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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 the

OMB No 1545-0052 2010

Fo	or ca	endar year 2010, c	or tax year beginning			/01 <b>,2010</b>				01/31,	20 11
G	Ch	ck all that apply:	Initial return		Initial return	of a former p	oublic char	ıty	L.	J Fınal return	
_			Amended return		Addre	ss change			lame change		
Na	ame o	f foundation							A Employer Identific	cation number	
-		ISLAND FOUND									
W	. M	. JENNINGS &	BETH DATER						06-	6304990	
Νι	ımbeı	r and street (or P O box	x number if mail is not delive	red to stre	et address)		Room/su	ite	B Telephone number	(see page 10 of the in	structions)
5	55	PARK AVENUE					APT 91	E		2) 407-94	03
Cı	ty or	town, state, and ZIP co	ode	_					C If exemption application pending, check here	tion is	
									D 1. Foreign organizat		<b>&gt;</b>
N	EW	YORK, NY 1006							Foreign organizat     85% test, check h		
Η̈́		ck type of organizat							computation .		<b>&gt;</b>
1	s	ection 4947(a)(1) nor	nexempt charitable trust		Other taxable p				E If private foundation	status was terminate	ed
ı		market value of all	1.	_	method X C	ash Ac	crual		under section 507(b	(1)(A), check here .	▶ 🔛
		ear (from Part II, col		Other (s					F If the foundation is		. 1 .
				<del></del>	n (d) must be or	n casn basis ,	<del>'</del>		under section 507(b)	(1)(B), check here	
Li	art	total of amounts in co may not necessarily	nue and Expenses (The clumns (b), (c), and (d) equal the amounts in e 11 of the instructions))	(a)	Revenue and expenses per books	(b) Net inv incor		(	c) Adjusted net income	(d) Disburse for charita purpose (cash basis	able s
_	1	<del></del>	etc , received (attach schedule)		100,085		200	<i>;</i> ,	* e	(COUNT DUSING	OHIT?
	2	If the fo	oundation is not required to	- I ′ 、		7 7 (2°	··· ,	,,	* 13. N. K.	PACK A	<del>, - ,</del>
	3	attaca i	Sch B temporary cash investments		39	<u> </u>	39.		<u>-</u>	ATCH 1	<del></del>
	4		st from securities		6,032		6,032.			ATCH 2	
	5 a			`						2. (2) (3)	
2	ь	Net rental income or (los		124		1 / //	,	,	[13] X 2等		, , , ,
7 9 .	6 a	Net gain or (loss) from s	sale of assets not on line 10		-716	· (X)	1, 1		<u> </u>	12 1	
Tue	b	Gross sales price for all assets on line 6a	202,726	5 • ×		N 2. 2	` .	. (\$.4 <u>.</u>	<u> </u>		
Š	7		me (from Part IV, line 2)	. 3	11/25 11/2 1	<del></del>	8,369.	:	<u> </u>	Sec. 25 16	<u> </u>
Revenue CUII	8		al gain		<u> </u>	* * * * * * * * * * * * * * * * * * * *	. ` `.			* X	<u>```</u>
	_	Income modifications		• \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	3 , 8 %	3051		<del>, ,</del>	- 1 × × ×	<u> </u>
	10 a	Gross sales less returns and allowances · · ·		ng ž		3 3	· , ` \	<u> </u>	The state of	3# 3 V	<u>`                                    </u>
	ь	Less Cost of goods sold		100	11/2 2/3	1 3 3 5 6		<u> </u>		<u> </u>	· · · · · ·
	С		(attach schedule)	- 4		1. J. 18	````			7) 4 . **	
	11	Other income (attach	n schedule)	.	288 105,728	1	04,440.			<u>ATCH 3</u>	<del></del>
_	12		rough 11		105,728		74,4403		<del></del>	· • • • »	
	13		rs, directors, trustees, etc			<del></del>			···		
ģ	14		ries and wages	·		<del> </del>			· · · · · · · · · · · · · · · · · · ·		
nse	15	Pension plans, emplo	•	•							
xpe		Legal fees (attach sch		•	3,500	<del> </del>	0.		0.	<del></del>	0
Ш a		Accounting fees (atta		•	3,330	-	<del></del>			<u> </u>	
ĔŸ	, °	Other protessional fe	- (auacit schedule)	•		-					
3tra	17 18		(see page 14 of the instructions)					•			
Operating and Administrative Expenses	19		Schedule) and depletion							(,* /	
眶	20	Occupancy	*** * * * * * * * * * * * * * * * * *	·				-		<u> </u>	
4	21	Travels conferences:	and meetings								
aŭ		Printing and publicat									
пg	23	Other expenses (atta									
rati	24	· · · · · · · · · · · · · · · · · · ·	administrative expenses	s.							
je			n 23	1	3,500		0.		0.		0
0	25		grants paid	t .	475,700			`.,			5,700
_	26	_	sements. Add lines 24 and 2	5	479,200	<u> </u>	0-1		0.	47	5,700
	27	Subtract line 26 from	n line 12 <sup>.</sup>	1.3			:-	`		, `, ~ `,	
	a	Excess of revenue over exp	penses and disbursements		-373,472	<u></u>	, ,,`				<u>.</u>
	b	Net investment inco	me (if negative, enter -0-	)	<del>-</del>	10	04,440.				
	с	Adjusted net income	e (if negative, enter -0-).	.1	<u> </u>		5			· · · · · · · · · · · · · · · · · · ·	

JSA

Form 990-PF (2010)

