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

2009

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

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

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>LOUIS J. KURIANSKY FOUNDATION INC.</b>		A Employer identification number <b>06-6035305</b>
	Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number <b>203-327-4538</b>
	City or town, state, and ZIP code <b>STAMFORD, CT 06902</b>		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input checked="" type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ <b>2,315,009.</b>		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	68,733.	68,733.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-48,770.			
	b Gross sales price for all assets on line 6a	93,478.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	26,681.	26,681.		STATEMENT 2	
12 Total. Add lines 1 through 11.	46,644.	95,414.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	3,575.	0.		3,575.
	c Other professional fees				
	17 Interest				
	18 Taxes	539.	0.		539.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	35,370.	35,305.		65.
	24 Total operating and administrative expenses. Add lines 13 through 23	39,484.	35,305.		4,179.
	25 Contributions, gifts, grants paid	214,000.			214,000.
26 Total expenses and disbursements. Add lines 24 and 25	253,484.	35,305.		218,179.	
27 Subtract line 26 from line 12	-206,840.				
a Excess of revenue over expenses and disbursements		60,109.			
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing		18,044.	14,813.	14,813.
	2	Savings and temporary cash investments		48,333.	27,316.	27,316.
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U S and state government obligations	STMT 6	141,626.	141,517.	179,550.
	b	Investments - corporate stock	STMT 7	1,268,944.	1,199,571.	1,174,570.
	c	Investments - corporate bonds	STMT 8	61,211.	61,196.	65,960.
11	Investments - land, buildings, and equipment basis					
	Less accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 9	-34.	48,871.	852,800.	
14	Land, buildings, and equipment basis					
	Less accumulated depreciation					
15	Other assets (describe )					
16	Total assets (to be completed by all filers)		1,538,124.	1,493,284.	2,315,009.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe )	STATEMENT 10)	1,527,776.	1,649,112.	
23	Total liabilities (add lines 17 through 22)		1,527,776.	1,649,112.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>					
	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds		0.	0.	
28	Paid-in or capital surplus, or land, bldg, and equipment fund		0.	0.		
29	Retained earnings, accumulated income, endowment, or other funds		10,348.	-155,828.		
30	Total net assets or fund balances		10,348.	-155,828.		
31	Total liabilities and net assets/fund balances		1,538,124.	1,493,284.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,348.
2	Enter amount from Part I, line 27a	2	-206,840.
3	Other increases not included in line 2 (itemize) <b>PRIOR PERIOD BASIS ADJUSTMENT</b>	3	40,664.
4	Add lines 1, 2, and 3	4	-155,828.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	-155,828.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 1,000 SHS BANK OF AMERICA	P	04/28/08	02/12/09
b 1,200 SHS GE	P	VARIOUS	02/12/09
c 800 SHS JOHNSON & JOHNSON	P	VARIOUS	02/12/09
d 1,000 SHS MET LIFE B PFD	P	VARIOUS	05/08/09
e 1,000 SHS BANK OF AMERICA	P	VARIOUS	02/12/09

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 6,847.		38,435.	-31,588.
b 15,139.		16,019.	-880.
c 46,475.		19,194.	27,281.
d 18,169.		25,505.	-7,336.
e 6,848.		43,095.	-36,247.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-31,588.
b			-880.
c			27,281.
d			-7,336.
e			-36,247.

2 Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	2	-48,770.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8		3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	299,528.	2,370,438.	.126360
2007	214,994.	2,073,589.	.103682
2006	186,540.	1,734,637.	.107538
2005	218,879.	1,660,006.	.131854
2004	158,493.	1,590,240.	.099666

2 Total of line 1, column (d)	2	.569100
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.113820
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,314,680.
5 Multiply line 4 by line 3	5	263,457.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	601.
7 Add lines 5 and 6	7	264,058.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	218,179.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)	1	1,202.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	1,202.
4	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-	5	1,202.
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	800.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	800.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	1.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed <b>SEE STATEMENT 11</b>	9	403.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CT		
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	X	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► MORTON R. SHAPIRO Telephone no ► 203-327-4538 Located at ► 1 STRAWBERRY HILL COURT, APT. 4C, STAMFORD, CT ZIP+4 ► 06902			
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	15		N/A

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c 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))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No

6b

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

X

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services. 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

0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.

