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## Form 990-PF

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

OMB No 1545-0052

2009

Departme Internal R	ent of the	he Treasury e Service	Note The fo	undation r	nav he ahle to i	ise a conv of th	s return to satisf	, ctato ros	nortu	na raquiraments	
			tax year beginni		nay be able to t		, and ending		portii	ng requirements	
		Il that apply	Initial return		ial Return o		ublic charity			, <u> </u>	Final return
<b>-</b> 0.10	, cir. a	ii tilat appiy	Amended ret		iai rtetuin o	Address	•	□ Non	<b></b> -	ا ليا change	i illai içturii
		Name of foundation		UIII		Address	riange	INan	A	Employer identification	number
Use the line of th	ie.		FAMILY FOUR	יד ייי ארוז.	ΟN				^		i number
Otherw	ise, 📑		or PO box number if			reet address)	Room/suite		В	13-7268385 Telephone number (see	the instructions)
prin	t [					•			В	(732) 491-2	•
or typ See Spe		City or town	NANCIAL MANAGE	MENI LL	C IIU FIEL		ZIP code		С	<del></del>	n is pending, check here
Instructi	ons.	EDISON				ŊJ	08837			1 Foreign organizations.	· •
H C	_	type of organization	ation X Sec	etion 50	1(c)(3) exen	npt private fo				• •	meeting the 85% test, check
Ī	_	•	) nonexempt cha				orivate founda	ation		here and attach compu	
I Fa		ket value of all asso			counting me			crual	Ε	If private foundation st	atus was terminated
	rom Pa	art II, column (c), lui	ne_16)		Other (specify				F	under section 507(b)(1	A), check here
<b>_ </b> \$		2,454	1,303.	(Part I	, column (d)	must be on	cash basis )		•	under section 507(b)(1	
Part I		nalysis of R			(a) Reve	enue and	(b) Net inv	estmer.	nt.	(c) Adjusted net	(d) Disbursements
	E	xpenses (The	e total of amount	s ın		per books	inco		11	income	for charitable
	Sá	olumns (b), (c), arily equal the a	and (d) may not mounts in colum	neces- n (a)							purposes
	(s	ee the instruction	ons))	- (-)							(cash basis only)
	1		, grants, etc, received		9	97,350.					
	2		foundn is not req to a		<u> </u>					ļ	*
	3	cash investme	vings and tempoi ents	ary		119.					The S
	4		erest from securities			21,157.					
		Gross rents									2.1.2
	ľ	Net rental income or (loss)	····								_ ^ -
R			m sale of assets not or	n line 10			4,5				(Thursday)
V	<u>'</u>	Gross sales price f assets on line 6a	mor all				-				£
19	7		come (from Part IV, III	ne 2)					0.		- , 1
2010 mczm <m< td=""><td>8</td><td>Net short-term Income modifi</td><td>. •</td><td></td><td></td><td>7 2 7 7</td><td></td><td><del>5-1</del>-</td><td></td><td></td><td></td></m<>	8	Net short-term Income modifi	. •			7 2 7 7		<del>5-1</del> -			
€ E		Gross sales less returns and allowances			43.4 2 1					· · · · · · · · · · · · · · · · · · ·	
H						****					
	l t	Less Cost of goods sold					1 m				The state of the s
APR		Gross profit/(loss	, , ,			·		`y-			
	11		(attach schedule		_						↑ <b>日</b> / ↓
1	10		ain marked-to-	market		39,290.					) ·
	13	Total. Add line	es i through i i officers, directors, trust	ooc oto	1,3	57,916.			0.		
? ⊒		Other employee sa		ees, etc							
3			. emplovee bene	fits					_		
А	16 a	Legal fees (attach	schedule)								
A D 	<u></u> t	Accounting des (a	attach sch)								
- N	RE	Accounting des (a	ttashessh)								
\ P - 1	-17-	Interest	<del>Ω</del>								
OPERAL-	18	Taxes (attach) (India) Depreciation (in sch) and deple	(See prize)								
PASO R	149	nDepreciation (	attach								
	_20-	Occupancy 1	T								
Z S	@10	FIRE Konter	ences, and meeti	ngs						·	<del>-  </del>
1 5	<u> 72</u>	Printing and p	ublications								
Dê	23		es (attach schedu	le)		<b>5.60</b>				į	
KP E N S E S		See Line 23 S	<del></del>			562.					
Ĕ	24	expenses. Add	i <b>g and administra</b> d lines 13 through	ative n 23		562.					
3	25	Contributions, gift			1	69,341.				<del> </del>	<del></del>
	26		s and disbursen	ients.							
		Add lines 24 a	ind 25		1	69,903.					
	27				ļ				_		
ŀ	а	Excess of revo and disbursen	enue over expen nents	ses	1.1	88,013.					
	Ŀ		come (if negative, ente	er -0·)	<del>-/-</del>	,			0.		
		Adjusted net incom		0)	· · · · · · · · · · · · · · · · · · ·	-				<del></del>	<u> </u>

