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# Form **990-PF**

Department of the Treasury

Internal Revenue Service

# **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.

OMB No 1545-0052

| For                                   | caler          | ndar year 2009, or tax year beginning  |                                       | , and ending         |  |  |
|---------------------------------------|----------------|--|---------------------------------------|----------------------|--|--|
| G (                                   | Check          | all that apply: Initial return  Amended return   | Initial return of a fo                | ormer public charity | Final return   | 1  |
|                                       |                | · · · · · · · · · · · · · · · · · · ·  | Address chan                          | iye                  | Name change  |  |
|                                       | the            | MIID I DDAW AAMBAABA BA  | יוואדר אר דייוגערואדו                 | ·c                   | A Employer identification                              | n number                                     |
|                                       | label<br>ierwi | <b>L</b>   |                                       | 30-0134495           |  |  |
|                                       | print          | '  |                                       | Room/suite           | B Telephone number                                     |  |
|                                       | r typ          |  |                                       | l.                   | 908-225-28   | 93   |
|                                       | Spe            | cific City or town, state, and ZIP code  | 100 111100                            |                      | C If exemption application is p                        |  |
| inst                                  | ructi          | ons SOUTH PLAINFIELD, NJ   | 07080                                 |                      | D 1. Foreign organizations                             |  |
| H (                                   | heck           | type of organization: X Section 501(c)(3) ex   |                                       | <del></del>          | Foreign organizations me<br>check here and attach co   | eeting the 85% test,                         |
|                                       | _              |  | Other taxable private founda          | ation                |  |  |
| I Fa                                  | ur ma          | rket value of all assets at end of year   J   Accounti   |                                       | Accrual              | E If private foundation sta<br>under section 507(b)(1) |  |
| (fi                                   | om I           | Part II, col. (c), line 16)  | her (specify)                         |                      | F If the foundation is in a                            |  |
|                                       | \$             | 14,154,007. (Part I, colu  | mn (d) must be on cash                | basis)               | under section 507(b)(1                                 |  |
| Pa                                    | ırt I          | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not                  | (a) Revenue and                       | (b) Net investment   | (c) Adjusted net                                       | (d) Disbursements<br>for charitable purposes |
|                                       |                | necessarily equal the amounts in column (a) )  | expenses per books                    | income               | ıncome   | (cash basis only)                            |
|                                       | 1              | Contributions, gifts, grants, etc., received   | 1,200,194.                            |                      | N/A  |  |
|                                       | 2              | Check If the foundation is not required to attach Sch. B. Interest on savings and temporary                  | 46 252                                | 46.000               |  |  |
|                                       | 3              | cash investments   | 16,379.                               | 16,379.              |  | STATEMENT 1                                  |
|                                       | 4              | Dividends and interest from securities   |                                       |                      | _  |  |
|                                       |                | Gross rents  |                                       |                      |  |  |
|                                       |                | Net rental income or (loss)  | 492,584.                              |                      |  |  |
| ē                                     | Da             | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,019,874. | 432,304.                              |                      |  |  |
| Revenue                               | 7              | assets on line 6a 1, U19, 8/4.  Capital gain net income (from Part IV, line 2)                               |                                       | 492,584.             |  |  |
| æ                                     | Ŕ              | Net short-term capital gain  |                                       | 452,504.             |  |  |
|                                       | 9              | Income modifications   | -                                     |                      |  |  |
|                                       | 10a            | Gross sales less returns RECEIVED and allowances   |                                       |                      |  |  |
|                                       | Ь              | Less Cost of goods sold  |                                       |                      |  |  |
|                                       | C              | Gross profite Glossian V 1 6 2010 9  |                                       |                      |  |  |
|                                       | 11             | Uther income   |                                       |                      |  |  |
|                                       | 12             | Total. Add lines d-through 1   | 1,709,157.                            | 508,963.             | · · · · · · · · · · · · · · · · · · ·                  |  |
|                                       | 13             | Compensation of officers directors trustees etc.   | 0.                                    | 0.                   | ,  | 0.   |
|                                       | 14             | Other employee salaries and wages  | 26,450.                               | 0.                   |  | 0.   |
| S                                     | 15             | Pension plans, employee benefits   | 443.                                  | 0.                   |  | 0.   |
| us.                                   | l loa          | Legal fees Accounting fees STMT 2  | 5,634.                                | 2,817.               | <del></del> -  | 2 917  |
| ğ                                     | ָ ו            | Other professional fees  | 3,034.                                | 2,017.               |  | 2,817.                                       |
| <b>Б</b>                              | 17             | Interest   |                                       |                      | <del>"</del> -   |  |
| ati                                   | 18             | Taxes STMT 3   | 2,831.                                | 0.                   |  | 250.   |
| ist                                   | 19             | Depreciation and depletion   | · · · · · · · · · · · · · · · · · · · |                      |  |  |
| Ē                                     | 20             | Оссиралсу  | 1,429.                                | 0.                   |  | 0.   |
| Ad                                    | 21             | Travel, conferences, and meetings  | 17,974.                               | 0.                   |  | 17,974.                                      |
| and                                   | 22             | Printing and publications  |                                       |                      |  |  |
| ng                                    | 23             | Other expenses STMT 4  | 69,511.                               | 704.                 |  | 17,477.                                      |
| rati                                  | 24             | Total operating and administrative   |                                       |                      |  |  |
| Operating and Administrative Expenses |                | expenses Add lines 13 through 23   | 124,272.                              | 3,521.               |  | 38,518.                                      |
|                                       | 25             | Contributions, gifts, grants paid  | 3,316,462.                            | . <del></del> .      |  | 3,316,462.                                   |
|                                       | 26             | Total expenses and disbursements.  | 2 440 774                             | 2 504                |  | 2 254 222                                    |
| <u>;</u>                              | -              | Add lines 24 and 25  | 3,440,734.                            | 3,521.               |  | 3,354,980.                                   |
| ?                                     | l              | Subtract line 26 from line 12:   | 1 721 577                             |                      |  |  |
|                                       |                | Excess of revenue over expenses and disbursements  | <1,731,577.                           | 505,442.             |  |  |
| 7                                     | ı              | Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)                 |                                       | 303,442.             | N/A  |  |
| 9235                                  |                | LUA For Privacy Act and Panerwork Reduction  | Act Notice see the instruc            | tione                | M/A  | Form <b>990-PF</b> (2000)                    |