Б	art II	Palanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	artıı		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing			
			cash investments	319,351.		
	3 🖍	Accounts receivable ▶		1.20 m 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	13 13 (14) MO
		Less: allowance for dou	btful accounts ▶			
	4				3 4 1 3 3 1 1	100 100 100
			btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			ATCH 5
		diagnalified persons (atta	ash ashadula) (saa saas 15 of the instructions)	12,995.	0	
	7	Other notes and loans r	receivable (attach schedule)	San St 1 St 12 St	27 11 6 29 8 16 C	7.5 12 12 12 12 12 12 12 12 12 12 12 12 12
	•	Less: allowance for don	btful accounts >	7.		
	8	Inventories for sale or us		1		
Assets	9		eferred charges	ł		
88	_	•	e government obligations (attach schedule).			
⋖			e stock (attach schedule) ATCH 6	250.456.	147,099	. 145,992
	D	investments - corporate	stock (attach schedule) Alicii			
	11	Investments - corporate Investments - land, building	bonds (attach schedule)	\$ 50 CO	(V) ( V) - V/V	- C - 2 - 4 4 4 1 14 5
		and equipment, basis Less: accumulated deprecia		, , , , , ,	1 X 4 8 7 1 1 X 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(attach schedule)				<del>                                     </del>
	12		loans			
	13 14	Investments - other (atta Land, buildings, and	ach schedule)			1. C - 3.
	1-7	equipment basis Less accumulated deprecia		11/4/	, N. 94 A.	V 12 01 11 11 11 11 11
		(attach schedule)				<del></del>
	15		<b>&gt;</b> )			
	16		completed by all filers - see the		010 000	000 000
_			age 1, item I)		210,330	
	17	Accounts payable and a	accrued expenses			
	18	Grants payable				<b> </b>
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons			] " '
abi	21	Mortgages and other no	otes payable (attach schedule)			
"	22		e ▶)			
	23	Total liabilities (add line	es 17 through 22)		0	
		Foundations that fol	low SFAS 117, check here ▶			
			24 through 26 and lines 30 and 31.			
es	24	Unrestricted				
Juc.	24 25 26					
331	26					
ā	-0		not follow SFAS 117,			
Fund		check here and com	pplete lines 27 through 31.			
Ξ	27		cipal, or current funds		į	
ş	28	·	r land, bldg , and equipment fund			7` :
Se	28 29 30		ulated income, endowment, or other funds	583,802.	210,330	<b>.</b>
As	20	• •	fund balances (see page 17 of the		,	1 `
let	30			583,802.	210,330	
_	31	Total liabilities and no	et assets/fund balances (see page 17			1 ``` /
	"		· · · · · · · · · · · · · · · · · · ·	583,802.	210,330	
į.	arti		anges in Net Assets or Fund			<del></del>
			palances at beginning of year - Part		(must agree with	<u> </u>
1						583,802
_			d on prior year's return)			-373,472
		r amount from Part I,	-     0 (do		۱ ,	373,472
						210,330
						210,330
5	Deci	reases not included in	line ∠ (remize) ▶		5	210,330
6	Tota	net assets or fund be	alances at end of year (line 4 minus	iine 5) - Part II, column (t	o), line 30 6	210,330.

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income				
(a) List an	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )			
1a SEE PART IV SCH			D-DATIBILOT			
b						
c						
d						
e						
(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)			
<u>a</u>						
_ <b>b</b>						
С			<u> </u>	<del></del>		
_d						
_е					····	
Complete only for assets	showing gain in column (h) and owne	by the foundation on 12/31/69		Gains (Col (h) g		
(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	col.	(k), but not less t Losses (from co		
a					·	
b						
С						
d						
<u>e</u>						
2 Capital gain net income of	r (not canital loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		98,369.	
	n or (loss) as defined in sections 12					
If gain, also enter in Part I	, line 8, column (c) (see pages 13	and 17 of the instructions).	ŧ			
If (loss), enter -0- in Part I,	line 8	<u></u> J	3			
Part V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome			
	, leave this part blank the section 4942 tax on the distrib not qualify under section 4940(e).		ase period	d?	Yes X No	
	nount in each column for each year		efore mak	ing any entries.	<del></del>	
(a)	(b)	(c)		(d)		
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	[	Distribution ra (col (b) divided by		
2009	543,455.	789,388.			0.688451	
2008	305,934.	775,105.			0.394700	
2007	476,588.	620,169.			0.768481	
2006	377,366.	649,384.			0.581114	
2005	25,000.	766,193.			0.032629	
		· · · · · · · · · · · · · · · · · · ·				
2 Total of line 1, column (d	)		2		2.465375	
	for the 5-year base period - divide	the total on line 2 by 5, or by the		· -	· · · · · · · · · · · · · · · · · · ·	
	ndation has been in existence if less		3		0.493075	
aee. et jeure ine real				<del>-</del>		
4 Enter the net value of no	ncharitable-use assets for 2010 fro	m Part X, line 5	4		355,648.	
5 Multiply line 4 by line 3			5	5 175,361.		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	···-	1,044.	
7 Add lines 5 and 6			7		176,405.	
8 Enter qualifying distributions of the street of the stre	ons from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	475,700.	
Part VI instructions on pa		•	•			

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	6.3	,	
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	કેર જૂક	7 45 A	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,0	)44.
	here ► X and enter 1% of Part I, line 27b	× 4	(1) (1)	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)		, ' & 1º,	(1)
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		1,0	)44.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1,0	)44.
6	Credits/Payments	23.2		
_	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6, 242.		5 × 5	7,5
b	Exempt foreign organizations-tax withheld at source 6b 0.			'
c	Tax paid with application for extension of time to file (Form 8868)  6c  0.	, it is	Çse 🥎	ξ <sup>τ</sup> ,
	Backup withholding erroneously withheld	`		ζ
7	Total credits and payments. Add lines 6a through 6d		6,2	242.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		5,1	.98.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 5,198. Refunded ▶ 11			
Pa	t VII-A Statements Regarding Activities	F		
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	,	Yes	No
	participate or intervene in any political campaign?	1a		X
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)?	1b	<del></del>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.5	٠ ند	,
	published or distributed by the foundation in connection with the activities.	`		, •
C	Did the foundation file Form 1120-POL for this year?	1c	· ·	X
d		, , ,		,
	(1) Of the foundation.	33.		,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	¿ (		ý 4 ,
_	on foundation managers \$ 0.	2	344	X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ε <u>`</u> , , , , .	, S. S.
	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	[ ].	\$2.7	
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	* `	х
4	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	$\overline{}$		
b E	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
5	If "Yes," attach the statement required by General Instruction T	3		, , ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	
Ů	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	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		· ·	
	instructions) > CT,	.]	٥	、
ь	A THE TAX TO A THE STATE OF THE	·`	> ',	<b> </b>
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		,	1
	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		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

