

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED DEC 2 7 2012

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2011

		ent of the Treasury levenue Service Note. The foundation	on may l	Treated as a Priva	ate Foundati this return to s	on satisfy state rep	orting requirements	2011
F	or ça	lendar year 2011 or tax year begin				, and ending		, 20
	Name	e of foundation					A Employer identific	cation number
_	HIC:	KORY FOUNDATION					22-3472805	5
	Numl	ber and street (or P O box number if mail is	not delive	red to street address)		Room/suite	B Telephone number	er (see instructions)
							() –
_		. BOX 281						
	City	or town, state, and ZIP code						_
							C if exemption applica pending, check here	tion is
_		BERTVILLE, NJ 08530		·				
G	Che	eck all that apply: Initial retur		Initial return o	-	oublic charity	D 1 Foreign organizat	nons, check here . >
		Final return		Amended ret			2 Foreign organizat 85% test, check h	
_		Address ch		Name change			computation •	
H		eck type of organization [.] X Section					E If private foundation	n status was terminated
Ţ		Section 4947(a)(1) nonexempt charitable		Other taxable pri			under section 507(b)(1)(A), check here . >
J				unting method: X Ca	ashAcc	crual		in a 60-month termination
	-	ear (from Part II, col (c), line ► \$ 20, 951, 571.		ther (specify) column (d) must be on			under section 507(b))(1)(B), check here
				Column (a) mast be on	casri basis.)	'	<u> </u>	(d) Dishimososota
L	EII	Analysis of Revenue and Expens total of amounts in columns (b), (c), and		(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts column (a) (see instructions))		expenses per books	incon	ne	income	purposes
-		171		80,000.		-		(cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach sch	ired to	00,000.				-
	l	attach Sch B , . , ,		22		22.		ATCH 1
	3	Interest on savings and temporary cash investigation. Dividends and interest from securities.		106,411.	1.0	6,411.		ATCH 2
	1	Gross rents				-		AICH Z
	b						•••	
an.	١.	Net gain or (loss) from sale of assets not on I		1,525,346.		 -		<u> </u>
Ž		Gross sales price for all 18,599		. ,	<u> </u>			
Revenue	7	assets on line 6a Capital gain net income (from Part IV, li	ne 2)		1,52	4,891.		
ĕ	8	Net short-term capital gain	•		····	<u> </u>	· -	
	9	Income modifications · · · · · ·						
	10 a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		1,634.		1,634.		ATCH 3
_	12	Total. Add lines 1 through 11		1,713,413.		2,958.		
	13	Compensation of officers, directors, trustees,		0				
s	14	Other employee salaries and wages .						
Expenses	15	Pension plans, employee benefits						
ē	16a	Legal fees (attach schedule)		10.504		5.750		
Ω̈́	b	Accounting fees (attach schedule)		13,524.		6,762.		6,762
Operating and Administrative	ع ا	Other-professional fees (attach schedul	e)		ļ			
tra	17	Interest E.C.E.V.E.D	* * *	94 564		2 771		
nis	18	Taxes (attach schedule) (see instructions)	• • • •	84,564.	_	3,771.		
Ē	19	Depreciation (attach schedule) and del	oletion.					
ĕ	20	Cortcupantoy						
Į	21	Travel, conferences, and meetings						
ğ	22	Printing and publications J.T Other expenses (attach schedule) ATC	 н 5	1,209.		1,209.		
atiu	23 24			1,203.		-,200.		
)er	44	Total operating and administrative ex Add lines 13 through 23		99,297.	1	11,742.		6,762
ŏ	25	Contributions, gifts, grants paid		1,728,600.	<u> </u>	*, * •	 -	1,728,600.
	26	Total expenses and disbursements Add lines 2		1,827,897.	1	1,742.	(1,735,362.
-	27	Subtract line 26 from line 12	<u>. and 20</u>			·	_	
	Į.	Excess of revenue over expenses and disburseme	ents	-114,484.				
	1	Net investment income (if negative, en		, , , , , , , , , , , , , , , , , , , ,	1,62	21,216.		
	1	Adjusted net income (if negative, enter					· · · · · · · · · · · · · · · · · · ·	
_								

Ε	art li	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of	year
_			amounts only (See instructions)	(a) Book Value	(b) Book Value	.	(c) Fair Market Value
	1	Cash - non-interest-beari	ing				
	2	Savings and temporary	cash investments	2,496,480.	1,600,4	95.	1,600,495.
	3	Accounts receivable 📐				- 1	r
		Less allowance for dou	btful accounts ▶				
	4	Pledges receivable ▶_					
		Less allowance for dou	btful accounts ▶				_
	5			_	· · ·		
	6		officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)				
	7		receivable (attach schedule) ►				,
			btful accounts ▶				*
S	8		se				
Assets	9	Prepaid expenses and d	eferred charges				
Ass	10 a		e government obligations (attach schedule).				
			e stock (attach schedule) ATCH 6	16,836,109.	17,436,7	86.	19,170,252.
			bonds (attach schedule)		•		
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	s, >	, , , , , , , , , , , , , , , , , , ,	**		
	12	· ·	loans				
	13		ach schedule)				····
	14	Land, buildings, and equipment basis	>	\$ 1/2 / L	٨		*
		Less accumulated deprecia (attach schedule)	ation >	* ^ -"	∞ •	1	* * * * *
	15	Other assets (describe	► ATCH 7		180,8	24.	180,824
	16		completed by all filers - see the				
			page 1, item I)	19,332,589.	19,218,1	05.	20,951,571.
	17		accrued expenses		, ,		
	18						
S	19						*
Ħ	20		ors, trustees, and other disqualified persons				*
Liabilities	21		otes payable (attach schedule)				* * * .
Ë	22		e ▶)				
		,					*
	23	Total liabilities (add line	es 17 through 22)	0		0	4
_		Foundations that fol	llow SFAS 117, check here ▶ 24 through 26 and lines 30 and 31.				»
Ses	24	Unrestricted					
ance	25	Temporarily restricted					•
Ba	26						,
5		Foundations that do	not follow SFAS 117,				
교			plete lines 27 through 31. ▶ 🛛			1	
Assets or Fund Ba	27	Capital stock, trust prin	cipal, or current funds	19,332,589.	19,218,1	05.	
ets	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund				
SS	29	Retained earnings, accum	ulated income, endowment, or other funds			Ÿ	
Ă	30		d balances (see instructions)	19,332,589.	19,218,1	05.	
Ž	31	Total liabilities and	net assets/fund balances (see				
_		instructions)		19,332,589.	19,218,1	05.	
F	art I	Analysis of Cha	anges in Net Assets or Fund	Balances			
1			palances at beginning of year - Part			Ī	
	end-	of-year figure reporte	d on prior year's return)	• • • • • • • • • • • • • • • • • • •	. <i></i>	1	19,332,589
2	Ente	r amount from Part I,	line 27a			2	-114,484
3	Othe	r increases not includ				3	
4	Add	lines 1, 2, and 3				4	19,218,105
		reases not included in	line 2 (rtemize) ▶		[5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30	6	19,218,105

