

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



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

2009

OMB No 1545-0052

For c	alendar	year 2009, or	tax year begin	ning				and endir			, 20		
G Ch	neck all tl	nat apply.	Initial returi	n	1		of a former pu	ıblic charit	_	L	Final return		
	_		Amended r	eturn	_	Addre	ss change		1	lame change			
		Name of foun	idation							A Employer identi	fication number		
Use	Use the IRS MITCHELL AND KAREN KUFL					ITABLE							
	label. FOUNDATION				<u>-</u>			· · · · ·		13-7197004			
	erwise,	Number and	street (or PO box r	number if m	ail is not del	livered to street	address)	Room/sui	te	B Telephone number (see	a page 10 of the instructions)		
•	print · type.												
	Specific	15 FRANK				<del></del>				<del></del>	12) 681-9797		
Instr	uctions.	City or town,	state, and ZIP cod	е						C If exemption application pending, check her			
		l	10500							D 1 Foreign organizations, check here			
			, NY 10528				<del></del> .			2 Foreign organiza 85% test, check			
	• •	of organizati				pt private fo				computation .	▶ └─		
			exempt charitable t				vate foundation			E If private foundation			
		t value of all a			_	thod: XC	asn Acc	ruai		under section 507(i	o)(1)(A), check here		
		m Part II, col			her (spec		n cash basis.)			l .	in a 60-month termination		
_	) <b>▶</b> \$		02,991.	<u> </u>	COIGITITI (C	i) iliusi be ol	T cash basis.)			under section 507(I	(d) Disbursements		
	total o	rsis of Kever of amounts in co	nue and Expens olumns (b), (c), and	d (d)		enue and	(b) Net inve	II.	(	c) Adjusted net	for chantable		
	may n	ot necessarily	equal the amounts	s in		nses per ooks	incom	ie		income	purposes		
Τ,		1/3 1 5	11 of the instruct			978,000.					(cash basis only)		
1		If the fo	tc , received (attach school oundation is not requ	ured to	1,	<i>510,000.</i>				<del>.</del>			
2	-	attach :	Sch B	• • • •  -		29	_	29.			ATCH 1		
3		•	emporary cash inves t from securities	imenis			1				HICH I		
4 5													
			s)	Г				·					
- 1			ele of assets not on li							. , .			
	<b>b</b> Gross s	ales price for all on line 6a -	ne or assert flot off if					* 1					
7			ne (from Part IV, lir	ne 2)									
ž   8		ort-term capital	<u></u>	CEIV	En	1							
9		modifications	RE	CEIV	٠-,ز								
10	a Gross sa	ales less returns wances			10	31							
		ost of goods sold	. B JUN	16	010								
	c Gross	profit or (loss) (	attach schedule)		i	Ý		_					
11	Other	ncome (attach	schedule)	DEM	HT.								
12	Total.	Add lines 1 thro	ough 1		17	<del>9</del> 78,029.	ļ	29.					
13	Comper	sation of officers	, directors, trustees,	etc		0	<u> </u>						
14			es and wages .								<del> </del>		
S 15			yee benefits	- 1									
ළි   16 ·			edule)			<del> </del>	ļ · · · ·						
<u> </u>			ch schedule)				ļ						
<u>e</u>	•		es (attach schedule								<del> </del>		
<b>≨</b>   17							-				<del> </del>		
18	,	•	(see page 14 of the instr	· · · · · ·							<del> </del>		
들 19		•	chedule) and depl	· · · · · · · · · · · · · · · · · · ·							<del>                                     </del>		
를 20	-	=									<del> </del>		
and Administrative Expenses 12 12 16 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19			and meetings				<del> </del>						
ਲ 22 ਲ			ons			2	<u> </u>				<del> </del>		
Operating 24			ch schedule) ATC	Г		25	<del> </del>				<del> </del>		
E 24			ıdministrative exp	i		25							
이		es 13 through 2		T T		176,579.					1,176,579		
25			ants paid	Г		176,604.					1,176,579		
26			sements. Add lines 24	and 25		±10,004.					1,110,319		
27		ct line 26 from t				801,425.							
- 1			penses and disburseme	· · · ·		001,423.	<u> </u>	29.		<del></del>			
1			ne (if negative, er (if negative, entei	·		<del></del>	<del> </del>			-0-			
1	C AUJUST	eu nei income	ur neualive, entel	· -U-1			1			U	1		

