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Form 990-PF

Return of Private Foundation

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

2010

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

For calendar year 2010, or tax year beginning 01-01-2010, and ending 12-31-2010

G Check all that apply

 Initial return Initial return of a former public charity Final return Amended return Address change Name change

Name of foundation

HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

A Employer identification number

95-4640311

Number and street (or P O box number if mail is not delivered to street address)
2990 S SEPULVEDA BLVD

Room/suite

B Telephone number (see page 10 of the instructions)

(310) 473-5121

City or town, state, and ZIP code
LOS ANGELES, CA 90064C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,169,429

J Accounting method Cash Accrual
 Other (specify) _____
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1	Contributions, gifts, grants, etc., received (attach schedule)	535,972		
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B			
3	Interest on savings and temporary cash investments	929	929	
4	Dividends and interest from securities.	49,474	49,474	
5a	Gross rents			
b	Net rental income or (loss) _____			
6a	Net gain or (loss) from sale of assets not on line 10	15,376		
b	Gross sales price for all assets on line 6a 104,126			
7	Capital gain net income (from Part IV, line 2)		15,376	
8	Net short-term capital gain			12,631
9	Income modifications			
10a	Gross sales less returns and allowances			
b	Less Cost of goods sold			
c	Gross profit or (loss) (attach schedule)			
11	Other income (attach schedule)	642,497		
12	Total. Add lines 1 through 11	1,244,248	65,779	12,631

13	Compensation of officers, directors, trustees, etc	151,455	7,001	144,454
14	Other employee salaries and wages	70,261		70,261
15	Pension plans, employee benefits			
16a	Legal fees (attach schedule)	2,758		2,758
b	Accounting fees (attach schedule)	11,325	2,831	8,494
c	Other professional fees (attach schedule)	154,691	28,107	133,945
17	Interest			
18	Taxes (attach schedule) (see page 14 of the instructions)	18,494		18,494
19	Depreciation (attach schedule) and depletion	2,204		
20	Occupancy			
21	Travel, conferences, and meetings	32,426		32,426
22	Printing and publications	25,189	2,519	22,670
23	Other expenses (attach schedule)	408,888	13,233	394,663
24	Total operating and administrative expenses.			
	Add lines 13 through 23	877,691	53,691	828,165
25	Contributions, gifts, grants paid	456,048		456,048
26	Total expenses and disbursements. Add lines 24 and 25	1,333,739	53,691	1,284,213
27	Subtract line 26 from line 12			
a	Excess of revenue over expenses and disbursements	-89,491		
b	Net investment income (if negative, enter -0-)		12,088	
c	Adjusted net income (if negative, enter -0-)			12,631

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets					
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments	478,628	239,162	239,162	
3	Accounts receivable ►				
	Less allowance for doubtful accounts ►				
4	Pledges receivable ►				
	Less allowance for doubtful accounts ►				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)				
7	Other notes and loans receivable (attach schedule) ►				
	35,489				
	Less allowance for doubtful accounts ►	1,600	35,489	35,489	
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges				
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)	629,881	745,957	876,906	
c	Investments—corporate bonds (attach schedule)				
11	Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ►	27,945			
	Less accumulated depreciation (attach schedule) ►	21,318			
		3,518	6,627	6,627	
15	Other assets (describe ►)	12,237	11,245	11,245	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,125,864	1,038,480	1,169,429	
Liabilities					
17	Accounts payable and accrued expenses				
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ►)	90	2,197	2,197	
23	Total liabilities (add lines 17 through 22)	90	2,197		
Net Assets or Fund Balances					
	Foundations that follow SFAS 117, check here ►				
	and complete lines 24 through 26 and lines 30 and 31.				
24	Unrestricted				
25	Temporarily restricted				
26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ►				
	and complete lines 27 through 31.				
27	Capital stock, trust principal, or current funds				
28	Paid-in or capital surplus, or land, bldg , and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds	1,125,774	1,036,283		
30	Total net assets or fund balances (see page 17 of the instructions)	1,125,774	1,036,283		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,125,864	1,038,480		

Part 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-of-year figure reported on prior year's return)	1	1,125,774
2	Enter amount from Part I, line 27a	2	-89,491
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	1,036,283
5	Decreases 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, column (b), line 30	6	1,036,283