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3 b

4a

X

Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

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

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

Pai	t VII-B Statements Regarding Activities fo	r Which Form 4	720 May Be Requ	ired (continued)	<del>`</del>
5 a	During the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section		Yes X N	
	(2) Influence the outcome of any specific public election				
	directly or indirectly, any voter registration drive?			Yes X N	
	(3) Provide a grant to an individual for travel, study, or other			Yes X N	•
	(4) Provide a grant to an organization other than a charif				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	see page 22 of the in:	structions)	Yes X N	1 5 1 1
	(5) Provide for any purpose other than religious, charitat	ole, scientific, literary,	or educational		
	purposes, or for the prevention of cruelty to children or	r animals?		. Yes X N	o lijekale e
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa	actions fail to qualify	under the exceptions	described in	\(\frac{1}{2}\)
	Regulations section 53.4945 or in a current notice regard	ing disaster assistand	ce (see page 22 of the	instructions)?	5b
	Organizations relying on a current notice regarding disast	er assistance check h	iere	▶ 🔲	
С	If the answer is "Yes" to question 5a(4), does the founda	tion claim exemption	from the tax		- R (B-1)
	because it maintained expenditure responsibility for the gr	ant?		Yes N	
	If "Yes," attach the statement required by Regulations sect	ion 53.4945-5(d).			
6 a	Did the foundation, during the year, receive any funds, d	rectly or indirectly, to	pay premiums		- 1 人 [ N
	on a personal benefit contract?	•		. Yes X N	•  / -\sqrt{\sq\t{\sinq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
b	Did the foundation, during the year, pay premiums, direct				6b X
	If "Yes" to 6b, file Form 8870				× 1
7 a	At any time during the tax year, was the foundation a par	ty to a prohibited tax	shelter transaction?	Yes X N	o <u>" -   *                                 </u>
	If "Yes," did the foundation receive any proceeds or have				7b
	Information About Officers, Directors				
4	and Contractors List all officers, directors, trustees, foundation management	anagers and their	companyation (see	nage 22 of the instr	uctions)
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
AT	TACHMENT 7		0.	0.	0
	Compensation of five highest-paid employees (ot If none, enter "NONE."	ner than those inc	luded on line 1 - se		tructions).
(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
NON	IE				
			0.	0.	0
					-
Tota	I number of other employees paid over \$50,000 .				• 0
		· · · · · · · · · · · · · · · · · · ·			Form <b>990-PF</b> (2010)

Pa	rt VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplorand Contractors (continued)	yees,
3	Five h	ighest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
<u> </u>	•	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI	NE.		
			0.
<del></del>	1	and others receiving over \$50,000 for professional convers	0
		er of others receiving over \$50,000 for professional services	l
Pa	rt IX-A	Summary of Direct Charitable Activities	
	4 4h a fa	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	<u> </u>
org	janizations	and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	NOT A	APPLICABLE	
•			
•			
2	-		
•			
3			
٠.			
-			
4			
•			
•			
Pa	rt IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	
		two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE		
•			
2			
Ali	other pro	gram-related investments. See page 24 of the instructions	
3	NONE		
T-4	- 1	though 2	1

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundations	<b>5</b> ,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	W.	
	purposès:	\$ C.	
а	Average monthly fair market value of securities	1a	234,996.
b	Average of monthly cash balances	1b	115,072.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	10,996.
d	Total (add lines 1a, b, and c)	1d	361,064.
е	Reduction claimed for blockage or other factors reported on lines 1a and	S,	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	361,064.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	5,416.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	355,648.
6	Minimum investment return. Enter 5% of line 5	6	17,782.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this	ate operating part)	
1	Minimum investment return from Part X, line 6	1	17,782.
2 a	Tax on investment income for 2010 from Part VI, line 5	s 5	
b	Income tax for 2010. (This does not include the tax from Part VI.)	](, ` ]	
С		2c	1,044.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	16,738.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	16,738.
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	16,738.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	`.`~~	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	475,700.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	\$ 5	
а	Suitability test (prior IRS approval required)	3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	475,700.
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	1,044.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	474,656.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating whether	er the foundation

Form 990-PF (2010)