Form	990	-PF (2009) MASCHLER FAMILY FOUNDATION		13·	-726	8385 Page <b>2</b>
Par	F II	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End c	of year
<u> </u>		(See instructions )	(a) Book Value	<b>(b)</b> Book Valu	е	(c) Fair Market Value
	1	Cash – non-interest-bearing				
	2	Savings and temporary cash investments	19,207.	26,7	52.	26,752.
	3	Accounts receivable				
	İ	Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other		· · · · · · · · · · · · · · · · · · ·		
	l _	disqualified persons (attach schedule) (see the instructions)				
Α	7					
S	١.	Less allowance for doubtful accounts		<del></del>		
A S E T	8					
	9	Prepaid expenses and deferred charges				
S	1-10	a Investments — U.S. and state government obligations (attach schedule)				
		b Investments — corporate stock (attach schedule)				<del></del>
	1	c Investments — corporate bonds (attach schedule)				<del></del>
	1	Investments – land, buildings, and				1
	' '	equipment basis				
		Less: accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans		<del></del>		
	13	, , , , , , , , , , , , , , , , , , ,	1 220 405	2 407 5		0 407 551
	14		1,320,485.	2,427,5	51.	2,427,551.
	'-	Land, buildings, and equipment basis Land, buildings, and equipment basis				
		(attach schedule)				·
	15	Other assets (describe ►				
		Total assets (to be completed by all filers -	1 222 522			
<del></del>	17	see instructions. Also, see page 1, item I)	1,339,692.	2,454,3	03.	2,454,303.
Ţ	18	Accounts payable and accrued expenses  Grants payable			_	-
A B	19	· · · · · · F				T 4 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons				
L	21	Mortgages and other notes payable (attach schedule)		<del></del>		
Ť	22					
Ë						
Š	23					
	l	Foundations that follow SFAS 117, check here and complete-lines 24 through 26 and lines 30 and 31.			_	
N F	۱.,					Mark Comment
ΕU	24					
T N	25	Temporarily restricted				4 整线 19 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	26					在军艺术第16
A B A L T		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
ĔÎ	27	-				
T A S N	27	Capital stock, trust principal, or current funds		<u> </u>		
С	28	Paid-in or capital surplus, or land, building, and equipment fund	1 220 600	0.454.0		
O E R S		Retained earnings, accumulated income, endowment, or other funds	1,339,692.	2,454,3		
	30	Total net assets or fund balances (see the instructions)  Total liabilities and net assets/fund balances	1,339,692.	2,454,3	03.	1
		(see the instructions)	1,339,692.	2,454,3	03.	
<u>Part</u>	HI	Analysis of Changes in Net Assets or Fund Balance	s			
1	Tota	I net assets or fund balances at beginning of year - Part II, column	n (a), line 30 (must agre	e with		
	end-	of-year figure reported on prior year's return)	•	ļ	_1_	1,339,692.
		er amount from Part I, line 27a		ļ.	2	1,188,013.
3		Increases not included in line 2 (itemize)			3	0 505 505
4		lines 1, 2, and 3	hal la	}	4	2,527,705.
		ases not included in line 2 (itemize) Long-term capit			5	73,402.
<u> </u>	iuld	I net assets or fund balances at end of year (line 4 minus line 5) -	rart II, column (b), line	30	6	2,454,303.

Form 990-PF (2009) MASCHLER FAMILY FOUNDATION

	990-PF (2009) MASCHLER				13-7268385	Page 3
Pàr		osses for Tax on Investmen			.17.	T (-1)
	(a) List and describe 2-story brick warehous	e the kind(s) of property sold (e.g., rese, or common stock, 200 shares ML	eal estate, C Company)	(b) How acqui P — Purchas D — Donatio	se (month, day, year)	(d) Date sold (month, day, year)
1a	Standard&Poors Dep	Rcpt 1500 shares		P	01/16/07	various
b	<u> </u>					
			<del></del>			
d	· · · · · · · · · · · · · · · · · · ·					<del></del>
e		(O Department of the control		<u> </u>	#200	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) m	ninus (g)
<u>a</u> b			21	4,449.		<del>-73,402.</del>
	<del></del>		<del> </del>	<del>-</del>		
d					·	
е						
	Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	umn (h)
	(i) Fair Market-Value as of 12/31/69		over column (j), if a		gain minus-column ( than -0-) or Losses (f	
а						-73,402.
b	)					
е				-	<del></del>	
2	Capital gain net income or (net	capital loss).	enter in Part I, line 7 ter -0- in Part I, line 7	-	2	-73,402.
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5) a	and (6)		_	, 0 , 102 ,
		8, column (c) (see the instructions)				
	in Part I, line 8	o, column (c) (see the instructions)	11 (1033), eriter -0-		3	
Par	t V   Qualification Under	Section 4940(e) for Reduce	<u>d Tax on Net Investm</u>	ent Incom	<u>le</u>	
(For	optional use by domestic private	foundations subject to the section 4	940(a) tax on net investmer	nt income )		
If sec	ction 4940(d)(2) applies, leave th	ııs part blank				
		•			□v	[ <sup></sup> ] N <sub>2</sub>
		ion 4942 tax on the distributable amo fy under section 4940(e) Do not con		e period?	∐ Yes	∐ No
1		n each column for each year, see the		any entries		<del></del>
·	(a)	(b)	(c)	any chines	(d)	
	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	Distribution (column (b) divided	
	2008			0.		0.000000
	2007	0.			-	
	2006	0.				
	2005	0.				
	2004	75,827.	<u> </u>			
2	Total of line 1, column (d)				2	0.000000
3		e 5-year base period — divide the tot	al on line 2 by 5, or by the			
3	number of years the foundation	has been in existence if less than 5	years	-	3	0.000000
4	Enter the net value of noncharit	able-use assets for 2009 from Part >	K, line 5		4	0.
5	Multiply line 4 by line 3				5	0.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	0.
		( , , , , , , , , , , , , , , , , , , ,				
7	Add lines 5 and 6			-	7	0.
8	Enter qualifying distributions from	•		L	8	
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI, l	line 1b, and complete that p	oart using a	1% tax rate See th	е

