of monthly cash balances | 1 b | 1,513. |
| c | Fair market value of all other assets (see instructions) | 1 c | |
| d | Total (add lines 1a, b, and c) | 1 d | 1,513. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) | <u>.</u>] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d . | 3 | 1,513. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 23. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 1,490. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 75. |
| Ran | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part of the comp | • | ndations |
| 1 | Minimum investment return from Part X, line 6 | 11 | 75. |
| 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 | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 75. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 75. |
| 6 | Deduction from distributable amount (see instructions) . | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 75. |
| Par | Qualifying Distributions (see instructions) | | |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 100,451. |
| b | Program-related investments – total from Part IX-B | 1 b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| 3 a | Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 100,451. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 100,451. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years | ner the found | ation |
| BAA | qualities for the section 45-6(c) reduction of tax in those years | F | orm 990-PF (2010) |
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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|----------------------|-----------------------------------|--------------------|---------------------------------------|
| Distributable amount for 2010 from Part XI, line 7 | | | | 75. |
| 2 Undistributed income, if any, as of the end of 2010. | | | | 75. |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010. | | | | |
| a From 2005 334, 669. | | | | |
| b From 2006 55, 642. | | | | |
| c From 2007 77, 631. d From 2008 109, 223. | | | | |
| d From 2008 109, 223. e From 2009 114, 238. | | | | · |
| f Total of lines 3a through e. | 691,403. | | | |
| 4 Qualifying distributions for 2010 from Part | 031,103. | | , | |
| XII, line 4: ► \$100, 451. | | | | |
| 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 . | | | | 75. |
| e Remaining amount distributed out of corpus | 100,376. | | | |
| 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)) | | | | |
| carrie arricarit maet 20 errenn in ceranin (c) | | | | |
| 6 Enter the net total of each column as | | | | ! |
| indicated below: | 701 770 | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . | 791,779. | | | · · · · · · · · · · · · · · · · · · · |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- | | | | |
| ed 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 | | | 0 | |
| line 2a. Taxable amount — see instructions | | | 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) | | | | |
| (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2005 not | | | | |
| applied on line 5 or line 7 (see instructions) | 334,669. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 457,110. | | | ; |
| 10 Analysis of line 9. | | | | |
| a Excess from 2006 55, 642. | | | | , |
| b Excess from 2007 77, 631. | | | | |
| c Excess from 2008 109, 223. | | | | |
| d Excess from 2009 114,238. | | | | |
| e Excess from 2010 100, 376. | | | <u> </u> | |

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|--|---|---|---|--------------------------|-----------------|
| Part XIV Private Operating Foundation | | | | | <u>N/A</u> |
| 1a If the foundation has received a ruling or on its effective for 2010, enter the date of the | - | | | n, and the ruling | |
| b Check box to indicate whether the foundat | | rating foundation d | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| b 85% of line 2a | | | | | |
| 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 | · | | | | |
| Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | 1 | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a 'Assets' alternative test — enter | | | | | |
| (1) Value of all assets. | | | <u> </u> | | |
| (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: | | | | | |
| (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 | | | | <u> </u> | |
| Part XV Supplementary Information assets at any time during the | (Complete this e vear – see in | part only if the structions.) | organization ha | id \$5,000 or more | e in N/A |
| Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have | iers: | <u></u> _ | total contributions resection 507(d)(2).) | eceived by the founda | |
| b List any managers of the foundation who ca partnership or other entity) of which the | own 10% or more o foundation has a 1 | f the stock of a cor 0% or greater inter | poration (or an equa est. | ally large portion of th | ne ownership of |
| | | | | | |
| 2 Information Regarding Contribution, Gran Check here I If the foundation only in requests for funds If the foundation makes complete items 2a, b, c, and d. | nakes contributions | to preselected cha | ritable organization: | | |
| a The name, address, and telephone number | r of the person to v | vhom applications | should be addressed | . | |
| | | | | | |
| | | | | ··- | |
| b The form in which applications should be s | submitted and infor | mation and materia | als they should inclu | de. | |
| c Any submission deadlines: | | <u></u> | | | |
| d Any restrictions or limitations on awards, s | such as by geograp | hical areas, charita | ble fields, kinds of i | nstitutions, or other f | actors: |
| | | | | | |