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

5XY3VS K355 5/11/2010 9:44:30 AM V 09-6.1

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JSA

E	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	year
_	۵, t 11	Balance Checks	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ıng	1,566.	802,991.	802,991.
•	2		eash investments			
	3					
		Less allowance for doub	etful accounts			
	4					
	'	Less allowance for doub	itful accounts			
	5					
	6		ficers, directors, trustees, and other			
	"		· · · · · ·			
	_	• • •	ich schedule) (see page 16 of the instructions)			
	7		ceivable (attach schedule)			
	_		tful accounts			
ţ	8		e			<del></del>
ssets	9	• •	eferred charges		···	<del>_</del>
ä	1		government obligations (attach schedule)		<u>.</u>	
	b	Investments - corporate	stock (attach schedule)			
	11 °	Investments - land, building:				
		(attach schedule)	tion	-		
	12	Investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and	ch schedule)			
	14	equipment basis Less accumulated deprecia (attach schedule)	tion			
	15	Other assets (describe	<b>-</b> )			
	16		pleted by all filers - see the			
		instructions Also, see pa	age 1, item I)	1,566.	802,991.	802,991.
_	17		ccrued expenses			<del></del>
	18					
Ś	19					
ij	20		s, trustees, and other disqualified persons			
Liabilities	21		es payable (attach schedule)			
ڐ	22		►)	· · · · · · · · · · · · · · · · · · ·		
		Other habilities (describe	·/			
	23	Total liabilities (add line	s 17 through 22)			
_			ow SFAS 117, check here			
•		and complete lines 24	4 through 26 and lines 30 and 31.	1 500	002 001	
ces	24 25 26			1,566.	802,991.	
an	25					
Ba	26					
힏		Foundations that do				
Ī		check here and comp	olete lines 27 through 31.     ▶			
þ	27	Capital stock, trust princi	pal, or current funds			
sets	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
SS	29	Retained earnings, accumul-	ated income, endowment, or other funds			
t As	30	Total net assets or fund	balances (see page 17 of the			
Net		instructions)		1,566.	802,991.	
	31	Total liabilities and net	assets/fund balances (see page 17			
		of the instructions)	<u> </u>	1,566.	802,991.	
Р	art II		anges in Net Assets or Fund	Balances		
_			ances at beginning of year - Part II, co		ree with	
-			on prior year's return)			1,566.
2		r amount from Part I, lii				801,425.
			d in line 2 (itemize)	• • • • • • • • • • • • • • • • • • • •		
4	Add					802,991.
		eases not included in li	ina O (Hamilia) -		-	
6	Total	I net assets or fund hal	ances at end of year (line 4 minus line	5) - Part II. column (b). lir		802,991.
Ť		access of furia par	and at one of your time 4 minus line	<u> </u>		Farm 990-BE (2009)

