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Form 990-PF

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

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

|                               |                  |   | and ending                   | <u>-</u>    | <del></del> , |  | <del></del>                     |
|-------------------------------|------------------|---|------------------------------|-------------|---------------|--|---------------------------------|
| G (                           | Check            | , i   | turn of a former public      |             | . [           | Final return                           |                                 |
|                               | the li           |   | tress change                 | Name        |               | loyer identification num<br>-3347294   | nber                            |
|                               | iabei.<br>herwis | e, GOLDSTEIN FAMILY FOUNDATION  | ON Lega                      |             |               | phone number (see page 1               | O of the                        |
|                               | print            | Number and street (or P O box number if mail is not delivere                | Room/suite                   | 24          | 8-851-4363    | <u> </u>                               |                                 |
|                               | r type.          |   |                              |             | C If exe      | mption application is pend             | ling, check here 🕨 🔽            |
|                               | Speci<br>ruction | Only of town, state, and zin code   |                              |             | D 1. Fo       | oreign organizations, chec             | k here                          |
|                               |                  | THIGHTON HILLS MI   | 48334                        |             |               | oreign organizations meeti             |                                 |
|                               |                  | type of organization: Section 501(c)(3) exempt private                      | foundation                   |             | ľ             | 5% test, check here and at             | · · · ·                         |
|                               |                  | n 4947(a)(1) nonexempt charitable trust X Other taxab                       |                              | <del></del> |               | rate foundation status was             |                                 |
|                               |                  | rket value of all assets at end J Accounting method                         | X Cash Acc                   | rual        |               | on 507(b)(1)(A), check her             |                                 |
|                               | ryear<br>ne 16)  | (from Part II, col (c), Under (specify)                                     |                              |             |               | foundation is in a 60-mon              |                                 |
|                               | art i            | ► \$ 649,284 (Part I, column (d) must Analysis of Revenue and Expenses (The |                              |             | unde          | r section 507(b)(1)(B), che            |                                 |
| #**                           | B14 I            | total of amounts in columns (b), (c), and (d) may not necessarily equal     | (a) Revenue and expenses per | (b) Net in  | vestment      | (c) Adjusted net                       | (d) Disbursements for chantable |
|                               |                  | the amounts in column (a) (see page 11 of the instructions) )               | books                        | inco        |               | income                                 | purposes                        |
|                               | 1                | Contributions, gifts, grants, etc., received (attach schedule)              | 20 000                       |             | ;             |  | (cash basis only)               |
|                               | 2                | Check ► if the foundation is <b>not</b> required to attach Sch B            | 20,000                       |             |               |  |                                 |
|                               | 3                | Interest on savings and temporary cash investments                          |                              |             |               | ······································ |                                 |
|                               | 4                | Dividends and interest from securities                                      | 15,205                       |             | 15 205        | 15 205                                 | ,                               |
|                               | 5a               | Gross rents   | 15,205                       |             | 15,205        | 15,205                                 |                                 |
|                               | b                | Net rental income or (loss)   |                              |             |               |  |                                 |
| Revenue                       | 6a               | Net gain or (loss) from sale of assets not on line 10 STMT 1                | 2 210                        |             | ,             |  |                                 |
| ē                             | Ь                | Gross sales price for all assets on line 6a 3,857                           | 2,310                        |             |               |  |                                 |
| é                             | 7                | Capital gain net income (from Part IV, line 2)                              |                              |             |               | <del></del>                            |                                 |
| Œ                             | 8                | Net short-term(capital gain   |                              |             | 0             |  |                                 |
|                               | 9                | Income modifications RECEIVED   |                              |             |               | 0                                      |                                 |
|                               | 10a              | Gross sales less returns & allowances                                       |                              |             | ···           |  |                                 |
|                               | b                | Cides sales less leading a allowances                                       |                              | ,           |               |  |                                 |
|                               | C                |   |                              |             |               | -,                                     |                                 |
|                               | 11               | Gross profit of (toss) (attach schedule) Other income (attach schedule)     |                              |             |               |  |                                 |
|                               | 12               | Total. Add lines 1 through DEN, UT  | 37,515                       |             | 15,205        | 15,205                                 |                                 |
|                               | 13               | Compensation of officers, directors, trustees, etc                          | 37,313                       |             | 13,203        | 15,205                                 |                                 |
| Šes                           | 14               | Other employee salaries and wages   |                              |             |               |  |                                 |
| Ĕ                             | 15               | Pension plans, employee benefits  |                              |             |               |  |                                 |
| xpenses                       | 16a              | Legal fees (attach schedule)  |                              |             |               |  |                                 |
| ш                             | b                | Accounting fees (attach schedule) STMT 2                                    | 1,950                        |             | 1,950         | 1,950                                  |                                 |
| ₹                             | c                | Other professional fees (attach schedule)                                   | 2,550                        |             | -,,,,,,,      | 1,930                                  |                                 |
| rat                           | 17               | Interest  |                              |             |               |  | ***                             |
| <u>1</u> 21                   | 18               | Taxes (attach schedule) (see page 14 of the instructions) STMT 3            | 166                          |             | 166           | 166                                    |                                 |
|                               | 19               | Depreciation (attach schedule) and depletion                                |                              |             |               |  |                                 |
| Coperating and Administrative | 20               | Occupancy   |                              |             |               |  |                                 |
| ¥                             | 21               | Travel, conferences, and meetings   |                              |             |               |  |                                 |
| בּ ו                          | 22               | Printing and publications   |                              |             |               |  |                                 |
| <u>.</u>                      | 23               | Other expenses (att sch) STMT 4   | 353                          |             | 353           | 353                                    |                                 |
|                               | 24               | Total operating and administrative expenses.                                |                              |             |               |  |                                 |
| <u> </u>                      |                  | Add lines 13 through 23   | 2,469                        |             | 2,469         | 2,469                                  | 0                               |
| <u> </u>                      | 25               | Contributions, gifts, grants paid   | 28,769                       | ш           |               | _,                                     | 28,769                          |
| <u>ر</u><br>ا_                | 26               | Total expenses and disbursements. Add lines 24 and 25                       | 31,238                       |             | 2,469         | 2,469                                  | 28,769                          |
|                               | 27               | Subtract line 26 from line 12   |                              |             |               |  |                                 |
| 7                             | а                | Excess of revenue over expenses and disbursements                           | 6,277                        |             | ·             |  |                                 |
|                               | b                | Net investment income (if negative, enter -0-)                              |                              |             | 12,736        |  |                                 |
| ]                             | С                | Adjusted net income (if negative, enter -0-)                                |                              |             | ,             | 12,736                                 |                                 |
| 5                             | ei               | . A - 4 1 0   | <u> </u>                     |             |               |  | <del></del>                     |