Page 3

a SEE PART IV SCHE b	nd describe the kind(s) of property sold (e brick warehouse, or common stock, 200 s		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
C					
d					
e				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
<u>c</u>				<u>.</u>	
<u>d</u>					
0		1 1 1 10/24/00			
Complete only for assets	s showing gain in column (h) and owned			Gains (Col (h) g (k), but not less t	
(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	201	Losses (from co	
a	-				
<u>b</u>	+			•	
<u>c</u>	1				
<u>d</u>	<u> </u>				
<u>e</u>			 		
Capital gain net income o		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	1,	524,891.
	in or (loss) as defined in sections 12				
	art I, line 8, column (c) (see instr		İ		
Part I, line 8	<u> </u>	<u> </u>	3		0
Part V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
f "Yes," the foundation does	r the section 4942 tax on the distrib s not qualify under section 4940(e).	Do not complete this part.	•	d? [Yes X N
	nount in each column for each year	; see the instructions before making	r anv enti		Yes No
(a) Base penod years	(b) Adjusted qualifying distributions	(c)	1 1119 0116		Yes [△_] No
Calendar year (or tax year beginning in)		Net value of nonchantable-use assets	July Olice	Tes. (d) Distribution r (col (b) diwded b	atro
2010	1,432,133.	Net value of noncharitable-use assets 22, 985, 853.	guny on	(d) Distribution r	atio y col (c)) 0.062305
2010 2009	1,432,133. 1,542,411.	Net value of nonchantable-use assets 22, 985, 853. 18, 764, 485.	dily one	(d) Distribution r	atio y col (c)) 0.062305 0.082198
2010 2009 2008	1,432,133. 1,542,411. 1,422,489.	Net value of noncharitable-use assets 22,985,853. 18,764,485. 24,076,209.		(d) Distribution r	atio y col (c)) 0.062305 0.082198 0.059083
2010 2009 2008 2007	1,432,133. 1,542,411. 1,422,489. 1,475,445.	Net value of noncharitable-use assets 22, 985, 853. 18, 764, 485. 24, 076, 209. 28, 035, 080.		(d) Distribution r	atio y col (c)) 0.062305 0.082198 0.059083 0.052629
2010 2009 2008	1,432,133. 1,542,411. 1,422,489.	Net value of noncharitable-use assets 22,985,853. 18,764,485. 24,076,209.		(d) Distribution r	atio y col (c)) 0.062305 0.082198 0.059083
2010 2009 2008 2007 2006 2 Total of line 1, column (d	1,432,133. 1,542,411. 1,422,489. 1,475,445. 1,077,748.	Net value of noncharitable-use assets 22, 985, 853. 18, 764, 485. 24, 076, 209. 28, 035, 080. 19, 967, 877.	2	(d) Distribution r	atio y col (c)) 0.062305 0.082198 0.059083 0.052629
2010 2009 2008 2007 2006 2 Total of line 1, column (of Average distribution ratio	1,432,133. 1,542,411. 1,422,489. 1,475,445. 1,077,748.	Net value of noncharitable-use assets 22, 985, 853. 18, 764, 485. 24, 076, 209. 28, 035, 080. 19, 967, 877. The total on line 2 by 5, or by the		(d) Distribution r	atio y col (c)) 0.062305 0.082198 0.059083 0.052629 0.053974
2010 2009 2008 2007 2006 Total of line 1, column (of Average distribution ration number of years the four	1,432,133. 1,542,411. 1,422,489. 1,475,445. 1,077,748. d)	Net value of nonchantable-use assets 22, 985, 853. 18, 764, 485. 24, 076, 209. 28, 035, 080. 19, 967, 877. The total on line 2 by 5, or by the sthan 5 years	2	(d) Distribution r (col (b) divided b	atio ycol (c)) 0.062305 0.082198 0.059083 0.052629 0.053974 0.310189
2010 2009 2008 2007 2006 Total of line 1, column (of Average distribution ration number of years the four	1, 432, 133. 1, 542, 411. 1, 422, 489. 1, 475, 445. 1, 077, 748. d) o for the 5-year base period - divide indation has been in existence if less concharitable-use assets for 2011 fro	Net value of nonchantable-use assets 22, 985, 853. 18, 764, 485. 24, 076, 209. 28, 035, 080. 19, 967, 877. The total on line 2 by 5, or by the sthan 5 years	2 3	(d) Distribution r (col (b) divided b	atto (co) (c)) 0.062305 0.082198 0.059083 0.052629 0.053974 0.310189 0.062038
2010 2009 2008 2007 2006 Total of line 1, column (of Average distribution ration number of years the four the four the net value of note that the net value of note the net value of note that the net value of n	1, 432, 133. 1, 542, 411. 1, 422, 489. 1, 475, 445. 1, 077, 748. d) o for the 5-year base period - divide indation has been in existence if less concharitable-use assets for 2011 fro	Net value of nonchantable-use assets 22, 985, 853. 18, 764, 485. 24, 076, 209. 28, 035, 080. 19, 967, 877. et the total on line 2 by 5, or by the sthan 5 years m Part X, line 5	2 3 4	(d) Distribution r (col (b) divided b	atio (col (c)) 0.062305 0.082198 0.059083 0.052629 0.053974 0.310189 0.062038
2010 2009 2008 2007 2006 Total of line 1, column (of Average distribution ration number of years the four the net value of not Multiply line 4 by line 3 Enter 1% of net investments	1, 432, 133. 1, 542, 411. 1, 422, 489. 1, 475, 445. 1, 077, 748. d) o for the 5-year base period - divide ndation has been in existence if less on charitable-use assets for 2011 fro	Net value of nonchantable-use assets 22,985,853. 18,764,485. 24,076,209. 28,035,080. 19,967,877. e the total on line 2 by 5, or by the sthan 5 years m Part X, line 5	2 3 4 5	(d) Distribution r (col (b) divided b	atio 0.062305 0.082198 0.059083 0.052629 0.053974 0.310189 0.062038 672,487.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	stru	ctions	<u>s)</u>
1a	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		16,2	212.
	here ► X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of UP Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		16,2	212.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		16,2	212.
6	Credits/Payments:			*
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 22,906.			s
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		22,9	906.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	-	6,6	694.
	Enter the amount of line 10 to be Credited to 2012 estimated tax 6,694. Refunded			
	t VII-A Statements Regarding Activities			т—
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	_
	or intervene in any political campaign?	<u>1a</u>	-	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			х
	Instructions for definition)?	<u>1b</u>		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		46	
_	distributed by the foundation in connection with the activities	4 -	ì	х
	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers \$\Bigsim \frac{1}{2} = \frac{1}{		,	
_			, .	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	1
2	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	_		X x
_	If "Yes," attach a detailed description of the activities	2	 	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	A		
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ì	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
. <u>-</u>	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T		-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		į	
	conflict with the state law remain in the governing instrument?	6	Х	
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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 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 year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete			1
	Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses	10		X

Form 9	990-PF(2011) HICKORY FOUNDATION 22-3472	2805	P	age 5
Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		<u> </u>
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>X</u>	
	Website address ► N/A The books are in care of ► ANCHIN, BLOCK & ANCHIN LLP Telephone no ► (212)84 Leasted at ►1375 BROADWAY NEW YORK, NY			
14	The books are in care of ► ANCHIN, BLOCK & ANCHIN LLP Telephone no ► (212)84	0-34	56 	-
	Located at 100 200 200 200 200 200 200 200 200 200			т т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• • •	▶	
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	ا م	res	X
	over a bank, securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			i
Par	the foreign country ► tVII-B Statements Regarding Activities for Which Form 4720 May Be Required	!		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			l
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			Į
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			ĺ
		1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1ь		l
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		\vdash
^	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	
·	were not corrected before the first day of the tax year beginning in 2011?	1c	ļ	x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		1	ļ
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and	-		
	6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years			l
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			İ
	all years listed, answer "No" and attach statement - see instructions)	2b	<u> </u>	1
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_		-		
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			ļ
	at any time during the year?			
r	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2011)	. Зь	1	
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
	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 2011?.		<u> </u>	X
		50m Q	OO DE	(0044

Form 990-PF (2011)

HICKORY FOUNDATION 22-3472805 Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE

Form **990-PF** (2011)

All other program-related investments. See instructions

Total. Add lines 1 through 3.

