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## Form S90-PF

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

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

2010

OMB No 1545-0052

For	caler	ndar year 2010, or tax year beginning OCT	1, 2010	, and ending	SEP 30, 2011	
G (	Check	c all that apply: Initial return		ormer public charity	Final return	1
<u> </u>		Amended return	Address chan	ge L	Name change	·
Nai	me o	f foundation			A Employer identification	ı number
		THE HURON FOUNDATION C/O MARILYN C. SANBOR	NTE		26-1512121	
Nur	nber a	and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	·
		1735 MARKET STREET, 5	1ST FLOOR		215-864-83	107
City	y or t	own, state, and ZIP code		<b>,</b>	C If exemption application is p	
<u> </u>		PHILADELPHIA, PA 191			D 1. Foreign organizations	s, check here
H_C	_	c type of organization; X Section 501(c)(3) e:			Foreign organizations me check here and attach co	eeting the 85% test, pmputation
			Other taxable private found		E If private foundation sta	tus was terminated
		arket value of all assets at end of year J Account	•	Accrual	under section 507(b)(1)	
	rom : -\$		ther (specify) umn (d) must be on cash i	hasis I	F If the foundation is in a under section 507(b)(1)	
	art I	Analysis of Revenue and Expenses		I	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	,,
	2	Check X if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
		Gross rents				
	l _ `	Net rental income or (loss)				
E	l oa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)		0	•	
æ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	1	Less Cost of goods sold				
	١	Gross profit or (loss)				
	11	Other income  Total. Add line Sight yough 11	0.	0		
	12	Compensation of officers, directors trustees, etc	0.	0		0.
	14				•	
	15	Other employee salaries and wages Pension pans, employee beneins 12				
nses	16a	Legal fees				
ben	b	Accounting rees Other-professional tees N. U.T.				
爫	C					
ţ	17	Interest				-
and Administrative Expe	18	Taxes		-	<u> </u>	-
Ë	19 20	Depreciation and depletion Occupancy				
Ā	21	Travel, conferences, and meetings				
2	22	Printing and publications				
Ē	23	Other expenses				
ati	24	Total operating and administrative				
Operating		expenses. Add lines 13 through 23	0.	0	•	0.
J	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.		_		0.
	27	Add lines 24 and 25 Subtract line 26 from line 12:	0.	0	•	<del>                                     </del>
	l	Subtract time 20 from line 12.  Excess of revenue over expenses and disbursements	0.			
	ı	Net investment income (if negative, enter -0-)		0		<del></del>
	:	Adjusted net income (if negative, enter -0-)			N/A	

THE	HURON	FOUN	DATION
C/0	MARIL	N C.	SANBORN

Form 990-PF (2010) 26-1512121 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 2 Savings and temporary cash investments 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 7 Other notes and loans receivable Less: allowance for doubtful accounts I Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers) 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 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright \boxed{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Net Assets 0 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0. 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances ... 0. 0 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	l 0.
5	Decreases not included in line 2 (itemize)	5	0 .
4	Add lines 1, 2, and 3	4	0.
3	Other increases not included in line 2 (itemize)	3	0.
2	Enter amount from Part I, line 27a	2	0 .
	(must agree with end-of-year figure reported on prior year's return)	1	0 .
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		

THE HURON FOUNDATION

Form 990-PF (2010) 26-1512121 Page 3 C/O MARILYN C. SANBORNE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, P - Purchase D - Donation (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a NONE b C đ е (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale h đ (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any а C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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). If (loss), enter -0- in Part I, line 8 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. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (d) Distribution ratio (a)
Base period years
Calendar year (or tax year beginning in) (c) (b) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) 0. 0 .000000 2009 .000000 0. 0 2008 0 000000 0 2007 2006 2005 000000 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years 000000 the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 0. 5 Multiply line 4 by line 3 0. 6 Enter 1% of net investment income (1% of Part I, line 27b) 0. 7 Add lines 5 and 6 0. 8 Enter qualifying distributions from Part XII, line 4 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.

