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Form 990-PF

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

Inten	nal Rev	enue Service Note. The foundation may be able	e to use a copy of this refui	m to satisfy sta	ate renorting	requirements	
For	calend	1	and ending	ii to satisty ste	ite reporting	requirements	<u> </u>
			turn of a former public	charity		Final return	
			lress change		l change	Filial letuili	
Hee	the IR		iless change	1 Name			1
	abel.	(S) Mains of Isaliaation				loyer identification nun –6078778	nber
	iabei. ierwisi	e, LOUIS & LENA MINKOFF FOUN	DATTON THE				·
	print				B Telep	hone number (see page 1	10 of the instructions)
	type.	Number and street (or P O box number if mail is not delivere 26 ROWE ROAD	d to street address)	Room/suite			
	Specif				C If exe	emption application is pend	ding, check here
	uction	ony or town, state, and an code	01000		D 1. Fo	oreign organizations, chec	k here
		GIGIAL BARGINGTON MA	01230		2 . Fo	oreign organizations meeti	ng the
		ype of organization X Section 501(c)(3) exempt private			85	5% test, check here and at	ttach computation 🕨 📗
			le private foundation			rate foundation status was	- I 1
		ket value of all assets at end J Accounting method	X Cash Acc	rual	section	on 507(b)(1)(A), check her	e ▶ [_
		from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mon	th termination
	e 16) l	\	be on cash basis)		unde	r section 507(b)(1)(B), che	eck here
Pa	art i	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net	for chantable
		the amounts in column (a) (see page 11 of the instructions))	50003	1100		income	purposes (cash basis only)
•	1	Contributions, gifts, grants, etc , received (attach schedule)		,			
Ļ	2	Check ▶ ☐ If the foundation is not required to attach Sch. B					
•	3	Interest on savings and temporary cash investments	335		335		
4	4	Dividends and interest from securities	35,004		35,004		
<u>></u>	5a	Gross rents					
Z	b	Net rental income or (loss)					
₹.	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-104,909				
<u>₩</u>	b	Gross sales price for all assets on line 6a 298,714		-		,	
2	7	Capital gain net income (from Part IV, line 2)			0		
Ķ	8	Net short-term capital gain				0	
SCARBVEH GRUV	9	Income modifications RECEIVED					
	10a	Gross sales less returns & allowances Less Cost of goods-sold					
	ь	Less Cost of goods-sold NOV 0 2010 0				***************************************	
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1:through GDEN, UT	-69,570		35,339	0	
s	13	Compensation of officers, directors, trustees, etc					
nses	14	Other employee salaries and wages		··		· · · · · · · · · · · · · · · · · · ·	
en	15	Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·				*******
х	16a	Legal fees (attach schedule)					
Operating and Administrative Expe		Accounting fees (attach schedule) STMT 2	12,238		6,119		6,119
<u>.</u>	С	Other professional fees (attach schedule)			,		
īa	17	Interest					
ist	18	Taxes (attach schedule) (see page 14 of the instructions)					
<u>ا</u>		Depreciation (attach schedule) and depletion					
투		Occupancy	-	<u>.</u>			
4		Travel, conferences, and meetings					
ĭ		Printing and publications					<u> </u>
g		Other expenses (att. sch.) STMT 3	5,976		2,988		2,988
Ë		Total operating and administrative expenses.	3,370		2/200	<u> </u>	2,380
ra		Add lines 13 through 23	18,214		9,107		9,107
be (Contributions, gifts, grants paid	55,913		2,101		55,913
O		Total expenses and disbursements. Add lines 24 and 25	74,127	······································	9,107	0	
		Subtract line 26 from line 12	73,227		2,101	<u> </u>	05,020
		Excess of revenue over expenses and disbursements	-143,697				
		Net investment income (if negative, enter -0-)	<u> </u>		26,232		
		Adjusted net income (if negative, enter -0-)			-0,232	0	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2009)

IN 11-6078778 Form 990-PF (2009) LOUIS & LENA MINKOFF FOUNDATION, Page 2 End of year Beginning of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part II (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash-non-interest-bearing 26,332 28,101 26,332 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable (att. schedule) Less allowance for doubtful accounts Inventories for sale or use 8 Prepaid expenses and deferred charges Investments—U.S and state government obligations (attach schedule) 10a Investments-corporate stock (attach schedule) Ь Investments—corporate bonds (attach schedule) C 11 Investments—fand, buildings, and equipment, basis Less accumulated depreciation (attach sch.) 12 Investments—mortgage loans Investments—other (attach schedule) SEE STATEMENT 4 1,185,902 1,043,974 847,415 13 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 15 Other assets (describe ▶) 16 Total assets (to be completed by all filers-see the 1,214,003 1,070,306 873,747 instructions Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 20 21 Mortgages and other notes payable (attach schedule) Other liabilities (describe 22) 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ Net Assets or Fund Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted Temporarily restricted Permanently restricted X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds 1,348,665 1,214,003 Paid-in or capital surplus, or land, bldg, and equipment fund -134,662 -143,697 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the 1,214,003 1,070,306 instructions) Total liabilities and net assets/fund balances (see page 17 1,070,306 1,214,003 of the instructions) 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 1,214,003 end-of-year figure reported on prior year's return) 2 -143,697 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) 1,070,306 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 1,070,306 6 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Form 990-PF (2009)