|                         | Part II Balance Sheets Attached schedules and amounts in the description column |  | Beginning of year | End of year                             |  |  |
|-------------------------|---|--|-------------------|---|--|--|
| _                       | * ****  | should be for end-of-year amounts only (See instructions )   | (a) Book Value    | (b) Book Value                          | (c) Fair Market Value                  |  |
|                         | 1   | Cash—non-interest-bearing  | 7,775             | 11,007                                  | 11,007                                 |  |
|                         | 2   | Savings and temporary cash investments   |                   |   |  |  |
|                         | 3   | Accounts receivable ▶  | •                 |   |  |  |
|                         |   | Less allowance for doubtful accounts ▶   |                   |   |  |  |
|                         | 4   | Pledges receivable ▶   |                   |   |  |  |
|                         | 1   | Less allowance for doubtful accounts ▶   |                   |   |  |  |
|                         | 5   | Grants receivable  |                   | *************************************** | <del></del>                            |  |
|                         | 6   | Receivables due from officers, directors, trustees, and other  |                   |   | <del></del>                            |  |
|                         |   | disqualified persons (attach schedule) (see page 16 of the   |                   |   |  |  |
|                         |   | instructions)  |                   |   |  |  |
|                         | 7   | Other notes and loans receivable (att. schedule)   |                   |   |  |  |
|                         | •   | Less: allowance for doubtful accounts  |                   |   |  |  |
| Ŋ                       | 8   | Inventories for sale or use  |                   |   |  |  |
| Assets                  | 9   | Prepaid expenses and deferred charges  |                   |   |  |  |
| Š                       | 10a   | =  |                   |   | <del></del>                            |  |
| •                       | ''-   | Investments—U.S and state government obligations (attach schedule)   | 400 655           | 507 000                                 |  |  |
|                         | b   | Investments—corporate stock (attach schedule) SEE STMT 5   | 499,655           | 501,930                                 | 470,419                                |  |
|                         | C   | Investments—corporate bonds (attach schedule)  | ,                 | ····                                    | ······································ |  |
|                         | 11  | Investments—land, buildings, and equipment basis   |                   |   |  |  |
|                         |   | Less accumulated depreciation (attach sch.)  |                   |   | ·                                      |  |
|                         | 12  | Investments—mortgage loans   |                   |   |  |  |
| :                       | 13  | Investments—other (attach schedule)  |                   |   |  |  |
|                         | 14  | Land, buildings, and equipment basis   |                   |   |  |  |
|                         |   | Less accumulated depreciation (attach sch.) ▶  |                   |   |  |  |
|                         | 15  | Other assets (describe ► SEE STATEMENT 6 )   | 188,263           | 189,383                                 | 167,858                                |  |
|                         | 16  | Total assets (to be completed by all filers—see the  |                   |   |  |  |
| _                       |   | instructions. Also, see page 1, item I)  | 695,693           | 702,320                                 | 649,284                                |  |
|                         | 17  | Accounts payable and accrued expenses  |                   |   | .,                                     |  |
| S                       | 18  | Grants payable   |                   |   |  |  |
| tie                     | 19  | Deferred revenue   |                   |   |  |  |
| Liabilities             | 20  | Loans from officers, directors, trustees, and other disqualified persons   |                   |   |  |  |
| iat                     | 21  | Mortgages and other notes payable (attach schedule)  |                   |   |  |  |
| -                       | 22  | Other liabilities (describe ► SEE STATEMENT 7 )  | 450               | 800                                     |  |  |
|                         | 23  | Total liabilities (add lines 17 through 22)  | 450               | 800                                     |  |  |
| ٦                       |   | Foundations that follow SFAS 117, check here ▶   | 130               |   |  |  |
| Š                       |   | and complete lines 24 through 26 and lines 30 and 31.  |                   |   |  |  |
| nces                    | 24  | Unrestricted   |                   |   |  |  |
| ā                       | 25  | Temporarily restricted   |                   |   |  |  |
| Ba                      | 26  | Permanently restricted   |                   |   |  |  |
| 핗                       | 20  | · ·  |                   |   |  |  |
| 딝                       |   | Foundations that do not follow SFAS 117, check here ▶ X and complete lines 27 through 31.  |                   |   | ,                                      |  |
| Net Assets or Fund Bala | 27  | -  |                   |   | •                                      |  |
| 0                       | 27  | Capital stock, trust principal, or current funds   |                   |   |  |  |
| 똶                       | 28  | Paid-in or capital surplus, or land, bldg, and equipment fund  |                   |   |  |  |
| SS                      | 29  | Retained earnings, accumulated income, endowment, or other funds   | 695,243           | 701,520                                 |  |  |
| ۲                       | 30  | Total net assets or fund balances (see page 17 of the  |                   |   |  |  |
| ē                       |   | instructions)  | 695,243           | 701,520                                 |  |  |
|                         | 31  | Total liabilities and net assets/fund balances (see page 17  |                   |   |  |  |
| بلـ                     |   | of the instructions)   | 695,693           | 702,320                                 |  |  |
|                         | Part II   | The state of the s |                   |   |  |  |
| 1                       | Total   | net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus   | st agree with     |   |  |  |
|                         | end-o   | f-year figure reported on prior year's return)   | ·                 | 1                                       | 695,243                                |  |
| 2                       | Enter   | amount from Part I, line 27a   |                   | 2                                       | 6,277                                  |  |
| 3                       |   | increases not included in line 2 (itemize) ▶   |                   | 3                                       |  |  |
| 4                       |   | nes 1, 2, and 3  |                   | 4                                       | 701,520                                |  |
| 5                       |   | ases not included in line 2 (itemize) ▶  |                   | 5                                       |  |  |
| 6                       |   | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b  | o), line 30       | 6                                       | 701,520                                |  |
|                         |   | The state of the s | ,, <u>.</u>       |   | Form 990-PF (2009)                     |  |

| Part IV Capital Gains a  | nd Losses for Tax on Investme  | ent Incom     | <u>ne</u>   |  |              |   | <del></del>                          |  |
|--|--|---------------|-------------|--|--------------|---|--------------------------------------|--|
| (a) List and describ<br>2-story bnck ware                          | be the kind(s) of property sold (e.g., real estate, bhouse, or common stock, 200 shs MLC Co.)  |               |             | (b) How acquired<br>P—Purchase<br>D—Donation |              | e acquired<br>day, yr)                                      | (d) Date sold<br>(mo , day, yr )     |  |
| 1a N/A   |  |               |             |  |              |   |                                      |  |
| <u>b</u>   |  |               |             |  |              |   | <u> </u>                             |  |
| <u>c</u>   |  | <del> </del>  |             |  |              |   |                                      |  |
| <u>d</u>   | <del></del>  |               |             |  | <b> </b>     |   |                                      |  |
| <u>e</u>   |  | 1 .           |             |  |              | (h) Co  | ()                                   |  |
| (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable)   | . ,           | <b>.</b>    | other basis<br>ise of sale                   |              |   | or (loss)<br>) minus (g)             |  |
| a  |  |               | <u> </u>    |  | <del></del>  |   |                                      |  |
| b  |  |               |             | <del></del>                                  |              |   |                                      |  |
| С  |  |               |             |  |              |   |                                      |  |
| d  |  |               |             |  |              |   |                                      |  |
| е  | <u> </u>   | <u> </u>      |             |  |              |   |                                      |  |
| Complete only for assets showin                                    | g gain in column (h) and owned by the fo   | oundation of  | n 12/31/6   | 9  |              |   | (h) gain minus                       |  |
| (i) F M V as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69   |               |             | s of col (ı)<br>(ı), ıf any                  | 000          | col (k), but not less than -0-) or<br>Losses (from col (h)) |                                      |  |
| a  |  |               |             |  |              |   |                                      |  |
| b  |  |               |             |  |              |   |                                      |  |
| С  |  |               |             |  |              |   |                                      |  |
| d  |  | ļ             |             |  | <u> </u>     |   |                                      |  |
| <u>e</u>   |  | <u> </u>      |             | <del></del> • <del></del>                    | <del> </del> | <del></del>   | <del></del>                          |  |
| 2 Capital gain net income or (net c                                | eapital loss)  |               | •           |  | 2            |   |                                      |  |
| 3 Net short-term capital gain or (lo                               | If (loss), enter -0- in ss) as defined in sections 1222(5) and (6  |               | ′           |  | <del></del>  |   |                                      |  |
|  | s, column (c) (see pages 13 and 17 of the  | •             | r (a        |  |              |   |                                      |  |
| If (loss), enter -0- in Part I, line 8                             |  |               | " <b>_</b>  |  | 3            |   |                                      |  |
| T  | nder Section 4940(e) for Reduc   | ed Tax o      | n Net I     | nvestment inco                               | ome          |   |                                      |  |
| For optional use by domestic private                               | e foundations subject to the section 4940  | O(a) tax on n | et invest   | ment income)                                 |              |   |                                      |  |
| f section 4940(d)(2) applies, leave th                             | nis part blank   |               |             |  |              |   |                                      |  |
| Was the foundation liable for the sec                              | tion 4942 tax on the distributable amoun   | nt of any ves | ar in the h | ase period? Ty                               | es X         | No  |                                      |  |
|  | alify under section 4940(e) Do not complete  |               |             | acc pence                                    |              |   |                                      |  |
|  | each column for each year, see page 18   |               |             | efore making any ei                          | ntries       |   | <del></del>                          |  |
| (a)  | (b)  |               |             | (c)  |              |   | (d)                                  |  |
| Base period years Calendar year (or tax year beginning             | A Millian Maria Ma | ns            | Net value   | of nonchantable-use as                       | sets         | Dist<br>(col (b)  | nbution ratio<br>divided by col (c)) |  |
| 2008   | 38   | ,705          |             | 664,   | 517          |   | 0.05824                              |  |
| 2007   |  | ,420          |             | 765,   |              |   | 0.05278                              |  |
| 2006   |  | ,545          |             | 658,   |              |   | 0.04642                              |  |
| 2005   |  | ,100          |             | 581,   |              |   | 0.04664                              |  |
| 2004   |  | ,728          |             | 533,   | 886          |   | 0.04819                              |  |
| 2. Total of line 1. aslum (d)                                      |  |               |             |  |              | ,   | 0 25220                              |  |
| 2 Total of line 1, column (d) 3 Average distribution ratio for the | 5-year base period—divide the total on i   | ino 2 hu E    | or by the   |  |              | 2   | 0.25228                              |  |
|  | has been in existence if less than 5 years   |               | or by the   |  |              | 3   | 0.05045                              |  |
| named of yours the roundation i                                    | ias been in existence in less than 5 year.   | 3             |             |  |              |   |                                      |  |
| 4 Enter the net value of noncharita                                | ible-use assets for 2009 from Part X, line   | e 5           |             |  |              | 4   | 558,74                               |  |
|  |  |               |             |  |              |   |                                      |  |
| 5 Multiply line 4 by line 3  |  |               |             |  |              | 5   | 28,19                                |  |
|  |  |               |             |  | ]            |   |                                      |  |
| 6 Enter 1% of net investment incor                                 | me (1% of Part I, line 27b)  |               |             |  | L            | 6   | 12                                   |  |
|  |  |               |             |  |              |   |                                      |  |
| 7 Add lines 5 and 6  |  |               |             |  | L            | 7   | 28,31                                |  |
| O Fatan musik is to the total section of                           | <b>.</b>   |               |             |  |              |   | 20 76                                |  |
| 8 Enter qualifying distributions from                              | •  |               | 1-4. 42 .   |  | _            | 8   | 28,76                                |  |
| Part VI instructions on page 19                                    | in line 7, check the box in Part VI, line 1b   | o, and comp   | iete that   | part using a 1% tax                          | rate See     | : ine   |                                      |  |