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Part XV Supplementary Information (continued)

3 .Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or contribution Recipient status of recipient Amount Name and address (home or business) a Paid during the year За **b** Approved for future payment **>** 3ь **Total**

Part XVI-A Analysis of Income-Producing Activities

| | | | | | | |
|--|--|--|----------------------|--|-----------------------------|--|
| Enter, gross | s amounts unless otherwise indicated | Unrelate | d business income | Excluded | by section 512, 513, or 514 | (e) |
| 1 Progr | ram service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (see the instructions) |
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| | | - | | + | | |
| | · · · · · · · · · · · · · · · · · · · | | | + | | |
| , | | - | | + + | · | |
| r Fees | and contracts from government agencies | <u> </u> | ···· | + + | | |
| _ | bership dues and assessments | | | | - | |
| | st on savings and temporary cash investments | | | | | |
| | ends and interest from securities | | | | | |
| | ental income or (loss) from real estate: | 1 | | 1 | | |
| | financed property | | | 1 | | |
| | lebt-financed property | † | | 1 | | |
| | ntal income or (loss) from personal property | | | + | - | |
| | r investment income | + | | 1 + | | |
| | r (loss) from sales of assets other than inventory | | | + + | | |
| | ncome or (loss) from special events | | | + + | | |
| | s profit or (loss) from sales of inventory | | | 1 | <u> </u> | |
| 11 Other | | | | | | |
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| е | | | | | | |
| | | • | | 1 | | |
| 12 Subto | otal Add columns (b), (d), and (e) | i i | | 1 1 | | |
| | otal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| 13 Total | | ns.) | | | 13 | 0. |
| 13 Total (See works | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation | | shment of Evemn | ot Purno | | 0. |
| 13 Total (See works | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
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| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
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| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
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| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. B Relationship of Activities to the | Accompli | | | ses | |

