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SCANNED NOV 1 9 2010

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 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 , 2009, and ending G Check all that apply Initial Return of a former public charity Final return Initial return Amended return Address change Name change Employer identification number Use the THE STEFANY AND SIMON BERGSON FOUNDATION IRS label. 13-4077237 Otherwise, PO BOX 695 В Telephone number (see the instructions) print PALISADES, NY 10964 516 504-4350 or type. See Specific С If exemption application is pending, check here Instructions. 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation Check type of organization 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 338,877 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 278,692 if the foundn is not reg to att Sch B Interest on savings and temporary 691 691 691 cash investments Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10. REVENUE b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of c Gross profit/(loss) (att sch) 11 Other income (attach schedule) Total. Add lines 1 through 11 691 383 691 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) ADMINISTRAT 7,044. 352 **b** Accounting fees (attach sch) SEE ST 1 6,692. c Other prof fees (attach sch) 17 Interest SEE STM 2 283. Taxes (attach schedule)(see instr.) 19 Depreciation (attach sch) and depletion į 20 Occupancy Travel, conferences, and meetings 21 Printing and publications E X P 23 Other expenses (attach schedule) SEE STATEMENT 215. 215. Total operating and administrative expenses. Add lines 13 through 23 6,907. 7,542 352 347,196 Contributions, gifts, grants paid PART XV 347,196. -26 Total expenses and 25 Add lines 24 and 25 Total expenses and disbursements. 352 0 354,738 354,103. 27 Subtract line 26 from line 12: a Excess of revenue over expenses -75,355 and dispursements b Net investment income (if negative, enter -0-) 339 691

BAAN For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

TEEA0504L 02/02/10

Form **990-PF** (2009)

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Dan	Attached schedules and amounts in the description column should be for end of-year amounts only Attached schedules and amounts in the description Beginning of year Column should be for end of-year amounts only						of year
rait	1112	Daiance Sileets	(See instructions)	(a) Book Value	(b) Book Value	9	(c) Fair Market Value
	1	Cash - non-interest	-bearing				
	2	Savings and tempor	ary cash investments	391,865.	316,5	10.	316,510.
	3	Accounts receivable		* 売業 2 次要 第7 本 3 等 7 1 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1	A Soft to the contract of the special section	4 9	美国美国美国美国美国
		Less: allowance for	doubtful accounts ►				
	4	Pledges receivable	•	2-1-3-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4	. , , , , , , , , , , , ,	- - }}	3 3 9 3 5 4 5 6 4 4
		Less allowance for	doubtful accounts ►				
	5	Grants receivable					
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see the instructions)				
_	7	Other notes and loans rec	eivable (attach sch)	3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i de la començão dos procesos in-
A S	Less ⁻ allowance for doubtful accounts						
Š	8	Inventories for sale	or use				
A S S E T S	9	Prepaid expenses ar	nd deferred charges				
S	10	a Investments – U.S. obligations (attach s	and state government chedule)				
	ı	b Investments — corporate	stock (attach schedule)				_
		c Investments — corporate	bonds (attach schedule)				
	11	Investments – land, equipment basis	buildings, and	The state of the s		: 08 0 6 : 64 , " : 05 2 4	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less: accumulated deprec (attach schedule)	nation -] :
	12	Investments - morto	gage loans.				
	13	Investments - other	(attach schedule)				
	14	Land, buildings, and e	equipment basis	1916年19日本	4-04-14-54-4-14		X 234 X 435
		Less accumulated depreced (attach schedule)	>				
	15		be► <u>SEE_STATEMENT_4</u>)	22,367.	22,3	<u>67.</u>	22,367.
	16	Total assets (to be a see instructions Als	completed by all filers – o, see page 1, item l)	414,232.	338,8	77.	338,877.
Ļ	17	Accounts payable ar	nd accrued expenses				
Å	18	Grants payable			<u> </u>		
В	19	Deferred revenue					3/1 3 3 7 3 8 7 3 8 7 3 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8
L	20	Loans from officers, direct	tors, trustees, & other disqualified persons				
ļ	21	Mortgages and other notes	s payable (attach schedule)				* * * * * * * * * * * * * * * * * * *
j	22	Other liabilities (descr	ıbe •)				
E S	23	Total liabilities (add	lines 17 through 22)	0.		0.	
		Foundations that fol	llow SFAS 117, check here X24 through 26 and lines 30 and 31.				y for any
N F	24	Unrestricted	•	414,232.	338,8	77.	
ËÜ	25	Temporarily restricte					, , , , , , , , , , , , , , , , , , , ,
A D	26						4 7 4 3
A B A L A		and complete lines	o not follow SFAS 117, check here P 27 through 31.	<u> </u>			* * *
FA	27	Capital stock, trust p	orincipal, or current funds				
2 N	28	Paid-in or capital surplus,	or land, building, and equipment fund		_		
o E	29	Retained earnings, accumi					
R S	30	Total net assets or f	<u>77.</u>				
-	31	(see the instructions		414,232.	338,8	77.	
Part		Analysis of Chan	ges in Net Assets or Fund Balanc	es			
1	Tota end-	I net assets or fund ba of-year figure reported	alances at beginning of year – Part II, coli d on prior year's return)	umn (a), line 30 (must a	gree with	1	414,232.
2		r amount from Part I,	· · · · · · · · · · · · · · · · · · ·		Ţ	2	-75,355.
3	Other	increases not included in lii	ne 2 (Itemize).		[3	
4	Add	lines 1, 2, and 3				4	338,877.
5	Decre	ases not included in line 2 ((itemize).	- 	_ [5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus line 5) - Part II, column (b),	line 30	6	338,877.