Form 990-PF (2011)

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		_
	purposes:		
а	Average monthly fair market value of securities	1a	22,543,881.
b	Average of monthly cash balances	1b	2,504,329.
C	Fair market value of all other assets (see instructions)	1c	
d		1d	25,048,210.
е			
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	3	25,048,210.
4			
	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	375,723.
5	• •	5	24,672,487.
6	Minimum investment return. Enter 5% of line 5	6	1,233,624.
Pa	The property of the property	part.)	
1	Minimum investment return from Part X, line 6	1	1,233,624.
2 a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI)]	
C	Add lines 2a and 2b	2c	16,212.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,217,412.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,217,412.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	i	
	line 1	. 7	1,217,412.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	1,735,362.
þ	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1	
а		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	. 4	1,735,362.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)		16,212.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	1,719,150.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating w	hether the foundation

Form 990-PF (2011)

Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (b) (a) (c) (d) Corpus Years prior to 2010 2010 2011 Distributable amount for 2011 from Part XI, 1,217,412. line 7 Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only . . . **b** Total for pnor years 20 09, 2008, 2007Excess distributions carryover, if any, to 2011 From 2006 From 2007 From 2008 d From 2009 From 2010 334,578. 334,578 Total of lines 3a through e Qualifying distributions for 2011 from Part XII. 1,735,362. line 4 ▶ \$ a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)..... Treated as distributions out of corpus (Election required - see instructions) 1,217,412. d Applied to 2011 distributable amount 517,950. Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 852,528. Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions

e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 80,000. Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2012. 772,528. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 . . . b Excess from 2008 . . . c Excess from 2009 . . . 254,578. d Excess from 2010 . . . 517,950. e Excess from 2011 .

Form **990-PF** (2011)

• -	n 990-PF (2011)	HICKODY E	OUNDATION		22-3	472805 Page 10
_	<u>'\\</u>			d Part VII-A, question 9)		472805 Page 10 NOT APPLICABLE
				at it is a private operating		
				j		
b	Check box to indicate wh				4942(J)(3	9) 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) 2011	(b) 2010	(c) 2009	(d) 2008	(e) i otai
	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 .					
ď	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X, line 6 for each year listed					
¢	"Support" alternative test - enter					
	(1) Total support other than gross Investment income					
	(interest, dividends, rents, payments on securities loans (section 512(a)(5)).					
	or royalties) (2) Support from general		-			
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	organization			 		
D.	(4) Gross investment income art XV Supplement	any Information (C	Complete this par	t only if the foundation	n had \$5 000 o	r more in accets
		during the year - se		t only if the foundation	11 11au \$5,000 U	i illote ili assets
1	Information Regardin					
-	List any managers of	the foundation who	have contributed mo	re than 2% of the total cormore than \$5,000). (See se		d by the foundation
	VIRGINIA JA	MES				
b				of the stock of a corporation has a 10% or greater inte		arge portion of the
	N/A					
2	Information Departi	a Contribution Gran	A Ciff I ann Cabalan	data ata Barana		

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

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

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

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

c Any submission deadlines:

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

Form 990-PF (2011)				Page 11
Part XV Supplementary Information (continuea)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appi	oved for F	-uture Payment	
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
A MMA CUMENIM O				
ATTACHMENT 9				
			· ·	
		İ		
			•	
T-4-1		1	▶ 3a	1,728,600.
Total	 			1,720,000.
b Approved for future payment				
				1
	1			
	}			
Total	. <u>-l</u>		▶ 3b	
IVLEI				i

Form 990-F						Page 12
Part XV	/I-A Analysis of Income-Produ					
Enter gros	ss amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt
•	am service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
					-	_
				-		
e						_
f						
g Fee	s and contracts from government agencies					
2 Memb	ership dues and assessments			_		
	t on savings and temporary cash investments			14	22.	
	nds and interest from securities			14	106,411.	
	ntal income or (loss) from real estate					
	bt-financed property					
	t debt-financed property			-		
	investment income			18	1,634.	
	r (loss) from sales of assets other than inventory			18	1,525,346.	
	come or (loss) from special events					
	profit or (loss) from sales of inventory.					
	revenue a					
c						
d						
е		-			1 622 412	
	tal Add columns (b), (d), and (e)			l	1,633,413.	1,633,413.
(See work	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calc	ulations)			13	1,033,413.
Part X\			complishment of E	xempt Purp	oses	
Line No.	Explain below how each activity	ty for whic	h income is reported	ın column (e) of Part XVI-A contrib	uted importantly to the
•	accomplishment of the foundation		·		•	· · · · · ·
			.			
						· · · · · · · · · · · · · · · · · · ·
					_	
						
			· · · · · · · · ·			
						
		<u>.</u>			·	
						
		•	·			

F 000 F=	(0044)	מורמטטטע ב	COUNDATION		၁၁ ၁႔	72805 Page 1
Form 990-PF Part XVI				ctions a	nd Relationships With No	tugo t
	Exempt Orgai					
1 Did t	he organization direct	ly or indirectly e	engage in any of the follow	wing with a	any other organization describe	d Yes No
		ode (other than s	section 501(c)(3) organiza	tions) or in	section 527, relating to political	ai
•	nizations?		1 4-1-1		- 6	
	•	-	a noncharitable exempt or	-	oi: 	1a(1) X
						• 1911/
	r transactions.					
(1) S	ales of assets to a no	ncharitable exen	npt organization			. 1b(1) X
(2) P	urchases of assets fro	om a noncharitat	ble exempt organization			. 1b(2) X
(5) L	oans or loan guarante	es				. 1.5/5/
						. 15(0)
		-			. Column (b) should always sh	
	•				n. If the foundation received le	
value	e in any transaction o	r sharing arrang	ement, show in column (e of the goods, other assets, o	
(a) Line no	(b) Amount involved	(c) Name of ne	oncharitable exempt organization		escription of transfers, transactions, and	sharing arrangements
	N/A	<u> </u>	· · ·	N/A	<u> </u>	
		<u> </u>				
		 			-	
		 		_		
		_				<u> </u>
			·			
	<u> </u>	<u> </u>				
		 	· · · · · · · · · · · · · · · · · · ·			
		 				
2a Is th	e foundation directly	or indirectly aff	filiated with, or related to	, one or m	ore tax-exempt organizations	
			ther than section 501(c)(3)) or in sect	tion 527?	. L Yes X N
<u>b</u> If "Y	es," complete the follo		# T		(1)	translation .
	(a) Name of organization	on I	(b) Type of organization	on	(c) Description of rela	lionsnip
					 	
Ur	nder perfaities of perjury, I dec	lare that I have examin	ned this return, including accompany appayer) is based on all information of v	nng schedules a	and statements, and to the best of my known as any knowledge	wledge and belief, it is to
Sign		Taures	112/12/12			IRS discuss this retu
Here	wyman	Junes	10110112			preparer shown belo
1	Signature of officer or trustee	ı	Date	Title	(see instru	ctions)? X Yes
	Print/Type preparer'	s name	Preparer's signature	$\frac{\lambda}{24}$, Date Check	f PTIN
Paid				Mara Ya	1 d - 11 - 1	" 500140075

► ANCHIN BLOCK & ANCHIN LLP

NEW YORK,

Form **990-PF** (2011)

Firm's EIN ▶ 13-0436940

212-840-3456

Preparer

Use Only Firm's address ▶ 1375 BROADWAY

10018-7001 Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization		Employer identification number					
HICKORY FOUNDATION							
 		22-3472805					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a priva	to formulation					
	4547(a)(1) honexempt chantable trust not treated as a priva	te loundation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation					
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule a	ind a Special Rule See					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 by one contributor Complete Parts I and II	6,000 or more (in money or					
Special Rules							
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % sup 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, dur \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) and II.	ring the year, a contribution of					
during the year, t	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, total 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.						
during the year, on not total to more year for an exclus applies to this org	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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not nust answer "No" on Part IV, line 2, of its Form 990, or check the box or 00-PF, to certify that it does not meet the filing requirements of Schedule	n line H of its Form 990-EZ or on					

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) (2011)

Name of organization HICKORY FOUNDATION

Employer identification number 22-3472805

			22-3472805
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	VIRGINIA JAMES C/O HICKORY FOUNDATION, PO BOX 281 LAMBERTVILLE, NJ 08530-0060	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is

a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization HICKORY FOUNDATION

Employer identification number

22-3472805

Part II Nonca	ish Property (see instructions). Use duplicate copies	of Part II if additional space is need	eaea.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization HICKORY FOUNDATION **Employer identification number** 22-3472805 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

HICKORY FOUNDATION 22-3472805
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F				ription		o D		Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	ľ	Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	\parallel	(loss)	
		PUBLICLY TRA				Ρ	VAR	VAR
18599450.		17074559.					1,524,891.	
TOTAL GAIN(L	pss)				••••		1,524,891.	
		!						
ISA	ļ	1						

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

NET INVESTMENT INCOME	22.	22.
REVENUE AND EXPENSES PER BOOKS	22.	22.
		TOTAL
DESCRIPTION	CHASE MANHATTAN BANK	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	106,411.	106,411.
REVENUE AND EXPENSES PER BOOKS	106,411.	106,411.
		TOTAL
DESCRIPTION	GILDER GAGNON	

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION SETTLEMENT INCOME

1,634. NET INVESTMENT INCOME REVENUE AND EXPENSES PER BOOKS

1,634.