Part IV Capital Gains and L	osses for Tax on Investme	nt Incon	ne					
	kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation		ite acquired , day, yr)	(d) Date sold (mo , day, yr)	
1a SEE STATEMENT 1								
b								
С								
d		, _		<u> </u>	<u> </u>			
<u>e</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis ase of sale		٠,	or (loss) minus (g)	
а					<u> </u>			
b								
С					<u> </u>			
d								
e								
Complete only for assets showing gain	n in column (h) and owned by the for	indation or	12/31/6	9			(h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col	,,,	٥		less than -0-) or om col (h))	
a								
b				•				
С								
d								
е				·				
2 Capital gain net income or (net capital	loss) If gain, also enter in F		•		2		-104,909	
3 Net short-term capital gain or (loss) as	<u> </u>		_				, , , , , , , , , , , , , , , , , , , ,	
If gain, also enter in Part I, line 8, colu		nstructions	s) 🗍					
If (loss), enter -0- in Part I, line 8	imi (a) (acc pages to and the time t		°' 🕴		3			
	Section 4940(e) for Reduce	d Tay o	n Net I	nvestment Inco				
section 4940(d)(2) applies, leave this pa Vas the foundation liable for the section 4 "Yes," the foundation does not qualify ur	942 tax on the distributable amount			ase period? Y	es X	No		
1 Enter the appropriate amount in each	<u>``</u>			efore making any er	tries			
(a)	(b)	T	(c) Net value of nonchantable-use assets			(d) Distribution ratio		
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	. 1	Net value o	964,526 1,254,489 1,261,469			ibution ratio ivided by col (c))	
2008	71,	630					0.07426	
2007		634					0.07543	
2006		896					0.051445	
2005	147,		1,261,469		0.11362			
2004	173,			1,411,			0.12261	
2 Total of line 1, column (d)		<u> </u>	-			2	0.43738	
3 Average distribution ratio for the 5-year	ir hase period_divide the total on lin	a 2 hv 5 -	or by the			2	J. 33730.	
number of years the foundation has be		le 2 by 5, C	n by the			3	0.08747	
4 Enter the net value of noncharitable-us	se assets for 2009 from Part X, line	5				4	815,30	
5 Multiply line 4 by line 3						5	71,31	
6 Enter 1% of net investment income (1	% of Part I, line 27b)					6	26	
7 Add lines 5 and 6						7	71,58	
8 Enter qualifying distributions from Part	XII. line 4					8	65,02	
If line 8 is equal to or greater than line Part VI instructions on page 18		and comp	lete that	part using a 1% tax	rate Se			

	990-PF (2009) LOUIS & LENA MINKOFF FOUNDATION, IN 11-60/6//6	net	ctional		Pa	ge 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the i	nstru	ctions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				_	25
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				23
	here ▶ ☐ and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	ŀ				
	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				25
3	Add lines 1 and 2	3				22
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				25
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_ 5				22
6	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 547					
а	2000 Collinated tax paymonic and 2000 Overpaymont of California					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d	_				547
7	Total credits and payments Add lines 6a through 6d	7				74/
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				22
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				22
<u> 11</u>	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 22 Refunded ▶	11				
<u>Pa</u>	rt VII-A Statements Regarding Activities				v T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		ŀ		Yes	No X
	participate or intervene in any political campaign?		}	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					v
	of the instructions for definition)?			1b		<u>X</u>
	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		f	4.	ı	X
С	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 ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		N/A	4a 4b		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		-1/5	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					
_	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 level the affectively expected the governing instrument so that no mandatory directions that					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that and the state legislation that effectively amends the governing instrument?			6	X	Ī
_	conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt Y\/		7	X	
7		III X V				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ NONE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				3.5	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	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 on page			_		₹.
	27)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,_		
	names and addresses			10	n_PF	X (2000