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**Part X. Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a Average monthly fair market value of securities	1a	2,295,675.
b Average of monthly cash balances	1b	54,254.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	2,349,929.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,349,929.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,249.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,314,680.
6 Minimum investment return. Enter 5% of line 5	6	115,734.

**Part XI. Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1 Minimum investment return from Part X, line 6	1	115,734.
2a Tax on investment income for 2009 from Part VI, line 5	2a	1,202.
b Income tax for 2009 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	1,202.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	114,532.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	114,532.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	114,532.

**Part XII. Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a 218,179.
b Program-related investments - total from Part IX-B	1b 0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2
3 Amounts set aside for specific charitable projects that satisfy the	
a Suitability test (prior IRS approval required)	3a
b Cash distribution test (attach the required schedule)	3b
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 218,179.
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	5 0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 218,179.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				114,532.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	80,529.			
b From 2005	137,763.			
c From 2006	101,816.			
d From 2007	111,315.			
e From 2008	182,564.			
f Total of lines 3a through e	613,987.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$	218,179.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				114,532.
e Remaining amount distributed out of corpus	103,647.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	717,634.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	80,529.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	637,105.			
10 Analysis of line 9				
a Excess from 2005	137,763.			
b Excess from 2006	101,816.			
c Excess from 2007	111,315.			
d Excess from 2008	182,564.			
e Excess from 2009	103,647.			



**Part XV. Supplementary Information** (continued)

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SEE STATEMENT 15				
<b>Total</b>				<b>214,000.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |          |   | Yes   | No |
|----------|---|-------|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |       |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of   |       |    |
|          | (1) Cash  | 1a(1) | X  |
|          | (2) Other assets  | 1a(2) | X  |
| <b>b</b> | Other transactions:   |       |    |
|          | (1) Sales of assets to a noncharitable exempt organization  | 1b(1) | X  |
|          | (2) Purchases of assets from a noncharitable exempt organization  | 1b(2) | X  |
|          | (3) Rental of facilities, equipment, or other assets  | 1b(3) | X  |
|          | (4) Reimbursement arrangements  | 1b(4) | X  |
|          | (5) Loans or loan guarantees  | 1b(5) | X  |
|          | (6) Performance of services or membership or fundraising solicitations  | 1b(6) | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees  | 1c    | X  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

**Sign Here**

Signature of officer or trustee

Date \_\_\_\_\_

Title

signature

Firm's name (or yours  
if self-employed),  
address, and ZIP code

FRIEDBERG, SMITH & CO., P.C.  
855 MAIN STREET, 6TH FLOOR  
BRIDGEPORT, CT 06604-4915

Date: \_\_\_\_\_

4

☐ Check if self-employed

Preparer's identifying number

EIN ▶

Phone no (203) 366-5876

Form **990-PF** (2009)

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FAIRFAX MERRIFIELD ASSOC. L.P.	COST	0.	527,800.
ST. LOUIS GEORGETOWN ASSOC. L.P.	COST	48,871.	325,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		48,871.	852,800.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
FAIRFAX MERRIFIELD ASSOC. L.P.	1,527,776.	1,649,112.	
TOTAL TO FORM 990-PF, PART II, LINE 22	1,527,776.	1,649,112.	