| Date of ruling or determing by Domestic foundations the here ▶ X and enter control All other domestic foundations the here ▶ X and enter control All other domestic foundation there ▶ X and enter control X            | STEIN FAMILY FOUNDATION 38-334729   |            |         |          |           | P   | age 4       |
|---|---|------------|---------|----------|-----------|-----|-------------|
| b Domestic foundations there  | ased on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pag   | 18 of th   | e instr | uctions) |           |     |             |
| b Domestic foundations the here X and enter C All other domestic foundation Part I, line 12, col (b)  2 Tax under section 511 (c)  3 Add lines 1 and 2  4 Subtitle A (income) tax (c)  5 Tax based on investme  6 Credits/Payments  a 2009 estimated tax paying be Exempt foreign organizary  c Tax paid with application of Backup withholding error Total credits and payment  8 Enter any penalty for uner Tax due. If the total of line Part VII-A Statement  10 Overpayment. If line 7 is Enter the amount of line Part VII-A Statement  1 During the tax year, did to participate or intervene in body in the foundation file For the instructions for deal of the instructions for deal of the instructions for deal of the foundation file For the instruction on the foundation Part VII-A Statement on foundation managers  2 Has the foundation managers  2 Has the foundation engal of "Yes," attach a detailed the foundation managers  3 Has the foundation made incorporation, or bylaws, and the foundation have to be foundation that the foundation have to be suffered to the foundation claiming the found          | ations described in section 4940(d)(2), check here  and enter "N/A" on line 1.  | ٦          |         | 1        |           |     |             |
| here X and enter c All other domestic found Part I, line 12, col (b) 2 Tax under section 511 (c) 3 Add lines 1 and 2 4 Subtitle A (income) tax (c) 5 Tax based on investme 6 Credits/Payments a 2009 estimated tax paying b Exempt foreign organiza c Tax paid with application d Backup withholding error 7 Total credits and payment 8 Enter any penalty for un 9 Tax due. If the total of line 10 Overpayment. If line 7 is 11 Enter the amount of line Part VII-A Stateme 12 During the tax year, did to participate or intervene in b Did it spend more than \$ 12 of the instructions for define 13 because of the instructions for define 14 condition of the instruction of define 15 condition of the foundation of the instruction of the foundation of the foundation of the instruction of the instruction of the instruction of the foundation managers 2 Has the foundation made incorporation, or bylaws, 4 a Did the foundation have to be if "Yes," attach a detailed the incorporation, or bylaws, 4 a Did the foundation have to be if "Yes," attach the statement of the incorporation of the incorporation of the incorporation of the incorporation of the state law 5 by language in the gov 6 by state legislation that conflict with the state law 7 Did the foundation have to be if the answer is "Yes" to lead the foundation claiming the foundation of the foundation claiming the foundation of the foundation claiming t         | ,   | ions)      |         |          |           |     |             |
| All other domestic found Part I, line 12, col (b)  Tax under section 511 (c)  Add lines 1 and 2  Subtitle A (Income) tax (c)  Tax based on investme  Credits/Payments  2009 estimated tax paynets  Exempt foreign organizated  Tax paid with application described Backup withholding error  Total credits and payment  Enter any penalty for une  Tax due. If the total of line  Part VII-A Statement  During the tax year, did to participate or intervene in body in the instructions for defined by the instructions for defined by the instructions for defined by the instruction because in the instruction by the           | at meet the section 4940(e) requirements in Part V, check   | •          | 1       |          |           |     | <u> 127</u> |
| Part I, line 12, col (b)  2 Tax under section 511 (c)  3 Add lines 1 and 2  4 Subtitle A (income) tax (c)  5 Tax based on investme  6 Credits/Payments  a 2009 estimated tax paying  b Exempt foreign organiza  c Tax paid with application  d Backup withholding error  7 Total credits and payment  8 Enter any penalty for un  9 Tax due. If the total of line  10 Overpayment. If line 7 is  11 Enter the amount of line  Part VII-A Statement  1a During the tax year, did to participate or intervene in  b Did it spend more than \$  of the instructions for define if the answer is "Yes" to published or distributed to be interested in the foundation file for the foundation in the foundation managers  c Enter the reimbursement on foundation managers  4a The foundation made incorporation, or bylaws, attach a detailed incorporation, or bylaws, attach a detailed incorporation, or bylaws, attach the statement of the foundation have in the foundation          |   |            |         |          |           |     |             |
| Tax under section 511 (c) Add lines 1 and 2 Subtitle A (income) tax (c) Tax based on investme Credits/Payments a 2009 estimated tax paying b Exempt foreign organizate c Tax paid with application d Backup withholding error Total credits and payment Enter any penalty for un Grave due. If the total of line Part VII-A Stateme  Tax due. If the total of line Part VII-A Stateme  Tax busing the tax year, did to participate or intervene in Did it spend more than \$ of the instructions for defended in the answer is "Yes" to published or distributed to be compared to the foundation file Ford Enter the amount (if any) (1) On the foundation Penalty (1) On the foundation managers Has the foundation made incorporation, or bylaws, Has the foundation made incorporation, or bylaws, b If "Yes," attach a detailed Has the foundation have to be seen the requirements of some by language in the gov By state legislation that conflict with the statement Are the requirements of some By language in the gov By state legislation that conflict with the state law Did the foundation have a seen the states to which instructions)  b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar year)  19 If "Yes," complete P  | ations enter 2% of line 27b Exempt foreign organizations enter 4% of  |            |         |          |           |     |             |
| Add lines 1 and 2  Subtitle A (Income) tax based on investme a 2009 estimated tax paying the Exempt foreign organizary and the Exempt foreign and paying the Exempt for under the Exempt for under the Exempt for under the Exempt for under the Exempt for intervene in the Exempt for            |   |            |         |          |           |     |             |
| 4 Subtitle A (income) tax based on investme a 2009 estimated tax paying be exempt foreign organizary tax paid with application discounting the tax paying the tax paying the tax of the total of limits and paying the tax of the instructions for defining the instruction of the instructions for definition the instruction of the i           | domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |            | 2       |          |           |     | 0           |
| Tax based on investme Credits/Payments Description Exempt foreign organizate Tax paid with application Backup withholding error Total credits and payment Enter any penalty for un Tax due. If the total of line Overpayment. If line 7 is Enter the amount of line Part VII-A Statement During the tax year, did to participate or intervene in Did it spend more than \$ of the instructions for defilif the answer is "Yes" to published or distributed to the condition of the foundation of the foundation on foundation managers Enter the reimbursement on foundation managers Has the foundation managers Has the foundation made incorporation, or bylaws, Has the foundation have to be if "Yes," attach a detailed incorporation, or bylaws, By language in the gov By state legislation that conflict with the statement Fire the requirements of some by state legislation that conflict with the state law Did the foundation have a sentence of the foundation claiming and the foundat          |   |            | 3       | <u> </u> | _         |     | <u> 127</u> |
| 6 Credits/Payments a 2009 estimated tax paym b Exempt foreign organiza c Tax paid with application d Backup withholding error 7 Total credits and payme 8 Enter any penalty for un 9 Tax due. If the total of lin 10 Overpayment. If line 7 is 11 Enter the amount of line Part VII-A Stateme 1a During the tax year, did to participate or intervene in b Did it spend more than \$ of the instructions for def if the answer is "Yes" to published or distributed to published to published or distributed to published to published or distributed to published to published to published to published to published to published to pub          | domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |            | 4       | <u> </u> |           |     | 0           |
| b Exempt foreign organiza c Tax paid with application d Backup withholding error Total credits and paymer Enter any penalty for un Goverpayment. If line 7 is Enter the amount of line Part VII-A Stateme  During the tax year, did to participate or intervene in b Did it spend more than \$ of the instructions for defended if the answer is "Yes" to published or distributed to Did the foundation file Ford Enter the amount (if any) (1) On the foundation ■ Enter the reimbursement on foundation managers Has the foundation managers Has the foundation made incorporation, or bylaws, Has the foundation have to be if "Yes," attach a detailed incorporation, or bylaws, And Did the foundation have to be if "Yes," attach the statement on foundation the goven by state legislation that conflict with the state law To Did the foundation have a By language in the goven By state legislation that conflict with the state law To Did the foundation have a Briter the states to which instructions)  b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(I)(5) for calendar ye 27)? If "Yes," complete P  | nt income. Subtract line 4 from line 3 If zero or less, enter -0-   |            | 5       |          |           |     | 127         |
| b Exempt foreign organiza c Tax paid with application d Backup withholding error Total credits and paymen Enter any penalty for un Gerpayment. If line 7 is Enter the amount of line Part VII-A Stateme  During the tax year, did to participate or intervene in b Did it spend more than \$ of the instructions for def if the answer is "Yes" to published or distributed to Did the foundation file For the amount (if any) (1) On the foundation ▶ Enter the reimbursement on foundation managers Has the foundation made incorporation, or bylaws, Has the foundation have in the foundation than the foundation have in the foundation than the foundation have a sentent the states to which instructions) ▶  b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   |   |            |         | 1        |           |     |             |