	1 990-PF (2009) MASCHLER FAMILY FOUNDATION 13-72683		F	Page 4
Par	The state of the s	ructions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	<del> </del>		0.
	check here ► and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2				
	foundations only Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments	<i>T</i> .		
а	a 2009 estimated tax pmts and 2008 overpayment credited to 2009			
	Exempt foreign organizations — tax withheld at source	**		
	Tax paid with application for extension of time to file (Form 8868)	<u> </u>		
C	Backup withholding erroneously withheld 6d			•
7	Total credits and payments Add lines 6a through 6d			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
_11_	Enter the amount of line 10 to be Credited to 2010 estimated tax			
Par	t 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		Yes	No
	participate or intervene in any political campaign?	1a		<u> </u>
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		х
	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			
	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	- 4		
	(1) On the foundation	<b>—</b>   ₹ 3 4	;	
•	foundation managers	<u> </u>	`-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	If 'Yes,' attach a detailed description of the activities.			
_		1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	of fr'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	4b		<del>-                                    </del>
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	2 v.		
Ŭ	By language in the governing instrument, or			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>3</i> □	1
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	<del>  ^</del>
	Enter the states to which the foundation reports or with which it is registered (see the instructions)	<del>  '  </del>		
Ja	NY - New York	ж ,		
•		1 1		
	o 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 <i>General Instruction G? If 'No,' attach explanation</i>	8b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	)		ļ
		7 9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		х
BAA		Form 99	0-PF	(2009)

	MASCHLER FAMILY FOUNDATION	<u> </u>	<u>-72683</u> 1	85	P	age 5
Part VII-A Stater	ments Regarding Activities Continued					
11 At any time duri within the mean	ng the year, did the foundation, directly or indirectly, own a controlled entity ing of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		<u>x</u>
12 Did the foundati August 17, 2008	on acquire a direct or indirect interest in any applicable insurance contract before			12		x
13 Did the foundati Website address	on comply with the public inspection requirements for its annual returns and exemption a	pplicati	on?	13		X
	n care of Lee Maschler Telephone		(732)	491	-250	
Located at ►	110 Fieldcrest Avenue Edison, NJ ZIP+4 >	088		_ =	_ 220	
	(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here					$\Pi^{-}$
and enter the ar	mount of tax-exempt interest received or accrued during the year	<b>►</b>	15			_
Part VII-B Stater	ments Regarding Activities for Which Form 4720 May Be Required					
File Form 4720	if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a During the year	did the foundation (either directly or indirectly)					
(1) Engage in t	he sale or exchange, or leasing of property with a disqualified person?	Yes Yes	X No			
(2) Borrow mon	ey from, lend money to, or otherwise extend credit to (or accept it from) a	·		1		-
disqualified	•	∐ Yes		-		-
	ds, services, or facilities to (or accept them from) a disqualified person?	Yes				
(4) Pay comper	nsation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No			
(5) Transfer any	y income or assets to a disqualified person (or make any of either available			7		-
for the bene	fit or use of a disqualified person)?	∐ Yes	X No	' , '		
(6) Agree to par	v money or property to a government official? (Exception, Check 'No' if the			-		
foundation a of governme	y money or property to a government official? (Exception. Check 'No' if the agreed to make a grant to or to employ the official for a period after termination ent service, if terminating within 90 days.)	Yes	X No		-	
<b>b</b> If any answer is Regulations sec	'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in tion 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	s)?		1 b		
	elying on a current notice regarding disaster assistance check here		> 🗍			
c Did the foundation that were not co	on engage in a prior year in any of the acts described in 1a, other than excepted acts, rrected before the first day of the tax year beginning in 2009?		_	1c		<u>x</u>
2 Taxes on failure private operating	to distribute income (section 4942) (does not apply for years the foundation was a g foundation defined in section 4942(j)(3) or 4942(j)(5))			-		
a At the end of tax and 6e, Part XII	k year 2009, did the foundation have any undistributed income (lines 6d l) for tax year(s) beginning before 2009?	Yes	X No	4.4		
If 'Yes,' list the	years ► 20, 20, 20	_	_	7	7 4 4 7 4 5	+ · ·
<b>b</b> Are there any ye	ears listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a rrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)	)(2) (2) to		, T	±್.ವೈ.	';
all years listed,	answer 'No' and attach statement – see the instructions )	(2) (0		2b		
	of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years he , 20 , 20	re		L	n in nede	18-s
3a Did the foundation	on hold more than a 2% direct or indirect interest in any husiness	☐ Yes	X No	#) [1]	2) ( 2) ( 2) ( 3) ( 3) ( 3) ( 3) ( 3) (	2 <sup>-</sup> .
<b>b</b> If 'Yes,' did it ha or disqualified p by the Commiss (3) the lanse of	excess business holdings in 2009 as a result of (1) any purchase by the foundation ersons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to		_	**************************************	3, 3	
determine if the	foundation had excess business holdings in 2009)			3b		
	on invest during the year any amount in a manner that would jeopardize its			4a		х
ED.J. C. C.						
<b>b</b> Did the foundation jeopardize its chapthe tax year beg	on make any investment in a prior year (but after December 31, 1969) that could paritable purpose that had not been removed from jeopardy before the first day of annung in 2009?			4b		
BAA			F	orm <b>99</b>	0-PF (	