Part IV Capital Gains and Losses for Tax on Investment Income

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2009	1,169,023	1,077,972	1 08447	
2008	1,046,877	1,015,642	1 03075	
2007	1,124,036	1,209,612	0 92925	
2006	921,493	939,334	0 98101	
2005	832,660	725,564	1 14760	
2 Total of line 1, column (d).			2	5 17308
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . .			3	1 03462
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5.			4	1,110,251
5 Multiply line 4 by line 3.			5	1,148,681
6 Enter 1% of net investment income (1% of Part I, line 27b).			6	121
7 Add lines 5 and 6.			7	1,148,802
8 Enter qualifying distributions from Part XII, line 4.			8	1,284,211

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	121	
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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	2	121	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	3	121	
3	Add lines 1 and 2.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	121	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			
6	Credits/Payments	5	121	
a	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
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d.	7	121	
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	121	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>	10	11	

Part VII-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?		
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
c	Did the foundation file Form 1120-POL for this year?	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____	2	No
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4a	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> CA	7	Yes
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	8b	Yes
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		
		9	No
		10	No

Part 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		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ► WWW pancreatic.org				
14	The books are in care of ► STEPHEN C PRINCE CPA	Telephone no ► (818) 992-8111		
	Located at ► 21031 VENTURA BLVD STE 702 WOODLAND HILLS CA	ZIP +4 ► 91364		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ►	15		
16	and enter the amount of tax-exempt interest received or accrued during the year ►			
At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?				
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►				
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				
Yes No				
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ► Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ► Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception . Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ► Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ►			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ► Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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 20 of the instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ► Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved 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 if the foundation had excess business holdings in 2010).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 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.	<input checked="" type="checkbox"/>	5b	No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	No
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL SCOTT ESQ 15165 VENTURA BLVD 300 SHERMAN OAKS, CA 91403	Director 5 00	0		
STEPHEN C PRINCE CPA 21031 VENTURA BLVD 702 WOODLAND HILLS, CA 91364	Director 5 00	0		
LISA MANHEIM 10021 CHEVIOT DR LOS ANGELES, CA 90064	DIR , FDTN MGR 40 00	94,125	15,474	
AGNES BERLINER HIRSHBERG 21031 VENTURA BLVD SUITE 702 WOODLAND HILLS, CA 91364	DIR PRES 20 00	0	13,055	

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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 deferred compensation	(e) Expense account, other allowances
LISA HIRSHBERG 8335 COLEGIO DRIVE LOS ANGELES, CA 90045	COMM DIRECTOR 40 00	57,330	14,544	
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a Average monthly fair market value of securities.	1a	848,273
b Average of monthly cash balances.	1b	278,885
c Fair market value of all other assets (see page 24 of the instructions).	1c	0
d Total (add lines 1a, b, and c).	1d	1,127,158
e 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	
3 Subtract line 2 from line 1d.	3	1,127,158
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	16,907
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,110,251
6 Minimum investment return. Enter 5% of line 5.	6	55,513

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6.	1	55,513
2a Tax on investment income for 2010 from Part VI, line 5.	2a	121
b Income tax for 2010 (This does not include the tax from Part VI).	2b	
c Add lines 2a and 2b.	2c	121
3 Distributable amount before adjustments Subtract line 2c from line 1.	3	55,392
4 Recoveries of amounts treated as qualifying distributions.	4	
5 Add lines 3 and 4.	5	55,392
6 Deduction from distributable amount (see page 25 of the instructions).	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	55,392

Part XII Qualifying Distributions (see page 25 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,284,213
b Program-related investments—total from Part IX-B.	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required).	3a	
b Cash distribution test (attach the required schedule).	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,284,213
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 page 26 of the instructions).	5	121
6 Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,284,092

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				55,392
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010				
a From 2005.	832,660			
b From 2006.	876,770			
c From 2007.	1,064,883			
d From 2008.	996,095			
e From 2009.	1,115,124			
f Total of lines 3a through e.	4,885,532			
4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ _____ 1,284,213				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).	0			
d Applied to 2010 distributable amount.				55,392
e Remaining amount distributed out of corpus	1,228,821			
5 Excess distributions carryover applied to 2010 (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:	6,114,353			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
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 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)	832,660			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	5,281,693			
10 Analysis of line 9				
a Excess from 2006.	876,770			
b Excess from 2007.	1,064,883			
c Excess from 2008.	996,095			
d Excess from 2009.	1,115,124			
e Excess from 2010.	1,228,821			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

AGNES BERLINER HIRSHBERG

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			► 3a	456,048
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

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

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization or

(1) Cash.

(2) Other assets.

Other transactions

(1) Sales of assets to a noncharitable exempt organization. . .