TOTALS

1,634.

ATTACHMENT 4

352802

FXPFNSFS
ATHED -
· -
PART
QQODF
v

!	NET TNIVE STMENT	INCOME	1,209.	1,209.
REVENUE	AND	PER BOOKS	1,209.	1,209.
		NOTEGIAN	INVESTMENT AND CUSTODIAL FEES	TOTALS

DESCRIPTION

SEE ATTACHED SCHEDULE

ENDING BOOK VALUE

ENDING

17,436,786.

19,170,252.

TOTALS

17,436,786.

19,170,252.

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

DUE TO/FROM BROKER

ENDING BOOK VALUE

ENDING

VALUE 180,824.

180,824.

TOTALS

180,824.

4.

180,824.

ATTACHMENT 8	EXPENSE ACCT AND OTHER ALLOWANCES	0	0
ATTACE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0
u.	COMPENSATION	0	0
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 5.00	GRAND TOTALS
FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	VIRGINIA JAMES C/O HICKORY FOUNDATION, PO BOX 281 LAMBERTVILLE, NJ 08530	

0

FORM 990PE, PART XV - GRANTS AND CONTRIBITIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	FURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BLUE HILL MEMORIAL HOSPITAL	NONE PUBLIC CHARITY	CHARITABLE	10,000
BIUE HILL PUBLIC LIBRARY	NONE PUBLIC CHARITY	CHARITABLE	1,000.
BRIGHTER CHOICE FOUNDATION	NONE PUBLIC CHARITY	CHARITABLE	009'66
BRONX PREPARATORY CHARTER SCHOOL PO BOX 552 OLYMPIA WA 98507	NONE PUBLIC CHARITY	CHARITABLE	3,000
BROOKLN VOLUNTEER FIRE COMPANY 410 W 20TH STREET NEW YORK NY 10011	NONE PUBLIC CHARITY	CHARITABLE	2,000
BROOKLYN BOTANIC GARDEN	NONE PUBLIC CHARITY	CHARITABLE	25,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DIRING THE YEAR

HICKORY FOUNDATION

		ATTACHM	ATTACHMENT 9 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CAPITAL RESEARCH CENTER	NONE	CHARITABLE	35,000
	PUBLIC CHARITY		
CENTER FOR EDUCATION REFORM	NONE	CHARITABLE	8,000.
	PUBLIC CHARITY		
CENTER FOR EQUAL OPPORTUNITY	NONE	CHARITABLE	40,000.
	PUBLIC CHARITY		
CENTER FOR INDEPENDENT THOUGHT	NONE	CHARITABLE	2,000
	PUBLIC CHARITY		
COMMON GOOD	NONE	CHARITABLE	10,000
	PUBLIC CHARITY		
CORPORATION FOR EDUCATIONAL RADIO & TV	NONE	CHARITABLE	40,000
	PUBLIC CHARITY		

ATTACHMENT 9 (CONT'D)

ľ	
YEAR	
HE	
PAID DURING	
PAID	
GRANTS AND CONTRIBUTIONS	
AND	
XV - GRANTS	
PART >	
JAUBE 1	
FORM	

UTION	12,000	.000.8	1,000	2,000	10,000	40,000
PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE	CHARITABLE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PURPLEY
RECIPIENT NAME AND ADDRESS	DAVID HOROWITZ FREEDOM CENTER	FLW BUILDING CONSERVANCY	FLW FOUNDATION	FOUNDATION FOR LANDSCAPE STUDIES	FREE TO CHOOSE NETWORK, INC	FRIENDS OF CZECH GREENWAYS, INC

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

HICKORY FOUNDATION

		ATTA	ATTACHMENT 9 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOWARD CENTER FOR FAMILY, RELIGION	NONE	CHARITABLE	8,000
	PUBLIC CHARITY		
HUNTERDON HUMANE ANIMAL SHELTER	NONE	CHARITABLE	2,000
	PUBLIC CHARITY		
INSTITUTE FOR AMERICAN VALUES	NONE	CHARITABLE	25,000
	PUBLIC CHARITY		
INSTITUTE FOR MARRIAGE & PUBLIC POLICY	NONE	CHARITABLE	35,000
	PUBLIC CHARITY		
ISLAND INSTITUTE	NONE	CHARITABLE	2,000
	PUBLIC CHARITY		
JOB PATH	NONE	CHARITABLE	1,000
	PUBLIC CHARITY		

FOUNDATION	
HICKORY	

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

		<u>र्स</u>	ATTACHMENT 9 (CONT.D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LAMBERTVILLE-NEW HOPE A & R S	NONE PUBLIC CHARITY	CHARITABLE	1,000
LANDWARK LEGAL FOUNDATION	NONE PUBLIC CHARITY	CHARITABLE	20,000
LIBRARY OF AMERICAN LANDSCAPE HISTOR	NONE PUBLIC CHARITY	CHARITABLE	200
MACKINAC CENTER FOR PUBLIC POLICY	NONE PUBLIC CHARITY	CHARITABLE	7,500
MAINE COAST HERITAGE TRUST	NONE PUBLIC CHARITY	CHARITABLE	21,000
MANHATTAN INSTITUTE	NONE PUBLIC CHARITY	CHARITABLE	15,000

ATTACHMENT 9 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBITIONS PAID DIRING THE YEAR		
4 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING	YEAR	
4 990PF, PART XV - GRANTS	THE	
4 990PF, PART XV - GRANTS	DURING	
4 990PF, PART XV - GRANTS	PATD	
4 990PF, PART XV - GRANTS	CONTRIBUTIONS	
4 990PF, PART XV - GR		
4 990PF, PAR	7 - GB	
4 990P	PART	
	4 990P	

HICKORY FOUNDATION

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NEW YORK CIVIL RIGHTS COALITION	NONE PUBLIC CHARITY	CHARITABLE	30,000
NEW YORK FOUNDATION FOR THE ARTS	NONE PUBLIC CHARITY	CHARITABLE	15,000
NEM YORK LANDMARKS CONSERVANCY	NONE PUBLIC CHARITY	CHARITABLE	2,000
NY HOSPITAL CORNELL MED CENTER	NONE PUBLIC CHARITY	CHARITABLE	15,000
PACIFIC RESEARCH INSTITUTE	NONE PUBLIC CHARITY	CHARITABLE	15,000
SCHOOL CHOICE WISCONSIN	NONE PUBLIC CHARITY	CHARITABLE	25,000

AID DURING THE YEAR
IG TH
DURING THE
PAID
SNO
IBILIT
ONTR
AND C
SRANTS AND C
i g
PART XV
PAR
1 990PF
ORM 9
뎩

HICKORY FOUNDATION

		"	ATTACHMENT 9 (CONT.D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SPENCE CHAPIN	NONE PUBLIC CHARITY	CHARITABLE	5,000
ST LUKE'S CHAMBER ENSEMBLE, INC	NONE PUBLIC CHARITY	CHARITABLE	100,000.
THE CLAREMONT INSTITUTE	NONE PUBLIC CHARITY	CHARITABLE	10,000
THE FUND FOR AMERICAN STUDIES	NONE PUBLIC CHARITY	CHARITABLE	1,000
THE NEW YORK BOTANICAL GARDEN	NONE PUBLIC CHARITY	CHARITABLE	5,000
WEST AMMELL FIRE COMPANY	NONE PUBLIC CHARITY	CHARITABLE	1,000