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 14  
    TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MORTON R. SHAPIRO 1 STRAWBERRY HILL COURT UNIT #4C STAMFORD, CT 06902	PRESIDENT 0.00	0.	0.	0.
JOAN KURIANSKY 1870 WYOMING AVENUE N.W. APT #702 WASHINGTON, DC 20009	VICE-PRESIDENT 0.00	0.	0.	0.
EDWARD BACKER 193 OCEAN DRIVE WEST STAMFORD, CT 06902	SECRETARY 0.00	0.	0.	0.
JOYCE B. SHAPIRO 1 STRAWBERRY HILL COURT UNIT #4C STAMFORD, CT 06902	DIRECTOR 0.00	0.	0.	0.
SARY BACKER 193 OCEAN DRIVE WEST STAMFORD, CT 06902	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BANC OF AMERICA - DIVIDENDS	43,436.	0.	43,436.
BANC OF AMERICA - INTEREST	24,944.	0.	24,944.
FAIRFAX MERRIFIELD ASSOCIATES TRUST	477.	0.	477.
LESS: BOND AMORTIZATION	-124.	0.	-124.
TOTAL TO FM 990-PF, PART I, LN 4	68,733.	0.	68,733.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FAIRFAX MERRIFIED ASSOC. L.P. TRUST	-8,768.	-8,768.	
ST. LOUIS GEORGETOWN ASSOC. L.P. TRUST	35,449.	35,449.	
TOTAL TO FORM 990-PF, PART I, LINE 11	26,681.	26,681.	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FRIEDBERG, SMITH & CO., P.C.	3,575.	0.		3,575.
TO FORM 990-PF, PG 1, LN 16B	3,575.	0.		3,575.

FORM 990-PF	TAXES			STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	539.	0.		539.
TO FORM 990-PF, PG 1, LN 18	539.	0.		539.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS FAIRFAX MERRIFIELD ASSOCIATES TRUST - INVESTMENT INTEREST	65.	0.		65.
	35,305.	35,305.		0.
TO FORM 990-PF, PG 1, LN 23	35,370.	35,305.		65.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	6
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
140M U.S. TREAS BD 7 1/8 - 23	X		141,517.	179,550.
TOTAL U.S. GOVERNMENT OBLIGATIONS			141,517.	179,550.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			141,517.	179,550.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
800 SHS EXXON MOBIL	16,619.	54,552.
1200 SHS GENERAL ELECTRIC	0.	0.
800 SHS JOHNSON & JOHNSON	0.	0.
600 CISCO SYSTEMS	19,204.	14,364.
200 SHS IBM	24,752.	26,180.
1000 SHS CONSOLIDATED EDISON	42,805.	45,430.
6000 SHS TENN VALLEY AUTHORITY PFD STOCK 5/1/29	153,885.	156,720.
2500 SHS TENN VALLEY AUTHORITY PUT 6.75% 8/1/28	68,080.	65,175.
1600 SHS FPL GROUP	50,181.	84,512.
2000 SHS SCANA	77,780.	75,360.
1000 SHS CONSOLIDATED EDISON PFD	90,692.	88,860.
1000 SHS MET LIFE B PFD	0.	0.
2000 SHS SOUTHERN CO.	68,545.	66,640.
1000 SHS AMEREN CORP	53,745.	27,950.
2000 SHS BANK OF AMERICA	0.	0.
2000 SHS GREAT PLAINS ENERGY	60,356.	38,780.
2000 SHS PROGRESS ENERGY	98,525.	82,020.
2000 SHS US BANCORP	66,346.	45,020.
2000 SHS AMERICAN ELECTRIC POWER	82,867.	69,580.
2626 SHS TRI CONTINENTAL	111,389.	114,467.
1000 SHS YUM BRANDS	40,925.	34,970.
1000 SHS DUPONT 4.50 PFD	72,875.	83,990.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,199,571.	1,174,570.

FORM 990-PF	CORPORATE BONDS	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
60M DISNEY 7.55 - 93	61,196.	65,960.
TOTAL TO FORM 990-PF, PART II, LINE 10C	61,196.	65,960.