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	Losses for Tax on Investmen		(LX.	1700	- (a) a
	oe the kınd(s) of property sold (e.g., re use, or common stock, 200 shares ML		(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			D Donation		
b				_	
С	· · · · · · · · · · · · · · · · · · ·				
d	· · · · · · · · · · · · · · · · · · ·				
e	<u></u>			<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a		 -			
b	 				
c d	-				
e	 				
	ving gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Coli	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any	(i) / t	gain minus column (k han -0-) or Losses (fr	(), but not less
a					
<u>b</u>					
С		<u></u>			
d	 				
е				1	
2 Capital gain net income or (ne	et capital loss)	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	-	-		
, •	ie 8, column (c) (see the instructions)	`´			
in Part I, line 8	e 8, column (c) (see the mistractions)	. II (loss), eriter -0-	3		
Part V Qualification Unde	er Section 4940(e) for Reduced	<u>d Tax on Net Investmer</u>	nt Income		
	this part blank ction 4942 tax on the distributable am ilify under section 4940(e) Do not coi		period?	Yes	X No
	in each column for each year, see the		anv entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(d) Distributior lumn (b) divided	ratio by column (c))
2008	468,090.	571	,166.		0.819534
2007	402,354.	241	,544.		1.665759
2006	472,439.		,509.		1.408126
2005	186,581.		,585.		0.716008
2004	361,590.	172	,244.	1	2.099289
2 Total of line 1, column (d)			2		6.708716
					0.708710
3 Average distribution ratio for t number of years the foundatio	he 5-year base period — divide the to in has been in existence if less than 5	tal on line 2 by 5, or by the years	3		1.341743
4 Enter the net value of nonchar	ritable-use assets for 2009 from Part	X, line 5	4	1	237,442.
5 Multiply line 4 by line 3			5		318,586.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		3.
7 Add lines 5 and 6			7		318,589.
8 Enter qualifying distributions f	rom Part XII, line 4		8		354,103.
If line 8 is equal to or greater Part VI instructions.	than line 7, check the box in Part VI,	line 1b, and complete that pa	art using a 1°	% tax rate See tl	ne