ATTACHMENT 9 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBILITIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ALLIANCE FOR SCHOOL CHOICE	NONE PUBLIC CHARITY	CHARITABLE	20,000
ANIMAL WELFARE ASSOCIATION	NONE PUBLIC CHARITY	CHARITABLE	2,000
COMMENTARY FUND	NONE PUBLIC CHARITY	CHARITABLE	2,000
FICRIDA SCHOOL CHOICE FUND, THE	NONE PUBLIC CHARITY	CHARITABLE	100,000
FLW PRESERVATION TRUST	NONE PUBLIC CHARITY	CHARITABLE	20,000
FRIEND MEMORIAL PUBLIC LIBRARY	NONE PUBLIC CHARITY	CHARITY	2,000

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

CONT.D)		AMOUNT	30,000	150,000	300,000	25,000.	20,000	25,000
ATTACHMENT 9 (CONT'D)								
		PURPOSE OF GRANT OR CONTRIBUTION						
		PURPOSE OF GRA	CHARITY	CHARITY	CHARITY	CHARITY	CHARITY	CHARITY
		ı						
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT						
	RELATIONSHIP	FOUNDATIO	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY
		RECIPIENT NAME AND ADDRESS	STITUTE	OUNDATION	CH CENTER	MOUNT VERNON LADIES ASSOCIATION	EDUCATION FUND	SBA LIST LEGAL DEFENSE FUND
		RECIPIENT N	GOLDWATER INSTITUTE	THE MARWEN FOUNDATION	MEDIA RESEARCH CENTER	MOUNT VERNON	SBA LIST INC	SBA LIST LEG

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

WORLD MONUMENTS FUND

PUBLIC CHARITY

PURPOSE OF GRANT OR CONTRIBUTION

CHARITY

250,000.

AMOUNT

ATTACHMENT 9 (CONT.D).

1,728,600.

TOTAL CONTRIBUTIONS PAID

Hickory Foundation, Inc. EIN: 22-3472805 Tax Period Ending: 12/31/11

Election to Satisfy Distribution Requirements Under IRC Section 170(b)(1)(E)(ii)

Pursuant to Regulation 53.4942(a)-3(c)(2)(iv), the above referenced foundation hereby elects to treat, as a current distribution out of corpus, the following unused tax year's distributions that were treated as corpus distributions under Reg. 53.4942(a)-3(d)(1)(iii) in such prior years:

<u>Tax Year</u>	Amount
12/31/2010	\$80,000
Total amount	\$80,000

Signature Date 12/13/12

VIRGINIA TAMES

TRUSTER Title

Account Open Position Detail - Dec 30, 2011

Account: 43002 HICKORY FOUNDATIN DTD 10/17/1986 VIRGINIA JAMES TTEE

				æ											ပ္														•	1	4 10 1
			20.000.0	SORED GE		ICALS INC									CDINGS IN	GIES INC				MPANY						RP			g⊀		Page 1 of 4
		Tax Term Description	***ARM HLDGS ORD GBP0.0005	****AXIS BANK LTD SPONSORED GDR REG S		ALEXION PHARMACEUTICALS INC			AMAZON.COM INC					APACHE CORP	***ARCOS DORADOS HOLDINGS INC	ALLEGHENY TECHNOLOGIES INC				GOLDEN MINERALS COMPANY	AEROVIRONMENT INC					CAPSTONE TURBINE CORP			COGNIZANT TECHNOLOGY SOLUTIONS CORP-CL A	: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	Apr 23, 2012 12 18 PM
Linked			ις		<u>ი</u>	5	7:	Σ.	ဖွ	ω	ø	9	9	4	ღ	ίŭ	_	80	0	9	9	9	1	و و	7	0	4	2	o,	on .	
Master Acct Lin		Target Ratio	0.45	0.11	0.03	0.15	0 47	0.21	0.26	0.28	0.08	0.16	0.26	0.34	0.03	0.25	0.01	0.18	0.10	90.0	90.0	0 26	0.07	0.06	0.17	0.10	0 0	0.07	0.39	0.19	
YTD Realized Term Long Term	2,091,508	Profit	339,966.69	-31,316.35	-8,079.61	60,524.01	170,915.02	84,917.29	224,057.62	190,052.98	24,740.35	64,699 11	78,789.82	-54,441 94	-12,208.40	-84,345,49	-5,122.55	-60,519.43	-10,554.75	-158,625.00	6,106.39	24,626.69	-14,243 41	-9,303.30	24,432.88	12,056.00	-2,238.02	-24,687.49	320,662 52	110,768.09	
Short		Value	546,112.82	130,582 50	31,718.30	188,402.50	577,577.00	251,680.00	320,061.90	341,872.50	97,109.10	200,796.00	322,312.20	411,323.78	32,067.86	299,849.40	17,447.00	215,339.00	120,647.20	72,625.00	68,132.55	313,409.73	85,598.40	71,373.96	206,411.73	127,136.00	53,302.00	80,272 00	474,286.25	236,853.73	
US Ratio	0.000	Last Price	9.2151	15 1400	15.1400	71.5000	71.5000	71.5000	000	000	000	000	000	90.5800	20.5300	47.8000	47.8000	47.8000	47.8000	5.8100	31.4700	31.4700	31.4700	31.4700	200	1.1600	1.1600	1.1600	64.3100		& Cancels
Leverage	0.941	Last	6.	15.	15.1	71.5	71.5	71.5	173.1000	173.1000	173.1000	173.1000	173.1000	3.06	20.5	47.8	47.8	47.8	47.8	5.8	31.4	31.4	31.4	31.4	31.4700	1.	-	1.1	64.3	64.3100	ustments
Risk Ratio		Cost	206,146.35	161,899.01	39,797.88	127,878.39	406,661.87	166,762.82	96,004.33	151,819.44	72,368.78	136,096.88	243,522.41	465,765.83	44,276.30	384,194.90	22,569.56	275,858.27	131,202.06	231,250.00	62,026.17	288,783.11	99,841.68	80,677.30	181,978.80	115,080.00	55,539.77	104,962.56	153,623.46	126,085.66	Report does not include Adjustments & Cancels
Target	,	Avg Price	3,4785	18.7709	18.9966	48.5307	50.3419	47.3758	51.9223	76.8706	128.9996	117.3249	130,7854	. 102 5690	28.3459	61 2458	61.8344	61.2338	51.9818	18.5000	28.6495	28.9972	36.7065	35.5720	27.7449	1.0500	1.2087	1.5168	20.8303	34.2345	Report does
Target Ratio	6.00% 1,221,778	Quantity	59,263	8,625	2,095	2,635	8,078	3,520	1,849	1,975	561	1,160	1,862	4,541	1,562	6,273	365	4,505	2,524	12,500	2,165	9,959	2,720	2,268	6,559	109,600	45,950	69,200	7,375	3,683	
Equity	20,362,974	Trade Date B	03/10/2010	09/03/2009	09/11/2009	03/01/2011	03/08/2011	03/23/2011	12/31/2008	. 05/21/2009	01/28/2010	02/01/2010	03/09/2010	11/03/2011	09/14/2011	06/22/2011	06/24/2011	07/11/2011	08/04/2011	10/07/2010	06/20/2011	06/21/2011	07/08/2011	07/13/2011	08/05/2011	02/19/2010	03/03/2010	02/08/2011	01/05/2005	08/06/2009	
Account Mar RR	RG 962	Symbol	A008081	A021179		ALXN		:	AMZN					APA	ARCO	ATI				AUMN	AVAV					CPST			стѕн		Printed by: LILLY CHAN
Account	43002		Long						-					-	-	-				•	•					-			-		Printed by