| Tax paid with application d Backup withholding error Total credits and paymer Enter any penalty for un Gerpayment. If line 7 is Enter the amount of line Part VII-A Stateme During the tax year, did to participate or intervene in Did it spend more than \$ of the instructions for def if the answer is "Yes" to published or distributed to Did the foundation file Ford Enter the amount (if any) (1) On the foundation ▶ Enter the reimbursement on foundation managers Has the foundation made incorporation, or bylaws, Ale Did the foundation have in the foundation have a sent the states to which instructions)  b if the answer is "Yes" to in the foundation claiming the foundation claiming the foundation of each state is the foundation claiming the foundation the foundation claiming the foundation the foundation the foundation the foundation           | nents and 2008 overpayment credited to 2009 6a  |            | 4       |          |           |     |             |
| d Backup withholding error Total credits and paymer Enter any penalty for un Tax due. If the total of lir Overpayment. If line 7 is Enter the amount of line Part VII-A Stateme  1a During the tax year, did to participate or intervene in body it spend more than \$ of the instructions for defended if the answer is "Yes" to published or distributed to Did the foundation file Ford Enter the amount (if any) (1) On the foundation on foundation managers Enter the reimbursement on foundation managers Has the foundation made incorporation, or bylaws. Has the foundation have to be if "Yes," attach a detailed incorporation, or bylaws.  Are the requirements of some By language in the govon By state legislation that conflict with the state law Did the foundation have a Britant foundation claiming a Britant foundation foundation claiming a Britant foundation          |   |            | 4       |          |           |     |             |
| Total credits and payment Enter any penalty for un Tax due. If the total of lir Overpayment. If line 7 is Enter the amount of line Part VII-A Stateme  Tax due is the total of lire Part VII-A Stateme  Tay During the tax year, did to participate or intervene in body it spend more than sof the instructions for deal of the answer is "Yes" to published or distributed by the computation of the foundation file Form the amount (if any)  The enter the amount (if any)  The enter the reimbursement on foundation managers  Has the foundation engal if "Yes," attach a detailed incorporation, or bylaws,  And Did the foundation have to be if "Yes," has it filed a tax was there a liquidation, term if "Yes," attach the statement on the foundation that conflict with the state law on the foundation have a be stated to the foundation claiming a stated to the foundation and the foundation a stated to the foundation a stated to the foundation and the f          | for extension of time to file (Form 8868)   |            | 4       |          |           |     |             |
| 8 Enter any penalty for un 9 Tax due. If the total of lir 10 Overpayment. If line 7 is 11 Enter the amount of line Part VII-A Stateme 1a During the tax year, did to participate or intervene in b Did it spend more than \$   of the instructions for defect of the instructions for defect of the answer is "Yes" to published or distributed to Did the foundation file Food Enter the amount (if any) (1) On the foundation ■ e Enter the reimbursement on foundation managers 2 Has the foundation engal if "Yes," attach a detailed that the foundation made incorporation, or bylaws, 4a Did the foundation have to be if "Yes," has it filed a tax 5 Was there a liquidation, term if "Yes," attach the statement on foundation that the state law to be a be yet and the goven by state legislation that conflict with the state law 7 Did the foundation have a Enter the states to which instructions) ▶ b if the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar yet 27)? If "Yes," complete P   |   |            | 4       |          |           |     |             |
| 9 Tax due. If the total of line 10 Overpayment. If line 7 is 11 Enter the amount of line Part VII-A Stateme  1a During the tax year, did to participate or intervene in body it spend more than \$ of the instructions for deal if the answer is "Yes" to published or distributed to Did the foundation file Food Enter the amount (if any) (1) On the foundation ■ Enter the reimbursement on foundation managers Has the foundation engal if "Yes," attach a detailed incorporation, or bylaws, Has the foundation made incorporation, or bylaws, Uif "Yes," has it filed a tax Was there a liquidation, term if "Yes," attach the statement Are the requirements of solution by the By language in the govon By state legislation that conflict with the state law 17 Did the foundation have a Briter the states to which instructions)  18 body if the answer is "Yes" to I (or designate) of each states 19 Is the foundation claiming 4942(j)(5) for calendar years in the state in the state in the state in the state in the foundation claiming 4942(j)(5) for calendar years in the state in the state in the foundation claiming 4942(j)(5) for calendar years in the foundation          |   |            | 7       | ļ        |           |     |             |
| 10 Overpayment. If line 7 is 11 Enter the amount of line Part VII-A Stateme  1a During the tax year, did to participate or intervene in body the instructions for defending the instructions of its published or distributed to published the foundation have to a service the instructions to the foundation have a service to the foundation have a service the states to which instructions to the foundation claiming the foundation the foundation claiming the foundation claiming the foundation the fou           | derpayment of estimated tax. Check here if Form 2220 is attached  | _          | 8       | <u> </u> |           |     |             |
| Part VII-A Stateme  1a During the tax year, did to participate or intervene in body the instructions for defending the answer is "Yes" to published or distributed to Did the foundation file Fodd Enter the amount (if any) (1) On the foundation ■  1a Enter the reimbursement on foundation managers  2 Has the foundation engaged if "Yes," attach a detailed incorporation, or bylaws, and the foundation have in the foundation have in the foundation term of "Yes," attach the statement of the engaged if "Yes," attach the statement of the engaged in the goven by state legislation that conflict with the state law Did the foundation have a By state legislation that conflict with the state law Did the foundation have a Enter the states to which instructions) ■  b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(I)(5) for calendar ye 27)? If "Yes," complete P  | nes 5 and 8 is more than line 7, enter amount owed  | <b>•</b>   | 9       |          |           |     | 127         |
| Part VII-A Statement  1a During the tax year, did to participate or intervene in both participate or intervene in the participate of the instructions for definition of the instructions for definition of the instructions for definition of the instructions of the instructions of the participate of           | more than the total of lines 5 and 8, enter the amount overpaid   | <b>•</b>   | 10      | -        |           |     |             |
| During the tax year, did to participate or intervene in participate or intervene in Did it spend more than \$ of the instructions for defect the answer is "Yes" to published or distributed to Did the foundation file For Enter the amount (if any) (1) On the foundation ▶ enter the reimbursement on foundation managers  Has the foundation engage if "Yes," attach a detailed incorporation, or bylaws, Did the foundation have in the foundation have a set of the foundation claiming the foundation the foundation claiming the foundation the foundation claiming the foundation the foun          | 10 to be Credited to 2010 estimated tax ▶ Refu  | nded 🕨     | 11      |          |           | _   |             |
| participate or intervene in billion bi          | ents Regarding Activities   |            |         |          | · · · · · |     |             |
| b Did it spend more than \$ of the instructions for def If the answer is "Yes" to published or distributed be C Did the foundation file For d Enter the amount (if any) (1) On the foundation ▶ e Enter the reimbursement on foundation managers  Has the foundation engal if "Yes," attach a detailed Has the foundation made incorporation, or bylaws,  Did the foundation have of if "Yes," has it filed a tax  Was there a liquidation, term if "Yes," attach the statement Are the requirements of so By language in the gov By state legislation that conflict with the state law  Did the foundation have a Enter the states to which instructions)  b If the answer is "Yes" to I (or designate) of each state  Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   | he foundation attempt to influence any national, state, or local legislation or did it  |            |         |          |           | Yes | No          |
| of the instructions for def If the answer is "Yes" to published or distributed to Did the foundation file Fo d Enter the amount (if any) (1) On the foundation ▶ e Enter the reimbursement on foundation managers  Has the foundation enga- if "Yes," attach a detailed Has the foundation made incorporation, or bylaws, Did the foundation have if "Yes," has it filed a tax  Was there a liquidation, term if "Yes," attach the statement Are the requirements of s By language in the gov By state legislation that conflict with the state law  Did the foundation have a Enter the states to which instructions) b if the answer is "Yes" to i (or designate) of each state Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   |   |            |         |          | 1a        |     | X           |
| If the answer is "Yes" to published or distributed to Did the foundation file For defending the Enter the amount (if any) (1) On the foundation ■  e Enter the reimbursement on foundation managers  Has the foundation engage if "Yes," attach a detailed incorporation, or bylaws,  Has the foundation made incorporation, or bylaws,  Did the foundation have to be if "Yes," has it filed a tax  Was there a liquidation, term if "Yes," attach the statement of see By language in the goven By state legislation that conflict with the state law  Did the foundation have as Enter the states to which instructions) ■  b if the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar yee 27)? If "Yes," complete P  | the part with the daming the year (clarer directly of indirectly) for political purposes (see page 19   |            |         |          |           |     | ••          |
| published or distributed to Did the foundation file For d Enter the amount (if any) (1) On the foundation ▶ e Enter the reimbursement on foundation managers 2 Has the foundation engage if "Yes," attach a detailed 3 Has the foundation made incorporation, or bylaws, 4a Did the foundation have to b if "Yes," has it filed a tax 5 Was there a liquidation, term if "Yes," attach the statement 6 Are the requirements of so ■ By language in the gov ■ By state legislation that conflict with the state law 7 Did the foundation have a 8a Enter the states to which instructions) ▶ b if the answer is "Yes" to i (or designate) of each state 9 Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P  |   |            |         |          | 1b        |     | X           |
