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Form **990-PF**

Return of Private Foundation

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

2009

OMB No 1545-0052

		of the Treasury enue Service (77) Note. The foundation may be ab		t ed as a Privat e a copy of this returr			requirements.	2009
For cal	en	dar year 2009, or tax year beginning		· · · · · · · · · · · · · · · · · · ·	, and e	nding		
G Che	ck	all that apply: Initial return Amended return		Initial Return of a f	•	charity	Final return Name change	
Use the lab Other pri	el. wis int	Name of foundation OWENS GROUP FOUNDATIO e, C/O ROBERT OWENS Number and street (or P O box number if mail is not de		NC.		Room/suite	A Employer identification in 22-3096419 B Telephone number	-
See Sp Instruc	ec tio	ific City or town, state, and ZIP code		632			(201)568-23 C if exemption application is pen D 1. Foreign organizations, 2. Foreign organizations meet check here and attach cet	check here
Fair i	Sec ma	tion 4947(a)(1) nonexempt charitable trust ket value of all assets at end of year J Account	Other t	axable private founda hod: X Cash	ation Accr	ual	E If private foundation statu under section 507(b)(1)(A F If the foundation is in a 60.	s was terminated A), check here
▶\$ Part	_	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(8	must be on cash to a) Revenue and penses per books		vestment	under section 507(b)(1)(E (c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
3	2 3 4 5a	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments Dividends and interest from securities Gross rents		19,324.		12.	5	STATEMENT 1
Revenue	6a b 7	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications				0.		
11	Da b c	Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) Other income Total. Add lines 1 through 11		19,336.		12.	0.	
13 14 15	3	Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employee benefits		0.		0.	0.	0.
0) 00 Serving and Administrative Expenses	b c 7	Legal fees Accounting fees Other professional fees Interest Taxes	<u> </u>	3				
19 20 21 22 22)) 1	Depreciation and depletion OGDEN, U7 Occupancy Travel, conferences, and meetings Printing and publications						
berating 5	3 4	Other expenses STMT 2 Total operating and administrative expenses. Add lines 13 through 23		32. 32.		0.		0.
26	6	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:		19,361. 19,393.		0.	0.	19,361. 19,361.
27	8 b c_	Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		<57.	>	12.	0.	
923501 07-07-09		LHA For Privacy Act and Paperwork Reduction	Act No	tice, see the instruct	tions.			Form 990-PF (2009)

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C/O ROBERT OWENS

22-3096419

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Part II . Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of ye	
	(a) Book Value		(c) Fair Market Value
1 Cash - non-interest-bearing	4,336.	4,279.	
2 Savings and temporary cash investments .			
3 Accounts receivable ►			
Less: allowance for doubtful accounts			
4 Pledges receivable ►			
Less; allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
O throughouse for only on the			
• • • • • • • • • • • • • • • • • • •			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis			
Less accumulated depreciation			
15 Other assets (describe ►)	-		
16 Total assets (to be completed by all filers)	4,336.	4,279.	4,279
17 Accounts payable and accrued expenses			
40 Create payable			
40 Deferred revenue			
1			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
On Tabel liabilities (add lines 17 through 22)	0.	0.	
23 Total liabilities (add lines 17 through 22)			
Foundations that follow SFAS 117, check here			
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			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	4,336.	4,279.	
30 Total net assets or fund balances	4,336.	4,279.	
	-,,,,,,,	-,,-	
31_ Total liabilities and net assets/fund balances	4,336.	4,279.	
			· · · · · · · · · · · · · · · · · · ·
art III Analysis of Changes in Net Assets or Fund Ba	iances		
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	4,33
Enter amount from Part I. line 27a	••• • •	2	<5'
Other increases not included in line 2 (itemize)		3	(
Add lines 1 2 and 2		4	4,27
Decreases not included in line 2 (itemize)		5	<u> </u>
	Imp (h) line 20		4,27
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mm (D), mie 30		4,4/3