Account Open Position Detail - Dec 30, 2011

Account: 43002 HICKORY FOUNDATIN DTD 10/17/1986 VIRGINIA JAMES TTEE

Tax Term Description	EDWARDS LIFESCIENCES CORP	FUSION-10 INC			SOURCEFIRE INC		WTS FORD MOTOR COMPANY EX PRICE \$9.2 PER SHR	***GOLAR LNG LIMITED COM STK USD1.00				COMPLETE GENOMICS INC	GOOGLE INC CL A			W R GRACE & CO-DEL NEW		""!MAGINATION TECHNOLOGIES GROUP PLC GBP0.10 GROUP PLC GBP0.10		***HDFC BK LTD ADR REPSTG 3 SHS	***ICICI BANK LTD SPONSORED ADR			***IMAX CORP		J C PENNEY CO INC	WTS JPMORGAN CHASE & COMPANY		***JOHN KEELLS SI 10 PAR		
Target Ratio Tax	0.23	0.00	0.05	0.13	0.02	0.48	0.07	0.43	0.03	0.09	0.06	90.0	0.43	0.10	0 15	0.49	0.19	0.32	90.0	0.29	0.03	0.15	0.00	0.15	0.03	0.28	0.01	0.04	0.09	90.0	0.08
Profit	101,945.13	572.00	-20,805.36	-59,285.60	4,082.98	72,923.45	-90,285.00	246,457.55	15,798.16	49,208.13	26,167.17	-239,604.09	62,577.06	27,273.79	30,654.21	443,938.47	115,660.21	17,143.44	6,826.83	136,444.66	5,463.67	-30,542.25	-6,293.22	-140,289.16	-41,028.31	9,982.11	-16,267.04	-45,338.76	22,356.99	4,910.16	-38,599.71
Value	286,335.00	2,662.00	59,604.60	163,035.40	21,403 18	587,081.78	83,340.00	527,843.75	35,382.20	110,236.00	71,075.55	73,358.41	520,595 40	120,137.40	179,560.20	601,092.80	236,488.00	394,265.99	74,484 62	359,904.60	33,354.66	185,670.75	5,656.02	177,929.31	39,464.49	336,139.45	17,000.00	54,187.50	113,102.39	68,647.50	102,372.57
Last Price	70 7000	24.2000	24.2000	24.2000	32.3800	32 3800	2.4000	44.4500	44.4500	44.4500	44.4500	2.9300	645.9000	645.9000	645.9000	45.9200	45 9200	8.5457	8.5457	26.2800	26.4300	26.4300	26.4300	18.3300	18.3300	35,1500	8.5000	8.5000	1.4967	1.4967	1.4967
Cost	184,390 02	2,090.00	80,410.05	222,321.00	17,320.18	514,158.90	173,625.00	281,386.44	19,584.07	61,027 84	.44,908.39	312,962.50	458,018.37	92,863.61	148,906.00	157,154.61	120,827.76	377,120.28	67,657.95	223,459.95	27,890.96	216,213.34	11,949.25	318,218 76	80,492.70	326,157.59	33,267.00	99,526.50	90,742.05	63,735.39	140,970.34
Avg Price	45.5284	19.0000	32.6472	33.0000	26.2030	28.3580	5.0000	23.6957	24.6031	24.6080	28.0853	12.5000	568.2610	499.2667	535.6331	12.0057	23.4617	8.1741	7.7625	16.3169	22.1006	30.7777	55.8376	32.7824	37 3863	34,1062	16.6335	15.6120	1.2008	1.3896	2.0610
Quantity	4,050	110	2,463	6,737	661	18,131	34,725	11,875	796	2,480	1,599	25,037	908	186	278	13,090	5,150	46,136	8,716	13,695	1,262	7,025	214	9,707	2,153	9,563	2,000	6,375	75,568	45,866	68,399
Trade Date B	02/23/2010	06/08/2011	11/22/2011	11/22/2011	08/26/2011	09/09/2011	03/31/2010	03/17/2011	03/22/2011	03/29/2011	04/04/2011	05/26/2011	08/12/2011	08/19/2011	09/29/2011	05/08/2009	07/21/2010	05/20/2011	12/07/2011	05/05/2009	05/11/2009	05/28/2009	11/01/2010	04/27/2011	06/03/2011	11/11/2011	04/20/2010	04/22/2010	01/12/2010	06/21/2010	11/26/2010
Symbol	Long EW	FIO			FIRE		FWS	GLNG			•	GNOM	9009		,	GRA		H006251		HDB	IBN			IMAX		JCP	JPMWS		K000360		

- Page 2 of 4 💌

Apr 23, 2012 12 18 PM

٠ در

Report does not include Adjustments & Cancels

Printed by: LILLY CHAN

Account Open Position Detail - Dec 30, 2011

Account: 43002 HICKORY FOUNDATIN DTD 10/17/1986 VIRGINIA JAMES TTEE

Symbol	Trade Date B	Quantity	Avg Price	Cost	Last Price	Value	Profit	Target Ratio	Tax Term Description
Long KMX	07/20/2010	3,501	19.3399	62,708.99	30.4800	106,710.48	39,001.57	0.09	CARMAX INC
	07/22/2010	3,840	20.3492	78,140.93	30.4800	117,043.20	38,902.30	0.10	
	07/27/2010	3,550	21.6345	76,802.48	30.4800	108,204.00	31,401.57	60 0	
	11/11/2010	5,250	33.7111	176,983.28	30.4800	160,020.00	-16,963.22	0.13	
rız	10/17/2011	35,032	7.6067	266,477.91	8.6300	302,326.16	35,847.47	0.25	LIZ CLAIBORNE INC
LMNX	10/12/2011	14,621	22.4337	328,003.13	21.2300	310,403.83	-17,599.34	0.25	LUMINEX CORP DEL
LNKD	05/18/2011	200	45.0000	22,500.00	63 0100	31,505.00	9,005.00	0.03	LINKEDIN CORPORATION COM CL A
LPSN	10/28/2009	24,026	5.2396	125,886.63	12.5500	301,526.30	175,639.74	0.25	LIVEPERSON INC
רחרח	07/08/2011	3,792	60.1360	228,035.71	46.6600	176,934.72	-51,100.89	0.14	LULULEMON ATHLETICA INC
	07/11/2011	2,590	60.3970	156,428.23	46.6600	120,849.40	-35,578.91	0.10	
	12/01/2011	4,789	. 47.5577	227,753.83	46.6600	223,454.74	-4,298.96	0.18	
	12/08/2011	3,864	46.5398	179,829.79	46.6600	180,294.24	464.44	0.15	
	12/09/2011	2,178	48.1368	104,841.95	46.6600	101,625.48	-3,216.54	0.08	
MAKO	05/20/2011	12,175	31.3926	382,204.91	25 2100	306,931.75	-75,272.80	0.25	MAKO SURGICAL CORP
	08/09/2011	4,489	27.2439	122,297.87	25.2100	113,167.69	-9,130.01	0.09	
MOM	09/13/2011	7,670	68.1011	522,335.44	70.0700	537,436.90	15,101.25	0.44	MONSANTO CO NEW
	09/26/2011	1,744	64.1982	111,961.66	70.0700	122,202.08	10,240.40	0.10	
	10/04/2011	2,030	61.5545	124,955.64	70.0700	142,242.10	17,286.47	0.12	
MTXN	10/14/2010	626,6	20.9879	196,006.00	17.7800	166,047.42	-29,958.56	0 14	NXSTAGE MEDICAL INC
	10/20/2010	3,875	21 4708	83,199.35	17.7800	68,897.50	-14,302.04	0.06	
	11/12/2010	6,175	21.9234	135,377.00	17.7800	109,791.50	-25,585.44	0.09	
P026248	02/09/2011	38,200	4.4218	168,912.76	0.8468	32,347.39	-136,565.15	0.03	***OCADO GROUP PLC
	02/11/2011	43,650	4.0710	177,699.15	0.8468	36,962.40	-140,737.16	0.03	
	02/24/2011	48,075	3.4521	165,959.71	0.8468	40,709.45	-125,250.48	0.03	
PPO	06/29/2011	6,063	68.6935	416,488.69	43 9900	266,711.37	-149,777.12	0.22	POLYPORE INTERNATIONAL INC
	07/26/2011	1,861	72.6732	135,244.83	43.9900	81,865.39	-53,379.45	0.07	
	07/27/2011	1,310	69.5265	91,079.72	43.9900	57,626.90	-33,452.86	0.05	
QCOR	07/21/2011	10,266	26.7071	274,175 09	41.5800	426,860.28	152,684 89	0 35	QUESTCOR PHARMACEUTICALS INC
RNR	03/13/2009	3,125	45.1378	141,055.63	74 3700	232,406.25	91,350.58	0.19	***RENAISSANCERE HOLDINGS LTD
	06/01/2011	1,043	73.0900	76,232.87	74.3700	77,567.91	1,335.00	90.0	
	06/03/2011	1,976	72.4004	143,063.19	74.3700	146,955.12	3,891.85	0.12	
S019989	12/01/2011	2,399	105.8036	253,822.84	105.2408	252,472.71	-1,350.06	0.21	SONOVA HOLDING AG
	12/02/2011	1,613	104.8617	169,141.92	105.2408	169,753.43	611.58	0.14	
Printed by LILLY CHAN	. NAH		Report does	Report does not include Adjustments & Cancels	stments & Cano	eاچ. ،			Apr 23, 2012 12 18 PM Page 3 of 4 🔷