	THE HURON FOUNDATION				
		151212			age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see inst	truct	ion	ıs)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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 🕨 🔛 and enter 1%	ļ			0.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del> </del>			<u>0.</u>
3	Add lines 1 and 2	<u> </u>			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del> </del>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<del> </del>			0.
6	Credits/Payments:				
	a 2010 estimated tax payments and 2009 overpayment credited to 2010				
	b Exempt foreign organizations - tax withheld at source				
	c Tax paid with application for extension of time to file (Form 8868)				
	1 Backup withholding erroneously withheld 6d	}			_
_	Total credits and payments. Add lines 6a through 6d	<del> </del>			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del>                                     </del>			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del>                                     </del>			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del>                                     </del>			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ► Refunded ► 11  art VII-A Statements Regarding Activities				
_		$\overline{}$	TV.	es	No
14	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>		<del>5</del> 3	
	any political campaign?  Did it people mare then \$100 during the user (orthor directly or a directly) for political currence (one instructions for definition)?		a	-+	$\frac{x}{x}$
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1	D	_	
	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.  Did the foundation file Form 1120-POL for this year?	1.			х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1	<u>-</u>	-	
u	(1) On the foundation. $\triangleright$ \$ O . (2) On foundation managers. $\triangleright$ \$ O .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
-	managers. > \$ 0.		- 1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	, ا	2		X
-	If "Yes," attach a detailed description of the activities.	<b> </b>	+	寸	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
Ĭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,	,		X
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4			X
		1/A 4			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		;	寸	X
_	If "Yes," attach the statement required by General Instruction T.	-			
6	• · · · · · · · · · · · · · · · · · · ·			Ì	
	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	3   2	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	,		X
	If "Yes," complete Part II, col. (c), and Part XV.			T	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	PA				
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)				
		1/A 8	<b>b</b>		
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			$\neg$	
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes." complete Part XIV	ļ <u>ç</u>	)		X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

X

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

THE HURON FOUNDATION				
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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contil	nued)	
5a During the year did the foundation pay or incur any amount to:		·		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indi	ectly,		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	□ Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		<b>□ v</b>	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or			
the prevention of cruelty to children or animals?	, or oddodional purposso, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described			1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii riogalationo	N/A	5b
Organizations relying on a current notice regarding disaster assistance check it	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		unad		
expenditure responsibility for the grant?		. —	es No	
		1/61	es no	
If "Yes," attach the statement required by Regulations section 53 494	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	1 1
a personal benefit contract?		<b>T</b>		CL 3
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b X
If "Yes" to 6b, file Form 8870.				1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ү	es X No	
b If Yes, did the foundation receive any proceeds or have any net income attrib			~~.	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, High	У	
List all officers, directors, trustees, foundation managers and their	compensation			
List all officers, directors, a disters, foundation managers and their	· ·	(c) Compensation	(d) Contributions to	(a) Eynense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID L. COHEN	DIRECTOR, CH	<del></del>	URER	
7309 HURON LANE				
PHILADELPHIA, PA 19119	0.00	0.	i _	
RHONDA R. COHEN			.1 0.	0.
	DIRECTOR PRI			0.
7309 HURON LANE	DIRECTOR, PR		ECRE	0.
PHILADELPHIA PA 19119		SIDENT, S	ECRE	
PHILADELPHIA, PA 19119	0.00		ECRE	0.
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN		SIDENT, S	ECRE	
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE	0.00 DIRECTOR	SIDENT, S	ECRE 0.	0.
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119	0.00 DIRECTOR 0.00	SIDENT, S	ECRE 0.	
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 JOSHUA S. COHEN	0.00 DIRECTOR	SIDENT, S	ECRE 0.	
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 JOSHUA S. COHEN 7309 HURON LANE	0.00 DIRECTOR 0.00 DIRECTOR	SIDENT, S	ECRE 0.	0.
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 JOSHUA S. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119	0.00 DIRECTOR  0.00 DIRECTOR  0.00	SIDENT, S  0.	ECRE 0.	0.
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 JOSHUA S. COHEN 7309 HURON LANE	0.00 DIRECTOR  0.00 DIRECTOR  0.00 cluded on line 1). If none	SIDENT, S  0.	0. 0.	0 . 0 . 0 .
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 JOSHUA S. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119	0.00 DIRECTOR  0.00 DIRECTOR  0.00	SIDENT, S  0.	ECRE 0.	0.
PHILADELPHIA, PA 19119 BENJAMIN J. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 JOSHUA S. COHEN 7309 HURON LANE PHILADELPHIA, PA 19119 2 Compensation of five highest-paid employees (other than those inc	0.00 DIRECTOR  0.00 DIRECTOR  0.00 cluded on line 1). If none hours per week	O	O .  O .  (d) Contributions to employee benefit plans and deterred	0. 0. (e) Expense account, other
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 cluded on line 1). If none hours per week	O	O .  O .  (d) Contributions to employee benefit plans and compensation	0.  0.  (e) Expense account, other
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. 0. (e) Expense account, other allowances
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. 0. (e) Expense account, other allowances
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. 0. (e) Expense account, other allowances
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. 0. (e) Expense account, other allowances
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. 0. (e) Expense account, other allowances
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. 0. (e) Expense account, other allowances
PHILADELPHIA, PA 19119  BENJAMIN J. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  JOSHUA S. COHEN  7309 HURON LANE  PHILADELPHIA, PA 19119  2 Compensation of five highest-paid employees (other than those incompanies)  (a) Name and address of each employee paid more than \$50,000	0.00 DIRECTOR  0.00 DIRECTOR  0.00 Cluded on line 1). If none  (b) Title, and average hours per week devoted to position	O O O O O (c) Compensation	O .  O .  (d) Contributions to employee benefit plans and compensation	0. 0. (e) Expense account, other allowances