BAA

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), or 498 - set the instructions) 1a Earnity operating foundation estuard miscology, dise keye and either VI/A* on line 1. 1a Earnity operating foundation estuard miscology, dise keye and either VI/A* on line 1. 1a Earnity operating foundation estuard to meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 1% of Part 1, line 27b. 1a I and expert 20 and expert		1930-FF (2003) THE STEFANT AND SIMON BERGSON FOUNDATION				11231			aye 4
Date of rungs or determination letter Date of rungs or determination letter Section 4947(a) (c) requirements in Part V. Call of the Charles P. Call of the Charles					ee the				. : . I
b Domestor bundations that meet the section 4940(e) requirements in Part V, check here	1 2	Example operating foundations described in section 4540(4)/2), check here				a	38 % ,*3 3	* / "/ "	<u> </u>
check here * Xi and enter 1% of Part I, line 27b. C All ather demostic foundations enter 2% of line 27b. Esempt freety organizations enter 4% of Part I, line 12, column (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 6 Credits/Payments a 200 setimated tax prins and 2008 overpayment credited to 2009 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to frie (Form 8868) 6 Ed. 6 Backup withholding erroneously withheld 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 7 Total credits and payments. Add lines 5a through 6d 8 Enter any penalty for undergayment of estimated tax Part VII-A Statemenths Regarding Activities 1a During the tax year, did the foundation at lines 1 to Evidente 2 to 1 to									_
c All other domestic foundations enter 2% of line 27b. Learnt foreign organizations setter 4% of Part I, line 12, column (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (normon) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment and 2008 exeptyment credited at 2009 6 Exempt foreign organizations – Lax withheld at source c Tax paid with application for extension of tune to file (Form 8868) 6 Backup withholding eroneously withheld 6 Tax paid with application for extension of the sorre land income. Tax districts of the second of the sorre land income. Tax districts of the second income and in					<u> </u>		: 4 % 2		<u>उ.</u> ३ ॐ ः ।
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6 Credits/Payments a 2009 sebmated tax pmts and 2008 overpayment credited to 2009 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld d Backup withholding erroneously withholding erroneously with a grant of the developed with a grant of the grant	-			y Others enter -0-)	_				
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b Exempt foreign organizations – tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroreously withheld d Backup withholding erroreously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 be the redited to 2019 estimated tax. Part VII-A Statements Regarding Activities 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? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes see the instructions for definition)? c Did the foundation see form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (i) On the foundation managers		•	6.0			100	** 7	-	医量
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overapment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 11 Enter the amount of line 10 be. Credited to 2010 estimated tax. Part VII-A Statements Regarding Activities Part VII-A Statements Regarding Activities 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? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the 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 c Did the foundation (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation S			-			4. 5. 7	* /	\$ 3 G	- 4 (3)
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here of the state			-			4 4 4 4 8 8	1 1/38	1.24	4 4 4
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the 7 stater amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11 Part VIII-A Statements Regarding Activities Tax 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? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes See the 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 City On the foundation Pay One City On foundation managers Did the foundation Pay One City On foundation managers Did the foundation of City One City On			-			8 4 4	Single Single	4 * "	-, B &
8 Enter any penalty for underpayment of estimated tax. Check here	_		_ ou_		١,	, **			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 be the Credited to 2010 estimated tax Refunded 11 Part VII-A Statements Regarding Activities 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? 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? 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? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? 1b X If the answer is 'Yes' to 1 aor 16, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? 1c X If the answer is 'Yes' to 1 aor 16, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1c X It is a state the rembursement (if any) paid by the foundation during the year: (1) On the foundation Form 90 political expenditure tax imposed on foundation managers \$ 0. (2) On foundation managers \$ 0. (2) On foundation managers \$ 0. (3) On the foundation manager \$ 0. (4) On the foundation manager \$ 0. (2) On the foundation manager \$ 0. (3) On the foundation manager \$ 0. (4) On the foundation manag	8		220 is a	attached	-	-			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be Credited to 2010 estimated tax Table Part VII-A Statements Regarding Activities	9		-220 13 6	attached		+			3
11 Enter the amount of line 10 to be 'Credited to 2010 estimated tax Part VIII-A Statements Regarding Activities		•			<u> </u>	+			 -
Part VII-A Statements Regarding Activities 1 a 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? 1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? 1 b Last Spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? 1 b Last Spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? 1 b Last Spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction for definition)? 1 b Last Spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction for definition)? 1 b Last Spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction for definition)? 1 c Last Spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction than a constant and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed or fire for spenditures (section 4955) imposed during the year: 1 c Last Spenditures (section 4955) imposed during the year: 2 c Last H'Yes, attach a detailed description of the activities of nicroproal during instruments? If Yes, attach a conformed copy of the changes and foundation made any changes, not previously reported to the IRS, in its governing instrument, attacles of incorporation, or bylams, or other similar instruments? If Yes, attach a conformed copy of the changes and foundation made any changes, not previously reported to the IRS, in its governing instrument, and foundation or bylams, or other similar instruments? If Yes, attach a conformed copy of the changes and			1	Refunded	-	_			
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for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? 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							80	Λ	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)								┞┰┦
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. 10 X						3		 ^	
	10	Did any persons become substantial contributors during the tax year? If 'Yes,' at and addresses	ttach a	schedule listing thei	r nam	es	10		Y
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	n 990-PF (2009) THE STEFANY AND SIMON BERGSON FOUNDATION	13-	<u> 407723</u>	7	P	age 5
<u>P</u> ar	t 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	on applica	ition?	13	Х	
14		 ne no. ►	516 5	04-4	350	
	Located at ► PO BOX 695 WOODS ROAD, PALISADES, NY ZIP + 4				==	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check her	e		N/A		
	and enter the amount of tax-exempt interest received or accrued during the year	•	15			N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1 2" 52" 51		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly)		_		131	* 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		\$2	42
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No	· •	; ; ;	5, 6+ c
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	. *	19 b	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	XNo	6 % 3 % 4 %	* *	. 3
	(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.)	Yes	XNo	* **	- 2 1 . - 43 % !	* * * * * * * * * * * * * * * * * * * *
t	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 the instruc	n tions)?		1b	N	
	Organizations relying on a current notice regarding disaster assistance check here	•	· 🔲	8 42	, % 4	* 1
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?	5,		1c		<u>X</u>
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?	Yes	XNo	, ,	*	
	If 'Yes,' list the years ► 20 , 20 , 20 , 20				1	, : 1
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494; all years listed, answer 'No' and attach statement — see the instructions.)			- <u>.</u>	N	
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here		2b	IN/	<u>A</u>
•	20, 20, 20	ricie				
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		-	-
b	olf '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 approvable 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 red		21	, I	
				3b	N/	<u> </u>
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
t	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
BAA			Fo	rm 99 0)-PF (2	2009)