THE LEROY SCHECTER FOUNDATION, INC
F/K/A THE SCHECTER FAMILY FOUNDATION, INC
30-0134495

Page 2

| ГБ                         | Part II Balance Sheets Attached schedules and amounts in the description |  | Beginning of year |                                   | End of year               |  |  |
|----------------------------|--|--|-------------------|-----------------------------------|---------------------------|--|--|
| <u></u>                    | art  | column should be for end-of-year amounts only                                    | (a) Book Value    | (b) Book Value                    | (c) Fair Market Value     |  |  |
|                            | 1  | Cash - non-interest-bearing  |                   |                                   |                           |  |  |
|                            | 2  | Savings and temporary cash investments   | 1,612,472.        | 638,200.                          | 638,200.                  |  |  |
|                            | 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                    |                   |                                   |                           |  |  |
|                            | ŀ  | disqualified persons   |                   |                                   |                           |  |  |
|                            | 7  | Other notes and loans receivable   |                   |                                   |                           |  |  |
|                            |  | Less; allowance for doubtful accounts  |                   |                                   |                           |  |  |
| S                          | 8  | Inventories for sale or use  |                   | · · · · · · · · · · · · · · · · · | <u></u>                   |  |  |
| Assets                     | l  | Prepaid expenses and deferred charges  |                   | 6,180.                            | 6,180.                    |  |  |
| As                         |  | Investments - U.S. and state government obligations                              | <del></del>       | 0/100.                            | 0,1001                    |  |  |
|                            |  | Investments - corporate stock STMT 6   | 5,560,305.        | 5,272,369.                        | 12,159,317.               |  |  |
|                            |  | Investments - corporate bonds  | 3,300,303.        | 3,272,303.                        | 12,137,317                |  |  |
|                            |  |  |                   |                                   | <del></del>               |  |  |
|                            | ''   | Investments - land, buildings, and equipment, basis                              | }                 |                                   |                           |  |  |
|                            | 40   | Less accumulated depreciation  |                   |                                   |                           |  |  |
|                            | 12   | Investments - mortgage loans Investments - other STMT 7                          | 2,725,168.        | 1,300,000.                        | 1,300,000.                |  |  |
|                            | 13   | · · · · · · · · · · · · · · · · · · ·  | 2,725,100.        | 1,300,000.                        | 1,300,000.                |  |  |
|                            | 14   | Land, buildings, and equipment basis   |                   |                                   |                           |  |  |
|                            | ١  | Less accumulated depreciation  | 270 (20           | FO 210                            | FO 310                    |  |  |
|                            | 15   | Other assets (describe STATEMENT 8)  | 278,629.          | 50,310.                           | 50,310.                   |  |  |
|                            | ١  |  | 10 156 554        | T 06T 050                         | 14 154 005                |  |  |
| _                          | 16   | Total assets (to be completed by all filers)                                     | 10,176,574.       | 7,267,059.                        | 14,154,007.               |  |  |
|                            |  | Accounts payable and accrued expenses  |                   |                                   |                           |  |  |
|                            | 18   | Grants payable   |                   |                                   |                           |  |  |
| es                         | 19   | Deferred revenue   |                   |                                   |                           |  |  |
| Liabilities                | 20   | Loans from officers, directors, trustees, and other disqualified persons         |                   |                                   |                           |  |  |
| ia                         | 21   | Mortgages and other notes payable  |                   |                                   |                           |  |  |
| _                          | 22   | Other liabilities (describe  |                   |                                   |                           |  |  |
|                            |  |  |                   |                                   |                           |  |  |
|                            | 23   | Total liabilities (add lines 17 through 22)                                      | 0.                | 0.                                |                           |  |  |
|                            |  | Foundations that follow SFAS 117, check here                                     |                   | İ                                 | •                         |  |  |
| s                          |  | and complete lines 24 through 26 and lines 30 and 31.                            |                   |                                   |                           |  |  |
|                            | 24   | Unrestricted   |                   |                                   |                           |  |  |
| <u>la</u>                  | 25   | Temporarily restricted   |                   |                                   |                           |  |  |
| Net Assets or Fund Balance | 26   | Permanently restricted   |                   |                                   |                           |  |  |
| בַ                         |  | Foundations that do not follow SFAS 117, check here                              |                   |                                   |                           |  |  |
| Œ                          |  | and complete lines 27 through 31.  |                   |                                   |                           |  |  |
| S O                        | 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                 | 10,176,574.       | 7,267,059.                        |                           |  |  |
| Ě                          | 30   | Total net assets or fund balances  | 10,176,574.       | 7,267,059.                        |                           |  |  |
| _                          |  | ·  |                   |                                   |                           |  |  |
|                            | 31   | Total liabilities and net assets/fund balances                                   | 10,176,574.       | 7,267,059.                        |                           |  |  |
|                            |  | III Analysis of Changes in Net Assets or Fund Ba                                 | alancee           |                                   |                           |  |  |
| L                          | art  | Analysis of Changes in Net Assets of Fulld Bi                                    |                   |                                   |                           |  |  |
| 1                          | Tota   | I net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30                |                                   |                           |  |  |
|                            | (mus   | st agree with end-of-year figure reported on prior year's return)                |                   | 1                                 | 10,176,574.               |  |  |
| 2                          | •  | r amount from Part I, line 27a   |                   | 2                                 | <1,731,577.>              |  |  |
|                            |  | r increases not included in line 2 (itemize)                                     |                   | 3                                 | 0.                        |  |  |
|                            |  | lines 1, 2, and 3  |                   | 4                                 | 8,444,997.                |  |  |
|                            |  | eases not included in line 2 (itemize) PRIOR PERIOD AI                           | OJUSTMENTS        | 5                                 | 1,177,938.                |  |  |
|                            |  | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co   |                   | 6                                 | 7,267,059.                |  |  |
| _                          |  |  |                   |                                   | Form <b>990-PF</b> (2009) |  |  |