Part IV Capital Gains and Losses for Tax on Investment Income

2-story by	g , real estate, hs MLC Co )	P-Purchase	acoured	(mo , day, yr )			
a				(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))  2  3  me ncome.)  Priod?  Yes X  making any entries. (col (b) divided by col (c))  38.48470  56.49666  27.76198  13.25773  10.53957  2 146.54067  3 29.30813			
b							
<u>c</u>							
<u>d</u>			<del> </del>				
<u>e</u>	<del> </del>		<del> </del>	l			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale					
a							
b			-				
C							
<u>d</u>							
Complete and for exects about	oung goin in polymon (h) and avenue	by the foundation on 12/21/60					
complete only for assets snow	wing gain in column (h) and owned						
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	ω,				
a			1				
b				<del> </del>			
<u>c</u>			<del> </del>				
<u>d</u>			1	·			
e							
Capital gain net income or (		gain, also enter in Part I, line 7					
	l II	(loss), enter -0- in Part I, line 7	2				
	or (loss) as defined in sections 1222						
_	ine 8, column (c) (see pages 13 and	•	_				
It (loss) enter -0- in Part I I	ine 8	,	3				
			omo	<u>-</u>			
Part V Qualification Un For optional use by domestic	der Section 4940(e) for Reductions subject to the se	ed Tax on Net Investment Inc		)			
Part V Qualification Un For optional use by domestic section 4940(d)(2) applies, ke Vas the foundation liable for the	private foundations subject to the se eave this part blank. ne section 4942 tax on the distributa	ection 4940(a) tax on net investment inception 4940(a) tax on net investment investment.	nt income.		Yes X N		
Part V Qualification Un For optional use by domestic section 4940(d)(2) applies, keep Vas the foundation liable for the "Yes," the foundation does n	private foundations subject to the se eave this part blank. ne section 4942 tax on the distributa ot qualify under section 4940(e). Do	ection 4940(a) tax on net investment inception 4940(a) tax on net investment in the base of not complete this part.	nt income.	🗆	Yes X N		
Part V Qualification Un For optional use by domestic section 4940(d)(2) applies, lead Vas the foundation liable for the "Yes," the foundation does no Enter the appropriate amount	private foundations subject to the service this part blank.  The section 4942 tax on the distributant of qualify under section 4940(e). Do unt in each column for each year; section 4940 column for each year; section for each year; section 4940 column for each year; section for each year; y	ection 4940(a) tax on net investment inception 4940(a) tax on net investment investment in the base of the complete this part.	nt income.	any entries.	Yes ⊠ N		
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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page	18 of the ins	tructi		aye 4
	Exempt operating foundations described in section 4940(d)(2), check here			<u> </u>	
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)				
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_1			1.
	here  and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				
	of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			
3	Add lines 1 and 2	3			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			1.
6	Credits/Payments	ļ			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 <u>6a</u> 752.				
b	Exempt foreign organizations-tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7		7	<u>752.</u>
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			751.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax   751. Refunded	11			
Par	t VII-A Statements Regarding Activities	<del>-</del> .	- 1		
1a		l	_	Yes	No
	participate or intervene in any political campaign?		1a	_	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1			l .
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	5			
	published or distributed by the foundation in connection with the activities		4.		х
C	Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   (2) On foundation managers   \$\Bigsim \frac{1}{2} = \frac{1}{				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos				
е	on foundation managers. • \$	seu			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
-	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	s of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions t	hat			
	conflict with the state law remain in the governing instrument?		_6_	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	i Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of	the	ŀ		
	instructions) NY,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General			
	(or designate) of each state as required by General Instruction G?If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494	2(j)(3) or			
	$4942(j)(5) \ \ \text{for calendar year 2009} \ \ \text{or the taxable year beginning in 2009 (see instructions for Part XIV)} \\$	on page	l		
	27)? If "Yes,"complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	- 1		١,, ١	
	names and addresses	<u></u>	10	Х	

X

3a Did the foundation hold more than a 2% direct or indirect interest in any business

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000	-			

and Contractors (continued)	oyees,	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NC	DNE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	pensation
NONE		
<del></del>	<del></del>	
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 charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expe	enses
1 NONE		
2		
	ĺ	
3	<del></del>	
·		
4		_
	<u> </u>	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amo	ount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
Total Add Inno 4 through 2		

