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## Form **990-PF**

#### Return of Private Foundation

# or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

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

For calendar year 2009, or tax year beginning and ending G Check all that apply: Initial return Final return Initial return of a former public charity Amended return Address change Name change Name of foundation A Employer identification number Use the IRS THE ZELNIKER SCHERR FOUNDATION label. Otherwise, C/O MARK ZELNIKER 26-1514242 Number and street (or P O box number if mail is not delivered to street address) print Room/suite B Telephone number or type. 30 BELVEDERE DRIVE (212) 371-9400 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. SYOSSET, NY 11791 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 352,812. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part i (c) Adjusted net (d) Disbursements (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purpose expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received N/A Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3,956 3,956 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -48,785 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 37,604. 0 Capital gain net income (from Part IV, line 2) R Net short-term capital gain Income modifications 10a Gross ost of goods solia c Gross profit or (loss) NOV 1 9 Other 11 -44,829 3,956 12 nes 1 through 11 Total 13 0 0. Other employee salares 14 Pension plans, employee benefits 15 Expenses 16a Legal fees STMT 2 **b** Accounting fees 3,000. 0. 0. c Other professional fees STMT 3 2,718 0. 0. Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses
24 Total operating
expenses. Add
25 Contributions of STMT 4 365 0 0. Total operating and administrative expenses. Add lines 13 through 23 6,083 0. 12,518 25 Contributions, gifts, grants paid 12,518. 26 Total expenses and disbursements. Add lines 24 and 25 18,601 0 12,518. 27 Subtract line 26 from line 12: -63,430 3 Excess of revenue over expenses and disbursements 3,956 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (2009)

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For	m 99	THE ZELNIKER SCHERR FOU. 0-PF(2009) C/O MARK ZELNIKER		26-:	1514242 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<del></del>
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	108,134.	44,096.	44,096.
	2	Savings and temporary cash investments			<del></del>
	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			
	1	disqualified persons			
	7	Other notes and loans receivable			•
		Less: allowance for doubtful accounts ▶	_		
22	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 5	303,773.	295,593.	283,860.
	C	Investments - corporate bonds STMT 6	15,000.	23,788.	24,856.
	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	<u> </u>		,
	15	Other assets (describe ► )			
	"				<del></del>
	16	Total assets (to be completed by all filers)	426,907.	363,477.	352,812.
_		Accounts payable and accrued expenses		300,2,,,	
	18	Grants payable			
S	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
Ë	1	Other liabilities (describe )			
		Caror induffices (Occorrise -			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
lan	25	Temporarily restricted			
Ва	26	Permanently restricted			
ը		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	426,907.	363,477.	
Net Assets or Fund Balances	30	Total net assets or fund balances	426,907.	363,477.	
_					
_	31	Total liabilities and net assets/fund balances	426,907.	363,477.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	426,907.
2	Ente	amount from Part I, line 27a		2	-63,430.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	363,477.

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363,477.

0.