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FORM 990-PF	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT 15
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RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN JEWISH WORLD SERVICES 45 WEST 36TH STREET NEW YORK, NY 10018	NONE WOMEN'S EMPOWERMENT PROGRAMS	501(C)(3)	2,500.
BI-CULTURAL DAY SCHOOL 2186 HIGH RIDGE ROAD STAMFORD, CT 06903	NONE SCHOLARSHIP AND BUILDING FUND	501(C)(3)	5,000.
CENTER FOR JUDIAIC & M.E. STUDIES - UCONN 1 UNIVERSITY PLACE STAMFORD, CT 06901	NONE JEWISH EDUCATIONAL PROGRAMS	501(C)(3)	14,500.
CHILD GUIDANCE CENTERS OF SOUTHERN CONNECTICUT INC. 196 GREYROCK PLACE STAMFORD, CT 06901	NONE MEDICAL HEALTH SERVICES	501(C)(3)	500.
CONGREGATION AGUDATH SHOLOM 301 STRAWBERRY HILL AVENUE STAMFORD, CT 06902	NONE RELIGIOUS INSTITUTION PROGRAMS	501(C)(3)	5,250.
CONGREGATION HABONIM 44 WEST 66TH STREET NEW YORK, NY 10023	NONE NURSERY SCHOOL PROGRAMS	501(C)(3)	2,000.
DARTMOUTH COLLEGE HILLEL 6068 ALUMNI CENTER HANOVER, NH 03755	NONE PROGRAM FOR JEWISH STUDENTS	501(C)(3)	2,500.
FAIRFIELD COUNTY COMMUNITY FOUNDATION 353 MAIN STREET NORWALK, CT 06851	NONE COMMUNITY SERVICES	501(C)(3)	3,000.

LOUIS J. KURIANSKY FOUNDATION INC.

06-6035305

FRIENDS OF P.S. 163 INC 163 WEST 97TH STREET NEW YORK, NY 10025	NONE LIBRARY PROGRAMS	501(C)(3)	2,500.
FRIENDS OF YAD L'KASHISH / LIFELINE FOR THE OLD P.O. BPX 494 ENGLEWOOD, NJ 07631	NONE SUPPORT FOR NEEDY, ELDERLY, AND DISABLED	501(C)(3)	2,500.
GLOBAL FUND FOR WOMEN 222 SUTTER STREET SAN FRANCISCO, CA 94108	NONE AFGHAN HEALTH CARE	501(C)(3)	2,500.
JEWISH COMMUNITY CENTER OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE EARLY CHILDHOOD SPECIAL NEEDS PROGRAMS	501(C)(3)	10,000.
JEWISH COMMUNITY ENDOWMENT FOUNDATION 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE ADMINISTRATIVE SUPPORT	501(C)(3)	3,500.
JEWISH FAMILY SERVICE 733 SUMMER STREET STAMFORD, CT 06901	NONE COMMUNITY SOCIAL SERVICES	501(C)(3)	20,000.
JEWISH HISTORICAL SOCIETY P.O. BOX 16198 STAMFORD, CT 06905	NONE PROGRAMS	501(C)(3)	500.
JUPITER MEDICAL CENTER FOUNDATION 1210 S OLD DIXIE HIGHWAY JUPITER, FL 33458	NONE GASTROINTESTINAL LAB	501(C)(3)	2,000.
JUST VISION 123 SEVENTH AVENUE BROOKLYN, NY 11215	NONE PEACE EFFORTS	501(C)(3)	10,000.
KRAVIS CENTER 701 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33401	NONE PERFORMANCE ARTS	501(C)(3)	15,000.

LOUIS J. KURIANSKY FOUNDATION INC.