TEEA0305L 07/06/09

Form 990-PF (2009) THE STEFANY AND ST				40772	237 Page 6
Part VII-B Statements Regarding Activiti		1 4/20 May Be Req	uirea (continue	<u>a)</u>	
 5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt 	•	on (section 4945(e))?	Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	Yes	X No			
(3) Provide a grant to an individual for travel,		purposes?	Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	X No				
(5) Provide for any purpose other than religio educational purposes, or for the prevention	X No				
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exception ding disaster assistance	tions		5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Region 1.	sibility for the grant?	·	N/A Yes	No	
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premiums	Yes	X No	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?		6b X
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ction? Yes	X No	
b If yes, did the foundation receive any proceed					7b N/A
Part VIII Information About Officers, D				id Emp	
and Contractors	 .				
1 List all officers, directors, trustees, foundation					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	 (d) Contributions employee benef plans and deferred compensation 	fit T	Expense account, other allowances
STEFANY BERGSON	TRUSTEE	0.		0.	0.
PO BOX 695	10.00				
PALISADES, NY 10964					
SIMON BERGSON	TRUSTEE	0.		0.	0.
PO BOX 695	10.00				
PALISADES, NY 10964					
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	structions). If non	e, 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 employee benef plans and deferr compensation	fit T	Expense account, other allowances
NONE					
			<u> </u>		
				_	
Total number of other employees paid over \$50,000)			•	0
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 Total. Add lines 1 through 3
 ▶
 0.

 BAA
 Form 990-PF (2009)

All other program-related investments. See instructions.

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.	1 a	
b Average of monthly cash balances	1 b	218,691.
c Fair market value of all other assets (see instructions)	1c	22,367.
d Total (add lines 1a, b, and c)	1 d	241,058.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	241,058.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	3,616.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	237,442.
6 Minimum investment return. Enter 5% of line 5	6	11,872.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private		oundations
and certain foreign organizations check here ▶ and do not complete	this part.)	
1 Minimum investment return from Part X, line 6	1	11,872.
2a Tax on investment income for 2009 from Part VI, line 5	3.	
b Income tax for 2009 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	3.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	11,869.
4 Recoveries of amounts treated as qualifying distributions	4	-
5 Add lines 3 and 4	5	11,869.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,869.
PartixIII Qualifying Distributions (see instructions)		
1 A second of the latest advantage of the company o		·· · · · · · · · · · · · · · · · · · ·
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	354,103.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpose	s. 2	- ·
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	<u>-</u> <u></u> .
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line	e 4 4	354,103.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	3.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	354,100.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculat	ing whether the	foundation
qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2009)

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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				11,869.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 352, 997				
b From 2005 173, 665				
c From 2006 455, 888	──			
d From 2007 390, 437				
e From 2008 439, 804			沙坡 集组	
f Total of lines 3a through e	1,812,791.			
4 Qualifying distributions for 2009 from Part				
XII, line 4: ► \$ 354,103.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior yea (Election required – see instructions)	TS and the same of	0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				11,869.
e Remaining amount distributed out of corpus	342,234.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	2,155,025.			
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 instructions			0.	
f Undistributed income for 2009. Subtract line 4d and 5 from line 1. This amount must be distributed in 2010	S Control of the cont			0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			The second secon
8 Excess distributions carryover from 2004 no applied on line 5 or line 7 (see instructions)	352,997.	# # # # # # # # # # # # # # # # # # #	11.13.5	
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,802,028.	-	*	٤ .
10 Analysis of line 9:	,			
a Excess from 2005 173, 665	<u>.</u>			, -
b Excess from 2006 455, 888				
c Excess from 2007 390, 437				
d Excess from 2008 439, 804			•	
e Excess from 2009 342, 234				
				Earm 000 DE (2000)