Account: 43002 HICKORY FOUNDATIN DTD 10/17/1986 VIRGINIA JAMES TTEE

		1,733,463.58	Long Position Total: 19,170,250.26	tion Total:	Long Posi				
	. 50.0	-24,520.77	60,873.12	13.4200	85,393.83	18 8258	4,536	08/19/2011	,, -
ZIPCAR INC	0.17	-211,784.81	202,642.00	13.4200	27.4455 414,427.05	27.4455	15,100	04/15/2011	ZIP
***YOOX SPA	0.17	70,058.45	205,758.68	10.8437	135,699.71	7.1515	18,975	12/03/2009	· Y003073
	0.21	81,382.28	253,967.00	69.5800	172,584.78	47.2835	3,650	11/10/2010	
	0.13	49,131.18	153,076.00	69.5800	103,944.72	47.2476	2,200	11/09/2010	
WHOLE FOODS MARKET INC	0.36	236,531.39	434,875.00	69.5800	31.7350 198,343.75	31.7350	6,250	10/08/2009	WFM
	0.10	15,493.07	118,125.00	31.5000	27.3685 102,631.88	27.3685	3,750	10/12/2009	
***VALIDUS HOLDINGS LTD	0.05	11,286.38	56,227.50	31.5000	44,941.12	25.1771	1,785	08/13/2009	X R
UBIQUITI NETWORKS INC COM	0.05	10,461.97	59,046 97	18.2300	48,585.00	15.0000	3,239	10/14/2011	UBNT
TESLA MOTORS INC	0.13	63,002.00	155,652.00	28.5600	92,650.00	17,0000	5,450	06/29/2010	TSLA
	0.05	-5,717.49	60,509 19	32.6900	66,226.74	35.7789	1,851	08/23/2011	
	0.02	-33,781.05	29,290 24	32.6900	63,071.32	70.3921	896	07/28/2011	
***SODASTREAM INTERNATIONAL LTD	0.18	-161,001.53	214,642.54	32.6900	57.2105 375,644.14	57.2105	995'9	05/31/2011	Long SODA
erm Description	Target Ratio Tax Term Description	Profit	Value	Last Price	Cost	Avg Price	Quantity	Trade Date B	Symbol
•									

Total: 19,170,250.26 1,733,463.58

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.	Form 88	68 (Rev. 1-2012)					Page 2
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8888. If you are filing for an Automatic 3-Month Extension, complete only Part I (in page 1). In you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed). Fertir filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In you are filing your print In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. For a foreign address, see instructions. In your or post office, state, and 2IP code. Foreign address, see instructions. In your offi	• If yo	u are filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II	and	check this box	
Part III Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1). Part III Additional (Not Automatic) 3-Month extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. Fire or print HICKORY FOUNDATION RICKORY FOUNDATION RETURN Application Return Applic							
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print					•	provided from 5000	•
Type or print Name of exempt organization or other filer, see instructions.					inal	(no copies needed)	
Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Print HICKORY FOUNDATION X 22-3472805 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) P.O. BOX 281 City, town or post office, state, and ZIP code, for a foreign address, see instructions. Employer identification P.O. BOX 281 City, town or post office, state, and ZIP code, for a foreign address, see instructions. Return code for the return that this application is for (file a separate application for each return)						'	. In aday add a sa
Type or print File by the due date for the due due due due due due due due due du		Name of exempt organization or other filer, see In	structions.		irei i	Employer Identification number	er (FIN) or
Pint HICKORY FOUNDATION X 22-3472805	Type						. (L , G.
Number, street, and room or suite no. If a P O. box, see instructions. Social security number (\$SN)					v	22 3472005	
File by the color date for contents and provided the color of the col	hinn		v see instru	tione	14		
filing your minum See metructions. LAMBERTVILLE, NO 08530 Enter the Return code for the return that this application is for (file a separate application for each return)		ne	A, 306 II 50 U	200113.	ار		,
Enter the Return code for the return that this application is for (file a separate application for each return)			o forolog ad	drana and haterations	L	_ 	
Enter the Return code for the return that this application is for (file a separate application for each return)	return S	88	a luicigii au	oress, see that actions.			
Application Return Code Reform 990 Return Spring Return Code Reform 990 Refor							
Is For Code Is For Code Is For Code Is For Code Is For Code Is For Sor					ich r	eturn)	. 0 4
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 1041-A 08 Form 990-EZ 01 Form 720 09 Form 990-F 04 Form 5227 10 Form 990-F 04 Form 5227 10 Form 990-F 10		ation		* =			Return
Form 990-BL Form 990-EZ O1 Form 4720 O9 Form 990-FF O4 Form 5227 O5 Form 6069 O5 Form 8970 O5 Form 8970 O6 Form 8970 O7 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ ANCHIN, BLOCK & ANCHIN LLP Telephone No. ▶ 212 Stopi Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ ANCHIN, BLOCK & ANCHIN LLP Telephone No. ▶ 212 Stopi Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ ANCHIN, BLOCK & ANCHIN LLP Telephone No. ▶ 212 Stopi Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's in the United States, check this box If this is for a Group Return and Elixs of all members the extension is for. If this is for a Group Return the organization of time until I1/15 II 1/15			Code			AND AND A STATE OF THE AND ADDRESS OF THE ADDRESS O	
Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-PT 05 Form 6870 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888. The books are in the care of ▶ ANCHIN, BLOCK & ANCHIN LLP Telephone No. ▶ 212 840-3456 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	Form 9	990	01				
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) 0.6 Form 6069 1.1 Form 8870 1.2 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ▶ ANCHIN, BLOCK & ANCHIN LLP Telephone No. ▶ 212 840-3455 • 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 for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for the whole group, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is a digital members the extension is for. • If this application and ElNs of all members the extension is for. • 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. • If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. • 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 and any amount paid previously with Form 8868. • Balance Due. Sub	Form 9	990-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of North	Form 9	990-EZ	01	Form 4720			09
Form 990-T (trust other than above) Top 10 on to complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ ANCHIN, BLOCK & ANCHIN LLP Telephone No. ▶ 212 840-3456 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 the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the group, check this box ▶ If this is for the group, check this box ▶ If this is for the group, check this box ▶ If this is for part of the group, check this box ▶ If this is for the group, check this box ▶ If this is for part of the group, check this box ▶ If this is for part of the group, check this box ▶ If this is for part of the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is forting the group is f	Form 9	990-PF	04	Form 5227			10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ► ANCHIN, BLOCK & ANCHIN LLP Telephone No. ► 212 840-3456 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 for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the group, check this box If this is for the whole group, check this box If this is for the group, check this box If this is for the group, check this box If this is for the group, check this box If this is for the group, check this box If this is for the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box If this group the group, check this box In this group the group, check this box If this group the group, check this box In this group the group, check this box In this group the group, check this box In this group the group, check this box In this group the group, check this box In this group the group, check this box In this group the group, check this box In this group the group,	Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
The books are in the care of ► ANCHIN, BLOCK & ANCHIN LLP Telephone No. ► 212 840-3456 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 for the whole group, check this box If this is the states, check this box If this is the states, check this box If this is the properties of the whole group, ch	Form 9	990-T (trust other than above)	06	Form 8870			12
Telephone No. ▶ 212 840-3456 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 for the whole group, check this box . ▶ □ . If it is for part of the group, check this box . ▶ □ and attach a list with the names and EINs of all members the extension is for. If request an additional 3-month extension of time until	STOPI	Do not complete Part II if you were not already	granted ar	automatic 3-month exter	sior	on a previously filed Form	n 8868.
If the organization does not have an office or place of business in the United States, check this box	• The	books are in the care of ▶ ANCHIN, BLOCK	& ANCHIN	N LLP		-	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶	Tele	ephone No. ▶ 212 840-3456		FAX No. ▶			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶	• If th	e organization does not have an office or place of	 business ir	the United States, check the	nis b	ox	▶□
for the whole group, check this box							is is
Ist with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until 11/15 , 20 12 .							
I request an additional 3-month extension of time until				3 , ,			
For calendar year 2011, or other tax year beginning				1	1/1	5 . 20 12 .	
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return		•					20
Change in accounting period State in detail why you need the extension ALL OF THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. 8a 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. 8a \$ 16,213. 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 and any amount paid previously with Form 8868. 8b \$ 22,906. C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part il only. Under penaltes of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Page 17 Title POFFICER Date P07/30/2012							<u>-</u>
State in detail why you need the extension ALL OF THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. 8a 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. 8 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 and any amount paid previously with Form 8868. 8 Sh \$ 22,906. C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title OFFICER Date 07/30/2012	Ĭ						
8a 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. 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 and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Part II only.	7 S	·- · · · · · · · · · · · · · · · · · ·	OF THE I	NFORMATION REQUIRE	рт	O FILE A	
8a 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. 8a \$ 16,213. 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 and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title OFFICER Date 07/30/2012							
nonrefundable credits. See instructions. 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 and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date 707/30/2012	=					<u></u>	
nonrefundable credits. See instructions. 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 and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date 707/30/2012	-		· · · · · · · · · · · · · · · · · · ·	··· ·· · · · · · · · · · · · · · · · ·			
nonrefundable credits. See instructions. 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 and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date 707/30/2012	Ba li	f this application is for Form 990-RI 990-PF of	90-T. 4720), or 6069, enter the ten	tativ	e tax less any	
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 and any amount paid previously with Form 8868. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date 07/30/2012				of coop, circuit the ton		· • •	16.213
estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date F07/30/2012	-		4720 o	r 6060 enter any refur	dah		10,213.
amount paid previously with Form 8868. 8b \$ 22,906. C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date F07/30/2012		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			
C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title OFFICER Date 07/30/2012		- ·	ioi yoai t	overpayment anowed as	a (· -	22 006
(Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title FOFFICER Date F07/30/2012	_		VALUE DOVID	ant with this form if requi	rod.		22,300.
Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature Title OFFICER Date 07/30/2012				ient with this form, if requi	eu,	· -	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature ▶ OTFICER Date ▶ 07/30/2012				- A B			
it is true, correct, and complete, and that I am authorized to prepare this form. Signature ▶ OFFICER Date ▶ 07/30/2012		•		•		•	
	-		_	companying schedules and stater	nents	, and to the best of my knowled	ige and belief,
Form 8868 (Rev. 1-2012)	Signatu	ro >		Title ▶OFFICER		Date ▶ 07/30/	/2012
						Form 8868	(Rev. 1-2012)