Form	990-PF (2009) LOUIS & LENA MINKOFF FOUNDATION, IN 11-6078778			Pa	ge 5
	art 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 page 20 of the instructions)		11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		1		
	August 17, 2008?		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A	054 0			^
14	The books are in care of ▶ BURTON & COMPANY, P.A. Telephone no ▶	954-9	6 Ι	104	U
		22021			
		33021	•		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	45			
		15			
_Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			163	110
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			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	25 140			
	disqualified person?	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	<u></u>			
	the benefit or use of a disqualified person)?	X 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)	X 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)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶ 📗			
С	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?	N/A	1c		
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))				
а	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?	X No			
	If "Yes," list the years > 20 , 20 , 20 , 20				
þ	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 page 20 of the instructions)	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	,			
·	► 20 , 20 , 20 , 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
-	at any time during the year?	X 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			1	
	foundation had excess business holdings in 2009)	N/A	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?		4a_	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				3.5
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b	O DE	X
		F	orm y	7V-7F	(2009)

Form	1 990-PF (2009) LOUIS & LENA MI	NKOFF FOUNDATIO	N, IN 11-6	078778			Page 6
Pa	art VII-B Statements Regarding A	ctivities for Which Form	1 4720 May Be R	equired (cont	inued)		
5a	During the year did the foundation pay or incur	any amount to			_		
	(1) Carry on propaganda, or otherwise attempt	t to influence legislation (section	1 4945(e))?	\	′es 🗶 No	1	
	(2) Influence the outcome of any specific publi	ic election (see section 4955), o	r to carry on,				
	directly or indirectly, any voter registration	drive?			es X No		
	(3) Provide a grant to an individual for travel, s	study, or other similar purposes	,		res 🗶 No	1	
	(4) Provide a grant to an organization other the	-		_			
	section 509(a)(1), (2), or (3), or section 494				res 🔀 No		
	(5) Provide for any purpose other than religiou			_	_	. 1	
	purposes, or for the prevention of cruelty to				res X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of t		der the exceptions de	escribed in	_		
	Regulations section 53 4945 or in a current no				N/A	5b	
	Organizations relying on a current notice regar			•	▶ □		
С	if the answer is "Yes" to question 5a(4), does t						
•	because it maintained expenditure responsibili			N/A 🗌	res No		
	If "Yes," attach the statement required by Regi			, _			
6a	Did the foundation, during the year, receive an		pay premiums				
	on a personal benefit contract?	, ,, e, to	N - N Er ann anna	Π,	res 🗓 No	: 1	
b	Did the foundation, during the year, pay premit	ims directly or indirectly on a i	personal benefit contr	_		6ь	x
-	If "Yes" to 6b, file Form 8870	anis, anoday or manoday, on a	oordan bornerie oorner				
72	At any time during the tax year, was the found	ation a party to a prohibited tax	shelter transaction?	Π,	res X No		
b	If yes, did the foundation receive any proceeds			_	N/A	7b	
	art VIII Information About Officer						
	and Contractors	o, D.1001010, 11401000, 1		_g,g,	p	,	
1	List all officers, directors, trustees, foundation	n managers and their compen	sation (see page 22	of the instruction	ns).		
					(d) Contributions to		
	(a) Name and address	s	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense account,
	(-)		devoted to position	-0-)	plans and deferred compensation	outer	allowances
G	EORGE MINKOFF	GREAT BARRINGTON	PRESIDENT				
	5 ROWE ROAD	MA 01230	1.00		٥		0
	ANE MINKOFF HODES	DELRAY BEACH	V.P., TREAS.				
	4601 JETTY LANE	FL 33446	1.00	1 6		ļ	0
	JTH MINKOFF	FLORAL PARK	SECRETARY				
	TOWERS, Q6910, GRAND CENTRAL PKWY	NY 11005	1.00	1 6	ه ا	,	0
<u> </u>	TOWNERS, 90910, GIGED CHILLEN THAT	2200					
	Compensation of five highest-paid employe	es (other than those included	on line 1—see page	23 of the instruc	tions).		
-	If none, enter "NONE."	00 (00:0: 0:0:0					
_			(b) Tile and account		(d) Contributions to	\Box	
	(a) Name and address of each employee p	aid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		pense account,
	(,	, , ,	devoted to position		plans and deferred compensation	ouner	r allowances
- N	ONE			· · · · · ·	† ··· · · · · · · · · · · · · · · · · ·		
***	O.1.1						
				 			
	•				}		
_						†	
						1	
		- 	 	 	1	+	
				 		+-	
Tat	al number of other employees paid over \$50,000	<u> </u>					T
100	ar number of other employees paid over \$50,000	<u>, </u>					0-PF (2009)
							(2000)

Form 990-PF (2009) LOUIS & LENA MINKOFF FOUNDATION, II Part VIII Information About Officers, Directors, Trustees, Foundat		Page 7
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 23 c	of the instructions). If none, enter "NON	IE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	1	
		