Form 990-PF (2009) THE STEFANY AND				13-407723	
Part XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or our is effective for 2009, enter the date of the	ruling	that it is a private	operating toundation	n, and the ruling	
b Check box to indicate whether the foundate	tion is a private ope	rating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
each year listed b 85% of line 2a.		_	 		- · · · · ·
c 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					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter		İ			
(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					
c '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 an exempt organization			_		
(4) Gross investment income					
Supplementary Information assets at any time during th	(Complete this	part only if the	organization ha	d \$5,000 or mor	e in
1 Information Regarding Foundation Management		structions.)			
a List any managers of the foundation who line close of any tax year (but only if they have	nave contributed me	ore than 2% of the	total contributions re	eceived by the found	dation before the
SEE STATEMENT 5	e contributed more	man \$5,000). (See	: Section 507(d)(2))		
b List any managers of the foundation who a a partnership or other entity) of which the NONE.	own 10% or more o foundation has a 1	f the stock of a cor 0% or greater inter	rporation (or an equa est	ally large portion of	the ownership of
NONE					
2 Information Regarding Contribution, Gran Check here \(^\mathbb{K}\) If the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	aritable organizations	s and does not acce anizations under oth	pt unsolicited er conditions,
a The name, address, and telephone number	er of the person to	whom applications	should be addressed	1	
b The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de	
		<u></u>			
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors
					000 PF (0000)

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or contribution Recipient status of recipient Amount Name and address (home or business) a Paid during the year OPERATING EXPENSES SCHEDULE ATTACHED 347,196. 347,196. Total За **b** Approved for future payment Total 3ь

Part XVI Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed business income	Exclude	d by section 512, 513, or 514		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)	
a			 -			
b	ļ					
c	-					
d	-		ļ			
e	1					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	691.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:	· · · · · · · · · · · · · · · · · · ·	3. 3. 3. 3. 3. 3. 33	4 "		Danish of the London	
a Debt-financed property						
b Not debt-financed property			•			
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events.				_		
10 Gross profit or (loss) from sales of inventory						
11 Other revenue	, ; . i	\$ * * * * * * * * * * * * * * * * * * *	,; ***	10, * 9 & \$ 10 , 15 1 13 1	Company to the wife	
a b	1			-		
с						
d						
e Subtotal Add columns (b), (d), and (e)	1 11/2		* * · · ·	691.		
13 Total. Add line 12, columns (b), (d), and (e)				13	691.	
See worksheet in the instructions for line 13 to verify co	alculations)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
	
-	
	
	· · · · · · · · · · · · · · · · · · ·

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

	descr relating a Trans (1) C (2) O b Other (1) S (2) P (3) R (4) R (5) Lo (6) P	ibed in section 50 ag to political organisms the repease transactions ales of assets to urchases of asset einbursement aroans or loan gual erformance of se	01(c) of the Code panizations? porting foundation a noncharitable of the foundation at the foundation	y engage in any of the (other than section 50 to a noncharitable exempt organization ritable exempt organization ther assets	1(c)(3) organizations	zations)	her organization) or in section 5	127,	1a (1) X 1a (2) X 1b (1) X 1b (2) X 1b (3) X 1b (4) X 1b (5) X 1b (6) X 1c X
_	the go	answer to any of boods, other asset ransaction or sha	ts, or services giv iring arrangement	s,' complete the follow en by the reporting fou s, show in column (d) the ne of noncharitable exempt of	ndation. If the ne value of the	founda goods	ation received le , other assets, c	ss than fair nor services re-	fair market value of narket value in ceived.
(a) N/	Line no.	(b) Amount mvo	ived (C) Nai	ne or noncharitable exempt of	yanızanılı	(a)	pescription of trans	icis, u ansacuons	s, and Sharing arrangements
	_								
									