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Part VII-B   Statements Regarding Activiti		n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incur	any amount to			_	
(1) Carry on propaganda, or otherwise attempt	t to influence legislation	(section 4945(e))?	∐ Yes ⊠	No No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	tion drive?	•	Yes	<b>-</b>	
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	∐ Yes ⊠	[	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganization described ictions)	Yes X	No No	,
(5) Provide for any purpose other than religious educational purposes, or for the prevention	is, charitable, scientific, of cruelty to children o	, literary, or or animals?	Yes X	0N 2	- 1 - 1 - 1
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception	ons	5b	X
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ [	_	
c If the answer is 'Yes' to question 5a(4), does the	J			<b>-</b>	
tax because it maintained expenditure respons	ibility for the grant?	in prior nomine	Yes	No 🚉	
If 'Yes,' attach the statement required by Regu	lations section 53 4945	-5(d)		_l No   g = 3   total	
6a Did the foundation, during the year, receive an on a personal benefit contract?				K No	
<b>b</b> Did the foundation, during the year, pay premit	ums, directly or indirectl	ly, on a personal benefit	contract?	6b	X
If 'Yes' to 6b, file Form 8870	-4			7	
7a At any time during the tax year, was the founda- b If yes, did the foundation receive any proceeds				K No 7b	<del>                                     </del>
Part VIII Information About Officers, D					
and Contractors					<del></del>
1 List all officers, directors, trustees, foundation	managers and their c	ompensation (see instru	uctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	se account, lowances
None			oomponoanon		<del></del>
	L				
2 Compensation of five highest-paid employees	s (other than those incl	uded on line 1- see ins	tructions). If none, er	iter 'NONE.'	<del></del>
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, lowances
None					
0			<del></del>	<del></del>	
<del></del>					
0				1	
0				<del></del>	
<del></del>				1	
0					
Total number of other employees paid over \$50,000				<b>&gt;</b>	None
BAA	TEEA0306 0	07/06/09		Form 99	90-PF (2009)

Form 990-PF (2009) MASCHLER FAMILY FOUNDATION 13-726  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	58385 Page 7 Imployees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services – (see instructions). If none,	
enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
<u>None</u>	
	· ·
<b>Total</b> 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.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions  3	
Total. Add lines 1 through 3	
BAA	Form <b>990-PF</b> (2009)

Par	rt X   Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
	a Average monthly fair market value of securities	1a	
	b Average of monthly cash balances	1b	
	c Fair market value of all other assets (see instructions)	1c	
	d Total (add lines 1a, b, and c)	1 d	
•	e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	4 1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	<u> </u>
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Pa	rt XI Distributable Amount (see instructions) (Section-4942(j)(3)-and-(j)(5)-private oper	ating foundations	
	and certain foreign organizations check here ► and do not complete this pa	art.)	
1	Minimum investment return from Part X, line 6	1	_ 0.
2	a Tax on investment income for 2009 from Part VI, line 5		
- 1	b Income tax for 2009 (This does not include the tax from Part VI)	]	
	c Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
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	0.
Pa	rt XII Qualifying Distributions (see ınstructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	
	<b>b</b> Program-related investments — total from Part IX-B	1 b	
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the  a Suitability test (prior IRS approval required)	3a	
	b Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	er the foundation	

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# Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	<b>(d)</b> 2009
1	Distributable amount for 2009 from Part XI, line 7	- <del>'</del> 2'.			0.
2	Undistributed income, if any, as of the end of 2009				<u> </u>
	a Enter amount for 2008 only		* ,	0.	
_	Total for prior years. 20, 20, 20				,
3	Excess distributions carryover, if any, to 2009	三重整 外下 8.75			of the second
	From 2004 0.				
	From 2005 0.				
	From 2007 0.				
	Total of lines 3a through e	0.			
	Qualifying distributions for 2009 from Part	U.			<u> </u>
_	XII, line 4. ► \$				
á	Applied to 2008, but not more than line 2a				Ediper on the second
			, ,,,,		
	Applied to undistributed income of prior years (Election required — see instructions)				And the state of t
	Treated as distributions out of corpus (Election required — see instructions)				
C	Applied to 2009 distributable amount				
	Remaining amount distributed out of corpus	0.		海海、1994年 4.	
5	Excess distributions carryover applied to 2009			745 Y 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(If an amount appears in column (d), the same amount must be shown in column (a))		14.4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4
6	Enter the net total of each column as	Again ag an	ディー 4 <u>+ 1   1   1   1   1   1   1   1   1   1 </u>	in an in the state of the state	general and the second of the
	indicated below:		T# 34	后军 24 年最	李素主義
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.		が新している。 新聞の表現では、第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	AN EXTENS
	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				
					1. 公共的第二人
	Subtract line 6c from line 6b Taxable amount – see instructions		0.		THE PARTY OF THE P
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
	Hadistohi, tad isaassa faa 2000 G III II			·····································	
ľ	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7	Amounts treated as distributions out of			语言 3-134-497.4.等。	
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
	(see instructions)				異様記され、十
8	Excess distributions carryover from 2004 not		r and the	X2000 在1020000	Children .
-	applied on line 5 or line 7 (see instructions)	0.		<b>全国中国代本外</b>	24
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9	- <u>*</u>	120		在1775年成立 1878年 - 1878年 -
а	Excess from 2005 0.	· 建聚	<b>经验证的</b>	割 地震 建氯	で <b>製</b> を こか トート
b	Excess from 2006 0.	- 海嘯s 5-1			4
	Excess from 2007 0.				
	Excess from 2008 0.	. di			
	Excess from 2009 0.				
٩А					Form 000 BE (2000)