Pa	<ul> <li>Minimum Investment Return (All domestic foundations must complete this part. Foreignsee page 24 of the instructions.)</li> </ul>	n foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b		1b	82,197.
C		1c	0.
d		1d	82,197.
е			<u> </u>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	82,197.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,233.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	80,964.
6	Minimum investment return. Enter 5% of line 5	6	4,048.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this p	e operating	
1	Minimum investment return from Part X, line 6	1	4,048.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b			
С	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,047.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,047.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	4,047.
	art XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 176 570
a		1a	1,176,579.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		_
а		3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,176,579.
.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 page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,176,579.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the four	ndation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7				4,047.
2	Undistributed income, if any, as of the end of 2009		<del></del>	-	<del></del>
	F-1				
	Total for prior years 20 07 ,20 06 ,20 05			_	
3	Excess distributions carryover, if any, to 2009	-	-		
	1 0 110 700 1				
a	1 015 500				
C	4 050 024				
đ	1 201 215				
	From 2008	15 007 506			
f	Total of lines 3a through e	15,807,526.	<del> </del>		
4	Qualifying distributions for 2009 from Part XII, line 4 ► \$1,176,579.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				4,047.
е	Remaining amount distributed out of corpus	1,172,532.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,980,058.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				ļ
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				
7	distributed in 2010	<del> </del>			<del> </del>
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	2,418,722.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	14,561,336.			
10	Analysis of line 9				
а	Excess from 2005 1,915,520.				
b	Excess from 2006 6,212,945.				
С	Excess from 2007 4,059,024.				
d	Excess from 2008 1,201,315.				
	Excess from 2009 1,172,532.				

Рa	Private Oper	rating Foundations	see page 27 of the	instructions and Pa	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	_		at it is a private ope	rating	
	foundation, and the ruling	is effective for 2009, ente	r the date of the ruling		▶└	<del></del>
. Р	Check box to indicate whe	ther the foundation is a p	rivate operating foundation	on described in section	4942(j	)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(ь) 2008	(c) 2007	(d) 2006	(2) 10(a)
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					
е 3	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i)				-	
	ment return shown in Part X, line 6 for each year listed					
¢	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	organization					
Pa	rt XV Supplementa	ary Information (C during the year - se			dation had \$5,000	or more in assets
1	Information Regarding	Foundation Manager	s:			
а	List any managers of before the close of any	tax year (but only if th	ave contributed mor sey have contributed	e than 2% of the tot more than \$5,000) (3	al contributions receiv See section 507(d)(2).)	ed by the foundation
	MITCHELL A.					
b	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:	· · · · · · · · · · · · · · · · · · ·	
	Check here ► X if the unsolicited requests for organizations under other contents.	or funds. If the found	dation makes gifts, g	grants, etc. (see pag	itable organizations a e 28 of the instructio	and does not accept ns) to individuals or
a	The name, address, an	d telephone number of	the person to whom a	applications should be	addressed:	
b	The form in which appli	cations should be subr	nitted and information	and materials they sh	ould include:	
c	Any submission deadlin	nes:			<del> </del>	
d	Any restrictions or lift factors:	mitations on awards,	such as by geogra	aphical areas, charita	able fields, kınds of	institutions, or other

Form 990-PF (2009)			13-7197004	Page <b>11</b>
Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation status of		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid during the year	or outside comments			
and daming the year				
ATTACHMENT 4				
111110111111111 4				
			1	
Total	<u> </u>	<u> </u>	▶ 3a	1,176,579.
<b>b</b> Approved for future payment				
		•		
		1		
			1	
	<u></u>	<u> </u>		
Total	<u></u> .		▶ 3b	