			-						·
								· -	
2	a Is the descr	foundation direction 50	tly or indirectly a 01(c) of the Code	ffiliated with, or related (other than section 50	to, one or mo 1(c)(3)) or in s	ore tax-o section	exempt organiza 527?	ations	Yes X No
			following schedul						
AT /	7.	(a) Name of orga	anization	(b) Type of	organization		(c)	Description of	of relationship
<u>N/</u>	A.								
_									
	-	Lessu	y BBC	d this return, including accomp r fiduciary) is based on all info	anying schedules rmation of which p	1/	nents, and to the bes as any knowledge	- PRE	e and belief, it is true, correct, and
S _ G Z	Sign	ature of officer or trusto	ee /	-/-		Date		Title	December (december of the control of
H F	Paid Pre-	Preparer's signature	faul 1	Ulu~	 <u>-</u>	Date	' 'スールつー!	Check if self- employed ►	Preparer's Identifying number (See Signature in the instrs) N/A
1 1	parer's Use	vours if self.		BINSTEIN, CPAS				EIN - N/	A
	Only	employed),	<u>55 NORTHERN</u> GREAT NECK,	BOULEVARD-SUI NY 11021-4058	re 410			n	(E16) E04-42E0
BA	<u> </u>	ZIP code	GIWAI NECK,	MI 11021-4036				Phone no	(516) 504-4350 Form 990-PF (2009

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization	•				Employer identification number
THE STEFANY AND	SIMON BERG	SON FOUND	ATION		13-4077237
Organization type (check	one)			·	
Filers of:		Section:			
Form 990 or 990-EZ		—	c)() (enter number) org (a)(1) nonexempt charitable to political organization	•	private foundation
Form 990-PF		X 5016	c)(3) exempt private foundation	nn	
, o 550 / /		—	(a)(1) nonexempt charitable t		ate foundation
		—	c)(3) taxable private foundation		
		ш `			
Check if your organization Note: Only a section 501(General Rule and a S	Special Rule See instructions
X For an organization fill contributor. (Complete	ing Form 990, 9 Parts I and II)	90-EZ, or 990-F	PF that received, during the y	ear, \$5,000 or more (in money or property) from any one
Special Rules -					
509(a)(1)/170(b)(1)(A)(vi) and received fro	m anv one contrit	or 990-EZ, that met the 33-1/3 butor, during the year, a contribung 1990-EZ, line 1 Complete Pa	ition of the greater of (1)	regulations under sections) \$5,000 or (2) 2% of the
For a section 501(c)(7) aggregate contribution prevention of cruelty t	is of more than	\$1,000 for use 7	g Form 990 or 990-EZ, that re <i>exclusively</i> for religious, char e Parts I, II, and III	ceived from any one itable, scientific, litera	contributor, during the year, ary, or educational purposes, or the
contributions for use a	exclusively for renter here the	eligious, charitat tal contributions	g Form 990 or 990-EZ, that re ole, etc, purposes, but these that were received during th c General Rule applies to this	contributions did not a e vear for an <i>exclusi</i> v	aggregate to more than \$1,000 If rely religious, charitable, etc.
religious, charitable, e	etc, contributions	of \$5,000 or m	ore during the year		► \$
990-PF) but it must answ	er 'No' on Part I	V. line 2 of their	eral Rule and/or the Special F r Form 990, or check the box nents of Schedule B (Form 9	on line H of its Form	hedule B (Form 990, 990-EZ, or 990-EZ, or on line 2 of its Form 5).
BAA For Privacy Act and for Form 990, 990EZ, or 9	d Paperwork Re 90-PF.	duction Act No	tice, see the Instructions	Schedule	B (Form 990, 990-EZ, or 990-PF) (2009

	•				
Schedule	В	(Form 990,	, 990-EZ,	or 990-PF	(2009)

Page 1

of Part I

Name of organization

THE STEFANY AND SIMON BERGSON FOUNDATION

Employer identification number 13-4077237

of 1

Park()	Contributors	(see	instructions)
--------	--------------	------	--------------	---

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	MANHATTAN BEER DISTRIBUTORS LL 400 WALNUT AVENUE BRONX, NY 10454,	\$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	STEFANY AND SIMON BERGSON PO BOX 695, WOODS ROAD PALISADES, NY 10964,	\$78,692.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of 1

of Part II

THE STEFANY AND SIMON BERGSON FOUNDATION

Employer identification number 13-4077237

Part II Noncash Property (see instructions.) (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) N/A (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

of Part III

Name of organization
THE STEFANY AND SIMON BERGSON FOUNDATION

Employer identification number

THE STEFANY AND SIMON BERGSON FOUNDATION

[Partitude | Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry)