Form 990-PF (2009) MASCHLER FAMILY			_	13-7268385	Page <b>10</b>	
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)  N/A						
1 a If the foundation has received a ruling or do is effective for 2009, enter the date of the r				and the ruling	4942(j)(5)	
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or					
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 each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total	
<b>b</b> 85% of line 2a		ļ				
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>						
d Amounts included in line 2c not used directly for active conduct of exempt activities						
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>						
3 Complete 3a, b, or c for the alternative test relied upon						
a 'Assets' alternative test – enter						
(1) Value of all assets (2) Value of assets qualifying under						
section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c 'Support' alternative test - enter				<del>  -                                   </del>		
(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	<u> </u>		<u> </u>	<u> </u>		
Part XV Supplementary Information assets at any time during the	(Complete this <u>e year –</u> see in	part only if the structions.)	organization ha	nd \$5,000 or mor	e in	
Information Regarding Foundation Manage     a List any managers of the foundation who have     close of any tax year (but only if they have     b-List any managers of the foundation who of a partnership or other entity) of which the foundation who have the foundati	ave contributed mo contributed more t	nan \$5,000) (See so	ection 507(d)(2).)  ration (or an equal)			
2 Information Regarding Contribution, Gran Check here Inf the foundation only in requests for funds If the foundation makes complete items 2a, b, c, and d.	nakes contributions	to preselected chari	table organizations			
a The name, address, and telephone number	•					
See Information Regarding Contribution, G	rant, Gift, Loan, Sc	holarship, etc, Progi	rams			
<b>b</b> The form in which applications should be submitted and information and materials they should include.						
c Any submission deadlines.						
<b>d</b> Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charitabl	e fields, kinds of ins	stitutions, or other fa	ctors.	

Form 990-PF (2009) MASCHLER FAMILY FOUNDATION

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or	status of		Amount			
Name and address (home or business)	substantial contributor	recipient					
a Paid during the year							
Jewish Federation of			Financial				
South Palm		Tax					
South Palm Beach FL 33480		exempt	assistance	25,500.			
Tiger Woods Foundation			Financial				
121 Innovation Dr. Suite 150		Tax					
Irvine CA 92617		exempt	assistance	100.			
Agnes Irwin School			Financial				
Ithan Ave and Conestoga Road		Tax					
Rosemount PA 19010		exempt	assistance	1,500.			
Boca Raton Community Hospital	<u> </u>	† <del></del> <u>-</u>	Financial				
800 Meadows Road		Tax					
Boca Raton FL 33486		exempt	assistance	860.			
Broward Center for the Performing Arts		1	Financial				
201 SW Fifth Avenue		Tax					
Fort Lauderdale FL 33312			assistance	1,773.			
Boca West Cancer Research		CACILIPE	Financial	1,775.			
1192 East Newport Center Dr Ste 230	,	Tax	Indiffrat				
=		į.		2 000			
		exempt	assistance	3,000.			
Congregation B'Nai Israel		<u> </u>	Financial				
2200 Yamato Road		Tax					
Boca Raton FL 33431		exempt	assistance	3,773.			
Diabetes Research Institute			Financial				
200 South Park Rd Suite 100		Tax					
Hollywood FL 33021		exempt	assistance	1,000.			
Caring House Project Delray Beach Fl	<b>5</b>		Financial				
340 SW 6th Ave		Tax					
Delray Beach FL 33444		exempt	assistance	100.			
See Line 3a statement							
				131,735.			
Total			► 3a	169,341.			
b Approved for future payment							
		Ì	ĺ				
	1						
	<u> </u>	<u> </u>		<u> </u>			
Total			► 3b	Form 900 PE (2009)			

Part XVI-A	Analysis o	fIncome	-Producing	<b>Activities</b>
Part AVI-A	Analysis o	i income	-Producing	ACHVILLES