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
N/A		
		· <u>-</u>
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
N/A		
	-	
All other program-related investments. See instructions.		
Total, Add lines 1 through 3	<b>&gt;</b>	0.

THE HURON FOUNDATION

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foundations, see instr	uctions)
1 Fai	ir market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	erage monthly fair market value of securities	l 1a	0.
	erage of monthly cash balances	1b	
	ir market value of all other assets	1c	
d To	tal (add lines 1a, b, and c)	10	0.
	duction claimed for blockage or other factors reported on lines 1a and		
	(attach detailed explanation)	0.	
2 Ac	quisition indebtedness applicable to line 1 assets	2	_0.
_	btract line 2 from line 1d	3	0.
4 Ca	sh deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
	t value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
	nimum investment return. Enter 5% of line 5	6	0.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	tions and certain	
1 Mi	nimum investment return from Part X, line 6	1	0.
2a Tax	x on investment income for 2010 from Part VI, line 5		
	come tax for 2010. (This does not include the tax from Part VI.)		
	d lines 2a and 2b	2c	0.
3 Dis	stributable amount before adjustments. Subtract line 2c from line 1	3	0.
	coveries of amounts treated as qualifying distributions	4	0.
	d lines 3 and 4	5	0.
6 De	duction from distributable amount (see instructions)	6	0.
7 Dis	stributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Part	XII Qualifying Distributions (see instructions)		
1 Arr	nounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Exp	penses, contributions, gifts, etc total from Part I, column (d), line 26	la	0.
<b>b</b> Pro	ogram-related investments - total from Part IX-B	1b	0.
2 Arr	nounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Am	nounts set aside for specific charitable projects that satisfy the:		
a Su	itability test (prior IRS approval required)	3a	
b Cas	sh distribution test (attach the required schedule)	3b	
4 Qu	alifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
	undations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ome. Enter 1% of Part I, line 27b	5	0.
	justed qualifying distributions. Subtract line 5 from line 4	6	0.
	te. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	idation qualifies for the secti	
	4940(e) reduction of tax in those years.	•	

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2010 from Part XI, line 7  2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only b Total for prior years:  3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4; ▶ \$ 0. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus c Excess distributions carryover applied to 2010 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
2 Uncestimated recovers. 4 Party, and of the cell of 2010   3 Excess distributions carryover, if any, to 2010; a From 2005   5 From 2006   6 From 2006   6 From 2008   6 From 2008   6 From 2008   6 From 2009   7 Testal of lines Sal through is   0,   7 Part XI, line 4 & S   0,   7 Part XI, line 4 & S   0,   7 Part XI, line 4 & S   0,   7 Part XI, line 5 & S   0,   7 Part XI, line 6 & S   0,   8 Papplied to undestributed morne of price of years (Election required -see instructions)   9 Part XI, line 6 & S   0,   9 Part XI, line 7 & S   0,   9 Part XI, line 7 & S   0,   9 Part XI, line 6 & S	1 Distributable amount for 2010 from Part XI,				
a Enter amount for 2009 only b Total for prior years:  O.  Erceas distributions carryover, if any, to 20 to: a From 2006 From 2007 Grow 2009 I Total of lines & through b From	line 7				0.
S Excess distributions carryover, if any, to 2010:  a From 2006  From 2006  From 2006  From 2009  Applied to 2009, but not more than line 2a  Applied to 2009, but not more than line 2a  Applied to undest build income of proor  years (Electron requires even structions)  Frested as distributions of or corpus  From 2009	2 Undistributed income, if any, as of the end of 2010				
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From 2007 d From 2009   Total of lines 3a through e	<b>b</b> From 2006				
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f Total of lines 3a through e  4 Qualifying distributions for 2010 from Part XII, Ine 4 1 ≥ 5	<del></del>				
4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 0. a Applied to 2005, but not more than line 2a		0.1			
Part XII, line 4: ▶ S					
a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required -see instructions)  c Treated as distributions out of corpus  (Election required -see instructions)  d Applied to 2010 distributable amount  e Remaining amount distributed out of corpus  5 Excess destributions carryover applied to 2010  iff an amount appears in column (s), the same amount must be roughly and the second set of the second sets of the second second sets of the second sets of the second sets of the second second sets of the second sets of the second sets of the second sec	-				
b Applied to undistributed income of prior years (Election required - see instructions) e Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount of enabling the seminary of the	-			n	
years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (iff an immount appears in column (a)) 6 Enter the net total of each column as indicated below:  a Corpus Add lines 14, 4°, and 4° Subtract line 5 b Prior years' undistributed income. Subtract line 40 from line 20 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the sention 494(a) bax has been previously assessed d Subtract line 6c from line 6b. Taxable amount is each include the control of the c				0.	<del></del>
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THE HURON FOUNDATION