| c Did the foundation file For Enter the amount (if any) (1) On the foundation ▶ e Enter the reimbursement on foundation managers 2 Has the foundation engage if "Yes," attach a detailed incorporation, or bylaws. 4a Did the foundation have to be if "Yes," has it filed a tax was there a liquidation, term if "Yes," attach the statement of Secondary engage in the goven by state legislation that conflict with the state law Did the foundation have as Enter the states to which instructions) ▶ b If the answer is "Yes" to I (or designate) of each state 1942(j)(5) for calendar ye 27)? If "Yes," complete P   | 1a or 1b, attach a detailed description of the activities and copies of any materials by the foundation in connection with the activities                       |            |         |          |           |     |             |
| d Enter the amount (if any) (1) On the foundation ▶ e Enter the reimbursement on foundation managers 2 Has the foundation engage if "Yes," attach a detailed incorporation, or bylaws, 4a Did the foundation have to be if "Yes," has it filed a tax was there a liquidation, term if "Yes," attach the statement of see By language in the goven By state legislation that conflict with the state law Did the foundation have as Enter the states to which instructions) ▶ b If the answer is "Yes" to I (or designate) of each state 19 Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P  |   |            |         |          |           |     | 1,7         |
| (1) On the foundation ▶  Enter the reimbursement on foundation managers  Has the foundation engal if "Yes," attach a detailed incorporation, or bylaws,  Has the foundation made incorporation, or bylaws,  Did the foundation have to the foundation have to the foundation have to the foundation, terming the foundation, terming the foundation that the statement of the foundation that the foundation have to the foundation claiming the foundation the founda           | · · · · · · · · · · · · · · · · · · ·   |            |         |          | 1c        |     | X           |
| e Enter the reimbursement on foundation managers  Has the foundation engal if "Yes," attach a detailed  Has the foundation made incorporation, or bylaws,  Did the foundation have of the foundation have of the foundation have of the foundation, terming if "Yes," has it filed a tax.  Was there a liquidation, terming if "Yes," attach the statement of the foundation have of the foundation have of the foundation have a second in the foundation have a second in the foundation have a second in the foundation claiming the foundation cl           | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ |            |         |          |           |     |             |
| on foundation managers  Has the foundation engagers  Has the foundation engagers  Has the foundation made incorporation, or bylaws,  Did the foundation have reference in the foundation claiming for the foundation claiming reference in the foundation in the foundation in the foundation reference in the foundation in the found           | (If any) paid by the foundation during the year for political expenditure tax imposed   |            |         |          |           |     |             |
| 2 Has the foundation engal If "Yes," attach a detailed a Has the foundation made incorporation, or bylaws, 4a Did the foundation have to 1f "Yes," has it filed a tax 5 Was there a liquidation, term If "Yes," attach the statement 6 Are the requirements of so By language in the govon By state legislation that conflict with the state law 7 Did the foundation have a Benter the states to which instructions) ▶  b If the answer is "Yes" to I (or designate) of each state 1 state 1 state 2 state 1 state 1 state 2 state 2 state 2 state 2 state 3 state 2 state 2 state 3 state 2 state 3           |   |            |         |          |           |     |             |
| If "Yes," attach a detailed  Has the foundation made incorporation, or bylaws,  Did the foundation have it is incorporation.  If "Yes," has it filed a tax  Was there a liquidation, term if "Yes," attach the statement of selection.  By language in the goven by state legislation that conflict with the state law  Did the foundation have a selection.  If the answer is "Yes" to it (or designate) of each state is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   | ged in any activities that have not previously been reported to the IRS?  |            |         |          | 2         |     | x           |
| 3 Has the foundation made incorporation, or bylaws, 4a Did the foundation have to if "Yes," has it filed a tax 5 Was there a liquidation, term if "Yes," attach the statement 6 Are the requirements of s  ■ By language in the gov  ■ By state legislation that conflict with the state law 7 Did the foundation have a Benter the states to which instructions) ▶  b If the answer is "Yes" to I (or designate) of each states to the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P  |   |            |         |          |           |     | Α.          |
| incorporation, or bylaws,  4a Did the foundation have of the statement of           | any changes, not previously reported to the IRS, in its governing instrument, article   | of.        |         |          |           |     |             |
| <ul> <li>4a Did the foundation have to if "Yes," has it filed a tax</li> <li>5 Was there a liquidation, terming the "Yes," attach the statement of the statement of the state in the goven by state legislation that conflict with the state law</li> <li>7 Did the foundation have a state in the state in the</li></ul> | or other similar instruments? If "Yes," attach a conformed copy of the changes  | 5 UI       |         |          | 3         |     | X           |
| <ul> <li>b If "Yes," has it filed a tax</li> <li>5 Was there a liquidation, termilf "Yes," attach the statement</li> <li>6 Are the requirements of s</li> <li>• By language in the gov</li> <li>• By state legislation that conflict with the state law</li> <li>7 Did the foundation have at Enter the states to which instructions)</li> <li>b If the answer is "Yes" to I (or designate) of each state</li> <li>9 Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P</li> </ul>   | unrelated business gross income of \$1,000 or more during the year?   |            |         |          | 4a        |     | X           |
| If "Yes," attach the statement Are the requirements of s By language in the gov By state legislation that conflict with the state law  Did the foundation have a Enter the states to which instructions) b If the answer is "Yes" to I (or designate) of each sta Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   | return on Form 990-T for this year?   |            |         | N/A      | 4b        | -   |             |
| If "Yes," attach the statement Are the requirements of s By language in the gov By state legislation that conflict with the state law  Did the foundation have a Enter the states to which instructions) b If the answer is "Yes" to I (or designate) of each sta Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   | nation, dissolution, or substantial contraction during the year?  |            |         | ,        | 5         |     | X           |
| <ul> <li>By language in the gov</li> <li>By state legislation that conflict with the state law</li> <li>Did the foundation have a Enter the states to which instructions)</li> <li>b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P</li> </ul>  | required by General Instruction T.  |            |         |          |           |     |             |
| <ul> <li>By language in the gov</li> <li>By state legislation that conflict with the state law</li> <li>Did the foundation have a Enter the states to which instructions)</li> <li>b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P</li> </ul>  | section 508(e) (relating to sections 4941 through 4945) satisfied either  |            |         |          |           |     |             |
| conflict with the state law  7 Did the foundation have a  8a Enter the states to which instructions) ▶  b If the answer is "Yes" to I (or designate) of each sta  9 Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   |   |            |         |          |           |     |             |
| conflict with the state law  7 Did the foundation have a  8a Enter the states to which instructions) ▶  b If the answer is "Yes" to I (or designate) of each sta  9 Is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P   | effectively amends the governing instrument so that no mandatory directions that  |            |         |          |           |     |             |
| <ul> <li>8a Enter the states to which instructions) ►</li> <li>b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P</li> </ul>  | remain in the governing instrument?   |            |         | N/A      | 6         |     |             |
| <ul> <li>8a Enter the states to which instructions) ►</li> <li>b If the answer is "Yes" to I (or designate) of each state is the foundation claiming 4942(j)(5) for calendar ye 27)? If "Yes," complete P</li> </ul>  | at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col   | c), and Pa | art XV  | •        | 7         | X   |             |
| b If the answer is "Yes" to I<br>(or designate) of each sta<br>9 Is the foundation claiming<br>4942(j)(5) for calendar ye<br>27)? If "Yes," complete P  | the foundation reports or with which it is registered (see page 19 of the   |            |         |          |           |     |             |
| (or designate) of each sta<br>9 Is the foundation claiming<br>4942(j)(5) for calendar ye<br>27)? If "Yes," complete P   | MI  |            |         |          |           |     |             |
| (or designate) of each sta<br>9 Is the foundation claiming<br>4942(j)(5) for calendar ye<br>27)? If "Yes," complete P   | ine 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   |            |         |          |           |     |             |
| 4942(J)(5) for calendar ye<br>27)? If "Yes," complete P   | ite as required by General Instruction G? If "No," attach explanation   |            |         |          | 8b        | Х   |             |
| 27)? If "Yes," complete P   | status as a private operating foundation within the meaning of section 4942(j)(3) or  |            |         | i        |           |     |             |
|   | ar 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page  |            |         |          |           |     |             |
| 0 Did any persons become  |   |            |         |          | 9         | X   |             |
|   | substantial contributors during the tax year? If "Yes," attach a schedule listing their   |            |         |          | -         |     |             |
| names and addresses   |   | STMT       | 8       |          | 10        | X   |             |