5 6

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick wa	ribe the kind(s) of property sold (e.g trehouse; or common stock, 200 shs	., real estate, s. MLC Co.)		( <b>b)</b> Ho P - F D - I	w acquired Purchase Donation	(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
b SEE ATTACHED	CMAMEMENTO		<del></del>	<del> </del>				
b SEE ATTACHED	SIMIEMENT			<del> </del>				
d	······································							
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus (	
a b								<del></del>
C								
d 27 604			0.6 2.0					40 705
e 37,604.	ig gain in column (h) and owned by	the foundation	86,38	39.	<u>-</u>	(I) Coron (	2al (b) as a	<u>-48,785.</u>
	(i) Adjusted basis		cess of col. (i)			òl. (k), but	Col. (h) gaın not less thaı	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col. (	h))
a .								
<u>b</u>								
d d								
e		·				<del>.</del>		-48,785.
	( If gain, also enter	ın Part I, line	7	٦				
Proposed the capital gain net income or (net capital gain gain gain gain gain gain gain gain	spital loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	ın Part İ, line	7	<i>}</i>  _	2			-48,785.
	ss) as defined in sections 1222(5) an	d (6):		\ \				
If gain, also enter in Part I, line 8,	column (c).			<b> </b>			3T / 3	
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	3   stment In	come	N/A	
	foundations subject to the section 4							
	•	10-10(0) (0x 011	not invostment ii	1001110.)				
f section 4940(d)(2) applies, leave the	nis part blank.							
	tion 4942 tax on the distributable am		-	riod?				Yes X No
	ify under section 4940(e). Do not co each column for each year; see instri							
(a)		octions defore	making any entri		··- <u>-</u>			(d)
Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	tributions	Net value of no	(c) oncharita	ible-use asset	s	Distrib	(d) pution ratio rided by col. (c))
2008		0,533.			77,89	1.	(0011 (0) 011	.263612
2007		0.			49,27	0.		.000000
2006		_						
2005								
2004	<u></u>		···					
? Total of line 1, column (d)								262612
	5-year base period - divide the total (	on line 2 by 5	or by the number	of vear	e	2		.263612
the foundation has been in existe		711 IIII 2 U y 0,	or by the number	or year.	•	3		.131806
	•							
Enter the net value of noncharitat	le-use assets for 2009 from Part X,	ine 5				4		240,160.
Multiply line 4 by line 3						_		21 655
Widiuply line 4 by line 5						5		31,655.
Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6		40.
Add lines 5 and 6						7		31,695.
	- Da AWIL Lauré							
Enter qualifying distributions from	n Part XII, line 4 I line 7, check the box in Part VI, line	1h and comp	lete that part your	na 10/	tav rate	8	1	12,518.
See the Part VI instructions.	, GIOGN THE DUX III FAIT VI, IIIIB	io, and comp	iere mar han nom	iya 170	iax raic.			

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THE ZELNIKER SCHERR FOUNDATION

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Part VI Excise Tax Based on Investment Income (Section 4	940(a), 4	1940(b), 4940(e), or 4	948	- see ins	truction	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here	nd enter "N/A	N' on line 1.	,		·."	<del></del>
Date of ruling or determination letter: (attach copy of letter if	f necessary-	see instructions)		1	•	وُ الْ
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		· •	1			79.
of Part I, line 27b			,		; .	, 3
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations ente	r 4% of Part	I, line 12, col. (b)	-	-57	ž <sub>s</sub> ,	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations onl	ly. Others ent	ter -0-)	2			0.
3 Add lines 1 and 2		,	3			79.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ly. Others en	iter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			79.
6 Credits/Payments:					,	, 1, 1
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	427.				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b			,		<i>"</i> . !
c Tax paid with application for extension of time to file (Form 8868)	_6c	500.	,	,, ,		
d Backup withholding erroneously withheld	6d		-,			
7 Total credits and payments. Add lines 6a through 6d			7			927.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai	id	, ▶	10		{{	848.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax		848 . Refunded >	11			0.
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local l	legislation or	did it participate or intervene	ın		Yes	
any political campaign?				<u></u> 1	la	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	•	•			l <b>b</b>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies	s of any matenals publishe	d or		,	1
distributed by the foundation in connection with the activities.						
c Did the foundation file Form 1120-POL for this year?				<u></u>	lc	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		_				
(1) On the foundation. ▶ \$ 0. (2) On foundation mana						<b>-</b> -,
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax	imposed on foundation				. ' '
managers. ▶ \$ 0.				-		
2 Has the foundation engaged in any activities that have not previously been reported to t	ne IRS?			<u> </u> -	2	X
If "Yes," attach a detailed description of the activities				1		
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	_	ent, articles of incorporation, c	r			1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	-			<u> </u>	3	<u> </u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		3.7	ļ	la	X
<ul><li>b If "Yes," has it filed a tax return on Form 990-T for this year?</li><li>5 Was there a liquidation, termination, dissolution, or substantial contraction during the y</li></ul>			IA		lb	
If "Yes," attach the statement required by General Instruction T.	tai '			$\vdash$	5	X_
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	nd outhors			11		73,1
By language in the governing instrument, or	eu eilliel.				l',	
By state legislation that effectively amends the governing instrument so that no mand	atoni directi	one that conflict with the ctate	low			
remain in the governing instrument?	atory uncont	ons that conflict with the state	law	-	6	x
7 Did the foundation have at least \$5,000 in assets at any time during the year?				<u></u>	7 X	+
If "Yes," complete Part II, col. (c), and Part XV				-	<u> </u>	+
8a Enter the states to which the foundation reports or with which it is registered (see instru	ictione)					1
NY		·				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to ti	he Attorney (	General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation	no miloringy (	aunural for acolynate)		۱.	ıb X	
9 Is the foundation claiming status as a private operating foundation within the meaning of	of section 49.	42(i)(3) or 4942(i)(5) for cale	ndar	<u> </u>	<u> </u>	+
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes			iiuui		9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a so				_	10	$\frac{\mathbf{x}}{\mathbf{x}}$
i res, aliavila sc	uuro naung t					