	irt XIV Private Operating F	Oundations (see up		A guestion 9)	M/3	12121 Page 10
				A, question 3)	N/A	
ıa	If the foundation has received a ruling of					
	foundation, and the ruling is effective for			n anation	4942(j)(3) or 49	)42(j)(5)
	Check box to indicate whether the found Enter the lesser of the adjusted net	Tax year	ig touridation described ii	Prior 3 years	4942())(3) 01 43	142())(3)
2 8	• • • • • • • • • • • • • • • • • • • •	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	income from Part I or the minimum	(4) 2010	(0) 2000	(6) 2000	(4) 2001	(0) 10.00
	investment return from Part X for					
_	each year listed				<del> </del>	
	85% of line 2a  Qualifying distributions from Part XII,				<del>-</del> -	<u></u>
C	line 4 for each year listed					
a	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					
h	under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter				<del>                                     </del>	
·	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					1
	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				1 105 000	<u></u>
Pa	rt XV Supplementary Info at any time during t			if the foundation	nad \$5,000 or m	ore in assets
		<del></del>	ilisti dottoris.			
١.	Information Regarding Foundation List any managers of the foundation wh	-	than 2% of the total cont	ributions received by the	foundation before the clo	see of any tay
•	year (but only if they have contributed n			indutions received by the	touridation before the ore	So of any aix
		. , ,				
ь	List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation (	or an equally large porti	on of the ownership of a p	artnership or
	other entity) of which the foundation has			, , , , , , , , , , , , , , , , , , , ,		
2	Information Regarding Contributi					
	Check here ► X if the foundation o					
	the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · ·		·-···	omplete items 2a, b, c, an	đ d.
8	The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
_	The form is which analysis and about the	o outmitted and info	tion and materials they at	aould include:		
b	The form in which applications should b	e sudmilled and informa	uon and materials they sr			
C	Any submission deadlines:					
d	Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

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C/O MARILYN C. SANBORNE

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year NONE 0. **▶** 3a Total **b** Approved for future payment NONE <u>▶ 3b</u> Total

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Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless atherway indicated	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7 mount	code	Angun	Tanction income
3	·				
b	-		-		
<u> </u>	·		-		· <del>-</del>
d	·		<del>                                     </del>		
e	· <del> </del>		<del> </del>		
g Fees and contracts from government agencies	· <del>   </del>		-		<u>.</u>
			-		
2 Membership dues and assessments 3 Interest on savings and temporary cash	<del>                                     </del>		+		
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:			<del>                                     </del>		
a Debt-financed property		-	<del> </del>		<del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal		<del></del>			
	1				
property 7 Other investment income		· · · · <del>- · ·</del>	-		<u> </u>
8 Gain or (loss) from sales of assets other	<del> </del>		1		
than inventory  9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
ab				*	
	1 1		<b> </b>		
	1 1		<u> </u>		
d			<del> </del>		
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<del></del>			13	0.
(See worksheet in line 13 instructions to verify calculations.)			•		
	to the Acces	muliahmant of E	·	4 Dumosoo	
Part XVI-B Relationship of Activities	to the Accor	mplishment of E	kemp	t Purposes	
Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XVI-A	contrib	uted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fund	ds for such purposes).			
		_			
		-			
				-	
	•				

Firm's address ▶ 899 CASSATT ROAD, SUITE 115

BERWYN, PA 19312

Form 990-PF (2010) 26-1512121 C/O MARILYN C. SANBORNE Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No 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? Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash X 1a(2) (2) Other assets Other transactions: 16(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No \_\_\_ Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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, Sign Here Signature of officer or trustee Title Date Check Print/Type preparer's name Preparer's signature Date self-employed **Paid** MARIANNE INFORZATO **Preparer** Firm's EIN ▶ Firm's name ► THE FAIRMAN GROUP

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Phone no.

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