Part IV Capital Gains a	and Losse	s for Tax on I	nvestmen	Income						
(a) List and descr 2-story brick wai	ibe the kind(s) ehouse; or cor	of property sold (e.ç nmon stock, 200 sh	g., real estate, is. MLC Co.)		(b) D	How acqu - Purcha - Donatio	ured (c	c) Date acquii (mo., day, yr		(d) Date sold (mo., day, yr.)
1a										
b NOI	VE									
С										
<u>d</u>			<u> </u>		ļ					
e			 		Ь,					
(e) Gross sales price		ciation allowed illowable)		st or other basis xpense of sale				(h) Gain or (e) plus (f) m)
a		<u> </u>	ļ							
b			 				_			
<u> </u>			 							
<u>d</u>	_									
Complete anhy for coasts shown		n (h) and avend ha	the foundation	10.001.000		_				
Complete only for assets showing			T					Sains (Col. (h) k), but not les		
(i) F.M.V. as of 12/31/69		djusted basis (k) Excess of col. (i) over col. (j), if any				Losses (from	col. (h))		
<u>a</u>										
<u>b</u>			<u> </u>							
<u>G</u>			 							
<u>d</u>			 		-					
e					_					
2 Capital gain net income or (net cap	oital loss)	If gain, also enter -0			}	2				
Net short-term capital gain or (loss	s) as defined in	sections 1222(5) a	nd (6):							
If gain, also enter in Part I, line 8, o			(-/-		J					
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	-				لل_	3				
f section 4940(d)(2) applies, leave th Vas the foundation liable for the secti f "Yes," the foundation does not quali	on 4942 tax on fy under section	n 4940(e). Do not co	omplete this pa	<u>rt_</u>			·			Yes X No
Enter the appropriate amount in e	ach column for	each year; see instr	ructions before	making any entri	es.					
(a) Base period years Calendar year (or tax year beginnin	g in) Ad	(b) Ijusted qualifying dis		Net value of no	(c) ncha		e assets			d) tion ratio ed by col. (c))
2008		1	8,671.			4	,611.			4.049230
2007			21,873.				,783.			4.573071
2006			17,611.				,730.			4.721448
2005			L 4 ,767.		_		<u>,815.</u>			3.06687
2004		1	6,062.			4	<u>,712.</u>			3.40874
2 Total of line 1, column (d)								2		19.81936
Average distribution ratio for the 5 the foundation has been in existen	-		on line 2 by 5,	or by the number	of ye	ars 	-	3		3.963873
Enter the net value of noncharitable	e-use assets fo	or 2009 from Part X.	line 5					4		3,911
		222 3 4. 6.74				•				
Multiply line 4 by line 3						٠		5		15,503
Enter 1% of net investment incom	e (1% of Part !,	, line 27b) .			•			6		0
Add lines 5 and 6						-		7		15,503
Benter qualifying distributions from	Part XII, line 4							8		19,361
If line 8 is equal to or greater than See the Part VI instructions.	-	ie box in Part VI, lini			-		e.			
									Γ	m QQA_PE (2000

OWENS GROUP FOUNDATION, INC.

_	m 990-PF (2009) C/O ROBERT OWENS 22-3096 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	419	otio	Page 4
	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	11344	Cuo	113)
.,	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
ı	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			0.
	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, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable 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:	-		
a	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a			
	b Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	art VII-A Statements Regarding Activities			
_	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	ГП	Yes	No
	any political campaign?	1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	12		<u></u>
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			 -
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶\$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	NJ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
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	9		Х
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10	X	
		n 990		(2009)

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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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