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| Part IV   Capital Gains a   | nd Lo       | sses for Tax on In                                       | vestment         | Income              |          |             |                |             |                             |   |
|---|-------------|--|------------------|---------------------|----------|-------------|----------------|-------------|-----------------------------|---|
| (a) List and descri   | be the kil  | nd(s) of property sold (e.g.<br>or common stock, 200 shs | , real estate,   |                     | I P      | - Purc      | quired<br>hase | (c) Date    | acquired<br>day, yr.)       | (d) Date sold<br>(mo., day, yr.)          |
|   | enouse,     | or common stock, 200 sns                                 | . IVILO GO.)     |                     | D        | - Dona      |                | (1110.,     |                             | (mo., day, yr.)                           |
| b OPPENHEIMER   |             |  |                  |                     | _        |             | P<br>P         |             |                             | ·   |
| C C C   |             |  |                  |                     | $\vdash$ | _           | -              |             |                             |   |
| d   | _           | . <u> </u>   |                  |                     |          |             |                |             |                             |   |
| e   |             |  |                  | <del></del> .       |          |             | -              |             |                             |   |
| (e) Gross sales price   | (f) [       | Depreciation allowed                                     |                  | st or other basis   |          |             |                | (h) (       | Gain or (loss               | ;)  |
|   |             | (or allowable)   | plus e           | xpense of sale      |          |             |                | (e) plu     | ıs (f) minus                | •   |
| a 803,334.  |             |  |                  | 359,29              |          |             |                |             |                             | 444,044.                                  |
| b 216,540.  |             |  |                  | 168,00              | 00.      |             |                |             |                             | 48,540.                                   |
| C   |             |  |                  |                     |          |             |                |             |                             |   |
| d   |             |  |                  |                     |          |             |                |             |                             | · · · · · · · · · · · · · · · · · · ·     |
| Complete only for assets showing  | ı naın ın ı | column (h) and owned by t                                | he foundation    | on 12/31/69         |          |             |                | I) Gaine // | Col. (h) gaın               | minus                                     |
| (i) F.M.V. as of 12/31/69   |             | (j) Adjusted basis<br>as of 12/31/69                     | (k) Ex           | cess of col. (i)    |          |             |                | l. (k), but | not less that<br>(from col. | n -0-) <b>or</b>                          |
|   |             | as 01 12/3 1/05  |                  |                     | _        |             |                |             |                             | 444 044                                   |
| a<br>b  |             |  |                  | · <del>-</del> -    | $\dashv$ |             |                |             |                             | 444,044.                                  |
| C   |             | ···  |                  |                     |          |             |                |             |                             | 40,5401                                   |
| d   |             |  |                  |                     |          |             |                |             |                             |   |
| e   |             |  |                  |                     |          |             |                |             |                             |   |
| 2 Capital gain net income or (net cap   | utal loce)  | If gain, also enter If (loss), enter -0-                 | ın Part I, line  | <del></del> 7       | }        | 2           |                |             |                             | 492,584.                                  |
| 3 Net short-term capital gain or (loss  |             | •  |                  | 1                   |          |             |                |             |                             | 102,301.                                  |
| If gain, also enter in Part I, line 8, o  |             |  | G (0).           |                     | ال       |             |                |             |                             |   |
| If (loss), enter -0- in Part I, line 8  Part V   Qualification Ur                 |             | 10.40/37   | <b>B</b>         |                     |          | 3           |                |             | N/A                         | <u> </u>                                  |
| (For optional use by domestic private<br>If section 4940(d)(2) applies, leave thi |             | ·  | 1940(a) tax on   | net investment in   | icome    | 3.}         |                |             |                             |   |
| Was the foundation liable for the secti   | on 4942     | tax on the distributable am                              | ount of any ye   | ear in the base pei | rıod?    |             |                |             |                             | Yes X No                                  |
| If "Yes," the foundation does not qualif  |             |  |                  |                     |          |             |                |             | _                           |   |
| 1 Enter the appropriate amount in ea  | ach colur   | mn for each year; see instru                             | ictions before   | making any entri    | es.      |             |                |             |                             | ,,  |
| (a)<br>Base period years<br>Calendar year (or tax year beginnin                   | g ın)       | <b>(b)</b><br>Adjusted qualifying dist                   |                  | Net value of no     |          | rıtable-    |                |             | Dıstrı<br>(col. (b) dı      | (d)<br>bution ratio<br>vided by col. (c)) |
| 2008  |             |  | 1,947.           |                     |          |             | 4,879          |             |                             | .263468                                   |
| 2007  |             |  | 6,385.           |                     | 16       | <u>, 37</u> | 0,454          |             |                             | .190366                                   |
| 2006  |             |  | 6,428.           |                     |          |             | 1,029          |             |                             | .094177                                   |
| 2005  |             |  | 3,910.<br>1,588. |                     |          |             | 9,247<br>9,432 |             |                             | .067481                                   |
| 2004  |             | 20   | 1,300.           |                     |          | , 0 /       | 7,432          | •           | T -                         | .044452                                   |
| 2 Total of line 1, column (d)   |             |  |                  |                     |          |             |                | 2           |                             | .659984                                   |
| 3 Average distribution ratio for the 5  | -year bas   | se period - divide the total o                           | on line 2 by 5,  | or by the number    | of ye    | ars         |                |             |                             |   |
| the foundation has been in existen  | ce if less  | than 5 years   |                  |                     |          |             |                | 3           |                             | .131997                                   |
| 4 Enter the net value of noncharitable  | e-use as:   | sets for 2009 from Part X, I                             | ıne 5            |                     |          |             |                | 4           | 1                           | 1,930,408.                                |
|   |             | ,  |                  |                     |          |             |                |             |                             |   |
| 5 Multiply line 4 by line 3   |             |  |                  |                     |          |             |                | 5           | <u> </u>                    | 1,574,778.                                |
| 6 Enter 1% of net investment income   | e (1% of    | Part I, line 27b)  |                  |                     |          |             |                | 6           |                             | 5,054.                                    |
| 7 Add lines 5 and 6   |             |  |                  |                     |          |             |                | 7           |                             | 1,579,832.                                |
| 8 Enter qualifying distributions from   | Part XII    | line 4   |                  |                     |          |             |                | 8           |                             | 3,354,980.                                |
| If line 8 is equal to or greater than   |             |  | 1b, and comp     | lete that part usin | ng a 1   | % tax ı     | rate.          |             | 1                           | -,,                                       |
| See the Part VI instructions.   |             |  |                  |                     |          |             |                |             |                             | Form <b>990-PF</b> (2009)                 |
| 923521 02-02-10   |             |  |                  |                     |          |             |                |             |                             | J JOG I I (2003)                          |

THE LEROY SCHECTER FOUNDATION, INC Form 990-PF (2009) F/K/A THE SCHECTER FAMILY FOUNDATION, INC 30-0134495 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here | Image: | and enter N/A on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 5,054. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 3 Add lines 1 and 2 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 4,974. a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a **b** Exempt foreign organizations - tax withheld at source 6b 5,000 c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 9,974. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 4.920 4,920. Refunded ▶ 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b  $\overline{\mathbf{x}}$ If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities X c Did the foundation file Form 1120-POL for this year? 1c d 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. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ŊJ

Form **990-PF** (2009)

X

X

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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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

of each state as required by General Instruction G? If "No," attach explanation

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

THE LEROY SCHECTER FOUNDATION, INC F/K/A THE SCHECTER FAMILY FOUNDATION, INC 30-0134495 Part VILB 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))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? \_\_\_\_\_\_ Yes X No 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 (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for 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)? 5b Organizations relying on a current notice regarding disaster assistance check here e 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 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 X No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ßh If "Yes" to 6b. file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? \_\_\_\_\_\_ Yes X No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deterred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense (If not paid, enter -0-) account, other (a) Name and address allowances LEROY SCHECTER C/O WARE INDUSTRIES, IPRESIDENT DIRECTOR 400 METUCHEN ROAD 5.00 0 0 SOUTH PLAINFIELD NJ 07080 0. ETTA BRANDMAN C/O WARE INDUSTRIES DIRECTOR IN **400 METUCHEN ROAD** AS NEEDEN SOUTH PLAINFIELD, NJ 07080 0 0 0. OTTAVIA MCLAUGHLIN C/O WARE INDUSTRIESECRETARY & DIRECTOR 400 METUCHEN ROAD NJ 07080 0 0. SOUTH PLAINFIELD. 5.00 0 INDUSTRIESDIRECTOR JEFFREY GOLDSTEIN C/O WARE **400 METUCHEN ROAD** AS NEEDED SOUTH PLAINFIELD, NJ 07080 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (e) Expense account, other hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation allowances NONE

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

Page 7

| Part VIII Paid Employees, and Contractors (continued)   | ion 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  |                            |                  |
|   | 1                          |                  |
|   |                            |                  |
|   |                            |                  |
|   | ]                          |                  |
|   |                            |                  |
|   | 1                          |                  |
|   |                            |                  |
|   | 1                          |                  |
|   |                            |                  |
| Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities   |                            | <u>▶</u> 0       |
|   |                            |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produit | al information such as the | Expenses         |
|   | ceu, etc.                  | ·                |
| 1 <u>N/A</u>  |                            |                  |
|   |                            |                  |
|   |                            |                  |
| 2   | ····                       |                  |
|   |                            |                  |
| 3   |                            | ·                |
| <u> </u>  |                            |                  |
|   |                            |                  |
| 4   |                            |                  |
|   |                            |                  |
|   |                            |                  |
| Part IX-B Summary of Program-Related Investments  | <del></del>                |                  |
| Describe the two largest program-related investments made by the foundation during the tax year on lin  | es 1 and 2.                | Amount           |
| 1 N/A   |                            |                  |
|   |                            |                  |
|   |                            |                  |
| 2   |                            |                  |
|   |                            |                  |
|   |                            |                  |
| All other program-related investments. See instructions.  |                            |                  |
| 3   |                            |                  |
|   |                            |                  |
|   |                            |                  |
| Total. Add lines 1 through 3  | <u> </u>                   | 0.               |

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Form 990-PF (2009) F/K/A THE SCHECTER FAMILY FOUNDATION, INC 30-0134495 Page 8 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: 10,989,396. a Average monthly fair market value of securities 1a 1,057,403. b Average of monthly cash balances 1b 65,290. c Fair market value of all other assets 1c 12,112,089. d Total (add lines 1a, b, and c) 1d 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 12,112,089. 3 Subtract line 2 from line 1d 181,681. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 11,930,408. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 596,520. Minimum investment return. Enter 5% of line 5 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.) 596,520. Minimum investment return from Part X, line 6 5,054. 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 5,054. Add lines 2a and 2b 2c 591,466. 3 Distributable amount before adjustments. Subtract line 2c from line 1 0. Recoveries of amounts treated as qualifying distributions 4 591,466. Add lines 3 and 4 5 6 0. Deduction from distributable amount (see instructions) 591,466. 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: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 3,354,980. 1a 1b **b** Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2

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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3,354,980.