	Í	
•		
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical in organizations and other beneficianes served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 N/A		
2		
		ļ
3		
4		
		1
Part iX-B Summary of Program-Related Investments (see page 2	4 of the instructions)	
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 page 24 of the instructions		·
3		
Total. Add lines 1 through 3	—	

	F FOUNDATION, IN 11-6078778 omestic foundations must complete this part. Foreign foundation	Page 8
see page 24 of the instructions	omestic foundations must complete this part. Foreign foundation	15,
Fair market value of assets not used (or held for used)	rectly in carrying out charitable, etc ,	
purposes	1	
a Average monthly fair market value of securities	1a8	<u>300,501</u>
b Average of monthly cash balances	16	27,217
c Fair market value of all other assets (see page 24		0
d Total (add lines 1a, b, and c)	1d 8	327,718
e Reduction claimed for blockage or other factors re	d on lines 1a and	
1c (attach detailed explanation)	1e 0	
2 Acquisition indebtedness applicable to line 1 asset	2	0
3 Subtract line 2 from line 1d	3	327,718
4 Cash deemed held for charitable activities Enter	of line 3 (for greater amount, see page 25 of	
the instructions)	,	12,416
5 Net value of noncharitable-use assets. Subtract	from line 3 Enter here and on Part V, line 4	315,302
6 Minimum investment return. Enter 5% of line 5	6	40,765
Part XI Distributable Amount (see pa	5 of the instructions) (Section 4942(j)(3) and (j)(5) private operating	
foundations and certain foreign organiz	check here ▶ and do not complete this part)	
1 Minimum investment return from Part X, line 6	1	40,765
2a Tax on investment income for 2009 from Part VI,	2a 525	
b Income tax for 2009 (This does not include the ta	n Part VI)	
c Add lines 2a and 2b	2c	525
3 Distributable amount before adjustments Subtract	2c from line 1 3	40,240
4 Recoveries of amounts treated as qualifying distri	ns 4	
5 Add lines 3 and 4	5	40,240
6 Deduction from distributable amount (see page 2	e instructions)	
7 Distributable amount as adjusted Subtract line	line 5 Enter here and on Part XIII,	
line 1	7	40,240
Part XII Qualifying Distributions (see	ge 25 of the instructions)	
1 Amounts paid (including administrative expenses	complish charitable, etc , purposes	
a Expenses, contributions, gifts, etc —total from Pa	olumn (d), line 26	65,020
b Program-related investments—total from Part IX-	1b	<u> </u>
2 Amounts paid to acquire assets used (or held for	directly in carrying out charitable, etc.,	
purposes	2	Ø
3 Amounts set aside for specific charitable projects	satisfy the	
a Suitability test (prior IRS approval required)	3a	Ø
b Cash distribution test (attach the required schedu	3b	Ø
4 Qualifying distributions. Add lines 1a through 3	er here and on Part V, line 8, and Part XIII, line 4	65,020
5 Foundations that qualify under section 4940(e) for	reduced rate of tax on net investment income	
Enter 1% of Part I, line 27b (see page 26 of the ii	tions) 5	0
6 Adjusted qualifying distributions. Subtract line	n line 4	65,020
Note. The amount on line 6 will be used in Part V	mn (b), in subsequent years when calculating whether the foundation	

qualifies for the section 4940(e) reduction of tax in those years

Pa	rt XIII Undistributed Income (see page 26 of the	ne instructions)			
	,		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	<u> </u>	Corpus	Years pnor to 2008	2008	2009
	line 7	L.				40,240
2	Undistributed income, if any, as of the end	of 2009				
а	Enter amount for 2008 only					
b	Total for prior years 20 20	, 20				
3	Excess distributions carryover, if any, to 20	09				
а	From 2004	94,308				
b	From 2005	83,400				
С	From 2006	3,060				
d	From 2007	33,615				
е	From 2008	24,565				
f	Total of lines 3a through e		238,948			
4	Qualifying distributions for 2009 from Part 2	XII,				
	line 4 ▶ \$ 65,020					
а	Applied to 2008, but not more than line 2a					
b	Applied to undistributed income of prior year	ars				
	(Election required—see page 26 of the inst	tructions)				
C	Treated as distributions out of corpus (Elec	tion				
	required—see page 26 of the instructions)	<u>_</u>				
d	Applied to 2009 distributable amount					40,240
е	Remaining amount distributed out of corpu	s	24,780			
5	Excess distributions carryover applied to 2	009				
	(If an amount appears in column (d), the sa	ame				
	amount must be shown in column (a))	1		[
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	263,728		`	
b	Prior years' undistributed income Subtract	t				
	line 4b from line 2b	-		 		
C	Enter the amount of prior years' undistribut					
	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 page 27 of the instructions	}			<u> </u>	
е	Undistributed income for 2008 Subtract lir	Į.				İ
	4a from line 2a Taxable amount—see pag	ge				
	27 of the instructions					
T	Undistributed income for 2009 Subtract lin	i				
	4d and 5 from line 1. This amount must be distributed in 2010.					0
-	•	raus				
7	Amounts treated as distributions out of couto satisfy requirements imposed by section	l				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of					
		uic				
8	instructions) Excess distributions carryover from 2004 i	not	 -			
0	applied on line 5 or line 7 (see page 27 of					
	• •	uie :	94,308	3		
9	instructions) Excess distributions carryover to 2010.		/ 3			
3	Subtract lines 7 and 8 from line 6a		169,420	ol	1	
10	Analysis of line 9					
а	Excess from 2005	83,400				
b	Excess from 2006	3,060				
c	Excess from 2007	33,615				į.
d	Excess from 2008	24,565				
е	Excess from 2009	24,780				200 55

