SCANNED AUG 0 4 2010

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AHA FOUNDATION INC.

Number and street (or P.O. box, if mail is not delivered to street address): 130 7TH AVENUE — Room/suite: 236

City or town, state or country, and ZIP + 4: NEW YORK, NY 10011-1803

D Employer identification number: 33-1185369

E Telephone number: 212 521-4031

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶ WWW.THEAHAFOUNDATION.ORG

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Tax-exempt status** (check only one) — [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 477,759.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

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Revenue	1	Contributions, gifts, grants, and similar amounts received			1	477,651.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	108.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	477,759.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	7,557.
	13	Professional fees and other payments to independent contractors			13	39,575.
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ OFFICE EXPENSES)			16	6,696.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	53,828.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	423,931.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	31,432.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	455,363.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

Line	(See the instructions for Part II.)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	31,432.	22	441,347.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 1)	0.	24	14,016.
25	**Total assets**	31,432.	25	455,363.
26	**Total liabilities** (describe ▶)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	31,432.	27	455,363.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 SEE STATEMENT 3 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	41,481.
29 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	41,481.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SUZIE KOVNER, 130 7TH AVENUE, NEW YORK, NY 10011-1803	CHAIRMAN 5.00	0.	0.	0.
GRETCHEN S. BOLTON, 130 7TH AVENUE, NEW YORK, NY 10011-1803	TREASURER 5.00	0.	0.	0.
EDWARD SULLIVAN, 130 7TH AVENUE, NEW YORK, NY 10011-1803	SECRETARY 1.00	0.	0.	0.
SUSANNA LEA, 130 7TH AVENUE, NEW YORK, NY 10011-1803	VICE-PRESIDENT 1.00	0.	0.	0.
AYAAN HIRSI ALI, 130 7TH AVENUE, NEW YORK, NY 10011-1803	PRESIDENT 5.00	7,557.	0.	0.
GWENDOLYN VAN PAASSCHEN, 130 7TH AVENUE, NEW YORK, NY 10011-1803	DIRECTOR 1.00	0.	0.	0.
BRENDA BOONE, 130 7TH AVENUE, NEW YORK, NY 10011-1803	DIRECTOR 1.00	0.	0.	0.
BUNTZIE CHURCHILL, 130 7TH AVENUE, NEW YORK, NY 10011-1803	DIRECTOR 1.00	0.	0.	0.
CHRISTINA HOFF SOMMERS, 130 7TH AVENUE, NEW YORK, NY 10011-1803	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER DE MUTH, 130 7TH AVENUE, NEW YORK, NY 10011-1803	DIRECTOR 1.00	0.	0.	0.

Part V **Other Information** (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved — 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 — 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities — 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ DC,PA,MD,CT,NJ,NY,CA,FL

42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 212 521-4031

Located at ▶ 130 7TH AVE, STE 236, NEW YORK, NY ZIP + 4 ▶ 10011-1803

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Form **990-EZ** (2009)

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02-08-10

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Gretchen S. Bolton — Signature of officer — Date 7/7/10

▶ Gretchen S. Bolton, Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ John F. C	Date 06/29/10	Check if self-employed ▶ ☐ — Preparer's identifying number (See instr) P00021152
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PELLINI GOLD CORDES, LLC 11 SOUTH CHURCH ST WEST CHESTER, PA 19382-3220	EIN ▶ 43-2110612	Phone no. ▶ (610)696-1177

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Form **990-EZ** (2009)

932174
02-08-10

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AHA FOUNDATION INC.

Employer identification number
33-1185369

Part I **Reason for Public Charity Status** (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule A (Form 990 or 990-EZ) 2009**

932021 02-08-10

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				90,042.	477,651.	567,693.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5				90,042.	477,651.	567,693.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						567,693.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				90,042.	477,651.	567,693.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)				90,042.	477,651.	567,693.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ [ ]

FORM 990-EZ — OTHER ASSETS — STATEMENT 1

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID RENT	0.	3,016.
RENT DEPOSIT	0.	11,000.
TOTAL TO FORM 990-EZ, LINE 24	0.	14,016.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

RESEARCH AND INVESTIGATION GOAL:
1. USING RESEARCH CONSULTANT, DRAFTED 18- PAGE WHITE PAPER ON "WHAT WE KNOW NOW" CONCERNING THE SITUATION OF WOMEN AND GIRLS IN THE US INRELATION TO MILITANT ISLAM, HONOR VIOLENCE, AND OTHER VIOLATIONS OF RIGHTS. BIBLIOGRAPHY CONTAINS 63 PUBLICATIONS FOR FURTHER REFERENCE.
2. RESEARCH FOR BI-WEEKLY E-MAIL NEWSLETTER - SEE BELOW.
3. RESEARCH AS NEEDED TO BACK UP SPEECHES OF OFFICERS.