Form 990-PF (2010) THE JERRY AND JANET HARARY FAMILY 56-2444173

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

| 1 Did th | ne organization direc | atly or indirectly end | gage in any of the follow | ving with any | other organization | ın | | Yes | No |
|----------------|---|-----------------------------|---|--------------------|-------------------------|---------------------------------------|---|----------------|----------|
| descr | ribed in section 501(| c) of the Code (othe | er than section 501(c)(3 | B) organization | ns) or in section | 527, | | | İ |
| | ng to political organi | | noncharitable exempt of | ornanization i | of | | | | 1 |
| (1) C | · · · · · · · · · · · · · · · · · · · | ing loundation to a | nonchantable exempt | organization | 01. | | 1a (1) | | X |
| | Other assets | | | • | • | | 1a (2) | | X |
| | transactions: | | | | | | <u> </u> | | <u> </u> |
| | ales of assets to a r | noncharitable exemi | pt organization | | | | 1 b (1) | | X |
| | | | e exempt organization. | | | | 1 b (2) | | X |
| (3) R | Rental of facilities, ed | quipment, or other a | assets . | | | | 1 b (3) | | Х |
| (4) R | Reimbursement arran | igements. | | | | | 1 b (4) | | Х |
| (5) L | oans or loan guaran | tees | | | | | 1 b (5) | | X |
| (6) P | erformance of service | ces or membership | or fundraising solicitation | ons | | | 1 b (6) | | X |
| c Shari | ng of facilities, equip | oment, mailing lists | , other assets, or paid o | employees | | | 1 c | | X |
| d If the | answer to any of th | a abaya is 'Vas ' aa | emplete the following so | shadula Calu | mn (h) should alv | vave chow the fair n | narkat vali | uo of | |
| the a | oods, other assets, o | or services aiven by | the reporting foundation | on If the foul | ndation received l | ess than fair marke | t value in | ue oi | |
| | , | | w in column (d) the val | | | | | | |
| (a) Line no. | (b) Amount involved | (c) Name of n | oncharitable exempt organiza | tion | (a) Description of tran | sfers, transactions, and | snaring arrar | igement | <u>s</u> |
| N/A | | | | | | - | | | |
| | | | | · - | | | | | |
| | <u> </u> | | | | | | | | |
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| |] | | | | | | | | |
| 2a Is the | foundation directly | or indirectly affiliate | ed with, or related to, o | ne or more to | ax-exempt organiz | zations | | (Te) | |
| | • | | er than section 501(c)(3 | B)) or in secti | on 527? | | ∐Yes | X | No |
| b it 'Ye | s,' complete the follo | | (h) T | | | N December of role | | | |
| N/A | (a) Name of organiz | zation | (b) Type of organ | nization | |) Description of rela | ationship | | |
| N/A | | _ | | | + | | | | — |
| | | - | | | | | ···· | | |
| | | | | | ····· | | | | |
| | | | | *** | | | | | |
| Und | er penalties of perjury, I de | clare that I have examine | d this return, including accompantaxpayer or fiduciary) is base | anying schedules | and statements, and to | the best of my knowledge | and belief, i | t is true, | |
| | ect, and complete Declara | tion of preparer (other tha | n taxpayer or fiduciary) is base | d on all informati | on of which preparer ha | is any knowledge | | | |
| Sign | 1 | 5 | _ | _ 1 | V //. | | | _ | |
| Pere | X/ 3/ | | | | * '4' // | Title Prosada | | | |
| / | Signature of officer or trus Print/Type preparer's | | President Sunn Mills / | 10.1. | Date / | · · · · · · · · · · · · · · · · · · · | PTIN | | — |
| D · · | 1 | | FRANK MUSAC | CHIO | Tiliolu | Check ifif | P00717 | 1000 | |
| Paid | FRANK MUSA | IRVINGS ROT | | CUIO | | self-employed Firm's EIN ► 13-38 | | 070 | |
| Preparer | | 55 W 39TH S | | | | LIMSEIN - TO-20 | U-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | |
| Use Only | Firm's address | NEW YORK, N | | | | Phone no (212) |) 447-0 | 0333 | |
| BAA | | THE TOTAL , IN | 1 10010 3003 | | - | Tribite to (212) | Form 99 | | |
| | | | | | | | | - (| ,_0,0) |

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

Name of the organization THE JERRY AND JANET HARARY FAMILY Employer identification number FOUNDATION 56-2444173 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 X 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, charitable, 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 their 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) Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| | B (Form 990, 990-EZ, or 990-PF) (2010) | Page 1 | of 1 of Part I |
|---------------|--|-----------------------------------|---|
| Name of org | anization ERRY AND JANET HARARY FAMILY | 1 1 | r identification number |
| | Contributors (see instructions) | 130 2. | 144173 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | JERRY HARARY 1904 E 2ND STREET BROOKLYN, NY 11223-2830 | \$99,506. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroli Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (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) Number | (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) Number | (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) Number | (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 1

of Part II

THE JERRY AND JANET HARARY FAMILY

Employer identification number

56-2444173

Partilla Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| N | 1/A | | |
| - | | s | |
| (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 |
| | | | |
| }- | | s | |

BAA

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

| _ | - |
|------|---|
| Page | |
| | |

of Part III

Name of organization

Employer identification number

56-2444173

THE JERRY AND JANET HARARY FAMILY Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year (Enter this information once See instructions) (d) (a) (c) No. from Part I Description of how gift is held Use of gift Purpose of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) (c) (b) (a) No. from Use of gift Description of how gift is held Purpose of gift Part I Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (d) (c) (b) (a) Description of how gift is held No. from Use of gift Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) (c) (a) Description of how gift is held No. from Use of gift Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

| 2010 | |
|--------|---------|
| CLIENT | JJHARFF |

FEDERAL STATEMENTS

PAGE 1

THE JERRY AND JANET HARARY FAMILY

FOUNDATION

56-2444173

4,452.