Pa	rt XIII. Undistributed Income (see page	e 26 of the instruction	ns)	· · · · · · · · · · · · · · · · · · ·	
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7	SW1000 11 11 11 11 11 11 11 11 11 11 11 11		· Walter	16,738.
2 a	Undistributed income, if any, as of the end of 2010 Enter amount for 2009 only			\$ 1, 5 C.	
a b	Total for pnor years 20 08 ,20 07 ,20 06	60 6 1 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		2 3 4 3 3 7 3	1 20 3 3 4 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
D	Excess distributions carryover, if any, to 2010	38 - WALLEY	1 2 , , 4 2	750 10 10	
ა a	From 2005 0.				
b	From 2006 365,276.				Kii (1971) & 1 (1) 11
c	From 2007 479,000.		- 9 - 3 - 35 - 5 - 5	\$ 5,33	
d	From 2008 314,000.			1 40 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
е	From 2009 543, 455.	A 18 1 (18)			
f	Total of lines 3a through e	1,701,731.	·	\$ \$ 18° 7.77	S/ " / " / "
4	Qualifying distributions for 2010 from Part XII, line 4. $\blacktriangleright$ \$ 475,700.			" Color of the Col	7027901A
а	Applied to 2009, but not more than line 2a		<u> </u>	, ,	统 2000年
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)	475,700.			
ď	Applied to 2010 distributable amount		(		
_	Remaining amount distributed out of corpus	0.	200 200	1 17 1	10' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Excess distributions carryover applied to 2010	16,738.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	w	16,738.
_	(If an amount appears in column (d), the same	, , , , , , , , , , , , , , , , , , ,	(NA) 1 1 1 1 1		1. 1. 1. 1.
_	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:		Reserved to the	ならいが かいき	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,160,693.	(1)	4 4 6 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Prior years' undistributed income Subtract line 4b from line 2b			35,55	
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				
	•			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				3000 3000
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page	E. Jackson Co.			
	27 of the instructions	, , , , , , , , , , , , , , , , , , ,		1174 1	<u>~</u>
f	Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be				
_	distributed in 2011		*		.,
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)			, , ,	11 . W ()
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)		, , , , , , , , , , , , , , , , , , , ,	- *	1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	Excess distributions carryover to 2011.		,, (, '',		Company of the second
-	Subtract lines 7 and 8 from line 6a	2,160,693.	**		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	Analysis of line 9	£1,		J 4 1 J 1 1	1 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Excess from 2006	·			
b	Excess from 2007 479,000.	11 700 7			
c	Excess from 2008 314,000.				
d	Excess from 2009 543, 455.	] ", "		( )	
e	475 700	1 2			

	990-PF (2010)	<del></del>	07.61		304990	Page 10
Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	•			- 1	
	foundation, and the ruling					
ь	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(	)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(-,
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made				<u> </u>	
	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section		•			
	4942(j)(3)(B)(ı)			<del>-</del>		/
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment 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				<u> </u>	
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)			<del></del> -		
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization			<del></del>		
D.	(4) Gross investment income	any Information (C	omplete this part	only if the found	ation had \$5 000	or more in assets
Гδ		during the year - se			ation had \$5,000	of more in assets
1	Information Regardin	g Foundation Manage	rs:			_
a	List any managers of					
	before the close of any	y tax year (but only if th	ney have contributed n	nore than \$5,000). (S	ee section 507(d)(2))	
	NONE					
b	List any managers of					large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	has a 10% or greater	interest	
	NONE Information Regardin	a Contribution Con-	Gift Loan Scholassh	in eta Broarenno:		<del></del>
2	<u> </u>	-				
	Check here ► X if t unsolicited requests f	the foundation only i	makes contributions i	to preselected charit	table organizations a	ind does not accept
	organizations under ot				20 of the instruction	may to marriada or
_	The name, address, a				e addressed	<del></del>
а	me name, address, a	na telephone number	of the person to whom	i applications should b	e addressed	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
~				-,		
			<del></del>			<del></del>
С	Any submission deadle	ines				
_	N/A					
d	Any restrictions or li factors	mitations on awards	, such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	N/A					
	**/ **	<del> </del>				

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid Dur	ing the Year or App		uture Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient	contribution						
a Paid during the year									
ATTACHMENT 8		1							
		1							
		-							
	ļ								
			ļ						
Total	<u>, , , , , , , , , , , , , , , , , , , </u>	<del>,</del>	▶ 3a	475,700					
b Approved for future payment									
		ļ							
		l							
				1					
			1						
Total	J			<u> </u>					

inter gross amounts unless otherwise indicated	1	vities			
	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related of exempt function income (See page 28 of the instructions)
•			<del> </del>		the madedona y
b			<b> </b>		<del></del>
c					
d			1		
е					
f					
g Fees and contracts from government agencies					· · ·
Membership dues and assessments					
Interest on savings and temporary cash investments			14	39.	
Dividends and interest from securities			14	6,032.	
Net rental income or (loss) from real estate:	2 1/2 -		` ~`.		Company of the
a Debt-financed property					
<b>b</b> Not debt-financed property			<u> </u>		
Net rental income or (loss) from personal property			<u> </u>		
7 Other investment income			1		
3 Gain or (loss) from sales of assets other than inventory			18	-716.	· · · · · · · · · · · · · · · · · · ·
Net income or (loss) from special events					<del></del>
Gross profit or (loss) from sales of inventory					<del></del>
Other revenue a			<u> </u>		
b					
c				_	
d					
e			ļ	5,643.	<del></del>
2 Subtotal Add columns (b), (d), and (e)			1	······	
See worksheet in line 13 instructions on page 29 Part XVI-B Relationship of Activities	to venfy calco	ulations) complishment of Ex	empt Purp	oses	
Part XVI-B Relationship of Activities  Explain below how each activit accomplishment of the foundations  Relationship of Activities	to venfy calco to the Ac ty for which	ulations) complishment of Ex h income is reported i	empt Purp	oses e) of Part XVI-A contribu	uted importantly to t
art XVI-B Relationship of Activities  Ine No. Explain below how each activities accomplishment of the foundations.	to venfy calco to the Ac ty for which	ulations) complishment of Ex h income is reported i	empt Purp	oses e) of Part XVI-A contribu	uted importantly to t
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Part XVI-B Relationship of Activities  Line No. Explain below how each activit accomplishment of the foundations.	to venfy calco to the Ac ty for which	ulations) complishment of Ex h income is reported i	empt Purp	oses e) of Part XVI-A contribu	uted importantly to the