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

X

|              | 1990-PF (2009) GOLDSIEIN FAM.   |   |                                       | 34/294                                  |  |  | Page         | <u>0</u> |
|--------------|---|---|---------------------------------------|---|--|--|--------------|----------|
| P            | ut VII-B Statements Regarding   | Activities for Which Forn               | n 4720 May Be R                       | equired (cont                           | inued)                                   | ······································ |              | _        |
| 5a           | During the year did the foundation pay or inc   | cur any amount to                       |                                       | _                                       | _  |  |              |          |
|              | (1) Carry on propaganda, or otherwise atter   | npt to influence legislation (sectio    | n 4945(e))?                           | \ \                                     | ′es 🛚 X No                               |  |              |          |
|              | (2) Influence the outcome of any specific pu  | or to carry on,                         |                                       |   |  |  |              |          |
|              | directly or indirectly, any voter registration  | on drive?                               |                                       | <u> </u>                                | ∕es X No                                 |  |              |          |
|              | (3) Provide a grant to an individual for trave  | l, study, or other similar purposes     | ?                                     | \ <b></b> \                             | res 🗓 No                                 |  |              |          |
|              | (4) Provide a grant to an organization other  | than a charitable, etc., organization   | on described in                       |   | _  |  |              |          |
|              | section 509(a)(1), (2), or (3), or section  | 4940(d)(2)? (see page 22 of the in      | structions)                           | \ \ \                                   | res 🗓 No                                 |  |              |          |
|              | (5) Provide for any purpose other than religi   | ious, charitable, scientific, literary, | or educational                        |   | _  |  |              |          |
|              | purposes, or for the prevention of cruelty  | y to children or animals?               |                                       |   | res X No                                 |  |              |          |
| b            | If any answer is "Yes" to 5a(1)-(5), did any of   | of the transactions fail to qualify ur  | der the exceptions d                  | escribed in                             | _  |  |              |          |
|              | Regulations section 53 4945 or in a current   |   |                                       |   | N/A                                      | 5b                                     | j            |          |
|              | Organizations relying on a current notice reg   |   |                                       | •                                       | <b>▶</b> □ `                             |  |              | _        |
| C            | If the answer is "Yes" to question 5a(4), doe   |   |                                       |   | 7  |  |              |          |
|              | because it maintained expenditure responsil   |   |                                       | N/A 🗍                                   | res No                                   |  |              |          |
|              | If "Yes," attach the statement required by Re   | -                                       |                                       |   |  |  |              |          |
| 6a           |   | · · · · · · · · · · · · · · · · · · ·   | pay premiums                          |   |  |  |              |          |
|              | on a personal benefit contract?   | any rando, andony or mandony, to        | pay premiumo                          | $\Box$                                  | res X No                                 |  |              |          |
| b            |   | nums directly or indirectly on a        | nersonal benefit conti                |   | .00 == 110                               | 6ь                                     | x            |          |
| ~            | If "Yes" to 6b, file Form 8870  |   | porgoniai Denetik GUIIII              | uot:                                    |  | - JD                                   |              | -        |
| 7a           | At any time during the tax year, was the four   | adation a party to a prohibited toy     | chalter transaction?                  | П,                                      | res X No                                 |  |              |          |
|              |   |   |                                       |   | N/A                                      | 7b                                     |              | _        |
|              | b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, |   |                                       |   |  |  |              |          |
|              | and Contractors   | ers, Directors, Trustees, I             | Outidation Main                       | agers, mgmy                             | raid Lilipioy                            | ccs,                                   |              |          |
| 1 1          | ist all officers, directors, trustees, foundati   | ion managers and their compan           | eation (see page 22                   | of the instruction                      | ne)                                      |  |              | _        |
|              |   | ion managers and their compen           | Sation (See page 22                   |   | 1  | 1                                      |              | _        |
|              | (a) Name and addr   | 000                                     | (b) Title, and average hours per week | (c) Compensation<br>(If not paid, enter | (d) Contributions to<br>employee benefit | (e) Exp                                | ense account | t,       |
|              | (a) Name and addi-  |   | devoted to position                   | -0-)                                    | plans and deferred<br>compensation       | other                                  | allowances   |          |
| 7.17         | O GOLDSTEIN   | BARKINGMON HILLS                        |                                       |   | Compensation                             |  |              | -        |
|              | 421 EASTBROOK   | PARMINGTON HILLS                        | PRESIDENT                             |   |  |  |              | _        |
|              |   | MI 48334                                | 1.00                                  | 0                                       | <u> </u>                                 | <u> </u>                               | -            | 0        |
|              | TTY GOLDSTEIN   | FARMINGTON HILLS                        | VICE PRES.                            |   |  |  |              |          |
|              | 421 EASTBROOK   | MI 48334                                | 1.00                                  | 0                                       | 0  | <del> </del>                           |              | 0        |
|              | SA GOLDSTEIN-PROG   | FARMINGTON HILLS                        | SEC/TREAS.                            |   |  |  |              |          |
| 28           | 421 EASTBROOK   | MI 48334                                | 1.00                                  | 0                                       |  |  |              | 0        |
|              |   | •                                       |                                       |   |  |  |              |          |
| _            |   |   | <u>i</u>                              | <u> </u>                                | <u> </u>                                 |  |              | _        |
| 2            | Compensation of five highest-paid employ  | ees (other than those included          | on line 1—see page                    | 23 of the instruc                       | tions).                                  |  |              |          |
|              | If none, enter "NONE."  | <del> </del>                            |                                       | r                                       | <u> </u>                                 | 1                                      |              | _        |
|              | 4334  |   | (b) Title, and average                |   | (d) Contributions to<br>employee benefit | (e) Evo                                | ense account |          |
|              | (a) Name and address of each employee   | hours per week<br>devoted to position   | (c) Compensation                      | plans and deferred                      |  | allowances                             | •            |          |
| compensation |   |   |                                       |   |  |  |              | _        |
| МО           | NE  |   |                                       |   |  |  |              |          |
|              |   |   |                                       |   |  |  |              | _        |
|              |   |   |                                       |   |  |  |              |          |
|              |   |   |                                       |   |  |  |              | _        |
|              |   |   |                                       |   |  | 1                                      |              |          |
|              |   |   |                                       |   |  |  |              |          |
|              |   |   |                                       |   |  |  |              | _        |
|              |   |   |                                       |   | <u> </u>                                 | <u></u>                                |              |          |
|              | _ <del></del>   |   |                                       |   |  |  |              | _        |
|              |   |   |                                       |   |  |  |              |          |
| otal         | number of other employees paid over \$50.00   | 20                                      |                                       | ·                                       | •  |  | 1            | n        |