N/A

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Tart VII-b Statements Regarding Activities for Which I	Offit 4720 Way be r	required (contin	uea)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	· · · · · · · · · · · · · · · · · · ·	. L Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		L	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	• • •		. ▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it maintai	ined		
expenditure responsibility for the grant?		Γ/A .	s L No	
If "Yes," attach the statement required by Regulations section 53.494	5-5 <i>(d).</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		L Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	••		6b. X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	🗔 Ye	s 🗶 No 📙	
b If yes, did the foundation receive any proceeds or have any net income attribute			,, .	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
ROBERT OWENS	· · · · · ·	EASURER	compensation	anowances
241 CENTRAL PARK WEST	INBOLDENI, IN	EASONEN		
NEW YORK, NY 10024	0.00	0.	0.	0.
	SECRETARY		0.	<u> </u>
310 PROSPECT AVE #424				
HACKENSACK, NJ 07601	0.00	0.	0.	0.
interest in the second		•	<u> </u>	0.
	<u>-</u>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		<u> </u>
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position		compensation	anowances
иоип				
			-	
				
4800				
	<u> </u>	l		
Total number of other employees paid over \$50,000	<u> </u>			0
			Form (Onno

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OWENS GROUP FOUNDATION, INC.

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "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		<u>▶</u> C
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	istical information such as the	Expenses
	Daucea, etc.	
1 <u>N/A</u>		
2		
3		
		
1	-	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
ı N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.
•		Form 990-PF (2009)

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For	m 990-PF (2009) C/O ROBERT OWENS	22-3096419	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b 3,	971.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	14 3	971.
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	3 3,	971.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	60.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 3	911.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	196.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	196.
2a	Tax on investment income for 2009 from Part VI, line 5		
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	196.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	196.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	196.
P	art XII Qualifying Distributions (see 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	1a 19,	361.
b	Program-related investments - total from Part IX-B	1b	0.
2	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:		
	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		361.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u> </u>
-	Income. Enter 1% of Part I, line 27b	5	0 -
6	Adjusted qualifying distributions. Subtract line 5 from line 4		361.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		<u> </u>
	4940(e) reduction of tax in those years.	•	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	Остраз	10213 prior 10 2000		2003
line 7				196.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only .			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2009:		0.		
# annu 1F 00F				
b From 2005 14,529.				
c From 2006 17,428.				
d From 2007 21,638.				
e From 2008 18,442.				
f Total of lines 3a through e	87,864.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 19,361.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u>U.</u>		
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				196.
e Remaining amount distributed out of corpus	19,165.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	107.000			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	107,029.			
b Prior years' undistributed income. Subtract		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				0
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)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	15,827.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	91,202.			
10 Analysis of line 9:			_	
a Excess from 2005 14,529.		ľ	,	
b Excess from 2006 17,428.				
e Excess from 2007 21,638.				
d Excess from 2008 18,442. e Excess from 2009 19,165.				
6 FYC629 1011 5003 13,103.		<u> </u>		r 000 PE (2000)

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year SCHEDULE ATTACHED			TO ACCOMPLISH CHARITABLE ENDEAVORS	19,361.
Total	-	L	<u> </u>	10 261
b Approved for future payment	·		> 3a	19,361.
NONE Total			▶ 3b	0.
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ter gross amounts unless otherwise indicated.	Unrelated	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d)	Related or exempt function income
Program service revenue:	code	Allount	code	Amount	
	-				
·	_		+		
·	-		 		
d	- 		 		
e	-				
r Fees and contracts from government agencies			+		
Membership dues and assessments			+ + -		
Interest on savings and temporary cash			+ + -		
investments			14	12.	
Dividends and interest from securities			 • •		
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events		•			
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	_	· · · · · · · · · · · · · · · · · · ·			
b					<u> </u>
·					
d	_				
e	_				
Subtotal. Add columns (b), (d), and (e)		0	•		
Total. Add line 12, columns (b), (d), and (e)				13	1
worksheet in line 13 instructions to verify calculations.					
art XVI-B Relationship of Activities	to the Accon	plishment of E	xempt P	urposes	
ne No. Explain below how each activity for which in	come is reported in (column (e) of Part XVI-	A contributed	I importantly to the accomp	olishment of
the foundation's exempt purposes (other that				· •	