	rt XIV Private Operating Fou					Page IU
	If the foundation has received a ruling or				VII / I, quodion o)	
	foundation, and the ruling is effective for			g ▶		
b	Check box to indicate whether the foundation		•	ribed in section 49	942(j)(3) or 4942	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for				· · · · · · · · · · · · · · · · · · ·	
	each year listed			1		
b	85% of line 2a					-
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
e	Qualifying distributions made directly			-	_ "	
	for active conduct of exempt activities					
	Subtract line 2d from line 2c			<u></u>		
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 investment return shown in				-	
	Part X, line 6 for each year listed		 	 		· · · · · · · · · · · · · · · · · · ·
С	"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)					
	(3) Largest amount of support from			<u> </u>		
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Inform	nation (Complet	e this part only i	f the foundation h	ad \$5,000 or more	e in assets at
	any time during the ye	ear—see page 2	8 of the instructi	ons.)		
1	Information Regarding Foundation Man	nagers:				
а	List any managers of the foundation who	have contributed mo	ore than 2% of the tota	al contributions received	by the foundation	
	before the close of any tax year (but only N/A	if they have contribu	ited more than \$5,000) (See section 507(d)(2)) 	
b	List any managers of the foundation who				e portion of the	
	ownership of a partnership or other entity) of which the founda	ation has a 10% or gre	eater interest.		
	N/A					
2	Information Regarding Contribution, G					
	Check here ▶ X If the foundation only			-		
	unsolicited requests for funds If the foun	-		28 of the instructions) to	o individuals or	
	organizations under other conditions, cor			wild be addressed		
а	The name, address, and telephone number $\mathbf{N/A}$	ber of the person to v	whom applications sho	odia de addressed		
b	The form in which applications should be N/A	submitted and infor	mation and materials	they should include		
C	Any submission deadlines N/A					
d	Any restrictions or limitations on awards, $\mathbf{N/A}$	such as by geograp	hical areas, charitable	fields, kinds of institution	ons, or other factors	
	···					000 05

Name and address (home or business) a Pad during the year SEE STATEMENT 5 recepted as an involvable, show any relationship to say foundation intelliger or substitution of the year state of the sta	Part XV Supplementary Information (co. 3 Grants and Contributions Paid During the	e Year or Approved for F	uture Payment		
Name and address (home or business) or substantal combutor incuper. SEE STATEMENT 5 Total Total A growed for future payment N/A	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Total Approved for future payment N/A S5,913		or substantial contributor	reapient		
Total Approved for future payment N/A Total]	
Total b Approved for future payment N/A Total Total N/A	SEE STATEMENT 5	•			55.913
b Approved for future payment N/A			i		33,313
b Approved for future payment N/A					
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Total > 3h				}	
Total 3h					
	Total	<u> </u>	<u> </u>	▶ 3h	

DAA

	ts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
Program servic		<u> </u>				the instructions)
		_				
				+	 	
c		-		++		
	····			++-		
, 		-				
Fees and c	contracts from government agencies	-				
	ues and assessments					· · · · · · · · · · · · · · · · · · ·
	ings and temporary cash investments			14	335	
	interest from securities			14	35,004	
Net rental incor	me or (loss) from real estate					
Debt-financ	ced property					
Not debt-fir	nanced property		· · · · · · · · · · · · · · · · · · ·			
Net rental incor	me or (loss) from personal property					
Other investme		-		+		
	rom sales of assets other than inventory	ļ -		18	-104,909	
	(loss) from special events	 				
	(loss) from sales of inventory					
	a			+		
·						
í		- -		+		
'		_				
	columns (b), (d), and (e)			0	-69,570	
	12, columns (b), (d), and (e)	L			13	-69,5
	ine 13 instructions on page 28 to verify calcula	ations)				
art XVI-B	Relationship of Activities to the					
▼ a	Explain below how each activity for which incolliccomplishment of the foundation's exempt punistructions)					
N/A	N/A					
			<u> </u>			
						
