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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2010

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

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

Room/suite

City or town, state, and ZIP code
LOS ANGELES, CA 90064

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.)

A Employer identification number
95-4640311

B Telephone number (see page 10 of the instructions)
(310) 473-5121

C 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

☐

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)
Revenue	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	
Operating and Administrative Expenses	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	

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Cat No 11289X

Form 990-PF (2010)

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	
	23	Total liabilities (add lines 17 through 22)	90	2,197	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> 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)	11,125,774
2	Enter amount from Part I, line 27a	-89,491
3	Other increases not included in line 2 (itemize) ▶ _____	
4	Add lines 1, 2, and 3	1,036,283
5	Decreases not included in line 2 (itemize) ▶ _____	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	1,036,283

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	15,376
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }		3	12,631

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 1,148,685
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 121
7 Add lines 5 and 6.			7 1,148,806
8 Enter qualifying distributions from Part XII, line 4.			8 1,284,213

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 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		1 121
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-)		2
3 Add lines 1 and 2.		3 121
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5 121
6 Credits/Payments		
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
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9 121
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10
11 Enter the amount of line 10 to be Credited to 2011 estimated tax 0 Refunded		11

Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			Yes 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)? 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.		1a 1b	No No
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 \$ (2) On foundation managers \$			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.		4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?.		4b	No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5	No
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? If "Yes," complete Part II, col (c), and Part XV		7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) CA			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b	Yes
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)? If "Yes," complete Part XIV		9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		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? Website address ▶WWW pancreatic org	13	Yes	
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	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?	16		No
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? <input type="checkbox"/> 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?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> 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)? <input type="checkbox"/> 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). <input type="checkbox"/> 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)? . . . Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
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?. <input type="checkbox"/> 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?. <input type="checkbox"/> 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.</i>).	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

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(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</p> <p>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"/></p> <p>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).</p>			
<p>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</p>	5b	No	
<p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.</p>			
<p>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</p>			
<p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?</p>	6b	No	
	7b	No	

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).
If none, enter "NONE."**

Total number of other employees paid over \$50,000.	▶	
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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		
Total number of others receiving over \$50,000 for professional services.		

Part IX-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 organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 U C L A MEDICAL CENTER HIRSHBERG LABORATORY AND RESEARCH-RESEARCH DIRECTED AT MECHANISMS,TREATMENTS,AND POTENTIALCURES FOR PANCREATIC CANCER	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
3	
Total. Add lines 1 through 3.	

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:					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		6,114,353			
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.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 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	Tax year	Prior 3 years			(e) Total
		(a) 2010	(b) 2009	(c) 2008	(d) 2007	
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	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2010)

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 of

1

Cash.

1a(1)

No

2

Other assets.

1a(2)

No

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

1b(1)

No

2

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

3

Rental of facilities, equipment, or other assets.

1b(3)

No

4

Reimbursement arrangements.

1b(4)

No

5

Loans or loan guarantees.

1b(5)

No

6

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

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

1c

No

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.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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
--------------------------	--------------------------	---------------------------------

Sign Here

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.

Signature of officer or trustee

2011-11-15

Date

Title

Paid Preparer's Use Only

Preparer's Signature

STEPHEN C PRINCE

Firm's name

Stephen C Prince CPA

21031 Ventura Blvd Ste 702

Firm's address

Woodland Hills, CA 91364

Date

Check if self-employed

PTIN

Firm's EIN

Phone no (818) 992-8111

Form 990-PF (2010)

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div>	<div>OMB No 1545-0047</div>
		<div>2010</div>
<div>Name of organization</div> <div>HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH</div>		<div>Employer identification number</div> <div>95-4640311</div>

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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 lin 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
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Part I

Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<div>_____</div>	See Additional Data Table <div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>_____</div>	<div>_____ _____ _____</div>	<div>\$ _____</div>	<div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>

Name of organization HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH	Employer identification number 95-4640311
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Part II **Noncash Property** (see Instructions)[illegible]

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) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	<div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> <div></div> <div></div> <div></div>		
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	<div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> <div></div> <div></div> <div></div>		
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	<div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> <div></div> <div></div> <div></div>		
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	<div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> <div></div> <div></div> <div></div>		
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	<div>Transferee's name, address, and ZIP + 4</div> <div>Relationship of transferor to transferee</div> <div></div> <div></div> <div></div>		

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
<div>20</div>	<div>THE CAROUSEL</div> <div>PO BOX 1526</div> <div>SAN MARCOS, CA 92079</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>19</div>	<div>HOWARD GUSSMAN</div> <div>2990 S SEPULVEDA BLVD 300C</div> <div>LOS ANGELES, CA 90034</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>18</div>	<div>GERALD FRIEDMAN</div> <div>260 W BEACH AVE</div> <div>INGLEWOOD, CA 90302</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>17</div>	<div>UNKNOWN CONTRIBUTOR</div> <div>2990 S SEPULVEDA BLVD 300C</div> <div>LOS ANGELES, CA 90034</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>16</div>	<div>PAM COLLINS</div> <div>2990 S SEPULVEDA BLVD 300C</div> <div>LOS ANGELES, CA 90034</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>15</div>	<div>NICK COLLETTI</div> <div>2990 S SEPULVEDA BLVD 300C</div> <div>LOS ANGELES, CA 90034</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>14</div>	<div>IAN LISA SCHAPIRO</div> <div>2990 S SEPULVEDA BLVD 300C</div> <div>LOS ANGELES, CA 90034</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>
<div>13</div>	<div>MARY ADAMS</div> <div>2990 S SEPULVEDA BLVD 300C</div> <div>LOS ANGELES, CA 90034</div>	<div>\$5,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution)</div>


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

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

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)				
a <i>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
MISCELANEOUS 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
A mortization	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 Invest ment 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