Inter gross amounts unless otherwise indicated						
	Unrelated b	usiness income	Excluded by section 512, 513, or 514			
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income	
1 Program service revenue			code		(see the instructions)	
ab	<del>                                     </del>			<del></del>	<del>                                     </del>	
С			<del>                                     </del>			
d				<del></del>	<del>                                     </del>	
e						
f						
<b>g</b> Fees and contracts from government agencies						
2 Membership dues and assessments			<del>                                     </del>			
3 Interest on savings and temporary cash investments			<del>                                     </del>		<del>- </del> -	
4 Dividends and interest from securities			-			
-5- Net-rental income or (loss) from real estate.	<del> </del>	<del></del>	<del>                                     </del>	-1	<del> </del>	
<ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>	<del></del>		<del>                                     </del>		<del></del>	
6 Net rental income or (loss) from personal property			<del>                                     </del>			
7 Other investment income			<del>                                     </del>			
8 Gain or (loss) from sales of assets other than inventory	523000	-73,402.				
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory		-				
11 Other revenue						
a						
a b						
С						
d						
e			<del> </del>			
Subtotal Add columns (b), (d), and (e)		-73,402.				
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	colculations )	-73,402.		13	-73,402.	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify (					-73,402.	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in the instructions for line 13 to verify (					-73,402.	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in the instructions for line 13 to verify (art XVI-B)  Relationship of Activities to the	ne Accomplish	ment of Exemp	t Purpos	es		
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in the instructions for line 13 to verify (art XVI-B)  Relationship of Activities to the	ne Accomplish	ment of Exemp	t Purpos	es		
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in the instructions for line 13 to verify (art XVI-B)  Relationship of Activities to the	ne Accomplish	ment of Exemp	t Purpos	es ontributed important h purposes). (See t	tly to the he instructions)	
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  See worksheet in the instructions for line 13 to verify (a)  Part XVI-B Relationship of Activities to the	ne Accomplish	ment of Exemp	t Purpos	es ontributed important h purposes). (See t	tly to the he instructions)	
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# Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								•			_	_			Yes	No
	1 Did th	e organization o	directly or	indirectly e	engage in	any of the	following	with any	othe	r organizatio	n 507					
	relatir	ibed in section 5 ng to political or	ganizatio	tne Code (o ns?	iner inan	section 50	)1(c)(3) or	ganizau	ons) d	or in section :	02/,					ı
		fers from the re	-		a noncha	ritable exe	empt organ	nization	of							
	(1) C													1a (1)		X
		ther assets												1a (2)		X
		transactions.											-			
		ales of assets to	n a nonch	naritable eve	emnt organ	nization							1 -	1 b (1)		X
		urchases of ass					zation							1 b (2)		X
	• •	ental of facilities				pt organiz	ation							1 b (3)		X
	٠,	eimbursement a		'	1 033013									1b (4)		<u>X</u>
	٠,	oans or loan qua	-	CHIS									-	1b (5)		X
	• •	erformance of s		r mambarch	an or fund	raicina ca	licitations							1b (6)		X
					•	•								10 (6) 1c		- <u>^</u>
	C Sharii	ng of facilities, e	equipmen	it, mailing in	sis, other	assets, or	paid emp	loyees					L	16		
	the go	answer to any coods, other asse ansaction or sh	ets, or ser	vices given	by the rea	porting foi	undation l	f the fou	indatio	on received le	ess thai	n fair ma	arket valu	t-val <del>ue</del> ie in	of	
(z	) Line no	(b) Amount in			of noncharit					Description of tr				rınn arrar	nement	•
عد	y cine no	, Amount m	101400	(C) Hallic	or nonchall	ово охенир	. organización	<del>'  </del>	(0)	Dogumpaon of a	41131613,	. 411040401	io, una silai	arra	-gornont	
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		<u> </u>			•											
	descr	foundation dire ibed in section 5 s,' complete the	501(c) of	the Code (c	ated with, other than	or related section 50	d to, one o	or more t or in sect	ax-ex tion 52	empt organiz 27?	ations			Yes	x	No
	UII TE	(a) Name of or			1	(b) Type	of organiza	ation	Т		(c) Des	crintion	of relation	onshin		
	_	(a) Name of on	garnzano		1	(b) Type	or organize	ation			(6) 500	cription	OI TOIGH	3/13/11p		
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				<del></del>	<del>                                     </del>		<del></del>	<del></del>					_			
			<del></del>		<del>                                     </del>		-									
	Under nena	alties of periury. I de	clare that I h	nave examined	this return, in	cluding acco	mpanving sch	nedules and	d staten	nents, and to the	best of m	v knowled	ge and belie	ef. it is tru	e. correc	ct. and
	complete I	alties of perjury, I dec Declaration of prepar	rer (other tha	an taxpayer or	fiduciary) is b	ased on all u	nformation of	which prep	arer ha	s any knowledge	,	,	<b>J</b>			
	<u> </u>	A AA	n l	<i>'</i>					. 0	2		0				
S	<u>► &amp;</u>	\$ 1/6/b	luh	ll_					15	-25-10	_ ▶ _	[1es i	vert	<u>-</u>		
G	Signi	ature of officer or tru	stee						Date		7	itle				
٧.		2	1	1 1		- 0	/		Date		Check	ııf	Preparer (See Sign	r's Identify Inature in	ing num	ber rs)
=	Paid	Preparer's signature	//21/2	MALLIN	Bolin)	CHA	<b>/</b>		03	/21/10	l self-	yed ► X	<b>⊸</b> l` "	y	310 11131	,
₹	Pre- parer's	Euro's (	Arthu	r S. Ro	sen, C	PA			100/		EIN	<u>,,,,,,  2</u> ▶	-11			
	Üse	Firm's name (or yours if self-		ordons			Ste 24	1								
	Only	employed), address, and	Manal		COLUEL	Noau	JUE ZI	NJ	077	726-3342	Phone	. no ►	(732)	446	_ <b>3</b> 81	۱0
<u> </u>	AA	ZIP code	nanal	apan				140	<u> </u>	20 3332	FEHON	. 110		orm <b>9</b> 9		
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#### 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
MASCHLER FAMILY FOUNDATION		13-7268385
Organization type (check one)		
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 p	orivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ite foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ger	neral Rule or a Special Rule	
Note: Only a section 501(c)(/), (8), or (10) orga	inization can check boxes for both the General Rule and a Sp	ecial Rule See instructions
General Rule –		
	, or 990-PF that received, during the year, \$5,000 or more (in	manay as assessed African and
contributor (Complete Parts I and II)	, or 350-Fit that received, during the year, \$5,000 or more (in	money or property) from any one
Special Rules –		
<u> </u>	000 000 F7 that! !b- 22 1/2W ! ! !	
509(a)(1)/170(b)(1)(A)(vi) and received from	orm 990 or 990-EZ, that met the 33-1/3% support test of the r n any one contributor, during the year, a contribution of the gr	egulations under sections eater of (1) \$5,000 or (2) 2% of the
amount on (i) Form 990, Part VIII, line 1h or	r (II) Form 990-EZ, line 1 Complete Parts I and II	5 (1) \$ (1) \$ (2) \$ (2) \$ (3) \$ (1)
For a section 501(c)(7), (8), or (10) organization	ation filing Form 990 or 990-EZ, that received from any one co	ontributor, during the year,
aggregate contributions of more than \$1,000 prevention of cruelty to children or animals	of for use exclusively for religious, charitable, scientific, literary	,, or educational purposes, or the
<b>—</b> '		
contributions for use exclusively for religious	ation filing Form 990 or 990-EZ, that received from any one co s, charitable, etc, purposes, but these contributions did not ag	ontributor, during the year, arregate to more than \$1,000. If
this box is checked, enter here the total con-	tributions that were received during the year for an <i>exclusivel</i>	v religious, charitable, etc.
	inless the General Rule applies to this organization because i	► S
religious, charitable, etc, contributions of \$5	,,000 or more during the year	- Ş
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sche	dule B (Form 990, 990-EZ, or
	2 of their Form 990, or check the box on line H of its Form 99 requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	30-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reduction	<u> </u>	(Form 990, 990-EZ, or 990-PF) (2009)
for Form 990, 990EZ, or 990-PF.	on Act House, see the histractions Schedule B	, oill 330, 330-LZ, or 330-PF) (2009)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org			r identification number
MASCHI	LER FAMILY FOUNDATION		268385
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Lee Maschler  110 Fieldcrest Avenue  Edison NJ 08837	\$249,337.	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
	Matthew H Maschler  2255 Glades Road, Suite 324A  Boca Raton FL 33431	\$748,013.	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.)