	For organizations completing Part III, enter contributions of \$1,000 or less for the year	• • •	•	ons)	N/A
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gif	
Part I	N/A		······		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to trans	sferee
		- 222			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	t is held
		(e)			
	Transferee's name, addres	Transfer of gift	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	t is held
			<u>-</u>		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gif	t is held
		(e)			
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to trans	sferee

FEDERAL STATEMENTS

PAGE 1

THE STEFANY AND SIMON BERGSON FOUNDATION

13-4077237

STATEMENT 1			
FORM 990-PF,	PART I,	LINE	16 B
ACCOUNTING	FEES		

	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	INCOME	NET INCOME	PURPOSES
ACCOUNTING AND TAX PREPARATION TOTAL	\$ 7,044. \$ 7,044.	\$ 352. \$ 352.	\$ 0.	\$ 6,692. \$ 6,692.

STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	TOTAL	\$ 283. \$ 283.	\$ 0.	<u>\$ 0.</u>	\$ 0.

STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		EXPI PER	(A) ENSES BOOKS	 S) NET STMENT NCOME	 (C) USTED INCOME	_	(D) CHARITABLE PURPOSES
FILING FEES FOUNDATION ADVERTISING	TOTAL	\$	100. 115. 215.	\$ 0.	\$ 0.	\$	100. 115. 215.

STATEMENT 4 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

				VALUEVALUE		
ART WORK	TOTAL	\$	22,367. 22,367.	\$ \$	22,367. 22,367.	

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

STEFANY BERGSON SIMON BERGSON

THE STEFANY AND SIMON BERGSON FOUNDATION FORM 990PF 13-4077237 DECEMBER 31, 2009

STATEMENT 6 PART XV LINE 3 - GRANTS PAID

59 EAST 59 STREET THEATRE	360
ACHIEVEMENT FIRST ENDEAVOR SCHOOL	260 694
AMERICAN CANCER SOCIETY	== -
AMERICAN DIABETES ASSOCIATION	750
ASPCA	200
	100
BETH ISRAEL MEDICAL CENTER	500
BIC RABBI'S DISCRETIONARY FUND	500
BIRTHRIGHT ISRAEL FOUNDATION	4,000
BROADWAY CARES	400
CHERRY LANE THEATRE	20,000
CLAIRE KANTOR FOUNDATION	2,000
COALITION AGAINS BREAST CANCER	35
COLUMBIA COLLEGE FUND	5,000
DOROT	180
DRAMASTISTS GUILD	8,500
FIGURE SKATING IN HARLEM	1,000
FIRST ASSEMBLY OF GOD CHURCH	200
GREATER MIAMI JEWISH CTR	825
HOLOCAUST MUSEUM	1,000
HORACE MANN SCHOOL	10,300
ISRAEL CANCER FUND ICRF	1,800
JCC ON THE PALISADES	300
JEWISH FEDERATION OF ROCKLAND	15,000
LUBAVITCH ON PALISADES	5,400
MAKE A WISH FOUNDATION	3,400
MONTAMMY FUND	750
MUSEUM OF ARTS AND SCIENCE	1,000
MUSEUM OF JEWISH HERITAGE	174,592
NATIONAL YIDDISH THEATRE	5,000
NORTHWESTERN UNIVERSITY	25,000
PALISADES FREE LIBRARY	200
PUBLIC THEATRE	1,200
SAVE A MEXICAN MUTT	100
SECOND STAGE THEATRE	1,168
SMARTIX	. 36
ST LOUIS HILLEL	200
TEMPLE BETH TORAH	7,698
TENAFLY TIGERS HOCKEY CLUB	250
THE COMPASS CENTER	200
THE CURTIS INSTITUTE OF MUSIC	9,458
THE NATIONAL CENTER FOR JEWISH FILM	5,000
TURN THE CORNER FDN	500
US FRIENDS OF HESC, INC.	500
US HOLOCAUST MUSEUM	1,000
WASHINGTON UNIVERSITY	31,000
	21,500