Part	XVII	Information Exempt Orga		ransfers To	and Transa	ctions	and Rela	tionshi	ips With	None	hari	table
1	ın secti organiza		ode (other than	section 501(c)(	<ol><li>organizations</li></ol>						Yes	No
		rs from the reporting f			_					1a(1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	х
b	Other tr	er assets ansactions								\		X (2.%)
		es of assets to a nonch chases of assets from									Г	X
	(3) Ren	ital of facilities, equipm	ent, or other asse	ts						. 1b(3)	1	X
		mbursement arrangemens ns or loan guarantees									1	X
		formance of services of									1	X
	_	of facilities, equipmer answer to any of									fair	X
		of the goods, other										
		n any transaction o	T									
(a) Lir	ne no	(b) Amount involved	(c) Name of n	ioncharitable exemp	t organization	N/A	escription of tran	isiers, trans	actions, and s	nanng am	ingeme	ints
							· · · · · · · · · · · · · · · · · · ·					
		<del></del>					· · · · · · · · · · · · · · · · · · ·					
-		<del></del>	i									
								<del> </del>				
			-									
	describe	foundation directly	the Code (other the				more tax-exer	mpt orga	nızatıons		es [	X No
<u>D</u>	ir Yes,	" complete the followin (a) Name of organizatio		(b) Type	of organization			(c) Descr	iption of relation	onship		
NO'	T APP	LICABLE					•					
_												<del></del>
Sign	belief	r penalties of perjury, I d	eclare that I have emplete Declaration	examined this return of preparer (other the	n including accomp an taxpayer or fiduc	iary) is ba	sed on all inform	ation of wh	uch preparer h	nas any kn 	owledg	ige and le
Here		ignature of officer or truste			Date	2/12/		Bounces Title ()	nem(	<u> </u>		
		Print/Type preparer's		Preparer's sig	griature		Date			PTIN		
Paid		KENNECH	- KRAW	40	Serry		148/1	( s	heck If elf-employed	P001		58
-	oarer Only	Firm's name ► KE Firm's address ► 52		RANZ CPA PO	<del></del>			Firm's	EIN ▶ 13-	40947	79	
J36	J.111y	1		IY AVE	/	1	0017	Phone	no. 212-	573-8	000	
			_ <del></del>							Form 99		(2010)

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

Department of the Treasury

**Schedule of Contributors** 

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

OMB No 1545-0047

2010

Internal Revenue Service Employer identification number Name of the organization CALF ISLAND FOUNDATION W. M. JENNINGS & BETH DATER 06-6304990 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 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 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)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

of	of Part I
0,	OFFAILE

Schedule B (Point 990, 990-E2, Di 990-PF) (2010)	or or
Name of organization CALF ISLAND FOUNDATION	Employer identification number
W. M. JENNINGS & BETH DATER	06-6304990

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 ELIZABETH DATER  555 FIFTH AVE 9E  NEW YORK, NY 10065		\$99,085.	Person X Payroll X Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<del>-</del>		   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		   \$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )

Page

Name of organization CALF ISLAND FOUNDATION

W. M. JENNINGS & BETH DATER

Employer identification number 06-6304990

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)		(d) Date received	
1 2	,540 SHARES CREDIT SUISSE GROUP				
-		\ \\$	99,085.	05/20/2010	
(a) No. from Part I	(b) Description of noncash property given		(c) fV (or estimate) ee instructions)	(d) Date received	
-		    \$			
a) No. from Part I	(b) Description of noncash property given		(c) IV (or estimate) ee instructions)	(d) Date received	
(a) No. from	(b)  Description of noncash property given		(c)  (V (or estimate)	(d) Date received	

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

\$\_

JSA 0E1254 1 000

Part I

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

(see instructions)

FORM 990-PF - PART IV

Kınd of F		INS AND LO		scription		7 9 7	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over		Gain or (loss)	
expenses of sale	allowable	basis TOTAL CAPI	<u>  12/31/69</u> TAL GAIN D	<u>  12/31/69</u>   ISTRIBUTIONS	ad <u>j basis</u>		101.	
		2,540 SHAR PROPERTY T		SUISSE GROUP		D	12/31/1992	05/27/201
98,416.		0.					98,416.	
		1,000 ISHA PROPERTY T				Р	12/03/2009	12/10/201
104,209.		104,357.					-148.	
TAL GAIN(L	oss)			• • • • • • • • • • • •	• • • • • • •		98,369.	

i

PAGE 19

## CALF ISLAND FOUNDATION

# FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	37.	39.
REVENUE AND EXPENSES PER BOOKS	37.	39.
		TOTAL
DESCRIPTION	FIDELITY INTRNAL REVENUE SERVICE	

	ļ
1 SECURITIES	
FROM	
INTEREST	
AND	
DIVIDENDS	
ı H	
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	6,032.	6,032.
REVENUE AND EXPENSES PER BOOKS	6,032.	6,032.
		TOTAL
DESCRIPTION	DIVIDENDS FROM SECURITES	

DESCRIPTION

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

REVENUE AND **EXPENSES** 

PER BOOKS

288.

INTERNAL REVENUE SERVICE EXCISE TAX REFU

TOTALS

288.

FEES
ACCOUNTING
ı
PART
990PF,
FORM

CHARITABLE PURPOSES		•0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	3,500.	3,500.
		TOTALS
DESCRIPTION	KENNETH H KRANZ CPA	

FORM 990PE	, PART II -	- RECEIVABLES	DUE FROM	OFFICERS, ETC.	

ATTACHMENT 6

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ISHARES BARCLAYS

ENDING BOOK VALUE

ENDING FMV

147,099.

145,992.

TOTALS

147,099.

145,992.

AND TRUSTEES	
DIRECTORS,	
LIST OF OFFICERS,	
- LIST OF	
PART VIII	
FORM 990PF,	

ATTACHMENT 7	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	0. 0.	0,
	COMPENSATION	o	.0	0
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/TRUSTEE 1.00	TRUSTEE 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST (	NAME AND ADDRESS	WILLIAM M. JENNINGS, JR. 555 PARK AVENUE NEW YORK, NY 10065	ELIZABETH B. DATER 555 PARK AVENUE NEW YORK, NY 10065	

CALF ISLAND FOUNDATION

06-6304990

FORM 990PF. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

SEE ATTACHED STATEMENT (SEE ATTACHMENT q) 170(B)(1)(A) SEE ATTACHED STATEMENT

RECIPIENT NAME AND ADDRESS

ATTACHMENT 8

PURPOSE OF GRANT OR CONTRIBUTION

CONTRIBUTIONS TO REGISTERED CHARITIES FOR MEDICAL, EDUCATIONAL, ENVIRONMENTAL, AND

475,700.