3,349,926.

5,054.

3a

3b 4

5

6

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

a Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009                             |
|--|---------------|----------------------------|-------------|---|
| 1 Distributable amount for 2009 from Part XI,  |               | ,                          |             |   |
| line 7   |               |                            |             | 591,466.                                |
| 2 Undistributed income, if any, as of the end of 2009  |               |                            | 0           |   |
| a Enter amount for 2008 only   |               |                            | 0.          |   |
| b Total for prior years:   |               | ^                          |             |   |
| 3 Excess distributions carryover, if any, to 2009:   |               | 0.                         |             |   |
| a From 2004  |               |                            |             |   |
| bFrom 2005 107,103.  |               |                            |             |   |
| c From 2006 696, 291.  |               |                            |             |   |
| dFrom 2007 2,309,752.  |               |                            |             |   |
| eFrom 2008 2,273,587.  |               |                            |             |   |
| f Total of lines 3a through e  | 5,386,733.    |                            |             |   |
| 4 Qualifying distributions for 2009 from   | 3,300,133.    |                            |             |   |
| Part XII, line 4: ►\$ 3,354,980.   |               |                            |             |   |
| a Applied to 2008, but not more than line 2a   |               |                            | 0.          |   |
| b Applied to undistributed income of prior   |               |                            | •           |   |
| • •  |               | 0.                         |             |   |
| years (Election required - see instructions)   |               | 0.                         |             |   |
| c Treated as distributions out of corpus   | 0.            |                            |             |   |
| (Election required - see instructions)   |               |                            |             | 591,466.                                |
| d Applied to 2009 distributable amount   | 2,763,514.    |                            |             | 331,400.                                |
| e Remaining amount distributed out of corpus   | 2,703,314.    |                            |             | 0.                                      |
| 5 Excess distributions carryover applied to 2009<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a)) | 0.            |                            |             | <u> </u>                                |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |   |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 8,150,247.    |                            | ,           | :                                       |
| <b>b</b> Prior years' undistributed income. Subtract   |               |                            |             |   |
| line 4b from line 2b   |               | 0.                         |             |   |
| c Enter the amount of prior years'   |               |                            |             |   |
| undistributed income for which a notice of deficiency has been issued, or on which   |               |                            |             |   |
| the section 4942(a) tax has been previously assessed   |               | 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  |               |                            | ļ           |   |
| 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)   | 0.            |                            |             |   |
| 8 Excess distributions carryover from 2004   | _             |                            |             |   |
| not applied on line 5 or line 7  | 0.            |                            |             |   |
| 9 Excess distributions carryover to 2010.  |               |                            |             |   |
| Subtract lines 7 and 8 from line 6a  | 8,150,247.    |                            |             | , |
| 10 Analysis of line 9:   |               |                            |             |   |
| a Excess from 2005 107, 103.   |               |                            |             |   |
| b Excess from 2006 696, 291.   |               |                            |             |   |
| c Excess from 2007 2,309,752.  |               |                            |             |   |
| d Excess from 2008 2, 273, 587.  |               |                            |             |   |
| e Excess from 2009 2,763,514.  |               |                            |             |   |
|  |               |                            |             | Form <b>QQA_DE</b> (2000)               |

#### NONE

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 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

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

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F/K/A THE SCHECTER FAMILY FOUNDATION, INC

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| Part XV Supplementary Information             | (continued)  |                      |                                  |          |
|---|--|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Yo | ear or Approved for Future   | Payment              | •                                |          |
| Recipient                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount   |
| Name and address (home or business)           | or substantial contributor   | recipient            |                                  |          |
| a Paid during the year SEE ATTACHMENT         |  |                      |                                  | 3316462. |
|   |  |                      |                                  |          |
| Total   |  | <u> </u>             | <u> </u>                         | 3316462. |
| b Approved for future payment  NONE           |  |                      |                                  |          |
| Total   | <u> </u>   |                      | <b>▶</b> 3b                      | 0.       |

923611 02-02-10

| F/K/A | THE | SCHECTER | <b>FAMILY</b> | FOUNDATION, |
|-------|-----|----------|---------------|-------------|
|       |     |          |               |             |

| Enter gross amounts unless otherwise indicated.         |   | business income         |  | y section 512, 513, or 514 | (e)                               |
|---|---|-------------------------|--|----------------------------|-----------------------------------|
| 1 Program service revenue:                              | (a)<br>Business<br>code                           | (b)<br>Amount           | Exclu-<br>sion<br>code                           | (d)<br>Amount              | Related or exempt function income |
| a   |   |                         | + + +  |                            |                                   |
| b   | — <del>                                    </del> |                         | <del> </del>                                     |                            |                                   |
|   | <del></del>  +                                    |                         | 1 1  |                            |                                   |
| ų ———   | — <del> </del> +                                  |                         | <del>                                     </del> |                            | · -                               |
|   | — <del>                                    </del> |                         | +  |                            |                                   |
| ·   | <del></del>  +                                    | <del></del>             | <del>                                     </del> |                            | <del></del>                       |
| g Fees and contracts from government agencies           | <del></del>                                       |                         | <del>                                     </del> |                            | <del></del>                       |
| 2 Membership dues and assessments                       | <del>                                     </del>  | ·                       | <del>                                     </del> | <del></del>                | <del></del>                       |
| 3 Interest on savings and temporary cash                |   |                         | +  |                            |                                   |
| investments   |   |                         | 14   | 16,379.                    |                                   |
| 4 Dividends and interest from securities                |   |                         | <del>  -  </del> -                               | 20/0/50                    |                                   |
| 5 Net rental income or (loss) from real estate:         |   |                         | ╅━╅╼   |                            |                                   |
| Debt-financed property                                  |   |                         | <del>                                     </del> |                            | 12 12 121                         |
| b Not debt-financed property                            |   |                         | + +  |                            |                                   |
| 6 Net rental income or (loss) from personal             | <del>                                     </del>  |                         | + +  |                            |                                   |
| property  |   |                         |  |                            |                                   |
| 7 Other investment income                               | <del>  -</del>                                    |                         | + +  |                            | <del> </del>                      |
| 8 Gain or (loss) from sales of assets other             | <u> </u>  | <del></del>             | + +  |                            | <del></del>                       |
| than inventory  |   |                         | 18   | 492,584.                   |                                   |
| 9 Net income or (loss) from special events              | <del></del>                                       |                         | +  | 1,52,501.                  |                                   |
| O Gross profit or (loss) from sales of inventory        |   |                         | <del>                                     </del> | -                          |                                   |
| 1 Other revenue:  |   |                         | + +-   | •                          |                                   |
| a   |   |                         |  |                            |                                   |
| h   |   |                         | 1 1  |                            |                                   |
| C   |   |                         | 1 1  |                            |                                   |
| d   | <del></del>                                       |                         | 1  |                            |                                   |
| e   |   |                         | 1  |                            |                                   |
| 2 Subtotal. Add columns (b), (d), and (e)               |   | 0 .                     |  | 508,963.                   | 0                                 |
| 3 Total. Add line 12, columns (b), (d), and (e)         | <u> </u>  | •                       | <u> </u>   | 13                         | 508,963                           |
| See worksheet in line 13 instructions to verify calcula | ations.)  |                         |  |                            |                                   |
| Part XVI-B Relationship of Activ                        |   | mplishment of E         | vomnt D  | urnosas                    |                                   |
| Part AVI-B Relationship of Activ                        | villes to the Accor                               | npusiment of E          | xempt P  | urposes                    |                                   |
| Line No. Explain below how each activity for w          | hich income is reported in                        | column (e) of Part XVI- | A contributed                                    | Importantly to the accomp  | lishment of                       |
| the foundation's exempt purposes (o                     | ther than by providing fund                       | is for such purposes).  |  |                            |                                   |
|   |   |                         |  |                            |                                   |
|   |   |                         |  |                            |                                   |
|   |   |                         |  |                            |                                   |
|   |   |                         |  |                            |                                   |
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|   |   |                         |  |                            |                                   |
|   |   |                         |  |                            |                                   |
|   |   |                         |  |                            |                                   |
|   | <del></del>                                       |                         |  |                            |                                   |