1,552.

11/10/11

12:48PM

| STATEMENT 1 | | | |
|--------------------|-------------|---------|-----|
| FORM 990-PF, | PART | I, LINE | 16B |
| ACCOUNTING | FEES | | |

| | (A) EXPENSES | (B) NET INVESTMENT | (C) ADJUSTED | (D) CHARITABLE |
|-----------------|---------------------------|-----------------------|-----------------|------------------------|
| | PER BOOKS | INCOME | NET INCOME | PURPOSES |
| ACCOUNTING FEES | TOTAL \$ 3,946. \$ 3,946. | <u>\$ 0.</u> | <u>\$ 0.</u> | \$ 3,946. \$ 3,946. |

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

| | - | (A) EXPENSES PER_BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--------------|-------|------------------------------|---------------------------|-------------------------|-------------------------------|
| BANK CHARGES | TOTAL | \$ 564. \$ 564. | <u>\$</u> 0. | \$ 0. | \$ 564. \$ 564. |

STATEMENT 3 FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

CHARITABLE

YAD YOSEF OZERI 1648 E 16TH ST

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

BROOKLYN, NY 11223

NONE NFP

AMOUNT GIVEN:

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

CHARITY BIKUR HOLIM

2281 OCEAN PARKWAY BROOKLYN, NY 11223

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

NONE NFP

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

RELIGIOUS B'NEI SHAARE ZION PO BOX 290093 BROOKLYN, NY 11229

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

NFP 1,254.

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

RELIGIOUS MAGEN ABRAHAM 479 MONMOUTH RD

W. LONG BRANCH, NJ 07740

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE NFP

| 2010 | FEDERAL STATEMENTS | | PAGE 2 |
|--|--------------------|---|------------|
| CLIENT JJHARFF | THE JERRY | AND JANET HARARY FAMILY FOUNDATION | 56-2444173 |
| 11/10/11 | | · · · · · · · · · · · · · · · · · · · | 12.48PM |
| STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND | | | |
| AMOUNT GIVEN: | | \$ | 1,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | RELIGIOUS MATTAN BASSETER 580 5TH AVENUE NYC, NY 10036 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NFP | 652. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | RELIGIOUS AHABA VE AHVA CONGREGATION OF PO BOX 230-316 BROOKLYN, NY 11223 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NFP | 1,002. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | RELIGIOUS MASKEEL EL DAL MASS. GENERAL HOSPITAL BOSTON, MA | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 1,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY OHEL YACOB 4 OCEAN AVE DEAL, NJ 07723 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NONE | 2,757. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY CONG. BET YAAKOB 721 AVE V BROOKLYN, NY 11223 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NONE | 5,101. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY HATZALAH VOLUNTEER EMS PO BOX 2333 ELBERON, NJ 07740 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 252. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | EDUCATIONAL DEAL YESHIVAH 200 WALL ST WEST LONG BRANCH, NJ 07764 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF | DONEE: | WEST LONG BRANCH, NJ 07764 NONE NFP | |

| 2010 | FEDERAL STATEMENTS | | PAGE 3 |
|---|--------------------|--|------------|
| CLIENT JJHARFF | THE JERRY | AND JANET HARARY FAMILY FOUNDATION | 56-2444173 |
| 11/10/11 | | The state of the s | 12:48PM |
| STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND | GRANTS | | |
| AMOUNT GIVEN: | | \$ | 1,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | RELIGIOUS MIKASH MELECH 1326 OCEAN PARKWAY BROOKLYN, NY 11230 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NFP | 20,100. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY BE'ER MIRIAM 805 AVENUE T BROOKLYN, NY 11223 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE | 1,200. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | RELIGIOUS CHABAD MORRIS CTY 226 SUSSEX AVENUE MORRISTOWN, NJ 07962 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 1,500. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY HOLOCAUST MEMORIAL MUSEUM 60 EAST 42ND STREET NEW YORK, NY 10165 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 50. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | EDUCATIONAL MAOR YESHEVIA 36 CEDAR AVENUE | |
| DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 4,600. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY NEFESH 1750 EAST 18TH STREET BROOKLYN, NY 11229 NONE | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 501. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | EDUCATIONAL REACH FOR THE STARS LEARNING CENTER 3300 KINGS HIGHWAY BROOKLYN, NY 11234 | : |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF | DONEE: | NONE NFP | |