(2) Purchases of assets from a noncharitable exempt

(3) Rental of facilities, equipment,

(4) Reimbursement arrangement

(8) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship		
<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.</p>				
<p>***** Signature of officer or trustee</p>	<p>2011-11-15 Date</p>	<p>***** Title</p>		
<p>Sign Here Paid Preparer's Use Only</p>	<p>Preparer's Signature STEPHEN C PRINCE</p>	<p>Date</p>	<p>Check if self-employed <input checked="" type="checkbox"/></p>	<p>PTIN</p>
	<p>Firm's name ►</p>	<p>Stephen C Prince CPA 21031 Ventura Blvd Ste 702</p>	<p>Firm's EIN ►</p>	
	<p>Firm's address ►</p>	<p>Woodland Hills, CA 91364</p>	<p>Phone no (818) 992-8111</p>	

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 organization**HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH**Employer identification number**

95-4640311

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

Form 990-PF

501(c)(3) exempt private foundation
 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—

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 33¹/₃% 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 its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

Employer identification number

95-4640311

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
1	APPLE STOCK	\$ 49,641	2010-12-07
(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
		\$	

Name of organization HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH	Employer identification number 95-4640311
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Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations*

aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once. See instructions) ► S

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 95-4640311
Name: HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	THE CAROUSEL PO BOX 1526 SAN MARCOS, CA 92079	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
19	HOWARD GUSSMAN 2990 S SEPULVEDA BLVD 300C LOS ANGELES, CA 90034	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	GERALD FRIEDMAN 260 W BEACH AVE INGLEWOOD, CA 90302	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17	UNKNOWN CONTRIBUTOR 2990 S SEPULVEDA BLVD 300C LOS ANGELES, CA 90034	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16	PAM COLLINS 2990 S SEPULVEDA BLVD 300C LOS ANGELES, CA 90034	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	NICK COLLETTI 2990 S SEPULVEDA BLVD 300C LOS ANGELES, CA 90034	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	IAN LISA SCHAPIRO 2990 S SEPULVEDA BLVD 300C LOS ANGELES, CA 90034	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
13	MARY ADAMS 2990 S SEPULVEDA BLVD 300C LOS ANGELES, CA 90034	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	<u>AMANDA PETERSON</u> 2990 S SEPULVEDA BLVD 300C <u>LOS ANGELES, CA 90034</u>	\$ 6,066	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
11	<u>BRAD DAL BON</u> 2990 S SEPULVEDA BLVD 300C <u>LOS ANGELES, CA 90034</u>	\$ 6,500	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
10	<u>SHARON ROSENBERG</u> 2990 S SEPULVEDA BLVD 300C <u>LOS ANGELES, CA 90034</u>	\$ 6,575	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
9	<u>JERRY MINK</u> 2990 S SEPULVEDA BLVD 300C <u>LOS ANGELES, CA 90034</u>	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
8	<u>JULIE MARC PLATT</u> 10393 STRATHMORE DR <u>LOS ANGELES, CA 90024</u>	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
7	<u>STANLEY BLACK</u> 2990 S SEPULVEDA BLVD 300C <u>LOS ANGELES, CA 90034</u>	\$ 15,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
6	<u>CATHERINE MOORE</u> 2990 S SEPULVEDA BLVD 300C <u>LOS ANGELES, CA 90034</u>	\$ 20,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
5	<u>ERIK LUDWICK</u> 15332 ANTIOCH ST <u>PACIFIC PALISADES, CA 90272</u>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	<p>MADELINE GUSSMAN 909 N WHITTIER DR BEVERLY HILLS, CA 90210</p>	\$ 5,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
3	<p>VIRGINIA A MERTZ WALL P O BOX 402 INLET, NY 13560</p>	\$ 10,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
2	<p>AGRONINC 2440 S SEPULVEDA BL STE 201 LOS ANGELES, CA 90064</p>	\$ 75,000	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution)
1	<p>AGNES B HIRSHBERG 375 HOMEWOOD RD LOS ANGELES, CA 90049</p>	\$ 53,624	Person Payroll Noncash <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
			(Complete Part II if there is a noncash contribution)