|          |                        |                                 |               |                        |                    | and Transaction                |                |                   |                                       | onoboritobl              |               | iye is |
|----------|------------------------|---------------------------------|---------------|------------------------|--------------------|--------------------------------|----------------|-------------------|---------------------------------------|--------------------------|---------------|--------|
| ГС       | II C A                 | Exempt (                        |               |                        | isiers 10 a        | and Transaction                | is an          | io Relatio        | onsnips with N                        | oncharitabi              | е             |        |
| 1        | Did th                 | <del></del>                     |               |                        | of the followin    | g with any other organ         | ızatıon        | described in      | section 501(c) of                     |                          | Yes           | No     |
|          |                        | -                               | -             |                        |                    | 7, relating to political c     |                |                   | . ,                                   |                          |               |        |
| а        | Trans                  | fers from the reportir          | ng foundat    | tion to a noncharita   | able exempt or     | ganization of:                 |                |                   |                                       |                          |               |        |
|          | (1) (                  | ash                             |               |                        |                    |                                |                |                   |                                       | 1a(1)                    | 1             | Х      |
|          | (2) (                  | Other assets                    |               |                        |                    |                                |                |                   |                                       | 1a(2)                    |               | X      |
| þ        |                        | transactions:                   |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          | (1) S                  | ales of assets to a no          | oncharitab    | le exempt organiza     | ition              |                                |                |                   |                                       | 1b(1)                    |               | Х      |
|          | (2) F                  | urchases of assets fr           | rom a none    | charitable exempt      | organization       |                                |                |                   |                                       | 1b(2)                    |               | Х      |
|          | (3) F                  | Rental of facilities, equ       | Jipment, o    | r other assets         |                    |                                |                |                   |                                       | 1b(3)                    |               | X      |
|          | (4) F                  | Reimbursement arran             | gements       |                        |                    |                                |                |                   |                                       | 1b(4)                    |               | X      |
|          | (5) L                  | oans or loan guarant            | tees          |                        |                    |                                |                |                   |                                       | 1b(5)                    |               | X      |
|          | (6) F                  | erformance of servic            | es or men     | nbership or fundra     | ısıng solicitatio  | ns                             |                |                   |                                       | 1b(6)                    |               | Х      |
| C        | Shari                  | ng of facilities, equipr        | nent, maili   | ing lists, other assi  | ets, or paid em    | ployees                        |                |                   |                                       | 1c                       |               | Х      |
| d        | If the                 | answer to any of the            | above is "    | Yes," complete the     | following sche     | dule. Column (b) shou          | ld alwa        | ys show the f     | fair market value of the              | goods, other as          | sets,         |        |
|          | or ser                 | vices given by the rej          | porting foi   | undation. If the fou   | ındatıon receiv    | ed less than fair market       | value          | in any transad    | ction or sharing arrang               | jement, show in          |               |        |
|          | colun                  | nn ( <b>d)</b> the value of the | e goods, o    | ther assets, or serv   | vices received.    |                                |                |                   |                                       |                          |               |        |
| a)ı      | ine no                 | (b) Amount invo                 | lved          | (c) Name o             | f noncharitable    | e exempt organization          |                | (d) Descri        | iption of transfers, transac          | tions, and sharing a     | rangeme       | ents   |
|          |                        |                                 |               |                        | N/A                |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   | <u></u>                               |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   | <u></u>                               |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
| •        |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    | <u> </u>                       |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                |                | <u> </u>          | ·                                     |                          |               |        |
| _        |                        |                                 |               |                        |                    |                                |                | <u> </u>          |                                       |                          |               |        |
| 2a       |                        |                                 | -             | -                      |                    | or more tax-exempt or          | ganıza         | tions describe    | ed                                    | <del></del>              | - <del></del> | ٦      |
|          |                        | tion 501(c) of the Co           |               |                        | (3)) or in sect    | ion 52/?                       |                |                   |                                       | Yes                      | Λ             | No     |
| D        | IT "Ye                 | s," complete the follow         | me of orga    |                        |                    | (b) Type of organizat          | ion I          |                   | (c) Description of                    | relationshin             |               |        |
|          |                        |                                 | N/A           | mzation                |                    | (b) Type of organizat          | 1011           |                   | (c) Description of                    | Telationship             |               |        |
|          |                        |                                 | N/A           |                        |                    |                                | $\dashv$       |                   |                                       |                          |               |        |
|          | <del></del>            |                                 |               |                        |                    |                                | +              |                   |                                       |                          |               |        |
|          |                        |                                 |               |                        |                    |                                | $\dashv$       |                   |                                       |                          |               |        |
|          |                        | <del></del>                     |               |                        |                    |                                | $\dashv$       |                   |                                       |                          |               |        |
| Т        | Under p                | enalties of perjury, I decl     | are that I ha | ve examined this retur | rn, including acco | I<br>Impanying schedules and s | tatemer        | nts, and to the b | est of my knowledge and I             | belief, it is true, com- | ect,          |        |
| 1        | and con                | plete Declaration of pre        | parer (other  | than taxpayer or fiduo | ciary) is based on | all information of which pre   | parer ha       | as any knowledg   | ge                                    |                          |               |        |
|          |                        | XI. MU                          | Xa            | ughler                 | ,                  | 111/12/1                       | 0              | 17                | rustee                                |                          |               |        |
| <u> </u> | Si                     | gnature of officer or t         | trustee       | <del>U</del>           |                    | Date                           |                | Title             | · · · · · · · · · · · · · · · · · · · |                          |               |        |
| Ĕŀ       | •                      | Preparer's                      |               | $\overline{}$          |                    | -                              | Dat            | •                 | Check if                              | Preparer's identr        | ying nun      | nber   |
| 5        | Preparer's<br>Use Only | signature                       | MA            | ~ ×                    | CP f               | 7                              |                | -11-10            | self-<br>employed ▶                   | P0000                    | 34-           | 10     |
| " :      | Paid<br>spare          | Firm's name (or yours           | WEISE         | EBMAZARS               | LLP                |                                | <del>' '</del> | <u> </u>          | EIN ►                                 | 1                        | /             |        |
| ľ        | rep<br>Jse             |                                 |               |                        | STREET             | ı                              |                |                   |                                       |                          |               |        |
|          | 4                      |                                 |               | ON, NJ 08              | 3837-22            | 46                             |                |                   | Phone no.                             | 732 549-                 | 280           | 0      |

Form **990-PF** (2009)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

**Employer identification number** 

THE LEROY SCHECTER FOUNDATION, INC F/K/A THE SCHECTER FAMILY FOUNDATION, INC 30-0134495 Organization type (check one): Filers of: Section: \_\_\_\_ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 on line H 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).