Form 8868

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No. 1545-1709

nternal Revenue	Service	► File a s	eparate app	lication for each return.				
If you are t	filing for an	Automatic 3-Month Extension, co	mplete on	ly Part I and check this	box			▶ X
If you are f	filing for an	Additional (Not Automatic) 3-Mon	th Extensi	on, complete only Part	II (on page 2 of this for	m).		
Do not comp	ilete Part II	' <i>unles</i> pou have already been grante	ed an autoi	matic 3-month extension	on a previously filed For	m 88	368.	
a corporation 8868 to requ Return for 1 instructions). Part 1 Aut A corporation Part I only	required to uest an extension of the community of the com	You can electronically file Form 8 to file Form 990-T), or an additional ension of time to file any of the filessociated With Certain Personal details on the electronic filing of this Month Extension of Time. Only file Form 990-T and requesting an accluding 1120-C filers), partnerships,	al (not aut forms listed Benefit (s form, vis y submit automatic	omatic) 3-month extension Part I or Part II will Contracts, which must sit www irs gov/efile and original (no copies ne 6-month extension - che	sion of time. You can eleth the exception of Form be sent to the IRS in a click on e-file for Charitieeded).	ectro n 86 n pa ies 6	onicall 870, aper f 3 Non	ly file Form Information format (see profits.
		empt organization or other filer, see insti	ructions.		Employer identification			
Type or					, .			. ,
print	HICKOR'	Y FOUNDATION			X 22-3472805	,		
File by the	Number, str	reet, and room or suite no. If a P.O. box,	see instruct	tions.	Social security numb	er (S	SN)	
due date for Tiling your	P.O. B	OX 281					_	
return See Instructions.	City, town o	r post office, state, and ZIP code. For a	foreign addı	ress, see instructions.				
riad decoria.	LAMBER'	TVILLE, NJ 08530						
Enter the Ret	turn code fo	r the return that this application is fo	or (file a se	parate application for ea	ch return)		• • •	. 04
					<u></u>			
Application			Return	Application				Return
is For			Code	is For				Code
Form 990			01	Form 990-T (corporation	on)			07
<u>Form 990-BL</u>	·		02	Form 1041-A				08
Form 990-E2			01	Form 4720				09
Form 990-PF	-		04	Form 5227				10
		or 408(a) trust)	05	Form 6069				11
<u>Form 990-T (</u>	trust other	than above)	06	Form 8870				12
Telephone If the orga If this is fo for the whole a list with the 1 I reque until for the	a No. ▶	care of ► ANCHIN, BLOCK & 212 840-3456 es not have an office or place of but Return, enter the organization's four eck this box►	usiness in t digit Grou it is for pa is for. ration requ	FAX No. the United States, check p Exemption Number (Cort of the group, check the product of the Form 990-T) of the file Form 990-T) of the product of the Form 990-T) of the product of the Form 990-T) of the product of the Form 990-T) of the product of the Form 990-T) of the product of the	SEN) is box		and at	
	tax year be		20	and ending		20		
2 If the ta	ax year ente Change in a	ered in line 1 is for less than 12 mon accounting period	ths, check	reason: Initial re	eturn Final return	_	·	
		is for Form 990-BL, 990-PF, 99	10-1, 4/20	o, or ough, enter the	tentative tax, less any	,	•	16 212
		edits. See instructions. n is for Form 990-PF, 990-T,	4720 0	r 6069 enter any r	efundable credite and	3a	₹	16,213.
		ments made. Include any prior yea				3b	•	22,906.
-		otract line 3b from line 3a. Include					*	22,000.
		al Tax Payment System). See instru		mai ole ielli, ((ic	-qu, by uping bi if o	3c	•	
		oing to make an electronic fund		with this Form 8868	see Form 8453-EO ar			8879-FO for
payment ins		(4)14						
		rwork Reduction Act Notice, see Instru	ctions.		·	Form	1 886F	(Rev. 1-2012)