Bank fees	Bank fees 262. Filling fees 300.  Total 562.  Form 990-PF, Page 10, Part XV, Line 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs  Name Matthew Maschler Address 2255 Glades Road, Suite 324A  City, St, Zip, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl. Request on organization letterhead stating the purpose of the grants requested. Any submission deadlines: none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: There are no restrictions or limitations on awards. Name Address City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl. and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a  Line 3a statement  Recipient If recipient is an individual, adation show any is latus relationship to any foundation or cipient any foundation or cipient is provided in contribution and proof of being a tax-exempt organization or contribution Busin show any is latus relationship to any foundation or cipient any foundation or cipien	Line 23 Stmt	l, Line 23				
Total	Total 562.  Form 990-PF, Page 10, Part XV, Line 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs  Name Matthew Maschler Address 2255 Glades Road, Suite 324A  City, St, Zip, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl Request on organization letterhead stating the purpose of the grants requested. Any submission deadlines: none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: There are no restrictions or limitations on awards.  Name Address City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a  Line 3a statement  Recipient If recipient is an individual, show any status (home or business) If relationship to of reany foundation manager or substantial in the properties of the presonance of the presonan	-			t Inv Inc	Adj Net Inc	Charity Dis
Form 990-PF, Page 10, Part XV, Line 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs  Name Matthew Maschler Address 2255 Glades Road, Suite 324A City, St. Zip, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl. Request on organization letterhead stating the purpose of the grants requester.  Any submission deadlines: none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: There are no restrictions or limitations on awards.  Name Address City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl. and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a Line 3a statement  Recipient Name and address (home or business)  If recipient is an individual, status of reany foundation manager or substantial  Recipient an individual, status of recipient manager or substantial	Form 990-PF, Page 10, Part XV, Line 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs  Name Matthew Maschler  Address 2255 Glades Road, Suite 324A  Cityr, StrZip, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl. Request on organization letterhead stating the purpose of the grants requests.  Any submission deadlines:  none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  There are no restrictions or limitations on awards.  Name Address  City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl. and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a  Line 3a statement  If recipient is an individual, show any status (home or business)  (home or business)  If recipient is an individual, show any status (home or business)  (home or business)  Another individual, status (home or pusiness)	Filing fees	-11				
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs  Name Matthew Maschler Address 2255 Glades Road, Suite 324A Cityr, St, Zip, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl Request on organization letterhead stating the purpose of the grants requests.  Any submission deadlines:  none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  There are no restrictions or limitations on awards.  Name Address City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a Line 3a statement  Recipient  Recipient  If recipient is an individual, adation show any status relationship to any foundation cipient manager or substantial  Recipient  Recipient  If recipient is an individual, adation grant or contribution Busin Check (nome or business)  Recipient an individual, adation grant or contribution Busin Check (nome or business)  Recipient an individual, adation cipient manager or substantial	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs  Name Matthew Maschler Address 2255 Glades Road, Suite 324A Cityr, Str. Zipr, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl. Request on organization letterhead stating the purpose of the grants requester. Any submission deadlines: none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: There are no restrictions or limitations on awards. Name Address City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl. and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a Line 3a statement  Recipient  Recipient  Recipient  Name and address (home or business)  If recipient is an individual, dation show any status relationship to any foundation manager or substantial  Name and address (home or business)  Another Amoundation cipient is an individual, and contribution or substantial	Total	5	<u>62.</u>		1	
Address 2255 Glades Road, Suite 324A City, St, Zip, Phone Boca Raton FL 33431 (561) 208-333 The form in which applications should be submitted and information and materials they should incl Request on organization letterhead stating the purpose of the grants requester Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  There are no restrictions or limitations on awards.  Name Address City, St, Zip, Phone The form in which applications should be submitted and information and materials they should included and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a Line 3a statement  Recipient Name and address (home or business) Recipient If recipient is an individual, show any relationship to any foundation manager or substantial Recipient If recipient is an individual of recipi	Address 2255 Glades Road, Suite 324A  City, St, Zip, Phone Boca Raton FL 33431 (561) 208-333  The form in which applications should be submitted and information and materials they should incl Request on organization letterhead stating the purpose of the grants requester Any submission deadlines:  none  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  There are no restrictions or limitations on awards.  Name  Address  City, St, Zip, Phone  The form in which applications should be submitted and information and materials they should incl and proof of being a tax-exempt organization.  Any submission deadlines:  Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  Form 990-PF, Page 11, Part XV, line 3a  Line 3a statement  Recipient  Recipient  Recipient  Name and address (home or business)  If recipient is an individual, show any status relationship to of reany foundation cipient manager or substantial	<del>-</del>		et, Gift, Loar	ı, Scholars	hip, etc, Programs	
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Form 990-PF, Page 11, Part XV, line 3a  Line 3a statement  Recipient  Recipient  Name and address (home or business)  Recipient  If recipient is an individual, and individual, show any relationship to any foundation manager or substantial  Recipient  If recipient is an individual, dation status of recipient  an individual, dation grant or contribution  Busin  Check  Amou	Form 990-PF, Page 11, Part XV, line 3a  Line 3a statement  Recipient  Recipient  Name and address (home or business)  Recipient is an individual, and individual, status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)  Recipient is an individual, dation status (home or business)	-		uch as by go	eographica	l areas, charitable fie	lds, kınds of
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	contributor	Line 3a statement	lf re	•	1	Purpose of	Person
a Paid during the year  Help The Kids Fund Financial Person of		Recipient  Name and addres (home or business  a Paid during the year	If re an is significant signif	individual, now any tionship to foundation anager or ibstantial	dation status of re-	Purpose of grant or contribution	1