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

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

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?

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

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3b

4a

4b

Yes X No

N/A

during the year?

THE ZELNIKER SCHERR FOUNDATION Form 990-PF (2009) C/O MARK ZELNIKER 26-1514242 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? 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 instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 6b If "Yes" to 6b, file Form 8870. 🗌 Yes 🕱 No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances SEE STATEMENT 7 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation compensation allowances NONE

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

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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		<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the	Expenses
1 N/A	nuceu, etc.	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	1	
Describe the two largest program-related investments made by the foundation during the tax year on 1 N/A	lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3		0 .
Towns, and a stronger of the s		Form <b>990-PF</b> (2009

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 167,702. a Average monthly fair market value of securities 1a 76,115. Average of monthly cash balances 1b b c Fair market value of all other assets 1c 243.817. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 817. Subtract line 2 from line 1d 3 3,657. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 240,160. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 12,008. 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 12,008. Minimum investment return from Part X, line 6 79. Tax on investment income for 2009 from Part VI, line 5 2a Income tax for 2009. (This does not include the tax from Part VI.) 2b b Add lines 2a and 2b 2c 929. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 929 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 929. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 12,518. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 12,518. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

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4940(e) reduction of tax in those years.

### Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009	
1 Distributable amount fo	or 2009 from Part XI,	12 0	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	10.	11	929.
2 Undistributed income, if an	v. as of the end of 2009	44.0				<u> </u>
a Enter amount for 2008				0.	•	* 1
b Total for prior years:				·	*	, , ,
	,		0.	· · .		023
3 Excess distributions ca	rryover, if any, to 2009:	•		,		- 4.1
a From 2004						
<b>b</b> From 2005						, ,
<b>c</b> From 2006		. "				, * 
d From 2007			ş.	, , , , , , , , , , , , , , , , , , ,		- 41
e From 2008	16,561.	,				ŧ
f Total of lines 3a throug		16,561.				<del></del>
4 Qualifying distributions		,,,	,	, '	. *	
Part XII, line 4: ► \$	12,518.		· , , ,			; , <sub>4</sub> ;- ,
a Applied to 2008, but no				0.		
<b>b</b> Applied to undistribute		٠ "		, ;		, 4
years (Election required	•	, ,	0.	, , , ,		
c Treated as distributions	•	_			:: <u>`</u> ``````	
(Election required - see	•	0.	*	* * * *	11	000
d Applied to 2009 distrib		F 0 0				929.
e Remaining amount dist	•	589. 0.	**************************************			
5 Excess distributions carryo (If an amount appears in co must be shown in column (	lumn (d), the same amount	· · ·		, ,; ^		0.
6 Enter the net total of e indicated below:	ach column as					3
a Corpus Add lines 3f, 4c, ar	nd 4e Subtract line 5	17,150.				
<b>b</b> Prior years' undistribut	ed income. Subtract	ě		,		7, 6
line 4b from line 2b		J	0.			,,
c Enter the amount of pri undistributed income for deficiency has been iss the section 4942(a) tax assessed	or which a notice of ued, or on which		0.	,	٠,	` ;,
d Subtract line 6c from III	ne 6b. Taxable					
amount - see instruction	ns		0.			
e Undistributed income f	or 2008. Subtract line				+;	,
4a from line 2a. Taxabli	e amount - see instr.			0.	· · · · · · · · · · · · · · · · · · ·	
f Undistributed income f						
lines 4d and 5 from line	e 1. This amount must					_
be distributed in 2010						0.
7 Amounts treated as dis						
corpus to satisfy requir		0				
section 170(b)(1)(F) or		0.				
8 Excess distributions ca		0.				
not applied on line 5 or					_	
9 Excess distributions ca Subtract lines 7 and 8 f	-	17,150.	•			
10 Analysis of line 9:	TOTTI IIITE Oa	17,130.	···			
a Excess from 2005						
b Excess from 2006						
c Excess from 2007	-					
d Excess from 2008	16,561.					
e Excess from 2009	589.					
3 2.10000 HOIH E000					Farm 000 D	F (0000)