923451 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

THE LEROY SCHECTER FOUNDATION, INC F/K/A THE SCHECTER FAMILY FOUNDATION, INC

30-0134495

Employer identification number

#### Part I Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|------------|---|--------------------------------|---|
| 1          | LEROY SCHECTOR  400 METUCHEN ROAD  SOUTH PLAINFIELD, NJ 07080 | s1,200,194.                    | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Aggregate contributions | (d) Type of contribution  |
|            |   | \$                             | Person Payroll Oncash Complete Part II if there is a noncash contribution )   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Aggregate contributions | (d) Type of contribution  |
|            |   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Aggregate contributions | (d) Type of contribution  |
|            |   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Aggregate contributions | (d) Type of contribution  |
|            |   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|            |   | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

| FORM 990-PF INTEREST ON SAVI  | NGS AND TEM   | PORARY CASH II                    | NVESTMENTS                   | STATEMENT 1                     |
|---|---|-----------------------------------|------------------------------|---------------------------------|
| SOURCE  |   |                                   |                              | AMOUNT                          |
| OPPENHEIMER<br>UBS FINANCIAL SERVICES INC   |   |                                   | -                            | 14,042.<br>2,337.               |
| TOTAL TO FORM 990-PF, PART I,   | LINE 3, CO  | LUMIN A                           | =                            | 16,379.                         |
| FORM 990-PF   | ACCOUNTI  | NG FEES                           | <u> </u>                     | STATEMENT 2                     |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                          | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOM |                                 |
| ACCOUNTING AND TAX RETURN   | 5,634.  | 2,817.                            |                              | 2,817.                          |
| TO FORM 990-PF, PG 1, LN 16B  | 5,634.  | 2,817.                            |                              | 2,817.                          |
| FORM 990-PF   | TAX   | ES                                |                              | STATEMENT 3                     |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                          | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOM |                                 |
| OTHER TAXES PAYROLL TAXES   | 250.<br>2,581.  | 0.                                |                              | 250.                            |
| TO FORM 990-PF, PG 1, LN 18 =   | 2,831.  | 0.                                |                              | 250.                            |
| FORM 990-PF   | OTHER E   | XPENSES                           |                              | STATEMENT 4                     |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS                          | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOM | (D)<br>CHARITABLE<br>E PURPOSES |
| ANNUAL REPORTING BANK SERVICE CHARGES COMPUTER CONSULTING & SET-UP DUES AND SUBSCRIPTIONS GIFT INVESTMENT EXPENSE MISCELLANEOUS | 25.<br>77.<br>15,575.<br>110.<br>250.<br>135.<br>349. | 0.<br>0.<br>0.<br>0.<br>135.      |                              | 0.<br>0.<br>0.<br>0.<br>0.      |

| THE LEROY SCHECTER FOUNDATIO                    | N, INC F/K/A |             | 30-0134495 |
|---|--------------|-------------|------------|
| POSTAGE AND DELIVERY                            | 1,139.       | 569.        | 570.       |
| REPAIRŞ   | 2,671.       | 0.          | 0.         |
| TELEPHONE                                       | 10,591.      | 0.          | 0.         |
| TELEVISION/CABLE                                | 636.         | 0.          | 0.         |
| OFFICE SUPPLIES                                 | 7,438.       | 0.          | 0.         |
| EVENTS, FUNCTIONS & MEALS COMPUTERS, PRINTERS & | 16,907.      | 0.          | 16,907.    |
| SUPPLIES  | 13,608.      | 0.          | 0.         |
| TO FORM 990-PF, PG 1, LN 23                     | 69,511.      | 704.        | 17,477.    |
| <del>=</del>                                    |              | <del></del> |            |

FOOTNOTES

PART VII-B, LINE 1(A)(3)

THE FOUNDATION ACCEPTED RENT-FREE USE OF OFFICE SPACE FROM A DISQUALIFIED PERSON, HOWEVER, SUCH ACCEPTANCE FALLS UNDER AN EXCEPTION TO "SELF-DEALING," AS THEY ARE PROVIDED TO THE FOUNDATION WITHOUT CHARGE, AND ARE USED BY THE FOUNDATION EXCLUSIVELY FOR PURPOSES SPECIFIED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

**STATEMENT** 

| FORM 990-PF   | CORPORATE STOCK                             |                                 | STATEMENT 6                     |  |  |
|---|---|---------------------------------|---------------------------------|--|--|
| DESCRIPTION   |   | BOOK VALUE                      | FAIR MARKET<br>VALUE            |  |  |
| INVERNESS MED INNOIVATIONS INC  |   | 5,272,369.                      | 12,159,317                      |  |  |
| TOTAL TO FORM 990-PF, PART II, I  | LINE 10B                                    | 5,272,369.                      | 12,159,317.                     |  |  |
| FORM 990-PF (   | OTHER INVESTMENTS                           |                                 | STATEMENT 7                     |  |  |
| DESCRIPTION   | VALUATION<br>METHOD                         | BOOK VALUE                      | FAIR MARKET<br>VALUE            |  |  |
| OTHER SECURITIES - OPPENHEIMER<br>OTHER SECURITIES - UBS 72685  | COST<br>COST                                | 1,300,000.                      | -                               |  |  |
| TOTAL TO FORM 990-PF, PART II, I  | LINE 13                                     | 1,300,000.                      | 1,300,000.                      |  |  |
| FORM 990-PF   | OTHER ASSETS                                |                                 | STATEMENT 8                     |  |  |
| DESCRIPTION   | BEGINNING OF<br>YR BOOK VALUE               | END OF YEAR<br>BOOK VALUE       | FAIR MARKET<br>VALUE            |  |  |
| DUE FROM BROKER REDEMPTION RECEIVABLE IRONWOOD REDEMPTION RECEIVABLE XANTHUS DUE FROM TRUSTEE DUE FROM DAMI ENTERPRISES | 909.<br>52,380.<br>216,540.<br>8,800.<br>0. | 0.<br>0.<br>0.<br>0.<br>50,310. | 0.<br>0.<br>0.<br>0.<br>50,310. |  |  |
| TO FORM 990-PF, PART II, LINE 15  | 278,629.                                    | 50,310.                         | 50,310.                         |  |  |