| Form 990-PF (200   |   | 38-3347294                                  | Page <b>7</b>    |  |  |
|--|---|---|------------------|--|--|
|  | Information About Officers, Directors, Trustees, Foundand Contractors (continued)   | lation Managers, Highly Paid Em             | ployees,         |  |  |
| 3 Five highes  | t-paid independent contractors for professional services (see page 2                | 3 of the instructions). If none, enter "NON | IE."             |  |  |
|  | (a) Name and address of each person paid more than \$50,000                         | (b) Type of service                         | (c) Compensation |  |  |
| NONE   |   |   |                  |  |  |
|  |   |   |                  |  |  |
|  |   |   |                  |  |  |
|  |   |   |                  |  |  |
| Total number of o  | others receiving over \$50,000 for professional services                            |   | ▶ 0              |  |  |
| Part IX-A  | Summary of Direct Charitable Activities   |   |                  |  |  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. |   |   |                  |  |  |
| 1 JEWISH   | H FEDERATION OF METRO DETROIT   |   |                  |  |  |
| 2 JEWISH   | H NATIONAL FUND   |   | 5,000            |  |  |
|  |   |   | 4,000            |  |  |
| 3 GLEANE   | ERS FOOD BANK   |   |                  |  |  |
| 4 JEWISH   | H COMMUNITY CENTER  |   | 1,500            |  |  |
|  |   |   | 1,000            |  |  |
| Part IX-B  | Summary of Program-Related Investments (see page                                    |   |                  |  |  |
| 1 N/A  | argest program-related investments made by the foundation during the tax year on li | nes 1 and 2                                 | Amount           |  |  |
| 1 N/A  |   |   |                  |  |  |
| 2  |   |   |                  |  |  |
| All other program-r  | related investments. See page 24 of the instructions                                |   | <del></del>      |  |  |
| 3  |   |   |                  |  |  |
| Total. Add lines 1   | through 3   | <b>-</b>                                    |                  |  |  |

Form 990-PF (2009)

28,769

28,642

127

3b

4

5

4

5

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

| r x | iff XIII Undistributed Income (see page 26 of       | tne instructions)                      |                            |   |             |
|-----|---|--|----------------------------|---|-------------|
| 1   | Distributable amount for 2009 from Part XI,         | (a)<br>Corpus                          | (b)<br>Years prior to 2008 | (c)<br>2008                             | (d)<br>2009 |
|     | line 7  |  | <del>-</del>               |   |             |
| 2   | Undistributed income, if any, as of the end of 2009 |  | 1                          |   | , .         |
| а   | Enter amount for 2008 only                          |  |                            |   |             |
| b   | Total for prior years. 20 , 20 , 20                 |  |                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |
| 3   | Excess distributions carryover, if any, to 2009     |  |                            |   |             |
| а   | From 2004   |  |                            |   |             |
| b   | From 2005   | 1                                      |                            |   |             |
| С   | From 2006   | 1                                      |                            |   |             |
|     | From 2007   | 1                                      | 1                          |   |             |
|     | From 2008   | 1                                      |                            |   |             |
|     | Total of lines 3a through e                         | i                                      |                            |   |             |
| 4   |   |  |                            |   |             |
| •   | Qualifying distributions for 2009 from Part XII,    |  |                            |   |             |
|     | line 4 ▶ \$   |  |                            |   |             |
|     | Applied to 2008, but not more than line 2a          |  |                            |   |             |
| D   | Applied to undistributed income of prior years      |  |                            | i                                       |             |
|     | (Election required—see page 26 of the instructions) |  |                            |   |             |
| С   | Treated as distributions out of corpus (Election    |  |                            |   |             |
|     | required—see page 26 of the instructions)           |  |                            |   |             |
| đ   | Applied to 2009 distributable amount                |  |                            |   |             |
| е   | Remaining amount distributed out of corpus          |  |                            |   |             |
| 5   | Excess distributions carryover applied to 2009      |  |                            |   |             |
|     | (If an amount appears in column (d), the same       |  | ,                          |   |             |
|     | amount must be shown in column (a) )                |  | `                          |   |             |
| 6   | Enter the net total of each column as               |  |                            |   |             |
|     | indicated below:                                    |  |                            |   |             |
| а   | Corpus Add lines 3f, 4c, and 4e Subtract line 5     | i                                      |                            |   |             |
|     | Prior years' undistributed income Subtract          | ······································ |                            |   |             |
|     | line 4b from line 2b                                |  |                            |   |             |
| c   | Enter the amount of prior years' undistributed      |  |                            |   |             |
| _   | income for which a notice of deficiency has         |  |                            |   |             |
|     | been issued, or on which the section 4942(a)        |  |                            |   |             |
|     | tax has been previously assessed                    |  |                            |   |             |
| 4   | Subtract line 6c from line 6b Taxable               |  |                            |   |             |
| u   |   |  |                            |   |             |
| _   | amount—see page 27 of the instructions              |  |                            |   |             |
| е   | Undistributed income for 2008 Subtract line         |  |                            |   |             |
|     | 4a from line 2a Taxable amount—see page             |  |                            |   |             |
| _   | 27 of the instructions                              |  |                            |   |             |
| f   | Undistributed income for 2009. Subtract lines       |  |                            |   |             |
|     | 4d and 5 from line 1 This amount must be            |  |                            |   |             |
| _   | distributed in 2010                                 |  |                            |   |             |
| 7   | Amounts treated as distributions out of corpus      |  |                            |   |             |
|     | to satisfy requirements imposed by section          |  |                            |   |             |
|     | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the      |  |                            |   |             |
|     | instructions)                                       |  |                            |   |             |
| 3   | Excess distributions carryover from 2004 not        |  |                            |   |             |
|     | applied on line 5 or line 7 (see page 27 of the     |  |                            |   |             |
|     | instructions)                                       |  |                            |   |             |
| •   | Excess distributions carryover to 2010.             |  |                            |   |             |
|     | Subtract lines 7 and 8 from line 6a                 | L                                      |                            |   |             |
| 0   | Analysis of line 9                                  |  |                            |   |             |
| а   | Excess from 2005                                    |  |                            |   |             |
| b   | Excess from 2006                                    | 1                                      |                            |   |             |
|     | Excess from 2007                                    | 1                                      |                            |   |             |
|     | Excess from 2008                                    |  |                            |   |             |
|     | Excess from 2009                                    |  |                            |   |             |
|     |   | L                                      | L                          | t                                       |             |