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C/O MARK ZELNIKER

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Part XV Supplementary Information	(continued)		20_101	42 42 1 (dg) (1
3 Grants and Contributions Paid During the Ye	ear 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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 8				
Total	Τ	1	<b>▶</b> 3a	12,518.
b Approved for future payment				
NONE				
Total	<u> </u>	<u> </u>	<b>▶</b> 3b	0.
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Form **990-PF** (2009)

**Analysis of Income-Producing Activities** 

Form 990-PF (2009) C/O MARK ZELNIKER

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		6000		
a			ļ <u> </u>		
b					·
<u> </u>					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash					
Investments			1 4	2 056	
4 Dividends and interest from securities			14	3,956.	<u> </u>
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0	40 505	
than inventory		· · · · · · · · · · · · · · · · · · ·	_18	-48,785.	
9 Net income or (loss) from special events					· · · · · · · · · · · · · · · · · · ·
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:					
<b>a</b>			<del> </del>		
b					
G			<u> </u>		
d			<del> </del>		
e		0		44 000	
12 Subtotal. Add columns (b), (d), and (e)	L	0.	L	-44,829.	
13 Total. Add line 12, columns (b), (d), and (e)				13	-44,829.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to					
Explain below how each activity for which income the foundation's exempt purposes (other than be			contri	buted importantly to the accor	nplishment of
					· · · · · · · · · · · · · · · · · · ·
				•	
					•
					-
		" <u>'</u>			
			-		

923621 02-02-10

P	art XVII Information Regarding Transfers To a Exempt Organizations	and Transactions a	nd Relationships With Nonch	aritable	
1	Did the organization directly or indirectly engage in any of the followin	o with any other organization	described in section 501(c) of	Ye	s No
•	the Code (other than section 501(c)(3) organizations) or in section 52	· · · · · · · · · · · · · · · · · · ·	• •		1
a	Transfers from the reporting foundation to a noncharitable exempt org				
•	(1) Cash	gamzation of.		1a(1)	X
	(2) Other assets			1a(2)	$\frac{\mathbf{x}}{\mathbf{x}}$
	Other transactions;		•	10(2)	<del>  ^</del>
U				46/45	<b>X</b> _
	(1) Sales of assets to a noncharitable exempt organization			1b(1)	
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)	X-
	(3) Rental of facilities, equipment, or other assets			1b(3)	X
	(4) Reimbursement arrangements			1b(4)	<u> X</u>
	(5) Loans or loan guarantees			1b(5)	<u> X</u>
	(6) Performance of services or membership or fundraising solicitation			1b(6)	<u> </u>
	Sharing of facilities, equipment, mailing lists, other assets, or paid em			1c	X
d	If the answer to any of the above is "Yes," complete the following sche				
	or services given by the reporting foundation. If the foundation receive		e 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	e exempt organization	(d) Description of transfers, transactions, and	d sharing arrange	ments
	N/A				
			<u></u>		
		· · · · · · · · · · · · · · · · · · ·			
					<del></del>
					_
_					
22	Is the foundation directly or indirectly affiliated with, or related to, one	or more tay-evennt organiz	ations described		<del></del>
2.0	in section 501(c) of the Code (other than section 501(c)(3)) or in sect	• •	ations described	Yes [	X No
	if "Yes," complete the following schedule.	11011 327 :	· ·	1 162	<u> 22  </u> 140
	(a) Name of organization	(b) Type of organization	(c) Description of relation	ıshın	
	N/A	(b) Typo of organization	(a) Doddinphon or rounding		<del></del>
	N/A				<del></del>
_					
_	Under penalties of perjury, I gentlare that I have exargined this return, including according	TO DO DE LA COMPANIA	ante and to the best of my knowledge and belief it.	in true correct	
	and complete Deglaration of preparer (other than texpayer or fiduciary) is based on			s true, correct,	
ĺ	WELL VIV	111/12/10	. 0 +		
ارو	Offinature of officer or trustee	<del></del>	Prosident		
Sign Here	Mignature of Officer or trustee	Date	Title Check if Property		
딞	Preparer's	Da	self-	arer's identifying i	unioer
ะรั	signature  Firm's name (or yours GRASSI & CO., CPA'S  d d d d self-employed).  50 JERICHO QUADRANG				
	Firm's name (or yours GRASSI & CO., CPA'S  1 sett-employed). 50 JERICHO OUADRANG		I J EIN ►		
	1 self-employed), 50 JERICHO QUADRANG	LE			
	address, and ZIP code JERICHO, NY 11753			<u>-256-35</u>	
			ŗ	Form <b>990-P</b> l	F (2009)