Amount

Purpose of Grant

Commission created by, and under direction of, a governmental entity described in § 170(c)(1) Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public chanty under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code bublic charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code bublic charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Public charity under Sections 501(c)(3), 509(a)(1) and 509(a)(2) of the Internal Revenue Code Michael Ann Russell Jewish Comm Center American Friends of OR National Missions WPBT 2 - South Florida Public Television Forrest Memorial Race - Special Olympics City of Miami Beach, Art in Public Places Miami Beach Police Athletic League, Inc Sylvester Comprehensive Cancer Center Hadassah Organization of America, Inc American Friends of Beit Issie Shapiro American Israel Education Foundation American Israel Education Foundation The Abraham Joshua Heschel School Miami Dade Holocaust Survivors Inc Long Island Alzheimer's Foundation Friends of the Israel Defense Forces American Friends of Alyn Hospital Greater Miami Jewish Federation American Friends of Orr Shalom American Friends of Yad Eliezer Hillel Community Day School Genelle Taney Memorial Fund Dana-Farber Cancer Institute American Lung Association New Hope Community, Inc Make a Wish Foundation Anti Defamation League IsraFest Foundation, Inc The Holocaust Memorial Chabad of Miami Beach Chabad of Miami Beach University of Miami Larger Than Life Larger Than Life Kesher L D, Inc

Eva's Village

| General Operating Purposes | 69 | 1,000 00   |
|----------------------------|----|------------|
| General Operating Purposes |    | 10,000 00  |
| General Operating Purposes |    | 200,000 00 |
| General Operating Purposes |    | 75,000 00  |
| General Operating Purposes |    | 100,000 00 |
| General Operating Purposes |    |            |
| General Operating Purposes |    |            |
| General Operating Purposes |    |            |
| Operating                  |    |            |
| General Operating Purposes |    |            |
| General Operating Purposes |    | 50,000 00  |
| General Operating Purposes |    |            |
| General Operating Purposes |    |            |
| Operating                  |    |            |
| Operating                  |    |            |
| Operating                  |    | 25,000 00  |
| Operating                  |    | 200,000 00 |
| Operating                  |    |            |
| Operating                  |    | 160,000 00 |
| Operating                  |    |            |
| General Operating Purposes |    | 10,000 00  |
| Operating                  |    |            |
| General Operating Purposes |    | 40,000 00  |
| Operating                  |    | 200,000 00 |
| Operating                  |    | 18,000 00  |
| Operating                  |    | 8<br>8     |
| Operating                  |    | 10,000 00  |
| Operating                  |    | 1,800 00   |
| Operating                  |    | 15,000 00  |
| Operating                  |    | 25,000 00  |
| Operating                  |    | 40,000 00  |
| Operating                  |    | 200,000 00 |
| Operating                  |    | 240,000 00 |
| Operating                  |    | 75,000 00  |
| Operating                  |    | 2,500 00   |
| Operating                  |    | 10,000 00  |
| Operating                  |    | 2,000 00   |
| Operating                  | _  | 25,000 00  |
| Operating                  | _  | 25,000     |
|                            |    | 000        |
| General Operating Purposes |    | 65,334 55  |

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)

|  |   |                                    | . =  |
|--|---|------------------------------------|--|
| ● H  | 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   |                                    |  |
| Do not co  | omplete Part II unless you have already been granted an automatic 3-month extension on a previously fil   | ed For                             | m 8868.  |
| Part I   | Automatic 3-Month Extension of Time. Only submit original (no copies needed).   |                                    |  |
| A corpora  | tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com   | plete                              |  |
| Part I only  |   |                                    | ▶ ⊔  |
| to fe rico   | orporations including 120-C fers), prinerships, REMICs, ad busts met se Form 004 o request a<br>ume ax reums.   |                                    |  |
| noted bek<br>(not autor<br>you must  | c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic natic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consult 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 Chaities & Namofits.  | cally if<br>nsolida                | (1) you want the additional ted Form 990-T. Instead,   |
| Type or  | Name of Exempt Organization   | Empl                               | oyer identification number   |
| print  | THE LEROY SCHECTER FOUNDATION, INC  | Ì                                  | •  |
|  | F/K/A THE SCHECTER FAMILY FOUNDATION, IN  | 3                                  | 0-0134495  |
| File by the<br>due date for<br>fiting your   | Number, street, and room or suite no. If a P.O. box, see instructions.  C/O WARE INDUSTRIES, INC 400 METUCHEN RO  |                                    |  |
| ratum. See instructions.   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  |                                    |  |
|  | SOUTH PLAINFIELD, NJ 07080  |                                    |  |
| Check ty   | pe of return to be filed (file a separate application for each return):   |                                    |  |
| For  | m 990 Form 990-T (corporation) Form 47  | 20                                 |  |
| =  | m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52   | 227                                |  |
| ===  | m 990-EZ Form 990-T (trust other than above) Form 60  | )69                                |  |
| =  | m 990-PF  | 370                                |  |
|  |   |                                    |  |
|  |   |                                    |  |
|  | THERESA REINA   |                                    |  |
| The bo   | THERESA REINA  cocks are in the care of   400 METUCHEN ROAD - SOUTH PLAINFIELD, N   | <del>ர</del> 0                     | 7080   |
|  | coks are in the care of $\triangleright$ 400 METUCHEN ROAD - SOUTH PLAINFIELD, N  |                                    |  |
| Teleph   | coks are in the care of $\blacktriangleright$ 400 METUCHEN ROAD - SOUTH PLAINFIELD, N   |                                    |  |
| Teleph  If the c  If this i  | books are in the care of ▶ 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ▶ 908-225-2893 FAX No. ▶ FAX No. ▶ Propagation does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   | is is fo                           | the whole group, check this  |
| Teleph If the c If this i  | cocks are in the care of ► 400 METUCHEN ROAD - SOUTH PLAINFIELD, None No.► 908-225-2893 FAX No.► paganization does not have an office or place of business in the United States, check this box   | is is fo                           | the whole group, check this  |
| Teleph  If the c  If this i  box ▶ [   | cooks are in the care of ▶ 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ▶ 908-225-2893 FAX No. ▶  Description does not have an office or place of business in the United States, check this box   | is is fo                           | the whole group, check this ers the extension will cover.  |
| Teleph  If the c  If this box ▶ [  | cooks are in the care of ▶ 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ▶ 908-225-2893 FAX No. ▶  Description of the second o | is is fo                           | the whole group, check this ers the extension will cover.  |
| Teleph  If the c  If this box ▶ [  | cooks are in the care of ▶ 400 METUCHEN ROAD - SOUTH PLAINFIELD, Notice No. ▶ 908-225-2893  FAX No. ▶  Organization does not have an office or place of business in the United States, check this box   | is is fo                           | the whole group, check this ers the extension will cover.  |
| Teleph  If the complete in this is box ▶ [   | cooks are in the care of ▶ 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ▶ 908-225-2893 FAX No. ▶  Description of the second o | is is fo                           | the whole group, check this ers the extension will cover.  |
| Teleph  If the c  If this box   1   re-  is fe   | cooks are in the care of ► 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ► 908-225-2893  FAX No. ► FAX No. | is is for<br>memb<br>iil<br>above. | the whole group, check this ers the extension will cover.  The extension   |
| Teleph  If the c  If this box ▶ [  1   red  is fe  2   If the  3a   If the   | cooks are in the care of ► 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ► 908-225-2893  FAX No. ► Programment of the group of place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If 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 united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united and automati                 | is is formemb                      | the whole group, check this ers the extension will cover.  The extension  Change in accounting period            |
| Teleph  If the c  If this box ▶ [  1   re  is fe  2   If the c  3a   If the c  | cooks are in the care of ► 400 METUCHEN ROAD - SOUTH PLAINFIELD, Note No. ► 908-225-2893  FAX No. ► Programment of the group of place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the fit 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 unto AUGUST 15, 2010, to file the exempt organization return for the organization named a corporation of the organization's return for:  X calendar year 2009 or and ending, and ending for the samplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions.  | is is for<br>memb<br>iil<br>above. | the whole group, check this ers the extension will cover.  The extension  Change in accounting period            |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