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
				<del></del>
a Paid during the year FATE PO Box 1157		 Tax	Financial	Person or Business
Englewood Cliffs NJ 07632		exempt.	assistance	
Conductive Education Centers of Florida 4800 Howell Branch Road		 Tax	Financial	Person or Business
Winter Park FL 32792	•	exempt	assistance	1,000.
Friends of Yashar L'Chayal 9100 South Dadeland Blvd Ste 1600		 <u>Tax</u>	Financial	Person or Business
Miami FL 33156		exempt	assistance	75,000.
Gift of Life 800 Yamato Road Suite 101		 <u>Tax</u>	Financial	Person or Business
Boca Raton FL 33431		exempt	assistance	1,000.
JAFCO Children Foundation 4200 N. University Drive		 <u>Tax</u>	Financial	Person or Business
Sunrise FL 33351		exempt	assistance	1,280.
Jewish Association for Residential Care 21160 95th Avenue South		 Tax	Financial	Person or Business
Boca raton FL 33428		exempt	assisitance	500.
Jump Rope for Heart		0	Financial	Person or
1 Union Street Suite 301		Tax		Business
Robbinsville NJ 08691	<b></b>	exempt	assistance	25.
Koby Mandell Foundation		exempt	Financial	Person or
7801 Norfolk Ave Suite T-4		Tax	LINGUETAL	Business
Bethesda MD 20814		exempt	assistance	
Play for P.I.N.K.		exempt	Financial	31,250. Person or
60 East 56th St. 8th Fl		Tax		Business
New York NY 10022		exempt	assistance	100.
Kravis Center		CACMPC	Financial	Person or
701 Okeechobee Blvd		Tax	<del></del>	Business
West Palm Beach FL 33401		exempt	assistance	75.
Lance Armstrong Foundation		CHOMPC	Financial	Person or
2201 E Sixth St.		Tax		Business
Austin TX 78702		exempt	assistance	7,000.
Leukemia & Lymphoma Society	<del></del>	onopc	Financial	Person or
PO Box 4072		Tax		Business
Pittsfield MA 01202		exempt	assistance	500.
Moms Club of Hopewell/Titusville			Financial	Person or
PO Box 234		Tax		Business
Hopewell NJ 08525		exempt	assistance	1,000.
Museum of Discovery			Financial	Person or
401 Southwest 2nd Street		Tax		Business
Fort Lauderdale FL 33312		exempt	assistance	329.
National MS Society			Financial	Person or
3201 West Commercial Blvd		Tax		Business
Ft Lauderdale FL 33309		exempt	assistance	1,250.
				<del></del>

Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement** 

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year P.B. County Food Bank 426 Claremore Drive W Palm Beach FL 33401		Tax_	Financial 	Person or Business 250.
Pallister-Killian Syndrome PO Box 724 Boca Raton FL 33429		Tax exempt	Financial assistance	Person or Business 1,000.
NJ Chapter of Pajama Program PO Box 36 Middletown NJ 07748		Tax	Financial assistance	Person or Business 500.
Palm Beach Zoo 1301 Summit Blvd		 <u>Tax</u>	Financial	Person or Business
West Palm Beach FL 33405 St Andrews Cancer Research 7268 Queenferry Circle Boca Raton FL 33496		 Tax	Financial assistance	Person or Business 1,000.
Princeton Day School PO Box 75 The Great Road Princeton NJ 08542		Tax exempt	Financial	Person or Business 1,000.
Princeton Montessori School 487 Cherry Valley Road Princeton NJ 08540		Tax exempt	Financial	Person or Business 4,000.
Reader to reading Foundation 38 Woodside Avenue		 Tax	Financial	Person or Business
Amherst MA 01002 Stephens Eye Research Institute 20 Stanford Street		exempt Tax	assistance Financial	Person or Business
Ruth Rales Jewish Family Service 21300 Ruth & Baron Colem		exempt  Tax	assistance Financial	Person or Business
Boca raton FL 33428		exempt	assistance	1,000.

Total

131,735.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End o	of Year
Line 13 - Investments - Other:	Book Value	Fair Market Value
Citi Smith Barney	2,111,273.	2,111,273.
Lightspeed	316,278.	316,278.

13-7268385

4

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

Continued

		End of Year			
	Line 13 - Investments - Other:	Book Value	Fair Market Value		
Total		2,427,551.	2,427,551		