Part IV   Capital Gains and Los	sses for Tax on Investment Income				
	describe the kind(s) of property solorick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 700 SHS.CHICAG	O BRIDGE & IRON	CO NV	P	VARIOUS	VARIOUS
	AR INC.		P		02/09/09
c 900 SHS. ABB L	TD		P	VARIOUS	03/04/09
d 400 SHS AMERIC	A MOVIL S A B DE	CV SPONSORED ADR	P		03/09/09
	S CORP		P		05/06/09
f 100 SHS WRIGHT	EXPRESS CORP		P	02/12/08	09/15/09
9					
<u>h</u>					
1		<del></del>			
<u>k</u>	_ <del></del>				
m	<del></del>		<del></del>		
n			<del>-  </del>	ļ	
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
(e) dross sales price	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
a 8,176.		30,974.			-22,798.
b 3,123.		5,769.			-2,646.
c 10,476.		21,027.		···	-10,551.
d 9,632.		21,935.	<del></del>	<del></del>	<del>-12,303.</del>
<u>e</u> 3,142.		3,751.			-609 <b>.</b>
f 3,055.		2,933.			122.
<u>g</u>					
<u>h</u>					
<u> </u>	· · · · · · · · · · · · · · · · · · ·				<del>-</del>
1	<del></del>				
<u>k</u>					
m					<del></del>
n		-			
0		_			
	ng gain in column (h) and owned by t	the foundation on 12/31/69	(I) Los	sses (from col. (h)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain ove ot less than "-0-")	
a			· · · · · · · · · · · · · · · · · · ·		-22,798.
<u>b</u>					-2,646.
C					-10,551.
d					-12,303.
е					-609.
f					122.
9					
<u>h</u>					
1					<del></del>
<u> </u>					
<u>k</u>					
1			<u> </u>		
<u>m</u>					<del>-</del>
<u>n</u>					
0	L				
2 Capital gain net income or (net ca	apital loss) { If gain, also enter -0	in Part I, line 7 In Part I, line 7	2		-48,785.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c).	, i			
If (loss), enter "-0-" in Part I, line 8	В		3	N/A	<del></del>

FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	)
NEUBERGER BERMAN	-		3,956.		0.	3,9	56.
TOTAL TO FM 990-PF, PART I, I	.N 4		3,956.		0.	3,9	56.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE:	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME		
ACCOUNTING & REPORTING		3,000.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		3,000.		0.			0.
FORM 990-PF C	THER	PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOME		
MANAGEMENT FEES		2,718.		0.			0.
TO FORM 990-PF, PG 1, LN 16C		2,718.		0.			0.
FORM 990-PF	0'	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME		
NEW YORK STATE DEPT OF LAW MISCELLANEOUS		100. 265.		0.			0.
TO FORM 990-PF, PG 1, LN 23		365.		0.			0.
		<del></del>		<del></del>	<del></del>		