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 95-4640311
Name: HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
MISCELLANEOUS 2990 S SEPULVEDA BLVD SUITE 300C LOS ANGELES, CA 90064	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESSRESEARCH	150
MAYO CLINICROCHESTER RESEARCH PO BOX 4008 ROCHESTER, MN 55905	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	50,000
S C BANKSBELLAH CARE CHRONICLES 9854 NATIONAL BLVD LOS ANGELES, CA 90034	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESSRESEARCH	12,898
UNIV OF TEXAS ANDERSON CANCER CENTE PO BOX 4390 HOUSTON, TX 77210	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	50,000
DANA FARBER CANCER CENTER 44 BINNEY ST ROOM BP-4 BOSTON, MA 20115	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	50,000
CANCER CARE INC 275 SEVENTH AVENUE NEW YORK, NY 10001	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESSRESEARCH	60,000
AMERICAN PANCREATIC ASSOCIATION P O BOX 14906 MINNEAPOLIS, MN 55414	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	18,000
UNIVERSITY OF CALIFORNIA REGENTS 11000 KINROSS AVE 102 LOS ANGELES, CA 90095	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESS RESEARCH	50,000
UCLA FOUNDATION 10833 LeCONTE AVE LOS ANGELES, CA 90095	NONE	GIFT	TO FURTHER CANCER AND RELATED ILLNESSRESEARCH	165,000
Total			► 3a	456,048

TY 2010 Accounting Fees Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	11,325	2,831	0	8,494

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Amortization Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
LEASEHOLD IMPROVEMENTS	2007-05-01	14,882	2,645	15	992			3,637

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2010 Depreciation Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

TY 2010 Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2010-09-26	572		53	20 00 %	114			
COMPUTER EQUIPMENT	2010-09-26	1,180		53	20 00 %	236			
COMPUTER EQUIPMENT	2010-07-31	480		53	20 00 %	96			
COMPUTER EQUIPMENT	2010-07-31	2,210		53	20 00 %	442			
OFFICE EQUIPMENT	2010-12-06	872		57	14 29 %	125			
OFFICE EQUIPMENT ETC	2009-10-19	1,468	52	57	27 55 %	404			
OFFICE EQUIPMENT, ETC	2009-09-20	1,703	182	57	25 51 %	434			
COMPUTER EQUIPMENT	2007-07-26	1,315	936	53	11 52 %	151			
OFFICE EQUIPMENT, ETC	2003-08-18	2,578	2,463	57	4 46 %	115			
OFFICE EQUIPMENT, ETC	2003-07-15	2,000	1,913	57	4 46 %	87			

TY 2010 Employee Compensation Explanation

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Employee	Explanation
LISA HIRSHBERG	

TY 2010 General Explanation Attachment

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Identifier	Return Reference	Explanation
		EFFECTIVE JANUARY 1, 2008, THE FOUNDATION APPLIED FOR AND RECEIVED A CHANGE OF STATUS TO THAT OF A PUBLIC CHARITY UNDER 501(C)(3)WHICH WILL BE REFLECTED IN FUTURE FILINGS

TY 2010 Land, Etc. Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Machinery and Equipment	27,945	21,318	6,627	6,627

TY 2010 Legal Fees Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,758	0	0	2,758

TY 2010 Other Assets Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Net Intangible Assets	12,237	11,245	11,245

TY 2010 Other Expenses Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	3,630	363		3,267
REPAIRS & MAINTENANCE	188			188
RENT & PARKING	46,212	4,621		41,591
OFFICE EXPENSES/POSTAGE ETC	24,614	3,692		20,922
MISCELLANEOUS COSTS	7,579			7,579
INSURANCE-HEALTH	45,573	4,557		41,016
INSURANCE -GENERAL	5,393			5,393
GRAPHIC DESIGN	10,755			10,755
CHARITY EVENT EXPENSES	262,323			262,323
BANK CHARGES/DISCOUNT FEES	1,629			1,629
Amortization	992			

TY 2010 Other Income Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Income From Special Events	642,497		

TY 2010 Other Liabilities Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Description	Beginning of Year - Book Value	End of Year - Book Value
Rounding	1	
PAYROLL TAXES PAYABLE	89	2,197

TY 2010 Other Professional Fees Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE SERVICES	64,345	0	0	64,345
CREDIT COSTS, INFO MGMT	82,985	20,746	0	62,239
BROKERAGE MANAGEMENT FEES	7,361	7,361	0	7,361

TY 2010 Taxes Schedule

Name: HIRSHBERG FOUNDATION FOR
PANCREATIC CANCER RESEARCH

EIN: 95-4640311

Software ID: 10000105

Software Version: 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	18,233			18,233
OTHER TAXES & LICENSES	150			150
FOREIGN TAXES	111			111