347,196

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

If you are	filing for an Automatic 3-Month	Extension, complete onl	y Part I and check this box.			<u>► X</u>
	filing for an Additional (Not Aut		· -	-		
	<i>lete Part II unless</i> you have alrea					
Part	Automatic 3-Month Exten	sion of Time. Only s	submit original (no copie	s needed)		
						. \Box
A corporation	required to file Form 990-T and	requesting an automatic	6-month extension - check the	s box and co	omplete Part I only.	▶ [
All other corp income tax re	porations (including 1120-C filers, eturns.	, partnerships, REMICS,	and trusts must use Form 7004	4 to request a	an extension of time	to file
returns noted the additional Form 990-T.	ing (e-file). Generally, you can e below (6 months for a corporati (not automatic) 3-month extens Instead, you must submit the full It www.irs.gov/efile and click on	on required to file Form 9 on or (2) you file Forms v completed and signed i	190-T). However, you cannot file 1990-BL, 6069, or 8870, group re 19age 2 (Part II) of Form 8868. I	e Form 8868 eturns, or a c	electronically if (1) composite or consol	you want idated
	Name of Exempt Organization	· · · · · · · · · · · · · · · · · · ·			Employer identification	number
Type or						
print	THE STEFANY AND SIMO	N BERGSON FOUND	ATION		13-4077237	
File by the due date for	Number, street, and room or suite number				,1==_ ==:	
filing your return See	PO BOX 695					
instructions	City, town or post office, state, and ZIP c	ode For a foreign address, see ii	nstructions			
	PALISADES, NY 10964					
	f return to be filed (file a separal	e application for each ref	urn).			
Form 990		Form 990-T (corporati	on)	Form 472	20	
Form 990	-BL	Form 990-T (section 4	01(a) or 408(a) trust)	Form 522	27	
Form 990	-EZ	Form 990-T (trust othe	er than above)	Form 606	59	
X Form 990	-PF	Form 1041-A		Form 887	70	
Telephone If the orga If this is for check this the extension	No. ► 516 504-4350 Initialization does not have an office or a Group Return, enter the orgonomy box ► . If it is for part of the sign will cover.	FAX or place of business in tanization's four digit Grounder group, check this box	p Exemption Number (GEN) . ► and attach a list with t	If the names ar		
•	it an automatic 3-month (6 month	•	-			
	<u>8/15, 20_10, to file</u>		return for the organization nan	ned above.		
	ension is for the organization's re	turn tor.				
[[calendar year 20 <u>09</u> or	00				
	tax year beginning	$ \frac{20}{2}$ $ \frac{1}{2}$ $\frac{1}{2}$ and en	ding, 20	'		
2 If this ta	x year is for less than 12 months	, check reason:	nitial return	n 🔲 C	change in accounting	g period
3a If this ag	oplication is for Form 990-BL, 99 ndable credits. See instructions.		9, enter the tentative tax, less		3a \$	0.
b If this armade. In	oplication is for Form 990-PF or s include any prior year overpayme	90-T, enter any refundat nt allowed as a credit	ele credits and estimated tax pa	ayments	3ы\$	0.
c Balance deposit See inst	Due. Subtract line 3b from line with FTD coupon or, if required, ructions	a. Include your payment by using EFTPS (Electro			3c \$	0.
Caution. If you payment instru	u are going to make an electroni				8879-EO for	
BAA For Priv	acy Act and Paperwork Reducti	on Act Notice, see instru	tions.		Form 8868 (F	Rev. 4-2009)

Form 8868	(Rev 4-2009)	P	age 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	C	► <u>X</u>
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	o copies needed).	
	Name of Exempt Organization	loyer identification number	
Type or			
print	THE STEFANY AND SIMON BERGSON FOUNDATION 13-	-4077237	
Cile to the	Number, street, and room or suite number. If a P.O. box, see instructions	RS use only	
File by the extended due date for			·····
filing the return. See	PO BOX 695	the state of the state of	14
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	国际激制的	1 33
	PALISADES, NY 10964	<u> </u>	<u></u>
Check type of return to be filed (File a separate application for each return).			
Form 9		Form 6069	
Form 9		Form 8870	
Form 9			
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 care of • THE TAXPAYER			
Telephone No. ► 516 504-4350 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).			
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 request an additional 3-month extension of time until 11/15 , 20 10. 5 For calendar year 2009 , or other tax year beginning , 20 , and ending , 20			
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 INFORMATION NECESSARY FOR THE COMPLETION OF THE RETURN			
IS UNAVAILABLE AT THIS TIME.			
75-	VMINITED 111 1110 11111.		
Pa If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	fundable credits. See instructions.	. 8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.			
		8b \$	0.
c Balan with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c\$	0.
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 prepage this form.			
convey and or	α β α β		,
Signature >	Title > 4 h	Date ► \$ 12 / 0	
BAA	EIE7050% 02/11/09	Form 8868 (Rev 4-	-2009/