FORM 990-PF	CORPORATE STOCK		STAT	EMENT	5
DESCRIPTION		BOOK VALUE		MARKE' ALUE	Т
EQUITIES	•	295,59	93.	283,8	60.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	295,59	93.	283,8	60.
FORM 990-PF	CORPORATE BONDS		STAT	EMENT	6
DESCRIPTION		BOOK VALUE		MARKE' ALUE	T
CORPORATE BONDS	•	23,78	38.	24,8	56.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	23,78	38.	24,8	56.
FORM 990-PF PART VIII - L	IST OF OFFICERS, D		STAT	EMENT	7
	ND FOUNDATION MANA	GERS COMPEN-	EMPLOYEE BEN PLAN		SE
				EXPEN	
TRUSTEES A	TITLE AND	COMPEN- SATION	BEN PLAN	EXPEN	
NAME AND ADDRESS  MARK ZELNIKER 30 BELVEDERE BLVD	TITLE AND AVRG HRS/WK DIRECTOR & PRE	COMPEN- SATION SIDENT	BEN PLAN CONTRIB	ACCOU.	<b>NT</b> 0.
NAME AND ADDRESS  MARK ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  ILENE ZELNIKER 30 BELVEDERE BLVD	TITLE AND AVRG HRS/WK DIRECTOR & PRE 0.00	COMPEN- SATION SIDENT	BEN PLAN CONTRIB	ACCOU	0. 0.
NAME AND ADDRESS  MARK ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  ILENE ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  JEFF SCHERR 27 FLOWER LANE	TITLE AND AVRG HRS/WK  DIRECTOR & PRE 0.00  DIRECTOR 0.00	COMPEN- SATION SIDENT 0.	CONTRIB  0.	ACCOU	0. 0.
NAME AND ADDRESS  MARK ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  ILENE ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  JEFF SCHERR 27 FLOWER LANE JERICHO, NY 11753  JAN SCHERR 27 FLOWER LANE JERICHO, NY 11753  ELAINE ZELNIKER	TITLE AND AVRG HRS/WK  DIRECTOR & PRE 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	COMPEN- SATION  SIDENT  0.	O.  O.	ACCOU	NT
NAME AND ADDRESS  MARK ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  ILENE ZELNIKER 30 BELVEDERE BLVD SYOSSET, NY 11791  JEFF SCHERR 27 FLOWER LANE JERICHO, NY 11753  JAN SCHERR 27 FLOWER LANE JERICHO, NY 11753	TITLE AND AVRG HRS/WK  DIRECTOR & PRE 0.00  DIRECTOR 0.00  DIRECTOR 0.00  DIRECTOR 0.00	COMPEN- SATION  SIDENT  0.	O.  O.	ACCOU	0. 0.

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 8
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALS FOUNDATION	NONE MEDICAL RESEARCH	ЕХЕМРТ	200.
AMERICAN CANCER SOCIETY	NONE MEDICAL RESEARCH	EXEMPT	850.
CYSTIC FIBROSIS FOUNDATION	NONE MEDICAL RESEARCH	ЕХЕМРТ	1,000.
JEWISH FOUNDATION OF PALM BEACH	NONE RELIGIOUS FURTHERANCE	EXEMPT	900.
MID ISLAND Y JCC	NONE CIVIC FURTHERANCE	EXEMPT	934.
NORTH SHORE SYNAGOGUE	NONE RELIGIOUS FURTHERANCE	ЕХЕМРТ	4,184.
NORTH SHORE-LIJ HEALTH SYSTEMS	NONE MEDICAL RESEARCH	EXEMPT	500.
OLD WESTBURY CC FOUNDATION	NONE CIVIC FURTHERANCE	EXEMPT	250.