AMOUNT

HUMANITARIAN

PURPOSES.

TOTAL CONTRIBUTIONS PAID

475,700.

ATTACHMENT 8

PAGE 26

V 10-8.2

2:31:01 PM

39815C 416A 12/8/2011

### **SCHEDULE D** (Form 1041)

**Capital Gains and Losses** 

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). Employer identification number

CALF ISLAND FOUNDATION

2010

OMB No. 1545-0092

W. M.	W. M. JENNINGS & BETH DATER 06-630						1990			
	5227 filers need to complete only Pa	rts I and II.					-			
Part I	hort-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less						
(Exam	(a) Description of property ple 100 shares 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales pnce	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)			
1a										
							· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · ·										
h Entor	the short-term gain or (loss), if any, f	rom Schodula D	1 line 1h		•	1ь				
	-									
2 Short-	term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2				
	ort-term gain or (loss) from partners term capital loss carryover Enter the					3				
Carry	over Worksheet					4	(			
5 Net sh	ort-term gain or (loss). Combine line	es 1a through 4	in column (f).	Enter here and on la	ne 13,		-			
Part II I	n (3) on the back	e - Assate Hald	More Than Or		<u> </u>	5				
	(a) Description of property ple 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )		(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)			
6a						,				
	<u> </u>									
			4 1 01	I			98,268.			
b Enter	the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b	• • • • • • • • • • • • • • • • • • • •		6b	90,200			
7 Long-	term capital gain or (loss) from Form	is 2439, 4684, (	6252, 6781, ar	nd 8824		7				
8 Net lo	ng-term gain or (loss) from partnersh	hips, S corporati	ons, and other	estates or trusts		8				
9 Capita	Il gain distributions					9	101.			
10 Gain f	rom Form 4797, Part I					10				
<b>11</b> Long-1	erm capital loss carryover. Enter the	e amount, if any	, from line 14 o	of the 2009 Capital Lo	oss	11	(			
12 Net lo	over Worksheet	s 6a through 11	ın column (f)	Enter here and on li	ne 14a,	12	98,369.			

0F1210 2 000

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Sche	dule D (Form 1041) 2010				Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries	' (2) Estate's	(2) Tat-1
	Caution: Read the instructions before completing this	part.	(see instr)	or trust's	(3) Total
13	Net short-term gain or (loss)	13			
14	Net`long-term gain or (loss):				
а		14a			98,369.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)				
C	28% rate gain			<del></del>	
	Total net gain or (loss). Combine lines 13 and 14a ▶	15	l		98,369.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foint V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete P	rm 990 Part IV a	-T, Part I, line 4a). If li and the <b>Capital Loss C</b>	nes 14a and 15, column Carryover Worksheet, as	n (2), are net gains, go necessary.
_	t IV Capital Loss Limitation		<del> </del>		<del>-</del> · _
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				
a	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag			<u>16   (</u>	alata the Conital Law
чоте С <i>апу</i>	e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag vover Worksheet on page 7 of the instructions to figure your capital loss carryove	e 1, 1111 r.	ie 22 (Or FOITH 990-1,	line 34), is a loss, com	piete the Capital Loss
Par	t V Tax Computation Using Maximum Capital Gains Rate	s			
Forn	n 1041 filers. Complete this part only if both lines 14a and 15 in colu	ımn (2	2) are gains, or an a	amount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	tion: Skip this part and complete the worksheet on page 8 of the instruc	ctions	ıf:		
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n <b>990-T trusts.</b> Complete this part <b>only</b> if both lines 14a and 15 ar orm 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this pa				
	er line 14b, col (2) or line 14c, col (2) is more than zero	it and	complete the wor	kalleet on page o o	i the matractions ii
		141	14-1		<del></del>
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	14) .	17		
18	Enter the smaller of line 14a or 15 in column (2)			`	
	but not less than zero 18	-			
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)		<b>-</b>  `_]	'\	
20	Add lines 18 and 19			, , *	
21	If the estate or trust is filing Form 4952, enter the			,	
	amount from line 4g, otherwise, enter -0			1 13	
22	Subtract line 21 from line 20 If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		
3.4	Enter the smaller of the amount on line 17 or \$2,200		24	*	
24 25	Enter the smaller of the amount on line 17 or \$2,300		24		
23	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box				
	No. Enter the amount from line 23		25	7	
26	Subtract line 25 from line 24		26	<del></del>	
27	Are the amounts on lines 22 and 26 the same?		20		
	Yes. Skip lines 27 thru 30; go to line 31  No. Enter the smaller of line 17 or line	nn <b>2</b> 2	27		
	1 C3. Skp iii c3 27 tii d 30, go to iii c31	10 22			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
- 0	Enter the amount from the 20 (if this 20 is blank, enter -0-)		20		
29	Subtract line 28 from line 27		29		
29 30	Multiply line 29 by 15% ( 15)			30	
3 1	Figure the tax on the amount on line 23 Use the 2010 Tax Rate				
	(see the Schedule Ginstructions in the instructions for Form 1041)				
	(200 the conclusion of mathematical for Form 1041).				
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rate	 Sch		and Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041).				
2.4	Tax on all taxable income. Enter the smaller of line 32 or line 33 is				····

G, line 1a (or Form 990-T, line 36) .