| 2010 ` | | RAL STATEMENTS | PAGE 4 |
|--|-----------|--|---------------------|
| CLIENT JJHARFF | THE JERRY | AND JANET HARARY FAMILY FOUNDATION | 56-2444173 |
| 11/10/11 | | | 12 48 PM |
| STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND | GRANTS | | |
| AMOUNT GIVEN: | | | \$ 1,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY RELIEF RESOURCES 5904 13TH AVENUE BROOKLYN, NY 11219 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 501. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY TAMAR FUND INT 132 NASSAU ST. NEW YORK, NY 10038 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 5,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY OHEL SIMCHA SUPER FUND PO BOX 2088 ELBERON, NJ 07740 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE NFP | 750. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY CONGREGATION EDMOND J. SAFRA 11 EAST 63RD STREET NEW YORK, NY 10065 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | NONE | 101. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY SEPHARDIC TORAH CENTER KOLLEL PO BOX 167 DEAL, NJ 07723 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | | 9,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY YEKERAI YERUSHALAYIM INC 1723 OCEAN PARKWAY BROOKLYN NY 11223 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | DONEE: | BROOKLYN, NY 11223 NONE NFP | 1,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY SHORE AREA MIKVEH PO BOX 201 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF | DONEE: | DEAL, NJ 07723 NONE NFP | |

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|--|--------------------|--|---------------|
| CLIENT JJHARFF | THE JERRY | AND JANET HARARY FAMILY FOUNDATION | 56-2444173 |
| 11/10/11 | | | 12 48PM |
| STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 29 CONTRIBUTIONS, GIFTS, AND | | | Í |
| AMOUNT GIVEN: | | | \$ 12,000. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY UPPER MIDTOWN CHABAD 336 EAST 53RD STREET NEW YORK, NY 10022 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NFP | 8,800. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY YESHIVA OHEL TORAH 2600 OCEAN AVENUE BROOKLYN, NY 11229 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NFP | 2,600. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY YESHIVAT KETER TORAH 613 APOLLO ROAD LAKEWOOD, NJ 08701 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | | NONE NFP | 1,112. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY CONG HECHE 510 AVE M BROOKLYN, NY 11230 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | F DONEE: | NONE NFP | 1,001. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY KEREN HA YESHIVET TRUST 346 AVE O | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | F DONEE: | BROOKLYN, NY 11230 NONE NFP | 301. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY MISHKAN YOSEPH SHMUEL 1801 AVE M BROOKLYN, NY 11230 NONE | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN: | F DONEE: | NONE NFP | 501. |
| CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: | | CHARITY RAV CHESED 1210 43RD STREET BROOKLYN, NY 11219 | |
| RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF | F DONEE: | NONE NFP | |

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2010

FEDERAL STATEMENTS

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CLIENT JJHARFF

THE JERRY AND JANET HARARY FAMILY **FOUNDATION**

56-2444173

11/10/11

12:48PM

STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

AMOUNT GIVEN:

Ś 101.

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

CHARITY ST. DOMINICKS PTA 250 OLD SQUAN ROAD BRICK, NJ 08724 NONE

NFP

NONE

NFP

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

100.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHARITY TRUE COLORS OF STONEWALL COMM. FOUND.

576 FARMINGTON AVENUE HARTFORD, CT 06105

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

4,100.

TOTAL \$ 95,941.

STATEMENT 4 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

JERRY HARARY

1904 EAST 2ND STREET BROOKLYN, NY 11223-2830