06-6035305

LIFETIME LEARNERS INSTITUTE 188 RICHARDS AVENUE NORWALK, CT 06854.	NONE PURCHASE EDUCATIONAL MATERIALS	501(C)(3)	500.
LOFT ARTISTS ASSOCIATION CANAL STREET STAMFORD, CT 06902	NONE ARTISTIC AND CULTURAL SUPPORT	501(C)(3)	4,500.
NATIONAL MUSEUM OF WOMEN 1250 NEW YORK AVENUE WASHINGTON, DC 20005	NONE MUSEUM COLLECTION SUPPORT	501(C)(3)	3,000.
NEW ISRAEL FUND 330 7TH AVENUE NEW YORK, NY 10001	NONE SUPPORT FOR CIVIL AND HUMAN RIGHTS	501(C)(3)	10,000.
PBCC FOUNDATION 3160 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	NONE CAMPUS THEATER SUPPORT	501(C)(3)	12,500.
RICHARD ROSENTHAL HOSPICE 1266 E. MAIN STREET STAMFORD, CT 06902	NONE HOSPICE CARE	501(C)(3)	500.
ROGOSIN INSTITUTE 505 EAST 70TH STREET NEW YORK, NY 10021	NONE CANCER MACROBEAD TREATMENT PROGRAM	501(C)(3)	20,000.
SAPPERN MEMORIAL FUND 234 CHURCH ST. SUITE 903 NEW HAVEN, CT 06510	NONE LAW SCHOOL SCHOLARSHIP SUPPORT	501(C)(3)	2,000.
STAMFORD ARTS ASSOCIATION 39 FRANKLIN STREET STAMFORD, CT 06901	NONE ARTISTIC AND CULTURAL SUPPORT	501(C)(3)	4,500.
STAMFORD DAY CARE CENTER 64 PALMERS HILL ROAD STAMFORD, CT 06904	NONE EDUCATIONAL PROGRAMS	501(C)(3)	2,500.

LOUIS J. KURIANSKY FOUNDATION INC.

06-6035305

STAMFORD HIGH SCHOOL MEDIA CENTER 55 STRAWBERRY HILL AVENUE STAMFORD, CT 06902	NONE NATIONAL LIBRARY WEEK ACTIVITIES	501(C)(3)	4,000.
UJF OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE NEW ISRAEL FUND - AGENDA-PEACE EFFORTS	501(C)(3)	7,000.
UJF OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE TAPESTRY PROGRAM	501(C)(3)	5,000.
UJF OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE PERSON TO PERSON HUMAN DIGNITY PROJECT	501(C)(3)	7,500.
UJF OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE AICIPP-PEACE EFFORTS	501(C)(3)	10,000.
UJF OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE ANNUAL CAMPAIGN - LOCAL, NATIONAL, AND OVERSEAS PROG	501(C)(3)	7,500.
UJF OF STAMFORD 1035 NEWFIELD AVENUE STAMFORD, CT 06905	NONE YOUNG LEADERSHIP SUPPORT	501(C)(3)	6,250.
UNITED WAY OF WESTERN CT 62 PALMERS HILL ROAD STAMFORD, CT 06902	NONE ANNUAL CAMPAIGN	501(C)(3)	1,000.
UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF PHARMACY 833 SOUTHWOOD STREET CHICAGO, IL 60612	NONE RESIDENCY TRAINING PROGRAMS	501(C)(3)	2,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

214,000.

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

OMB No. 1545-1709

► File a separate application for each return.

- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	LOUIS J. KURIANSKY FOUNDATION INC.	06-6035305
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O SHAPIRO, 1 STRAWBERRY HILL COURT, NO. 4C	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD, CT 06902	

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

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**MORTON R. SHAPIRO**

- The books are in the care of ► **1 STRAWBERRY HILL COURT, APT. 4C - STAMFORD, CT 06902**  
Telephone No. ► **203-327-4538** 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:  
► ☒ 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

<b>3a</b> 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>3a</b>	\$	800.
<b>b</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.	<b>3b</b>	\$	800.
<b>c</b> <b>Balance Due.</b> 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.	<b>3c</b>	\$	0.

**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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
	LOUIS J KURIANSKY FOUNDATION INC		06-6035305
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
File by the extended due date for filing the return. See instructions	c/o SHAPIRO 1 STRAWBERRY HILL CT 4C		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	STAMFORD, CT 06902		

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

- |                                      |   |                                      |                                    |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**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 **MORTON R SHAPIRO**  
Telephone No. **203 327 4538** 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.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20**10**
- 5 For calendar year **2009**, or other tax year beginning , 20, and ending , 20
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ALL INFORMATION NOT AVAILABLE IN ORDER TO FILE TIMELY TAX RETURN**

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	\$	800
8b 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	\$	800
8c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$	NONE

**Signature and Verification**

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 **[Signature]** Title **SECRETARY** Date **8/16/10**