Page 2

Schedule D-1 (Form 1041) 2010

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side CALF ISLAND FOUNDATION

Employer identification number 06-6304990

Part I Long-Term Capital Gains and (a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 2,540 SHARES CREDIT SUISSE		/ /			
GROUP	12/31/1992	05/27/2010	98,416.	0.	98,416.
1,000 ISHARES BARCLAYS	12/03/2009	12/10/2010	104,209.	104,357.	-148.
			·		
			·		
		_			
		-			
					=-
					_
					· · · · · · · · · · · · · · · · · · ·
6b Total. Combine the amounts in colum	n (f) Enter here a	nd on Schedule D,	line 6b		98,268.

### FEDERAL FOOTNOTES

PART XIII LINE 41 TAXPAYER ELECTS PURSUANT TO REG SEC 53.4942 (A)-3)D)(2) TO APPLY ALL OF THE 2010 QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS.

FORM 990PF PART XV LINE 3

### CALF ISLAND FOUNDATION CHARITABLE CONTRIBUTION SCHEDULE FOR THE FYE 1/31/2011 EIN 06-6304990

FOUNDATION PURPOSE

•				FOUNDATION	FURFUSE		
DATE	CHARITY	ADDRESS		STATUS OF RECIPIENT	OF GRANT OR CONTRIBUTION	A	MOUNT
- DAIL			<del></del>				
2/2/2010	Doctors Without Borders	333 Seventh Avenue, 2nd Fl	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	5,000
2/2/2010	Women In Need	115 West 31st Street	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	25,000
2/18/2010	Blythedate Childrens Hospital	95 Bradhurst Avenue	Valhalia, NY 10595	170(B)(1)(A)	CHARITABLE	\$	2,500
2/18/2010	Mercy College Athletics	555 Broadway	Dobbs Ferry, NY 10522	170(B)(1)(A)	CHARITABLE	\$	2,500
2/18/2010	New York Womens Foundation	434 West 33rd Street, 8th FI	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	2,500
2/18/2010	New-York Historical Society	170 Central Park West	New York, NY 10024	170(B)(1)(A)	CHARITABLE	\$	10,000
2/24/2010	New-York Historical Society	170 Central Park West	New York, NY 10024	170(B)(1)(A)	CHARITABLE	\$	25,000
3/1/2010	New York Botanical Garden	•	Bronx, NY 10458	170(B)(1)(A)	CHARITABLE	\$	10,000
3/9/2010	Museum of the City of New York	1220 Fifth Avenue	New York, NY 10029	170(B)(1)(A)	CHARITABLE	\$	2,500
3/16/2010	Metropolitan Museum of Art	1000 Fifth Avenue	New York, NY 10028	170(B)(1)(A)	CHARITABLE	\$	2,500
3/19/2010	New-York Historical Society	170 Central Park West	New York, NY 10024	170(B)(1)(A)	CHARITABLE	\$	5,000
4/14/2010	New York Botanical Garden		Bronx, NY 10458	170(B)(1)(A)	CHARITABLE	\$	3,000
4/22/2010	NYU Langone Medical Center	726 Broadway, 2nd FL	New York, NY 10003	170(B)(1)(A)	CHARITABLE	\$	10,000
5/12/2010	Damon Runyon Cancer Research Fdn.	55 Broadway, Ste 302, 1 Exchange Plz	New York, NY 10006	170(B)(1)(A)	CHARITABLE	\$	10,000
5/12/2010	New-York Historical Society	170 Central Park West	New York, NY 10024	170(B)(1)(A)	CHARITABLE	\$	50,000
5/20/2010	China Care Foundation	PO Box 607	Westport, CT 06881	170(B)(1)(A)	CHARITABLE	\$	6,000
5/20/2010	New York Botanical Garden		Bronx, NY 10458	170(B)(1)(A)	CHARITABLE	\$	5,000
5/20/2010	The Fund for Park Avenue	445 Park Avenue, Suite 1000	New York, NY 10022	170(B)(1)(A)	CHARITABLE	\$	1,000
6/2/2010	Prep For Prep	156 Fifth Avenue, Ste 1100	New York, NY 10010	170(B)(1)(A)	CHARITABLE	\$	100,000
6/3/2010	·	1230 York Avenue	New York, NY 10065	170(B)(1)(A)	CHARITABLE	\$	1,400
6/23/2010	Greenwich Hospital	5 Perryndge Road	Greenwich, CT 06830	170(B)(1)(A)	CHARITABLE	\$	5,000
6/30/2010	Rye Presbyterian Church	882 Boston Post Road	Rye, NY 10580	170(B)(1)(A)	CHARITABLE	\$	8,000
7/15/2010		1000 Fifth Avenue	New York, NY 10028	170(B)(1)(A)	CHARITABLE	\$	50,000
7/22/2010	•	PO Box 721	Cooperstown, NY 13326	170(B)(1)(A)	CHARITABLE	\$	300
7/23/2010		PO Box 721	Cooperstown, NY 13326	170(B)(1)(A)	CHARITABLE	\$	2,500
7/23/2010	-		Bronx, NY 10458	170(B)(1)(A)	CHARITABLE	\$	15,000
8/25/2010		337 Alexander Avenue	Bronx, NY 10454	170(B)(1)(A)	CHARITABLE	\$	2,000
8/25/2010		170 Central Park West	New York, NY 10024	170(B)(1)(A)	CHARITABLE	\$	50,000
8/25/2010	<del></del>	PO Box 2513	Grand Rapids, MI 49501	170(B)(1)(A)	CHARITABLE	\$	1,000
9/24/2010		101 W Putnam Avenue	Greenwich, CT 06830	170(B)(1)(A)	CHARITABLE	\$	2,500
10/6/2010	•	445 Park Avenue, Suite 1000	New York, NY 10022	170(B)(1)(A)	CHARITABLE	\$	1,000
10/18/2010		309 East 103rd Street	New York, NY 10029	170(B)(1)(A)	CHARITABLE	\$	2,500
11/10/2010		1220 Fifth Avenue	New York, NY 10029	170(B)(1)(A)	CHARITABLE	\$	2,500
12/15/2010		633 Third Avenue, 28th FI	New York, NY 10017	170(B)(1)(A)	CHARITABLE	\$	2,500
12/15/2010	_	165 East 56 Street	New York, NY 10022	170(B)(1)(A)	CHARITABLE	\$	1,000
12/15/2010		80 Pitt Street	New York, NY 10002	170(B)(1)(A)	CHARITABLE	\$	2,500
12/15/2010		124 Mount Auburn St	Cambridge, MA 02138	170(B)(1)(A)	CHARITABLE	\$	1,000
12/15/2010		3 West 29th St Ste 805	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	1,000
12/15/2010		52 Vanderbilt Avenue	New York, NY 10017	170(B)(1)(A)	CHARITABLE	\$	1,500
12/15/2010			Bronx, NY 10458	170(B)(1)(A)	CHARITABLE	\$	5,000
12/15/2010		434 West 33rd Street, 8th FI	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	5,000
12/15/2010	Patron Network	450 West 33rd Street	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	2,500
12/15/2010		156 Fifth Avenue, Ste 1100	New York, NY 10010	170(B)(1)(A)	CHARITABLE	\$	2,500
12/15/2010	•	253 West 35th Street, 11th FI	New York, NY 10001	170(B)(1)(A)	CHARITABLE	\$	1,000
12/15/2010	•	4199 Campus Drive	Irvine, CA 92697	170(B)(1)(A)	CHARITABLE	\$	25,000
12/15/2010	•	600 North Charles Street	Baltimore, MD 21201	170(B)(1)(A)	CHARITABLE	\$	2,500
12/15/2010		785 Mamaroneck Avenue	White Plains, NY 10605	170(B)(1)(A)	CHARITABLE	\$	1,500
					TOTAL	\$	475,700
					,		