			···			

4310 SHERIDAN STREET

FL

SUITE 202

33021-3512

59-2063797

Phone no 954-961-1040

self-employed), address, and ZIP code

1-3

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11-6078778 FYE: 12/31/2009

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

				H						
	Description			Received	_1					
Whom Sold	Date Acquired	Date Sold		Sale Price	Cost		Expense	Depreciation	Gai	Net Gain / Loss
SECURITIES	VARIOUS	VARIOUS	s.	289,690 \$	397,492	\$		<i>«</i> ۲	vs-	-107,802
SECURITIES	VARIOUS	VARIOUS		9,024	6, 131					2,893
TOTAL			\	298,714 \$	403, 623	ς» 	0	\$	\$ 0	-104,909
		Statement 2 - For	2 - F	orm 990-PF, Part I	rt I, Line 16b - Accounting Fees	Accoun	ting Fees			
Description	Ç			Total	Net Investment	ut 	Adjusted Net	sted	Charitable Purpose	able se
INDIRECT ACCOUNTING FEES	FEES	· 03-		12,238	, 9 \$	6,119	S	φ'		6,119
TOTAL		` & `		12,238	\$	119	v.	s"		6,119
		Statemer	143-	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	art I, Line 23 - C	Other E	xpenses			
Description	ç			Total	Net Investment	ij	Adjusted Net	sted	Charitable Purpose	able
		· s>			٠¢			ςŷ		
EXPENSES INVESTMENT FEES				5,976				'		~1
TOTAL		O.F	Sy.	5,976	\$ 2,	988	S	on"		886 7

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FYE: 12/31/2009

Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
OTHER INVESTMENTS				
	\$ 1,185,902 \$_	1,043,974	\$.	847,415
TOTAL	\$ 1,185,902 \$	1,043,974	\$	847,415

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11-6078778 Federal Statements

FYE: 12/31/2009

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Form 990-PF - General Footnote

Description

STATEMENT 5 - FORM 990PF, PART XV, LINE 3A - GRANTS AND CONTRIBUTION PAID DURING THE YEAR

NAME:	AMOUNT
AMERICAN DIABETES ASSOCIATION	\$ 275
BERKSHIRE PLAYWRIGHTS LABORATORY	8000
BERKSHIRE TACONIC COMMUNITY	2500
BIDWELL HOUSE MUSEUM	500
CHABAD LUBAVITCH COMMUNITY CENTER	250
CLARK UNIVERSITY	1000
CLOSE ENCOUNTER WITH MUSIC	500
COMBINED JEWISH PHILANTHROPISTS	3500
CONSTRUCT INC.	1500
FAIRVIEW HOSPITAL	11000
GRADUATE CENTER CITY UNIVERSITY OF NEW YORK	7000
HOSPICE BY THE SEA	1000
HOSPICE CARE IN THE BERKSHIRES	350
INITIATIVES ART & CULTURE	3600
JACOBS PILLOW	700
LEUKEMIA & LYMPHOMA SOCIETY	250
NEW YORK HISTORICAL SOCIETY	7500
POETRY SOCIETY OF AMERICA	3500
RFK CHILDRENS ACTION CORP.	400
TEMPLE BETH EL	1588
WMHT	1000
TOTAL	\$55,913
	======