| Form 8868 (Rev. 4-2009)  |   |                      |             | Page 2                  |
|--|---|----------------------|-------------|-------------------------|
| <del>-</del>   | al (Not Automatic) 3-Month Extension, complete only Part II an  |                      |             | <b>▶</b> 🗵              |
|  | have already been granted an automatic 3-month extension on a   | previously filed Fo  | rm 8868.    |                         |
|  | ic 3-Month Extension, complete only Part I (on page 1).   |                      |             |                         |
| \  | ot Automatic) 3-Month Extension of Time. Only file th   | 1                    |             |                         |
| Type or Type o |   |                      | mployer     | identification number   |
| TINE LERUI SC  | CHECTER FOUNDATION, INC   | 1 1                  |             | 404405                  |
| F/K/A THE SU   | CHECTER FAMILY FOUNDATION, INC  | <del>- </del>        |             | 134495                  |
| extended Number, street, and   | room or suite no. If a P.O. box, see instructions.  | F                    | or IRS us   | e only                  |
|  | OUSTRIES, INC-400 METUCHEN RD   |                      |             | <del></del>             |
| return. See City, town or post off sustructions. SOUTH PLAIN   | ice, state, and ZIP code. For a foreign address, see instructions.  FIRLD, NJ 07080   |                      |             |                         |
|  |   | rm 1041-A            | Form 52     |                         |
| STOP! Do not complete Part II i  | f you were not already granted an automatic 3-month extension   | on on a previously   | filed For   | m 8868.                 |
| Telephone No. ▶ 908-22  If the organization does not he  If this is for a Group Return, ee  box ▶ □ . If it is for part of the  I request an additional 3-me   | THERESA REINA  ▶ 400 METUCHEN ROAD - SOUTH PLAIN  25-2893  Ave an office or place of business in the United States, check this inter the organization's four digit Group Exemption Number (GEN)  The group, check this box   And attach a list with the names onth extension of time until  The group o | box If this i        | s for the v | whole group, check this |
| • —  |   | nal return           | Chan        | ge in accounting period |
| <ul><li>6 If this tax year is for less th</li><li>7 State in detail why you nee</li></ul>  |   | im iotalii _         |             | ge at accounting period |
|  | ECESSARY TO PREPARE A COMPLETE AN   | D ACCURAT            | R TAX       | RETURN IS               |
|  | REFORE, ADDITIONAL TIME TO FILE I   |                      |             |                         |
|  | m 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le   |                      |             |                         |
| nonrefundable credits. See   |   | · 1                  | Ba S        | 9,974.                  |
|  | m 990-PF, 990-T, 4720, or 6069, enter any refundable credits and  | <del>-</del>         |             | - 7.5.                  |
|  | te any prior year overpayment allowed as a credit and any amount  |                      |             |                         |
| previously with Form 8868  | •   |                      | Bab S       | 9,974.                  |
|  | e 8b from line 8a. Include your payment with this form, or, if require  |                      |             |                         |
|  | uired, by using EFTPS (Electronic Federal Tax Payment System). S  |                      | 8c \$       | 0.                      |
|  | Signature and Verification  |                      |             |                         |
| Under penalties of perjum, Udeclare to it is true, correct and complete and  | hat I have examined this form, including accompanying schedules and stat<br>that I am arthorized to prepare this form.  | ements, and to the b | est of my k | nowledge and belief,    |
| Signature Signature  | Title \ CPA   |                      | Date 🕨      | 7-28-10                 |
|  | 1   |                      |             | Form 8868 (Rev. 4-2009) |

| Form                                  | -<br>8868 (Rev. 4-2009)  |                  |                      |             | Page 2   |  |
|---------------------------------------|--|------------------|----------------------|-------------|----------|--|
|                                       | you'are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this   |                  |                      |             | Y        |  |
| -                                     | . Only complete Part II if you have already been granted an automatic 3-month extension on a previously file   |                  | 0060                 |             |          |  |
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| Pa                                    |  | conies           | needed)              |             |          |  |
|                                       | Name of Exempt Organization  |                  | loyer ident          | ification r | umbor    |  |
| Туре                                  | or THE LEROY SCHECTER FOUNDATION, INC  |                  | ioyer ident          | incation i  | minner   |  |
| print                                 | F/K/A THE SCHECTER FAMILY FOUNDATION, INC  | 3                | 30-0134495           |             |          |  |
| File by                               | the Name of the Na | For IRS use only |                      |             |          |  |
| extend<br>due da                      | te for C/O WARE INDUSTRIES.INC-400 METUCHEN RD   | To the use only  |                      |             |          |  |
| filing the<br>return S<br>instruction | See City, town or post office, state, and ZIP code. For a foreign address, see instructions.   |                  | _                    |             |          |  |
|                                       |  |                  |                      | <del></del> |          |  |
|                                       | k type of return to be filed (File a separate application for each return).  Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720   |                  | orm 5227<br>orm 6069 | ☐ Foi       | rm 8870  |  |
| STO                                   | P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo  | ously file       | ed Form 88           | 68.         |          |  |
|                                       | THERESA REINA  |                  |                      |             |          |  |
| • T                                   | ne books are in the care of > 400 METUCHEN ROAD - SOUTH PLAINFIELD,  | NJ 0             | 7080                 |             |          |  |
| Te                                    | elephone No. ► 908-225-2893 FAX No ►   | -                |                      |             |          |  |
|                                       | 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)   | this is fo       | r the whole          | group, ch   | eck this |  |
| box                                   | If it is for part of the group, check this box  and attach a list with the names and EINs of a   | ıll memb         | ers the exte         | ension is f | or.      |  |
| 4                                     | I request an additional 3-month extension of time until NOVEMBER 15, 2010.   |                  |                      |             |          |  |
| 5                                     | For calendar year 2009, or other tax year beginning, and ending  |                  |                      |             |          |  |
| 6                                     | If this tax year is for less than 12 months, check reason: Initial return  |                  | Change in a          | accounting  | g period |  |
| 7                                     | •  |                  |                      |             |          |  |
|                                       |  |                  |                      |             |          |  |
|                                       | MISSING. THEREFORE, ADDITIONAL TIME TO FILE IS BEING   | REQ              | EUSTEI               |             |          |  |
| 8a                                    | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |                  |                      |             |          |  |
|                                       | nonrefundable credits See instructions   | 8a               | \$                   | 9 ,         | 974.     |  |
| b                                     | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated   |                  |                      |             |          |  |
|                                       | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid  |                  |                      |             |          |  |
|                                       | previously with Form 8868.   | 8b               | \$                   | 9 ,         | 974.     |  |
| c                                     | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit  |                  |                      |             |          |  |
|                                       | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction   | s <b>8c</b>      | \$                   |             | 0.       |  |
|                                       | Signature and Verification   | -                |                      |             |          |  |
|                                       | r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to t  | he best o        | f my knowled         | lge and bel | ief,     |  |

Title ►

Date ► Form **8868** (Rev. 4-2009)

Signature >