Form 990	D-PF (2009	)			13-	-7197004	Page 12
		Analysis of Income-Produ	ucing Acti	vities			
		nts unless otherwise indicated		ited business income	Excluded by	section 512, 513, or 514	(e)
·	OSS arriot	into unicos otherwise maioatea	(a)	(b)	(c)	(d)	Related or exempt function income
1 Prog	gram serv	ice revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions )
а					ļ		
b					<u> </u>		
С					<del></del>		<del> </del>
d	<del></del>			<u> </u>			
е							
f							
_		contracts from government agencies			<del></del>	<del></del>	
		dues and assessments			14	29.	
		ngs and temporary cash investments			14	29.	
		d interest from secunties			+		
		ome or (loss) from real estate			<del> </del>		
		nced property		· <del>-</del> ·			
		ne or (loss) from personal property	- · · ·	_	<del>                                     </del>		
		nent income					
		om sales of assets other than inventory		<u> </u>			
		r (loss) from special events				<u> </u>	
		r (loss) from sales of inventory		•	1	-	
	-	e a					
b							
c							
d							
е							
<b>12</b> Subi	total Add	columns (b), (d), and (e)		: -		29.	
13 Tota	al. Add lin	e 12, columns (b), (d), and (e)				13	29.
		line 13 instructions on page 28 to					
Part X	(VI-B	Relationship of Activities	to the Ac	complishment of Ex	kempt Purp	oses	
Line N		cplain below how each activi					
▼		e accomplishment of the fo	undation's	exempt purposes (o	other than I	by providing funds for	such purposes). (See
		age 29 of the instructions.)					
	, NC	OT APPLICABLE					
			-				
		-					
	-				<del></del>		
	-	<del></del>		<u>-</u>			<del></del>
	_					·	·
		<del>-</del>		<del> </del>	<u></u>		
							·
		<del></del>					<del></del>
				_ <del></del>			
		<del></del>		<del></del> .			
	<del> </del>						
	<del></del>			<del></del>			<del> </del>
		· <del>-</del> · · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>	<del>-</del>	
							<del></del>

orn	1 990-PF	(2009)			_	13-7197004			Pa	age 13
Pa	rt XVII		Regarding ganizations	Transfers To and 1	ransaction	s and Relations	hips With I	Vonct	narit	able
1	in se organ	ection 501(c) of the	Code (other than	engage in any of the n section 501(c)(3) organ	nizations) or in				Yes	No
а	l frans	fers from the reporting		chantable exempt organizati				l		.,
								11		X
		transactions					• • • • • • • •	1a(2)		<u> </u>
			haritable exempt o	organization				1b(1)		Х
				xempt organization						X
				ets						Х
								1 1		Х
								1 1		X
	(6) P	erformance of services	or membership or f	fundraising solicitations .				1b(6)		Х
				er assets, or paid employee						Х
d				"Yes," complete the folio						
		- ·		vices given by the repo	•					
	value 	in any transaction	or sharing arran	ngement, show in columi	n (d) the valu	e of the goods, ot	her assets, or	service	s rec	:eived
(a)	Line no.	(b) Amount involved	(c) Name of	noncharitable exempt organizati	on (d) D	escription of transfers, trai	nsactions, and share	ng arrang	emen	ts
		N/A		<del></del>	N/A					
					-					
		-								
			<del>-  </del>		<del></del>					
							<del></del>			
-								-		
2a	Is the	foundation directly	 or indirectly affilia	ated with, or related to, or	ne or more tax	c-exempt organization	s described in			
	sectio	in 501(c) of the Code (	other than section	501(c)(3)) or in section 527	?		l	Ye:	s [_X	⊴ No
þ	If "Yes	s," complete the following		<del></del>				_	_	
		(a) Name of organizat	ion	(b) Type of organi	zation	(c) Des	scription of relations	hip		
		· -						-		
								_		
				-						
				xamined this return, including of preparer (other than taxpay						
	K	j.	wy:	<b>-</b>	27 6/10	lo 4 A	St.co	•		-
ē	Sı	ignature of officer or trustee	, V		Date	Title				
gn Here	σ.	Preparer's	,		Date	Check if self-employed	Preparer's number (Se page 30 of the	e Signat	ure on	1
0	· ~ ~	r reparers	1		1 4 (c) 7 ~ (	Tacu-cuibioxed .	Page 30 01 ti		40113/	

Phone no 973-994-6666 Form **990-PF** (2009)

P00185106

EIN ▶ 22-2131009

Paid Preparer's Use Only

Preparer's signature

and ZIP code

Firm's name (or yours if self-employed), address, ROTHSTEIN,

ROSELAND,

4 BECKER FARM ROAD

NJ

07068-1785

self-employed 🏲

5/18/2010

P.C.