### Form 8868

(Rev. January 2011)

### Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number Name of exempt organization CALF ISLAND FOUNDATION Type or W. M. JENNINGS & BETH DATER 06-6304990 print Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 555 PARK AVENUE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. NEW YORK, NY 10065 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Application Return Return is For Code ls For Code 01 Form 990-T (corporation) 07 Form 990 Form 1041-A Form 990-BL 02 08 03 Form 4720 09 Form 990-EZ 04 Form 5227 10 Form 990-PF 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 8870 Form 990-T (trust other than above) 06 12 The books are in the care of ► ELIZABETH DATER Telephone No. ▶ 212 407-9472 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 09/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year 20 \_\_\_ or 02/01,2010, and ending tax year beginning 01/31,2011. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. -0-3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 6,642 c Balance Due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)

JSA 0F8054 4 000

Form 8868 (Rev. 1-2011)	<del></del> -			Page 2		
If you are filing for an Additional (Not Automatic) 3-Mo						
Note. Only complete Part II if you have already been gra- If you are filing for an Automatic 3-Month Extension, or			viously flied Form 8668	) <b>.</b>		
			copies needed)			
	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Name of exempt organization CALF ISLAND FOUNDATION Employer identification number					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Number, street, and room or suite no. If a P.O. box, see instructions.					
extended 555 PARK AVENUE	, 000 mos a	330.10.				
due date for filing your City, town or post office, state, and ZIP code. For	r a foreign ad	drace see instructions				
return. See NEW YORK NY 100CE	a loreign au	uress, see mandedons.				
Instructions. NEW YORK, NY 10065			<del></del>			
Enter the Return code for the return that this application	is for (file a	a separate application for each return	)	04		
Application	Return	Application		Return		
ls For	Code	is For		Code		
Form 990	01	· "是可能是通過學學」。	المال بي المجازية بي المناطقة	報道學		
Form 990-BL	02	Form 1041-A		08		
Form 990-EZ	03	Form 4720		09		
Form 990-PF	04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T (trust other than above)	06	Form 8870		12		
STOPI Do not complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed For	n 8868.		
<ul> <li>The books are in the care of ► ELIZABETH DATE</li> </ul>	ER					
Telephone No. ▶ 212 407-9472	<u></u> 1	FAX No. ►				
<ul> <li>If the organization does not have an office or place of</li> </ul>	business ir	the United States, check this box		▶ 🔲		
• If this is for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN)	If th	is is		
for the whole group, check this box	f it is for pa	art of the group, check this box	▶ and atta	ach a		
list with the names and EINs of all members the extension	n is for.		<del></del>			
4 I request an additional 3-month extension of time un	ntil	12/15 ,				
5 For calendar year, or other tax year beginni	ing	02/01, 20 10 , and ending	01/31	20 <u>11</u> .		
6 If the tax year entered in line 5 is for less than 12 m	nonths, ched	xk reason: Initial return	Final return			
Change in accounting period						
7 State in detail why you need the extension TAXPA	YER IS	MISSING TAX DATA, FROM	THIRD PARTY			
SOURCES, NECESSARY TO FILE A COMPI	LETE AND	ACCURATE RETURN.				
8a If this application is for Form 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the tentative tax	t, less any			
nonrefundable credits. See instructions.		<u></u>	8a \$			
b If this application is for Form 990-PF, 990-T,						
estimated tax payments made. Include any pri	ior year c	verpayment allowed as a credit	and any			
amount paid previously with Form 8868.			8b \$	6,642.		
c Balance Due. Subtract line 8b from line 8a. Include		ent with this form, if required, by us	1 1			
(Electronic Federal Tax/Payment System). See instru			8c \$			
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare this form.	including acc	d Verification companying schedules and statements, and t	to the best of my knowled	ge and belief,		
Signature > }///////////////////////////////////		Title ►	Date > 6/Y	3/1/		
111/			Form 8868	(Rev. 1-2011)		
				•		