INFORMATION AND EDUCATION GOALS:
1. REDESIGNED WEBSITE AND CREATED NEW CONTENT. NEW TEXTUAL DESCRIPTION OF GOALS AND ACTIVITIES, NEW PICTURES, POWERPOINT PRESENTATION ON THE ISSUES, A READING LIST OF 19 BOOKS AND ARTICLES, A SORTABLE DATA BASE WITH LINKAGES TO ARTICLES ON VIOLENCE AGAINST WOMEN IN THE NAME OF RADICAL ISLAM, A DONATIONS PAGE WITH LINK TO PAYPAL FOR DONATIONS.
2. DATABANK CONTAINED 600 NEWS ARTICLES BY DECEMBER 31, 2009. NEW WEBSITE LAUNCHED 04/2009 RECEIVED 16,252 UNIQUE VISITORS IN 2009 FROM 148 COUNTRIES WITH 27,178 PAGE VIEWS.
3. CIRCULATED EMAIL "NEWS UPDATE" EVERY TWO WEEKS TO A LIST OF 1,280 SUBSCRIBERS BY 12/31/09 (GROWN TO 2,257 SUBSCRIBERS AS OF 2010). "NEWS UPDATE" HAS LINKAGES TO HUNDREDS OF PUBLICATIONS HERE AND ABROAD, AS WELL AS THE AHA WEBSITE.
4. WHITE PAPER WAS RELEASED DECEMBER 2009 AND HAS BEEN DOWNLOADED 1,086 TIMES UP TO PRESENT (JUNE 2010).
4. CREATED A FULL COLOR BROCHURE ON THE ACTIVITIES OF THE FOUNDATION WITH A FUNDRAISING TEAR-OFF, WHICH IS NOW BEING DISTRIBUTED FOR FUNDRAISING PURPOSES AND AT SPEECHES AND OTHER EVENTS.

INTERVENTION AND ASSISTANCE GOAL:
1. DEVELOPED DATA BASE OF 102 WOMEN'S SHELTERS AND COALITIONS IN THE US THAT ARE COMBATTING DOMESTIC VIOLENCE. ONGOING PROJECT.
2. CIRCULATED QUESTIONNAIRE AND INFORMATIONAL MAILING TO THESE SHELTERS BOTH TO OBTAIN FURTHER INFORMATION ON THEIR SERVICES AND KINDS OF CLIENTS, AND TO LET THEM KNOW ABOUT THE ACTIVITIES OF THE AHA FOUNDATION. ONGOING PROJECT.
3. REFERRED SEVERAL CALLERS TO LOCAL FIRST RESPONDERS AND SOUGHT TO OFFER SERVICES TO ONE CASE LATE IN THE YEAR THAT HAD APPEARED IN THE NEWS CONCERNING THREATS OF VIOLENCE AGAINST A TEENAGE GIRL BY HER FATHER WHEN SHE CONVERTED TO CHRISTIANITY FROM ISLAM.

ADMINISTRATION AND FUNDRAISING GOALS:
1. CREATED THE FOLLOWING COMMITTEES OF THE BOARD FOR PURPOSES OF DIRECTING ACTIVITIES IN 2009 AND LONG TERM PLANNING: FINANCE, FUNDRAISING, RESEARCH, WEBSITE, AND RECRUITING. ALSO ESTABLISHED AN ADVISORY BOARD FOR THE PURPOSE OF BENEFITING FROM ADVICE AND COUNSEL FROM CONCERNED INDIVIDUALS WHO WERE NOT ABLE TO SERVE ON THE BOARD.
2. REGISTERED FOR CHARITABLE FUNDRAISING IN 7 STATES.
3. RAISED SEED MONEY FOR STAFF AND A NEW OFFICE, RECEIVING A GRANT OF $375,000 FOR THAT PURPOSE IN DECEMBER 2009, TO COVER COSTS FOR 2010. TOTAL FUNDS RAISED IN 2009 WERE $477,651.
4. DEFINED THE NEED FOR AN EXECUTIVE DIRECTOR AND RECRUITED FOR STAFF, RESULTING IN CONTRACTS FOR TWO STAFF MEMBERS TO START IN JANUARY 2010-AN OPERATIONS COORDINATOR/STAFF LEGAL COUNSEL AND A COMMUNICATIONS AND FUNDRAISING COORDINATOR WITH THE TITLE DIRECTOR OF STRATEGIC INITIATIVES.

990-EZ PG 2 STATEMENT 3

(ESTABLISHED OFFICE IN NY CITY IN JANUARY 2010.

990-EZ PG 2 STATEMENT 4

TO DEFEND AND PROTECT THE RIGHTS OF WOMEN AND GIRLS IN THE US AGAINST FUNDAMENTALIST ISLAM AND HARMFUL TRIBAL CUSTOMS. ACTION INCLUDES RESEARCH, DISTRIBUTION OF INFORMATION IN PRINT AND ON LINE, SPEECHES & PUBLIC EDUCATION ACTIVITIES, DEVELOPING OF INTERVENTION MODELS FOR LAW ENFORCEMENT & OTHER RESOURCES FOR VICTIMS OF CRIMINAL VIOLATIONS OF WOMEN'S RIGHTS IN THE NAME OF ISLAM.

Form **8868** (Rev April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	AHA FOUNDATION INC.	33-1185369
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O. box, see instructions 130 7TH AVENUE, NO. 236	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. NEW YORK, NY 10011-1803	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 130 7TH AVE, STE 236 - NEW YORK, NY 10011-1803

Telephone No ▶ 212 521-4031 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or

▶ [ ] tax year beginning ____, and ending ____.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions