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Form **990-PF**

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

OMB No 1545-0052
2009

Department of the Treasury
Internal Revenue Service

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

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

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

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE MOGEN FOUNDATION		A Employer identification number 22-2670567
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions)
	C/O 35 WEISS ROAD		
	City or town, state, and ZIP code UPPER SADDLE RIVER NJ 07458		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/>
	I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 591,429	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	D 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	71,850			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	659	659		
4 Dividends and interest from securities <i>STMT 11</i>	4,324	4,324		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 <i>STMT 1</i>	-15,806			
b Gross sales price for all assets on line 6a <i>226,066</i>				
7 Capital gain net income (from Part IV, line 2)			0	
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns & allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) <i>STMT 2</i>	40		40	
12 Total. Add lines 1 through 11	61,067	4,983	40	
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) <i>STMT 3</i>	1,100			
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (att sch) <i>STMT 4</i>	4,283			
24 Total operating and administrative expenses. Add lines 13 through 23	5,383	0		0
25 Contributions, gifts, grants paid <i>STMT 10</i>	98,788			98,788
26 Total expenses and disbursements. Add lines 24 and 25	104,171	0	0	98,788
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-43,104			
b Net investment income (if negative, enter -0-)		4,983		
c Adjusted net income (if negative, enter -0-)			40	

SCANNED AUG 20 2010

Operating and Administrative Expenses

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Form 990-PF (2009)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	61,908	12,718	12,718
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (att. schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) SEE STMT 5	487,650	488,673	573,648
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment, basis ▶			
Less accumulated depreciation (attach sch.) ▶				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation (attach sch.) ▶				
15 Other assets (describe ▶ SEE STATEMENT 6)		5,063	5,063	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	549,558	506,454	591,429	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	549,558	506,454	
	30 Total net assets or fund balances (see page 17 of the instructions)	549,558	506,454	
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	549,558	506,454		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	549,558
2	Enter amount from Part I, line 27a	2	-43,104
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	506,454
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	506,454

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE SCHEDULE - ST <i>See stmt 9</i>	P	VARIOUS	VARIOUS
b SEE SCHEDULE - LT	P	VARIOUS	VARIOUS
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 108,317		117,121	-8,804
b 117,749		124,751	-7,002
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <i>[If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]</i>	2	-15,806
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <i>[If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8]</i>	3	-8,804

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	65,048	552,400	0.117755
2007	77,637	685,003	0.113338
2006	49,806	572,909	0.086935
2005	86,239	545,894	0.157978
2004	100,983	723,070	0.139659

2 Total of line 1, column (d)	2	0.615665
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.123133
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	518,400
5 Multiply line 4 by line 3	5	63,832
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	50
7 Add lines 5 and 6	7	63,882
8 Enter qualifying distributions from Part XII, line 4 <i>[If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18]</i>	8	98,788

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	50
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	50
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	50
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	848
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	848
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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	798
11	Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> 798 Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

N/A

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	N/A	13	
14	The books are in care of ▶ MRS. M. MOSER 3120 BURGUNDY DRIVE N Located at ▶ PALM BEACH GARDENS, FL	Telephone no ▶	ZIP+4 ▶ 33410	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	▶	15	▶ <input type="checkbox"/>

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

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

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

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A **5b**

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No **7b**

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

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

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes No **7b**

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No **7b**

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
3 All other program-related investments See page 24 of the instructions	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	486,901	<i>) Jrc JMTP</i>
b	Average of monthly cash balances	39,393	
c	Fair market value of all other assets (see page 24 of the instructions)	0	
d	Total (add lines 1a, b, and c)	526,294	
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		1e 0
2	Acquisition indebtedness applicable to line 1 assets		2 0
3	Subtract line 2 from line 1d	526,294	3
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	7,894	4
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	518,400	5
6	Minimum investment return. Enter 5% of line 5	25,920	6

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6		1 25,920
2a	Tax on investment income for 2009 from Part VI, line 5	50	2a
b	Income tax for 2009 (This does not include the tax from Part VI)		2b
c	Add lines 2a and 2b	50	2c
3	Distributable amount before adjustments. Subtract line 2c from line 1	25,870	3
4	Recoveries of amounts treated as qualifying distributions		4
5	Add lines 3 and 4	25,870	5
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	25,870	7

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	98,788
b	Program-related investments—total from Part IX-B	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	
3	Amounts set aside for specific charitable projects that satisfy the	
a	Suitability test (prior IRS approval required)	
b	Cash distribution test (attach the required schedule)	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	98,788
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)	50
6	Adjusted qualifying distributions. Subtract line 5 from line 4	98,738

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

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				25,870
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004	65,603			
b From 2005	59,420			
c From 2006	22,107			
d From 2007	45,841			
e From 2008	37,580			
f Total of lines 3a through e	230,551			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 98,788				
a 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)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				25,870
e Remaining amount distributed out of corpus	72,918			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	303,469			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e 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 distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (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)	65,603			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	237,866			
10 Analysis of line 9				
a Excess from 2005	59,420			
b Excess from 2006	22,107			
c Excess from 2007	45,841			
d Excess from 2008	37,580			
e Excess from 2009	72,918			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
N/A

b The form in which applications should be submitted and information and materials they should include
N/A

c Any submission deadlines
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
N/A

Part XV Supplementary Information (continued)

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

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	Amount
a Paid during the year SEE SCHEDULE ATTACHED		501 (C)	GENERAL	98,788
Total			▶ 3a	98,788
b Approved for future payment N/A				
Total			▶ 3b	

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

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

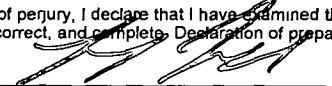
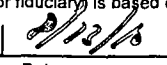
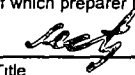

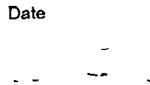
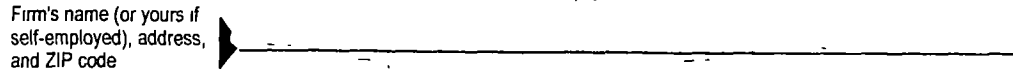


(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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

b If "Yes," complete the following schedule

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

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

Sign Here	Signature of officer or trustee: 		Date: 		Title: 	
	Paid Preparer's Use Only	Preparer's signature: 	Date: 	Check if self-employed: <input type="checkbox"/>		Preparer's identifying number (see Signature on page 30 of the instructions)
Firm's name (or yours if self-employed), address, and ZIP code: 					EIN: 	Phone no: 

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization

THE MOGEN FOUNDATION

Employer identification number

22-2670567

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE MOGEN FOUNDATION	Employer identification number 22-2670567
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STANLEY & MARILYN MOSER 3120 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410	\$ 301	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	NILES & JENNIFER MOSER 210 STOKES FARM ROAD FRANKLIN LAKES NJ 07417	\$ 30,517	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	GAIL & RANAN WICHLER 35 WEISS ROAD UPPER SADDLE RIVER NJ 07458	\$ 30,516	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	ELENA MOSER 1737 MADERA BERKELEY CA 94707	\$ 10,516	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE MOGEN FOUNDATION	Employer identification number 22-2670567
--	--

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PART OF 2000SH LIBERTY INTL	\$ 42	06/30/09
1	PART OF 439 SH DISCOVERY COMM	\$ 41	06/30/09
1	PART OF 439SH DISCOVERY COMM	\$ 38	06/30/09
1	PART OF 200 SH LIBERTY CAPITAL	\$ 12	06/30/09
1	PART OF 3700SH LIBERTY INTL	\$ 168	12/15/09
2	PART OF 2000SH LIBERTY INTERACTI	\$ 4,234	06/30/09

Name of organization

THE MOGEN FOUNDATION

Employer identification number

22-2670567

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PART OF 439 SH DISCOVERY COMM	\$ 4,175	06/30/09
2	PART OF 439SH DISCOVERY COMM	\$ 3,817	06/30/09
2	PART OF 200SH LIBERTY CAP	\$ 1,178	06/30/09
2	PART OF 3700SH LIBERTY INTL	\$ 17,113	12/15/09
3	PART OF 2000SH LIBERTY INTL	\$ 4,234	06/30/09
3	PART OF 439SH DISCOVERY COMM	\$ 4,175	06/30/09

Name of organization

THE MOGEN FOUNDATION

Employer identification number

22-2670567

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	PART OF 439SH DISCOVERY COMM	\$ 3,817	06/30/09
3	PART OF 200SH LIBERTY CAP	\$ 1,178	06/30/09
3	PART OF 3700SH LIBERTY CAP	\$ 17,112	12/15/09
4	PART OF 2000SH OF LIBERTY INTL	\$ 1,459	06/30/09
4	PART OF 439SH DISCOVERY COMM	\$ 1,439	06/30/09
4	PART OF 439SH DISCOVERY COMM	\$ 1,315	06/30/09

Name of organization THE MOGEN FOUNDATION	Employer identification number 22-2670567
--	--

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	PART OF 200SH LIBERTY COMM	\$ 406	06/30/09
4	PART OF 3700SH LIBERTY COMM	\$ 5,897	12/15/09
		\$	
		\$	
		\$	
		\$	
		\$	

Federal Statements

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

Whom Sold	Description	Date Acquired	Date Sold	How Received	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
SEE SCHEDULE - ST		VARIOUS	VARIOUS	PURCHASE	108,317 \$	117,121 \$	\$	\$	-8,804
SEE SCHEDULE - LT		VARIOUS	VARIOUS	PURCHASE	117,749	124,751			-7,002
TOTAL					\$ 226,066 \$	241,872 \$	0 \$	0 \$	-15,806

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
MISC.	\$ 40	\$	\$ 40
TOTAL	\$ 40	\$ 0	\$ 40

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL INCOME TAXES	\$ 1,000	\$	\$	
STATE OF NEW JERSEY - FILING FEE	100			
TOTAL	\$ 1,100	\$ 0	\$ 0	\$ 0

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
ADVISORY FEES	4,283			
TOTAL	<u>4,283</u>	<u>0</u>	<u>0</u>	<u>0</u>

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
EQUITIES	\$ 421,643	\$ 421,580	COST	\$ 484,758
MUTUAL FUNDS	41,009	42,093	COST	63,890
ISRAEL BONDS	25,000	25,000	COST	25,000
ROUNDING	-2		COST	
TOTAL	\$ 487,650	\$ 488,673		\$ 573,648

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
DUE FROM BROKER	\$	\$ 4,500	\$ 4,500
INTEREST RECEIVABLE		563	563
TOTAL	\$ 0	\$ 5,063	\$ 5,063

Federal Statements

Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARILYN MOSER 3120 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410	PRESIDENT	0.00	0	0	0
STANLEY MOSER 3120 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410	VP	0.00	0	0	0
ELENA MOSER 1737 MADERA BERKELEY CA 94707	VP	0.00	0	0	0
NILES MOSER 210 STOKES FARM RD FRANKLIN LAKES NJ 07417	VP	0.00	0	0	0
GAIL WICHLER 35 WEISS RD UPPER SADDLE RIVER NJ 07458	TREASURER	0.00	0	0	0
RANAN WICHLER 35 WEISS RD UPPER SADDLE RIVER NJ 07458	SECRETARY	0.00	0	0	0
JENNIFER MOSER 210 STOKES FARM RD FRANKLIN LAKES NJ 07417	VP	0.00	0	0	0

THE MOCSON FOUNDATION, INC
 AVERAGE ASSETS - QUARTERLY
 1009

STATEMENTS P

		VANGUARD		CASH QUANTUM		TOTAL		AVERAGE	
	3-31-09		11905		23961		35866		
	6-30-09		1864		17168		19032		
	9-30-09		36338		9531		65869		
	12-31-09		35463		1343		36806		
			<u>105570</u>		<u>32603</u>		<u>157573</u>		39393
SECURITIES									
		ISRAEL BONDS	VAN FUNDS	VANGUARD BRK	QUANTUM	TOTAL	AVERAGE		
	3-31-09	45000	43799	20720	460578	350097			
	6-30-09	45000	52650	39540	388094	505614			
	9-30-09	45000	60306	41400	386039	513745			
	12-31-09	45000	63890	35540	433738	578148			
		<u>100,000</u>	<u>440675</u>	<u>138480</u>	<u>1468449</u>	<u>1947604</u>			486901
VANGUARD FUNDS									
				EUBROY	WINDSOR	TOTAL			
	3-31-09			34595	9404	43799			
	6-30-09			41840	10840	52680			
	9-30-09			47704	14604	60306			
	12-31-09			30461	13429	63890			
				<u>174600</u>	<u>46073</u>	<u>440675</u>			

MOGEN FOUNDATION
 CAPITAL GAINS & LOSSES
 Y/E 12-31-09

59459

	SHARES	DATES		SHARES	ACQUIRED	SHARES	COST	GAIN (LOSS)
		SOB	ACQUIRED					
W. R. GRACE	1000	1-15-09	9-10-008	1295592	3962593		2667001	S
MIPS Inc	4000	3-26-09	2007	1192393	2059654		867291	S
MIPS	1000	4-09-09	4007	335871	496444		160573	S
DOLAN MEDIA	2000	4-27-09	3-30-09	22226142	1321275		904867	S
MIPS	1000	5-04-09	2007	340111	453280		95169	S
MIPS	2000	5-22-09	6-05-08	741980	843780		101800	S
MIPS	600	6-01-09	6-05-08	239111	211920		27191	S
DOLAN MEDIA	800	7-01-09	6-22-09	1081372	980521		150851	S
DISCOVERY COMM A	439	7-01-09	6-30-09	1016798	982900		33898	S
DISCOVERY COMM K	439	7-01-09	6-30-09	936331	898600		37731	S
LIBERTY JUTZ	1000	7-01-09	6-30-09	1017993	99800		21193	S
LIBERTY CAPITAL	400	7-01-09	6-30-09	277042	277400		358	S
M TSI	6000	9-10-09	4006-008	5416912	4126340		709428	S
SCHIFF NUTRITION	500	9-17-09	1007	292592	138815		153777	S
MIPS	1400	10-07-09	6-05-08	581181	494480		86701	S
MIPS	1000	10-19-09	3-16-09	470029	114880		305149	S
SCHIFF NUTRITION	1500	10-26-09	2007-009	967475	794402		173073	S
MIPS	1000	10-27-09	3-16-09	395009	114880		280129	S
NATIONAL RESEARCH	500	10-29-09	2004-007	1209968	1034928		175048	S
SCHIFF NUTRITION	4000	11-05-09	2007	2399938	1221583		1178335	S
ADAM INC	800	11-14-09	2007	311967	513712		201745	S
ADAM INC	700	11-13-09	2007	276289	569938		292644	S
DOLAN MEDIA	1000	11-16-09	9-03-09	1184449	1056430		128019	S
EDGER ONLINE	3000	12-31-09	8-19-08	449988	590640		140652	S
TOTALS				22606333	21187223		1580692	
PENSTATE MERIS		ST		108317	117121		(804)	
		LT		117749	124751		(702)	

2009

The MOGEN Foundation, Inc
Contributions Made

STATEMENT 10

1	The Friendship Club 100 Overlook Drive Woodcliff Lake, NJ 07617	500.00							
2	Clarke School for the Deaf 1 Whitmen Rd Canton, MA 02021	1000.00							
3	Jewish fed of Palm Beach Cty Community Dr West Palm Beach, FL 33417	5000.00							
4	Jespy House 402 Prospect St South Orange NJ 07079	380.00							
5	YCS 225 Main St Hackensack, NJ 07601	500.00							
6	Scripps Research Inst PBC 130 Scripps way 4B2 Jupiter, Florida 33458	1000.00							
7	Frenchmens Creek Charities Tournament Dr. Palm Beach Gdns, FL 33410	540.00							
8	Planned Parenthood Fl Florida	250.00							
9	Beth Haverim Shir Shalom 280 Ramapo Valley Rd Mahwah, N.J. 07430	1625.00							
10	Anti Defamation League	1000.00							
11	City College 21st Century fund Shepard Hall Rm 154 160 Convent Ave New York, NY 10031	3300.00							
12	Womens Therapy Ctr 50 Kerner St El Cerrito, CA 94530	500.00							
13	Barnart Temple RF 2085 Franklin Lakes, NJ 07417	180.00							
14	UJA Fed Northern NJ 50 Eisenhower Dr Paramus, NJ 07652	5613.00							
15	The Smile Train P.O. Box 96231 Washington DC 20090-6231	350.00							
16	Men's Health Jupiter Hospital Jupiter, FL	500.00							
17	Columbia Univ Urology 161 Ff Washington Ave New York, N.Y. 10032	1000.00							
18	Hospice of Palm Beach Cty 5300 East Ave West Palm Beach Fl 33407	250.00							
	Various \$100.00 and Under	600.00							
	TOTAL	98788.00							

Federal Statements

STATEMENTS 11

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
USG MONEY MARKET - BURNHAM	\$ 7			
OTHER	89			
ISRAEL BONDS	563			
TOTAL	\$ <u>659</u>			

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
BURNHAM	\$ 3,240			
MUTUAL FUNDS	1,084			
TOTAL	\$ <u>4,324</u>			



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Office of Consumer Protection
 Charities Registration Section
 124 Halsey Street, 7th Floor, P.O. Box 45021
 Newark, NJ 07101
 (973) 504-6215

*EXTENSION
 ATTACHED*

Form CRI-200
Short-Form Registration/Verification Statement
 (Revised April 2008)

All questions must be answered.

Charitable organizations, domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration. Payment is to be made by check or money order, made payable to the "New Jersey Division of Consumer Affairs," and is due at the time of submission of the form.

1a. This statement is an Initial Renewal Registration (check one only.)

1b. This statement contains the facts and financial information for the fiscal year ending 12/31/09
month day year

2. Federal ID Number (EIN) 22-2670567 2a N.J. Charities Registration Number: CH- 1283100
(Leave blank ONLY if this is an initial registration.)

3. Full legal name of the registering organization: MOG-EN FOUNDATION
 In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 35 WEISS Rd Upper Saddle River NJ 07438 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
 If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

Contact person Street address City State ZIP Code

Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
GAIL WICKLER (201) 934-9239 (201) 934-4848
Telephone number (include area code) Fax number (include area code)
gwickler@gmail.com N/A
E-mail address Web site

- 8 The organization is eligible to file a Short Form Registration because:
- a) It did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, including fund-raising, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions. Yes No
 - b) It is a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, AND solicitation of contributions is confined to the organization's membership and performed by members of the organization. Yes No
 - c) It solicits on behalf of a specified individual, and all contributions, without any deductions whatsoever, will be turned over to this beneficiary. Yes No
 - d) It is a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws. Yes No
 - e) It is a private foundation that raised less than \$25,000 in public contributions. Yes No

Note to question 8: If after reviewing the answers to questions 8a through 8e, none of the statements can be answered "Yes," the charity is not eligible to use the Short-Form CRI-200 and instead must use the Long-Form Initial Registration Statement CRI-150-I or the Long-Form Renewal Statement CRI-300R.

9. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc since the date of your last reporting? Yes No
If "Yes," please provide the details on a separate sheet of paper, and provide copies of the documentary proof of a name change (example. amendment to incorporation) and/or a copy of the letter of determination from the I.R.S. regarding the tax-exempt-status changes.
- 9a. Is the organization a chapter or local unit of a parent organization? Yes No
If "Yes," write in the full name, address and phone number (include the area code) of the parent organization. Please do not use abbreviations
-
10. Purpose for which the organization was created (write in or attach a statement to this registration): 5504(d)(3) Charitable
donations to other charitable organizations
- 10a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? Yes No
If "Yes," explain the purpose for which solicited funds are being raised (write in or attach a statement to this registration):
-
- 10b. Does the organization solicit funds under any other name(s)? Yes No
If "Yes," please attach to this registration a list of all other names used: _____
11. Does the organization register or solicit in other states? Yes No
If "Yes," please indicate other states here or, if necessary, attach to this registration a list of those states. _____
- 11a. Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets? Yes No
If "Yes," list the jurisdiction and attach copies all of the relevant documents. _____
- 11b. Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state? Yes No
- 11c. Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer? Yes No

12. If the answer to 11a, 11b or 11c is "Yes," please attach to this registration a statement that provides the details of the action, together with the reason(s) for that denial, suspension, revocation, injunction, compliance agreement etc., including the state or jurisdiction involved, the dates and full copies of all related documents.

Indicate the attachment of documents to this Registration/Verification Statement by checking this box:

13. Is the organization currently I.R.S. tax-exempt? Yes No
If "Yes," under which section of the code? 501(c)(3)

14. Has the organization's tax-exempt status been revoked, changed, or refused by the I.R.S.? Yes No
If "Yes," please attach to this registration a statement providing an explanation, including all of the facts, dates, and all letters and notices received from the I.R.S.

15. Has the organization used an independent paid fund-raiser, fund-raising counsel or commercial co-venturer? Yes No
If "Yes," for what purpose(s) are funds being raised? _____

15a. If the answer to question 15 is "Yes," write in or provide a separate listing of the name(s) of all independent paid fund-raiser(s), fund-raising counsel and/or commercial co-venturer(s): _____

16. Provide on a separate sheet of paper the name, title, street address, telephone number and salary of each officer, director and trustee, and the five most-highly compensated employees in the organization.

Indicate the attachment of documents to this Registration/Verification Statement by checking this box: See federal

16a. Has any person listed in the response to question 16 been adjudged liable in any administrative or civil action, or been convicted in a criminal action involving theft, fraud or deceptive business practices? Yes No

See 990 PE

If the response is "Yes," please provide all of the details on a separate sheet and also attach to this registration a copy of the order, judgment or other document(s) indicating final disposition of the matter

Please note: For the purpose of question 16a, a plea of guilty, non vult, nolo contendere or any similar disposition of the alleged activity shall be deemed a conviction. A judgment of liability in an administrative or civil action would include a finding or admission that the individual engaged in an unlawful practice relating to the solicitation of contributions or the administration of charitable assets.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name _____ Title _____ Date _____

Signature _____ Name _____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer

CRI-200 Short-Form Registration Verification Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: MOGAN FOUNDATION

Fiscal year-end being reported: 12 / 31 / 09 Federal ID Number (EIN) 22-2670567
month day year

Mailing address: 35 WEISS RD UPPER SADDLE RIVER NJ 07458
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: (None)
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 1283100 -00 Telephone number: (201) 934-9239
(include area code)

A. Revenue

Please see form 990-AT ATTACHED

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

A1a. Direct Public Support /

A1b. Indirect Public Support (including donations from other charities) /

A1c. Gross Contributions (add lines 1a and 1b) /

Line A2. Government Grants /

Line A3. Other Income

A3a. Membership dues and assessments /

A3b. Interest and dividends 4983

A3c. Program service revenue /

A3d. Gain from sale of assets /

A3e. Other income (please specify on a separate statement): M.A. 40

A3f. Donations from founder(s) of private foundation /

A3g. Total other income 5023

Line A4. **Total Gross Revenue** (add lines A1c, A2 and A3g) 5023

All contributions for Minder (EXEMPT CRI-200) fulfilled

B. Expenses

Line B1. Program /

Line B2. Management, office and general expenses. + TAXES 3383

Line B3. Fund-raising expenses /

Line B4. Payments to state/national affiliates (if applicable) /

Line B5. **Total Expenses** (add lines B1, B2, B3 and B4) 3383

C. Excess or Deficit

Line C1. **Excess or deficit for the year-end noted above** (subtract line B5 from A4):... 1640

M.A. (CONTRIBUTION) 1640

Please Note: The amount of Gross Contributions (line A1c on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>

**Registrants who are qualified to file the
Short-Form Registration/Verification Statement CRI-200
must submit the following:**

- (1) A completed signed Short-Form Registration Statement CRI-200 with all questions answered, including all lists, statements and attachments as may be required by the answers given to the form's questions.
- (2) A check or money order in the amount of \$30, even if gross contributions did not exceed \$10,000. Annual renewal registrations are due within six months of the fiscal year-end. If filing after the due date, please include the \$25 late fee due. Checks should be made payable to the "New Jersey Division of Consumer Affairs."
- (3) Except when submitting an initial registration, the organization's charities registration number should be written on all checks, forms, attachments, documents etc. being submitted.
- (4) If the charity was required by the Internal Revenue Service to file an IRS-990 for the fiscal year-end being reported, a copy of the I.R.S. 990 (or 990EZ or 990PF etc) must be submitted along with the Schedule A and all of the statements, attachments, schedules etc. which were originally attached to the copy submitted to the I.R.S.
- (5) Photocopies of any orders, judgments, agreements or other documents which show the final disposition of any civil or criminal actions brought against the organization or its board members, marked with the related question number and the charities registration number. *990-PF + EXTRA ATTACHED*
- (6) Only initial registrants are required to submit photocopies of the organization's bylaws, certificate of incorporation and I.R.S. determination letter. *However, copies of these documents must be resubmitted each time they are amended*
- (7) Mail the completed registration, enclosures and any attachments to the:

*New Jersey Division of Consumer Affairs
Charities Registration & Investigation Section
P.O. Box 45021
Newark, NJ 07101*

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.



f

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-400
(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act. Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/09 Date of this application: 6/29/10 N.J. Charities Registration Number: CH- 1283100

Charity's Full Legal Name: MOGEN FOUNDATION

Other Names Used (d b a.) _____

Mailing Address:

35 Weiss Rd Upper Merion River NJ 07458

In care of _____ Address _____ City _____ State _____ ZIP Code _____

Street Address:

Street address _____ City _____ State _____ ZIP Code _____

Check this box to flag a change of address or other vital information.

Contact Person: Gail Wichter Phone Number: (201) 934-9239

E-mail: gwichter@gmail.com Federal Tax ID (EIN): 22-2670567 (include area code)

Web site: N/A Fax Number: (201) 934-9848 (include area code)

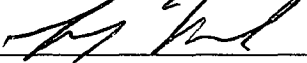
1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

The paperwork necessary to file a complete and accurate tax return & financials has not been completed.

FEDERAL EXTENSION ATTACHED.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No
If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.
3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? Yes No
4. Has the organization previously filed an initial registration with the Charities Registration Section? Yes No
If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.
5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished
- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
 - All of the questions on this application have been answered.
 - The charity has filed all previous renewal registrations and required documents.
 - The charity has paid all previous years' fees and penalties owed to the Division.
 - Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature  Title Trustee/Exec Date 1/29/10
 Signature _____ Title _____ Date _____

This form must be signed by at least one (1) officer of the charity.

visit our Web site at [www.nj.gov](#) for more information. If you have any questions and a fee schedule may have further questions, please call 1-800-955-8888 during business hours.

Application for Extension of Time To File an Exempt Organization Return

10/11/11 3/14/2013

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes THE MOGEN FOUNDATION, C/O 35 WEISS ROAD, UPPER SADDLE RIVER NJ 07458.

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

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

The books are in the care of MRS. M. MOSER

Telephone No FAX No

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach

List with the names and EINs of all members the extension will cover

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 2009 or tax year beginning, and ending

If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

Table with 3 columns: Description, 3a, 3b, 3c. Rows include tentative tax, refundable credits, and Balance Due.

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

Privacy Act and Paperwork Reduction Act Notice, see Instructions.