KASS & COMPANY,

### 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
MITCHELL AND KAREN	VIITI IV CUADITADIT	Employer identification number
FOUNDATION	NOTETA CHARTIABLE	13-7197004
Organization type (check o	one):	13 /13/001
Jamaan type (till till till till till till till til	,	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priv	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) instructions.  General Rule	(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See
<del>-</del>	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 y one contributor Complete Parts I and II.	000 or more (in money or
Special Rules		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % sup and 170(b)(1)(A)(vi), and received from any one contributor, during the 22 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the contributions of more than \$1,000 for use acclusively for religious, or the prevention of cruelty to children or animals. Complete Parts I,	haritable, scientific, literary, or
the year, contribut aggregate to more year for an <i>exclus</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tions for use exclusively for religious, charitable, etc., purposes, but these than \$1,000. If this box is checked, enter here the total contributions the sively religious, charitable, etc., purpose. Do not complete any of the parts anization because it received nonexclusively religious, charitable, etc., co	se contributions did not set were received during the se unless the General Rule contributions of \$5,000 or more
990-EZ, or 990-PF), but it n	at is not covered by the General Rule and/or the Special Rules does not the same of the sa	ine H of its Form 990-EZ,
For Privacy Act and Paperwork Refor Form 990, 990-EZ, or 990-PF.	eduction Act Notice, see the Instructions	schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

Name of o	rganization MITCHELL AND KAREN KUFLIK CHAR FOUNDATION	ITABLE	Employer identification number 13-7197004
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MITCHELL AND KAREN KUFLIK  15 FRANKLIN LANE  HARRISON, NY 10528	\$\$.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(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) No.	(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) No.	(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) No.	(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) No.	(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.)

ATTACHMENT

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

NET INVESTMENT INCOME	29.	29.
REVENUE AND EXPENSES PER BOOKS	29.	29.
		TOTAL
DESCRIPTION	INTEREST INCOME	

ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES PER BOOKS

25.

DESCRIPTION FILING FEES

TOTALS

25.

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

FORM 990PF, PART VIII

1	_	
	(*)	
	ATTACHMENT	

EXPENSE ACCT AND OTHER ALLOWANCES	· o	O	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0.	0
COMPENSATION	.0	Ö	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT	VICE PRESIDENT	GRAND TOTALS
NAME AND ADDRESS	MITCHELL KUFLIK 15 FRANKLIN LANE HARRISON, NY 10528	KAREN KUFLIK 15 FRANKLIN LANE HARRISON, NY 10528	

EORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	URING THE YEAR		ATTACHMENT 4
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AHAVAS CHESSED	NONE		180
AISH CENTER	NONE		1,800.
AISH HATORAH	NONE		3,185.
AISH HATORAH NEW YORK	NONE		8,000
AISH JERUSALEM FELLOWSHIPS	NONE		200
AISH COM	NONE		1,200

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION FOUNDATION STATUS OF RECIPIENT

100. 1,860 4,500 NONE NONE NONE AMERICAN FRIENDS OF AISH HATORAH AMERICAN CANCER SOCIETY ALYN HOSPITAL

NONE NONE AMERICAN FRIENDS OF KESSER BNEI TORAH AMERICAN FRIENDS OF KESHER

NONE

AMERICAN FRIENDS OF MIGDAL OHR

180.