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

nternal Revenue If you are f				1
		tomatic 3-Month Extension, complete only Part I and check this box		>
-	-	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		
· ·		ess you have already been granted an automatic 3-month extension on a previously filed Form 8	868	
Parti		c 3-Month Extension of Time. Only submit original (no copies needed).		
•	equired to the	Form 990-T and requesting an automatic 6-month extension—check this box and complete		
art I only				▶ □
	•	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	n of	
me to file inco	me tax returns	•		
	-	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file	
		w (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868		
•		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, gr	•	
		nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II)	of Form	
868 Formore		e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits		
ype or	Name of Exe	empt Organization	mployer ide	ntification number
rint				
ile by the				
ue date for ling your	Number, stre	eet, and room or suite no. If a P.O. box, see instructions		
etum See				
structions	City, town of	post office, state, and ZIP code. For a foreign address, see instructions		
_ ^ _		filed (file a separate application for each return)		7
Form 99		Form 990-T (corporation)	ļ-	Form 4720
Form 99		Form 990-T (sec 401(a) or 408(a) trust)	-	Form 5227
Form 99		Form 990-T (trust other than above) Form 1041-A	}	Form 6069 Form 8870
		1 1 Form 1041-A		
Form 99				
The books Telephone If the organ If this is for the whole g	are in the care No > 9 nization does r r a Group Returoup, check th	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 S4 - 961-1040 FAX No > 954-964-536 not have an office or place of business in the United States, check this box Irm, enter the organization's four digit Group Exemption Number (GEN)	O 9 this is	→
The books Telephone If the organ If this is for or the whole got list with the next the ne	are in the care No 9 nization does r r a Group Returoup, check the the terms and EIN	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 54 - 96/- /040 FAX No > 954- 964- 536 not have an office or place of business in the United States, check this box irin, enter the organization's four digit Group Exemption Number (GEN) is box If it is for part of the group, check this box and attention and attentio	O 9 this is	▶
The books Telephone If the organ If this is for or the whole got list with the next the ne	are in the care No 9 nization does r r a Group Returoup, check the the terms and EIN	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 S4-96/-/96/- FAX No 954-964-5300 oto have an office or place of business in the United States, check this box arm, enter the organization's four digit Group Exemption Number (GEN) is box If it is for part of the group, check this box and attended and the states of all members the extension will cover	O 9 this is	▶
The books Telephone If the organ If this is for or the whole go a list with the normal suntil for the o	are in the care No	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 SH - 96/- / 040 FAX No > 954- 964- 536 not have an office or place of business in the United States, check this box irm, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attise of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time, to file the exempt organization return for the organization named above. The extension is	O 9 this is	▶ [
The books Telephone If the organ If this is for or the whole go list with the n 1 I reques until for the o	are in the care No > 9 Inization does read a Group Return to the care ames and EIN terms and the care and automatic reganization's recalendar year	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 SH-961-1040 FAX No > 954-964-536 not have an office or place of business in the United States, check this box irm, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and at its of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above The extension is electric for	O 9 this is	▶
The books Telephone If the organ If this is for or the whole go I list with the n 1 I reques until for the o	are in the care No	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 SH-961-1040 FAX No > 954-964-536 not have an office or place of business in the United States, check this box irm, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and at its of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above The extension is electric for	O 9 this is	▶
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The books Telephone If the organ If this is for or the whole g list with the n I request until for the o I for the o	are in the care No	Burton & Company, P. A., Certified Public Accountants 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 SY - 961-1040 FAX No PSY-964-536 not have an office or place of business in the United States, check this box irm, enter the organization's four digit Group Exemption Number (GEN) is box If it is for part of the group, check this box and at its of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time to file the exempt organization return for the organization named above. The extension is electric for or ning and ending set than 12 months, check reason Initial return Final return Change in Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, ceredits See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax	this is accounting i	> [
The books Telephone If the organ If this is for or the whole g list with the n I request until for the o If this tax If this ap less any If this ap paymen	are in the care No	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 SH-961-1040 FAX No PSH-964-530 not have an office or place of business in the United States, check this box Irm, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box Is of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is seturn for or or ning , and ending st than 12 months, check reason Initial return Final return Change in Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, a credits. See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax de any prior year overpayment allowed as a credit	this is each	> [
The books Telephone If the organ If this is for or the whole go list with the n 1 I request until for the o If this tax 2 If this tax 3a If this ap less any b If this ap paymen c Balance	are in the care No	Burton & Company, P. A., Certified Public Accountant 4310 Sheridan Street, Suite 202, Hollywood, FI 33021 SH - 961-1040 FAX No PSH - 964-536 not have an office or place of business in the United States, check this box irm, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and at its of all members the extension will cover 3-month (6 months for a corporation required to file Form 990-T) extension of time, to file the exempt organization return for the organization named above. The extension is enturn for or ning, and ending is than 12 months, check reason Initial return Final return Change in Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, a credits. See instructions Form 990-PF or 990-T, enter any refundable credits and estimated tax de any prior year overpayment allowed as a credit tit line 3b from line 3a. Include your payment with this form, or, if required,	this is accounting i	> [
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