NONE RELIGIOUS FURTHERANCE	EXEMPT	1,800.
NONE EDUCATIONAL ENHANCEMENT	EXEMPT	250.
NONE EDUCATIONAL ENHANCEMENT	ЕХЕМРТ	50.
NONE EDUCATIONAL ENHANCEMENT	EXEMPT	100.
NONE MEDICAL RESEARCH	EXEMPT	50.
NONE MEDICAL RESEARCH	EXEMPT	100.
NONE MEDICAL RESEARCH	EXEMPT	100.
NONE EDUCATIONAL ENHANCEMENT	EXEMPT	500.
NONE MEDICAL RESEARCH	EXEMPT	750.
	NONE EDUCATIONAL ENHANCEMENT  NONE EDUCATIONAL ENHANCEMENT  NONE EDUCATIONAL ENHANCEMENT  NONE MEDICAL RESEARCH   NONE EXEMPT EDUCATIONAL ENHANCEMENT  NONE EDUCATIONAL ENHANCEMENT  NONE EDUCATIONAL ENHANCEMENT  NONE MEDICAL RESEARCH  NONE MEDICAL RESEARCH  EXEMPT  MEDICAL RESEARCH  NONE MEDICAL RESEARCH  NONE MEDICAL RESEARCH  EXEMPT  MONE MEDICAL RESEARCH  NONE EXEMPT  EXEMPT  NONE EXEMPT  EXEMPT  NONE EXEMPT  NONE EXEMPT	

#### Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

BITCHIST LICAC	The a separate approacher to cach tecom					
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this omplete Part II unless you have already been granted an automatic 3-month extension on a previously fil		► X m 8868.			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		-			
A corpora Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	plete	▶ □			
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Ome tax returns.	exten	sion of time			
noted belo (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (8 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroninatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T. Instead,			
Type or	Name of Exempt Organization	Employer identification number				
print	THE ZELNIKER SCHERR FOUNDATION C/O MARK ZELNIKER	26-1514242				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.					
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYOSSET, NY 11791					
Check ty	pe of return to be filed (file a separate application for each return):					
For	m 990	227 069				
Teleph  If the c	MARK ZELNIKER  soks are in the care of ▶ 30 BELVEDERE ROAD - SYOSSET, NY 11791  one No. ▶ 516-256-3500 FAX No. ▶  organization does not have an office or place of business in the United States, check this box  s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th  . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all					
	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unin $\frac{15}{15}$ , $\frac{2010}{15}$ , to file the exempt organization return for the organization named a		The extension			
_	or the organization's return for:    X       Calendar year 2009 or					
<b>▶</b> [	tax year beginning, and ending		<u> </u>			
2 If th	nis tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period			
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		\$ 927.			
	refundable credits. See instructions. his application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$ 927.			
	payments made. Include any prior year overpayment allowed as a credit.	3ь	\$ 427			
	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	12.8	<del>                                     </del>			
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)					
-	instructions.	3с	\$ 500.			
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.			

923831 05-26-09

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form (	3868 (Rev. 4-2009)				Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and che	eck this box			<b>&gt;</b> X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previous			8868.	
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the one	ginal (no cop	ies n	eeded).	
_	Name of Exempt Organization		Employer identification number		
Туре	or THE ZELNIKER SCHERR FOUNDATION				
print	C/O MARK ZELNIKER		26-1514242		
File by t extende			For IF	S use onl	<b>y</b>
due dat		l			<del> </del>
return (	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	SYOSSET, NY 11791				
$\overline{}$	k type of return to be filed (File a separate application for each return):	_	_		
$\vdash$	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust)	=	= ```	rm 5227	Form 8870
Ш	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 47	720 L_	_] Fo	rm 6069	
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on	a previous	y file	d Form 8	868.
	MARK ZELNIKER				
• Th	e books are in the care of ► 30 BELVEDERE ROAD - SYOSSET, NY 11	791			
	ephone No. ► 516-256-3500 FAX No. ►	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	he organization does not have an office or place of business in the United States, check this box			· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			the whole	a group, check this
box )					•
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.				
		dending			
		inal return Change in accounting period			
	State in detail why you need the extension	_		Ū	0.
		RETURN	J I	S NOT	YET
	AVAILABLE.				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	у			
	nonrefundable credits. See instructions.		8a	\$	927.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estim	ated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
	previously with Form 8868.		8b	\$	927.
C	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, de	posit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See ins	structions	8c	\$	0.
	Signature and Verification				
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement ie, correct, and complete, and that I am authorized to prepare this form.	s, and to the t	est of	f my knowl	edge and belief,
Signat	ure 🟲 Title 🟲		Date	<b>_</b>	
				For	m 8868 (Rev. 4-2009)