1,000

2,080.

ATTACHMENT 4 (CONT'D)

AMOUNT

ATTACHMENT 4

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

			ATTACHMENT 4 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN FRIENDS OF RAMOT TORAH SCHOOLS	NONE		2,180
BAIS HATAVSHIL	NONE		1,800
BAIS TOVA	NONE		3,600.
BAYIT LEPLEITOT	NONE		6,800
BETH MENACHEM	NONE		. 500.
втеv еснор	NONE		10,000

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KAREN	
AND	
MITCHELL	

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

FORM GROPE, PART XV GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.	RING THE YEAR		ATTACHMENT 4 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BREAST CANCER 3-DAY	NONE		100
CAMP GAVRIEL	NONE		3,600
CHABAD LUBAVITCH OF MONTANA	NONE		1,720
CHABAD MUMBAI RELIEF FUND	NONE		1,800
CHABAD ON WASHINGTON SQUARE	NONE		1,000.
CHAI LIFELINE	NONE		1,800

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RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

500.

AMOUNT

ATTACHMENT 4 (CONT'D)

25,300

3,600.

482,700

33,600

9,000

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

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ATTACHMENT 4

PURPOSE OF GRANT OR CONTRIBUTION						
FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	CHRISTOPHER & DANA REEVE FOUNDATION	COLEL CHABAD	CONGREGATION BAIS ELI MELECH	CONGREGATION KIROV KROVIM	CONGREGATION TIFERES TZVI	DARKAYNU

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13-7197004

ATTACHMENT 4 (CONT'D) PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR RECIPIENT NAME AND ADDRESS

NONE

DAVIS MEMORIAL FUND PESACH CAMPAIGN

DOGS FOR DEFENSE

EZRAT ISRAEL

NONE

NONE

NONE

NONE

HARRISON BEAUTIFICATION FOUNDATION

FRIENDS OF SHALVA

HARRISON CHILDREN'S CENTER

NONE

AMOUNT

36

200 5,000

500.

20

50.

ATTACHMENT 4

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ATTACHMENT 4 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE
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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HEBREW COLLEGE	NONE		2,000
ICHUD	NONE		1,000
JBFCS	NONE		100
JCCA	NONE		1,000
JEP OF WESTCHESTER	NONE		2,300.
JERUSALEM FELLOWSHIPS	NONE		200

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ATTACHMENT 4 (CONT'D)

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KAREN	
AND	
MITCHELL	

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JERUSALEM KOLEL	NONE		1,000
JEWISH CHILDREN'S MUSEUM	NONE		1,000
JEWISH COMMUNITY CENTER OF HARRISON	NONE		1,800
JEWISH OPPORTUNITIES INSTITUTE	NONE		200
KEREN HAIR ZICHRON YISRAEL	NONE		3,600
LECHEM LASOVA	NONE		180

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

CURST STUFF, FARLAY - GRANIS, AND CONTAINED LONS. FALL DOLLING, TRESTEAM	DALING. I'DE. I'AAN		ATTACHMENT 4 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATIONAL JEWISH OUTREACH PROGRAM	NONE		1,800
NEVE YERUSHALAYIM	NONE		2,800
NMSS	NONE		500.
OAE PINSK KARLIN	NONE		2,500.
ONE FAMILY FUND	NONE		1,800
PEF ISRAEL ENDOWMENT FUND	NONE		180.