Form **886.8**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	epartment of the Treasury File a separate application for each return ternal Revenue Service				
					▶ X
_			ith Extension, complete only Part II (on page 2 of this for	n)	· V_3
Do not comp	iete Part II unie	ess you have already been grant	ed an automatic 3-month extension on a previously filed Fo	rm 8868	
ЗРадин	Automati	c 3-Month Extension of	Time. Only submit original (no copies needed)	
A corporation Part I only	required to file I	Form 990-T and requesting an at	utomatic 6-month extension—check this box and complete		▶ □
	orations (includii ome tax retums		REMICs, and trusts must use Form 7004 to request an exte	nsion of	
one of the retu	ırns noted belov	w (5 months for a corporation rec	e Form 8868 if you want a 3-month automatic extension of t quired to file Form 990-T). However, you cannot file Form 8	868	
			nonth extension or (2) you file Forms 990-BL, 6069, or 8870	-	
· ·	·		you must submit the fully completed and signed page 2 (Pa	•	
	T		t www.irs.gov/efile and click on e-file for Chanties & Nonpro	Τ	
Type or	Name of Exe	empt Organization		Employer	identification number
print File by the	11-60787	778			
due date for filing your	Minkoff	Foundation, Inc.	e instructions		
return See instructions	26 Rowe		eign address, see instructions	···	
	Barringto	on, MA. 01230	org. 1 343 (333, 343) (134 24 134 13		
Form 99 Form 99 Form 99 The books Telephone If the orga If this is for the whole of a list with the relation of the control of	90-BL 90-BL 90-EZ 90-PF s are in the care e No ► 9 9 enization does in a Group Returnation Action Action group, check this names and EIN est an automatic 8/5/10 organization's recallendar year tax year beginn	ot have an office or place of bus m, enter the organization's four of its box □ If it is fit is of all members the extension v 3-month (6 months for a corporation, to file the exempt organization eturn for 2009 or and entering , and entering , and entering the corporation of t	Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A Trust other than above) Form 1041-A Trust other than above) Form 1041-A Trust other than above	If this is and attach	Form 4720 Form 5227 Form 6069 Form 3870
		s than 12 months, check reason	720, or 6069, enter the tentative tax,	ge in account	ng penod
-	•	e credits. See instructions	., 25, or 5005, order the terretive tax,	3a	s 547
			ny refundable credits and estimated tax		
		de any prior year overpayment a		3ъ	5 547
			our payment with this form, or, if required,		
			PS (Electronic Federal Tax Payment	经过	0
System) See instruction	ins		3c	<u>s</u>
Caution. If yo	u are going to r	nake an electronic fund withdra-	wal with this Form 8863, see Form 8453-EO and Form 88	79-EO	

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

Form 8868 (Rev 4-2009)

for payment instructions

Form 88	68 (Rev 4-2009)					Page 2
,	are filing for an Additional (Not Automatic) 3-Month i	Extension, complete only Part II and	check this box			▶ K
	nly complete Part II if you have already been granted an a			368		CSJ
• If yo	u are filing for an Automatic 3-Month Extension, comp	lete only Part I (on page 1)	•			
Part	Additional (Not Automatic) 3-Month	Extension of Time. Only file t	he original (no	copies	needed).	
Type or	Section Section Section 1					n number
print	· · · · · · · · · · · · · · · · · · ·					78
File by the						
due date i	c/o Burton & Company, P. A.,	ee instructions		For IRS u	se only	
filing the	4310 Sheridan Street, Suite 202			3222		通影形态。
return Se	1 11011911000, 11 33021	reign address, see instructions		200		
Chack t	ype of return to be filed (File a separate application for	nach rotum\				
· ·	orm 990 X Form 990-PF	each return)	Form 1041-A		☐ For	n 6069
Form 990-PF Form 990-PF Form 1041-A Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720					H	n 8870
— i	orm 990-EZ Form 990-T (trust other	· · · · · — —	Form 5227			
	To not complete Part II if you were not already grante			ed Form 8	868.	
	books are in the care of Burron +					
		FAX No. > 954-964	£309			
	e organization does not have an office or place of busine					▶ □
			If th	10 10		- 1
	● 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 If it is for part of the group, check this box If it is for part of the group, check this box					
	the names and EINs of all members the extension is for	or part of the group, check this box		and adapti	u .	
	equest an additional 3-month extension of time until	11/15/10				
	or calendar year 2009 , or other tax year beginni		,			
6 If this tax year is for less than 12 months, check reason I initial return Final return Change in accounting period						
7 State in detail why you need the extension						
NOT ALL OF THE INFORMATION INESSED TO COMPLETE						
	•	VOILARCE BOT TO	TIME	_		
		p /		- .		
8a if	this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, enter the tentative tax.				
	ss any nonrefundable credits. See instructions	, , , , , , , , , , , , , , , , , , , ,		8a	\$	
b If						
estimated tax payments made. Include any prior year overpayment allowed as a credit and any						
	nount paid previously with Form 8868	,		8b	\$	
c B	alance Due. Subtract line 8b from line 8a. Include your p	payment with this form, or, if required, o	leposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$					
		Signature and Verification				
Under pe	nalties of penjury. I declare that I have examined this form, includ	ing accompanying schedules and statements	s, and to the pest of n	ny knowledge	e and belief,	, ,
it is true,	correct, and complete, and that I am authorized to prepare this fo					8/13/10
Signature	. •	Title > CPA			Date •	