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

923621 07-07-09

Form **990-PF** (2009)

Form 990-PF (2009) C/O ROBERT OWENS		22-3096		Pa	ge 13
Part XVII Information Regarding Transfers To Exempt Organizations	and Transactions an	d Relationships With Nonchar	itable		
Did the organization directly or indirectly engage in any of the follows:	ng with any other organization	described in section 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 5	27, relating to political organization	ations?			
a Transfers from the reporting foundation to a noncharitable exempt o	rganization of:			ľ	
(1) Cash			1a(1)		<u>X</u>
(2) Other assets			1a(2)		_ <u>X</u> _
b Other transactions:				ľ	
(1) Sales of assets to a noncharitable exempt organization	•		1b(1)		<u>X</u>
(2) Purchases of assets from a noncharitable exempt organization(3) Rental of facilities, equipment, or other assets	•		1b(2)		X
	• •	••	1b(3) 1b(4)		X X X X
(4) Reimbursement arrangements	•		1b(5)		<u>x</u>
(6) Performance of services or membership or fundraising solicitati	nns		1b(6)		<u> </u>
c Sharing of facilities, equipment, mailing lists, other assets, or paid er	• • •		1c		<u> </u>
d If the answer to any of the above is "Yes," complete the following sch		vs show the fair market value of the goods, of		ts.	
or services given by the reporting foundation. If the foundation received				•	
column (d) the value of the goods, other assets, or services received					
(a) Line no (b) Amount involved (c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, and s	hanng arra	ıngemer	nts
N/A					
	 -				
			_		
	 ···				
	-,				
2a Is the foundation directly or indirectly affiliated with, or related to, on	e or more tax-exempt organiza	tions described			
in section 501(c) of the Code (other than section 501(c)(3)) or in sec	-		Yes	X] No
b If "Yes," complete the following schedule.					
(a) Name of organization	(b) Type of organization	(c) Description of relationsh	ip	_	
N/A					
				_	
				_	
Under penalties (perjury, I declare that I have examined this return, including acc		A and A the heat of the leading the lead to be a second to be second to be a second to be a second to be a second to be a seco			
and complete Declaration of preparer (other than taxpayer or fiduciary) is based or	n all information of which preparer ha	as any knowledge	ue, conec	٠,	
\ \ \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12/2/10				
Signature of officer or trustee	Date Date	Title			
Signature Orofficer or trustee Preparer's signature Preparer's Signature	Date		's identifyi	ng num	ber
signature	2	Check if self- employed Preparer	050	- 7 (680
signature Firm's name (or yours ELLIOT HOROWITZ &	COMPANY, LLP	EIN ►			
Signature Firm's name (or yours ELLIOT HOROWITZ & (or yours if self-employed), 675 THIRD AVENUE					
address, and ZIP code NEW YORK, NEW YORK	10017	Phone no. 212-9	72-	750	0
			m 990 -		

Schedule B (Form 990, 990-ÈZ, 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

Name of the organization		Employer identification number
_	WENS GROUP FOUNDATION, INC. O ROBERT OWENS	22-3096419
Organization type (check of		22 3090419
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
General Rule		
For an organizatio contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special Rules	-	
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contribi	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	· ·
contributions for u if this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not agreed, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the General Rule applies to this organization because rie, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. ely religious, charitable, etc.,
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or or t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act and for Form 990, 990-E		3 (Form 990, 990-EZ, or 990-PF) (2009)

	Containations (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OWENS GROUP LTD. 619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	\$10,724.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	OWENS GROUP LTD. 619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	\$8,600.	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	· .	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH II	NVESTMENTS :	STATEMENT	1
SOURCE				AMOUNT	
SALOMON SMITH BARNEY				1	2.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A				12.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
MISCELLANEOUS	32.	0.	0	•	0.
TO FORM 990-PF, PG 1, LN 23	32.	0.	0.	•	