ATTACHMENT 4

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RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

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

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ATTACHMENT 4

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
R BABY FOUNDATION INC	NONE		1,000
RACHEL IMEINU FOUNDATION	NONE		1,000
ROSLYN TORAH FOUNDATION	NONE		360.
RUTGERS JEWISH EXPERIENCE	NONE		. 200.
SAR ANNUAL FUND	NONE		15,000
SAR BUILDING FUND	NONE		1,000

ATTACHMENT 4 (CONT'D)

13-7197004

ATTACHMENT 4 (CONT'D)

CHARITABLE	
KUFLIK	
KAREN	
AND	
MITCHELL	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SAR SCHOLARSHIP FUND	NONE		3,600.
SEMACH ZEVULUN	NONE		1,800
TAL HASHAMAYIM FOUNDATION	NONE		63, 600
THE DAVID PROJECT CENTER	NONE		5,000.
THE FAMILY OF ISRAEL FUND	NONE		29,000
THE HEBREW INSTITUTE OF RIVERDALE	NONE		1,000.

ATTACHMENT 4

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION FOUNDATION STATUS OF RECIPIENT

NONE THE RICHARD E HALPERIN MEMORIAL FUND TORAH AND THE TWELVE STEPS

NONE NONE

21,000.

1,800.

6,602

19,000

25,200

2,500.

AMOUNT

NONE NONE

NONE

UJA FEDERATION OF NEW YORK

VAAD LE'ORER YESHAINIM

U.S. FRIENDS OF YAD EZRAH

TOVIM SHE B'YISRAEL

ATTACHMENT 4 (CONT'D)

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EORM 990PE, PART XV GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	URING THE YEAR		ATTACHMENT 4 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WOODSTOCK JEWISH CONGREGATION	NONE		000'9
YEDIDIM INC	NONE		1,800
YESHIVA OHR HAMEIR	NONE		5,000
YESHIVA ZICHRON MAYIR	NONE		3,800
YESHIVAS NACHLAS HALEVIIM	NONE		3,000
YOUNG ISRAEL OF HARRISON	NONE		310,136

6,000.

1,800.

5,000

3,800

1,176,579

TOTAL CONTRIBUTIONS PAID

310,136

3,000

ATTACHMENT 4

9.44.30 AM

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5/11/2010

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# (Rev. April 2009)

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Department of the Tressury 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

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complete only Part I and check this bo are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II complete Part II unless you have already been granted an automatic 3-month extension on a	(on page 2 of this form).			
Part I					
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only					
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form le income tax returns.	7004 to request an extension of			
one of t electroni returns.	lo Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month a ne returns noted below (6 months for a corporation required to file Form 990-T). How cally if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed a remore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you cannot file Form 8868 as 990-BL, 6069, or 8870, group and signed page 2 (Part II) of Form			
Type or	Name of Exempt Organization	Employer identification number			
print	Mitchell & Karen Kuflik Charitable Foundation	13-7197004			
Flie by the	Number, street, and room or suite no. If a P.O. box, see instructions.  15 FRANKLIN LANE				
filing your return. Sec	City town or nost office state and ZIP code For a foreign address, see instructions				
instruction	HARRISON NY	10528			
Check t	ype of return to be filed (file a separate application for each return):				
☐ Form		☐ Form 4720			
Form	990-BL	☐ Form 5227			
☐ Form	· · · · · · · · · · · · · · · · · · ·	☐ Form 6069			
⊠ Form	990-PF	☐ Form 8870			
Teleph If the If this for the ya list wi	one No. ► ()  organization does not have an office or place of business in the United States, check the 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 the names and EINs of all members the extension will cover.	is box ▶ ☐ I) If this is ▶ ☐ and attach			
un foi	request an automatic 3-month (6 months for a corporation required to file Fill 0.8.1.1.6.1.2.0., 20.1.0., to file the exempt organization return for the organization the organization's return for.    Calendar year 20.09	n named above. The extension is			
2 if	his tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period			
les	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative test any nonrefundable credits. See instructions.	3a \$ NONE			
	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated yments made, include any prior year overpayment allowed as a credit.	3b \$			
de S	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Paym stem). See instructions.	ent 3c \$ NONE			
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.					
For Priv	acy Act and Paperwork Reduction Act Notice, see Instructions. Cat. No. 27916D	Form <b>8868</b> (Rev. 4-2009)			