| P                                      | art XIV Private Operating For   | indations (see pa         | ge 27 of the instr       | uctions and Part \         | /II-A, question 9)   |               |  |  |  |
|--|---|---------------------------|--------------------------|----------------------------|----------------------|---------------|--|--|--|
| 1a                                     |   |                           |                          |                            |                      |               |  |  |  |
|  | foundation, and the ruling is effective for 2009, enter the date of the ruling  |                           |                          |                            |                      |               |  |  |  |
| b                                      | Check box to indicate whether the found   | ation is a private operat | ting foundation describ  | ped in section 49          | 42(j)(3) or X 4942(  | (j)(5)        |  |  |  |
| 2a                                     | Enter the lesser of the adjusted net  | Tax year                  |                          | Prior 3 years              |                      | (e) Total     |  |  |  |
|  | income from Part I or the minimum   | (a) 2009                  | (b) 2008                 | (c) 2007                   | (d) 2006             | (e) rotal     |  |  |  |
|  | investment return from Part X for   |                           |                          |                            |                      |               |  |  |  |
|  | each year listed N/A  |                           |                          |                            |                      |               |  |  |  |
| b                                      | 85% of line 2a N/A  |                           |                          |                            |                      |               |  |  |  |
| С                                      | Qualifying distributions from Part XII,   |                           |                          |                            |                      |               |  |  |  |
|  | line 4 for each year listed   | 28,769                    | 38,871                   | 40,420                     | 30,545               | 138,605       |  |  |  |
| d                                      | Amounts included in line 2c not used directly   |                           |                          |                            |                      |               |  |  |  |
|  | for active conduct of exempt activities   |                           |                          |                            |                      |               |  |  |  |
| е                                      | Qualifying distributions made directly  |                           |                          |                            |                      |               |  |  |  |
|  | for active conduct of exempt activities   |                           |                          |                            |                      |               |  |  |  |
|  | Subtract line 2d from line 2c   | 28,769                    | 38,871                   | 40,420                     | 30,545               | 138,605       |  |  |  |
| 3                                      | Complete 3a, b, or c for the  | _                         |                          |                            |                      |               |  |  |  |
|  | alternative test relied upon  |                           |                          |                            |                      |               |  |  |  |
| а                                      | "Assets" alternative test—enter.  |                           |                          |                            |                      |               |  |  |  |
|  | (1) Value of all assets N/A   |                           |                          |                            |                      |               |  |  |  |
|  | (2) Value of assets qualifying under  |                           |                          |                            |                      |               |  |  |  |
|  | section 4942(j)(3)(B)(i) N/A  |                           |                          |                            |                      |               |  |  |  |
| b                                      | "Endowment" alternative test-enter 2/3  |                           |                          |                            |                      |               |  |  |  |
|  | of minimum investment return shown in   |                           |                          |                            |                      |               |  |  |  |
|  | Part X, line 6 for each year listed   | 18,625                    | 22,151                   | 25,525                     | 21,934               | 88,235        |  |  |  |
| С                                      | "Support" alternative test—enter  |                           |                          |                            |                      |               |  |  |  |
|  | (1) Total support other than gross  |                           |                          |                            |                      |               |  |  |  |
|  | investment income (interest,  |                           |                          |                            |                      |               |  |  |  |
|  | dividends, rents, payments on   |                           |                          |                            |                      |               |  |  |  |
|  | securities loans (section 512(a)(5)), or royalties) N/A   |                           |                          |                            |                      |               |  |  |  |
|  | (2) Suppoπ from general public  |                           |                          |                            | <del></del>          |               |  |  |  |
|  | and 5 or more exempt  |                           |                          |                            |                      |               |  |  |  |
|  | organizations as provided in  |                           |                          |                            |                      |               |  |  |  |
|  | section 4942(j)(3)(B)(iii) N/A  |                           |                          |                            |                      |               |  |  |  |
|  | (3) Largest amount of support from  |                           |                          |                            |                      |               |  |  |  |
|  | an exempt organization $N/A$  |                           |                          |                            |                      |               |  |  |  |
|  | (4) Gross investment income N/A   |                           |                          |                            |                      |               |  |  |  |
| Pa                                     | rt XV Supplementary Inform  |                           |                          |                            | ıd \$5,000 or more   | in assets at  |  |  |  |
|  | any time during the ye  | ear—see page 28           | of the instructio        | ns.)                       | <del> </del>         |               |  |  |  |
| 1                                      | Information Regarding Foundation Mai  | nagers:                   |                          |                            |                      |               |  |  |  |
| а                                      | List any managers of the foundation who   | have contributed more     | than 2% of the total of  | contributions received t   | by the foundation    |               |  |  |  |
|  | before the close of any tax year (but only  | -                         | d more than \$5,000)     | (See section 507(d)(2)     | )                    |               |  |  |  |
|  | LEO & BETTY GOLDSTE   | <u> </u>                  |                          |                            |                      |               |  |  |  |
| þ                                      | List any managers of the foundation who   |                           | •                        |                            | portion of the       |               |  |  |  |
|  | ownership of a partnership or other entity  | ) of which the foundation | on has a 10% or great    | er interest                |                      |               |  |  |  |
|  | N/A   |                           |                          |                            | <del> </del>         |               |  |  |  |
| 2                                      | Information Regarding Contribution, G   |                           |                          |                            |                      |               |  |  |  |
|  | Check here ▶ X if the foundation only makes contributions to preselected charitable organizations and does not accept           |                           |                          |                            |                      |               |  |  |  |
|  | unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or |                           |                          |                            |                      |               |  |  |  |
|  | organizations under other conditions, cor   |                           |                          |                            |                      |               |  |  |  |
| а                                      | The name, address, and telephone numb   | per of the person to wh   | om applications shoul    | d be addressed             |                      |               |  |  |  |
|  | N/A   |                           |                          |                            |                      |               |  |  |  |
|  | The form on the first hand  |                           |                          |                            | <del>,</del>         |               |  |  |  |
| b                                      | The form in which applications should be  | submitted and informa     | ation and materials the  | ey should include          |                      |               |  |  |  |
|  | N/A   | <del></del>               |                          | <del></del>                |                      | <del></del> - |  |  |  |
| С                                      | Any submission deadlines  |                           |                          |                            |                      |               |  |  |  |
| ــــــــــــــــــــــــــــــــــــــ | N/A   | ough as by passess to     | ool orong sharets C      | nido kundo afiriti         |                      | <del> </del>  |  |  |  |
| d                                      | Any restrictions or limitations on awards, $\mathbf{N/A}$   | such as by geographic     | खा areas, charitable fie | eias, kinās of institutior | is, or other factors |               |  |  |  |
|  |   |                           |                          |                            |                      |               |  |  |  |

| 3 Grants and Contributions Paid During the | Year or Approved for F   | uture Payment                         |                                  |        |
|--|--|---------------------------------------|----------------------------------|--------|
| Recipient                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of recipient        | Purpose of grant or contribution | Amount |
| Name and address (home or business)        | or substantial contributor   | reapient                              |                                  |        |
| a Paid during the year SEE STATEMENT 10    |  |                                       |                                  | 28,769 |
|  |  |                                       |                                  |        |
|  |  |                                       |                                  |        |
|  |  |                                       |                                  |        |
| Total                                      |  | <u> </u>                              | <b>A</b> 2-                      | 28,769 |
| b Approved for future payment              | ·  | <u> </u>                              | ▶ 3a                             | 20,109 |
| N/A  |  |                                       |                                  |        |
| Total                                      |  | · · · · · · · · · · · · · · · · · · · | <b>▶</b> 3b                      |        |
| <del></del>                                |  |                                       |                                  |        |

| Part XVI     | A Analysis of Income-Producing Ac                                      | ctivities  |                                       |                          |                               |   |
|--------------|--|--|---------------------------------------|--------------------------|-------------------------------|---|
|              | imounts unless otherwise indicated                                     |  | d business income                     | Exclude                  | d by section 512, 513, or 514 | (e)   |
|              |  | (a)<br>Business code   | (b)<br>Amount                         | (c)<br>Exclusion<br>code | ( <b>d</b> )<br>Amount        | Related or exempt<br>function income<br>(See page 28 of |
| 1 Program    | service revenue  |  |                                       |                          |                               | the instructions )                                      |
| a            |  | _  |                                       |                          |                               | <del></del>   |
| ь            |  | _  |                                       |                          |                               |   |
| c            |  |  |                                       |                          |                               |   |
| d            |  |  |                                       |                          |                               |   |
|              | <del></del>  | -  |                                       |                          |                               |   |
| f            |  |  |                                       |                          |                               |   |
|              | and contracts from government agencies                                 |  |                                       |                          |                               |   |
|              | thip dues and assessments  | <del></del>  |                                       |                          |                               | <del></del>   |
|              | n savings and temporary cash investments                               |  | <u> </u>                              | 1 4                      | 15 205                        |   |
|              | s and interest from securities<br>f income or (loss) from real estate: |  | <u> </u>                              | 14                       | 15,205                        |   |
|              |  | ***************************************  | <u> </u>                              |                          |                               |   |
|              | -financed property<br>lebt-financed property                           |  |                                       | <del>-  </del> -         |                               | <del></del> -   |
|              | I income or (loss) from personal property                              |  |                                       |                          |                               |   |
|              | estment income   |  |                                       | -                        |                               |   |
|              | oss) from sales of assets other than inventory                         |  |                                       | 26                       | 2,310                         |   |
|              | ne or (loss) from special events                                       |  |                                       | 120                      | 2,310                         |   |
|              | ofit or (loss) from sales of inventory                                 | <del></del>  |                                       | +                        |                               |   |
|              | enue a   |  | <del></del>                           | <del> </del>             |                               | <del></del>   |
| b            |  |  |                                       |                          |                               | <del> </del>  |
|              |  | -  |                                       | +                        |                               |   |
| d            |  | -  |                                       | +                        |                               |   |
| е            |  | -  |                                       | <del> </del>             |                               |   |
| 12 Subtotal  | Add columns (b), (d), and (e)  |  |                                       | 0                        | 17,515                        | 0   |
|              | d line 12, columns (b), (d), and (e)                                   | (HII   HII   HII |                                       |                          | 13                            |   |
|              | et in line 13 instructions on page 28 to verify calculat               | tions )  |                                       |                          |                               |   |
| Part XVI-    |  |  | ent of Exempt F                       | urpose                   | S                             |   |
| Line No.     | Explain below how each activity for which incom                        |  |                                       |                          |                               |   |
| ▼            | accomplishment of the foundation's exempt purp instructions )          |  |                                       |                          |                               |   |
| N/A          |  |  |                                       | ·                        |                               |   |
|              |  |  | · · · · · · · · · · · · · · · · · · · |                          | ······                        |   |
|              |  |  |                                       | -                        | <del></del>                   |   |
|              |  | <del></del>  |                                       |                          | <del></del>                   | · <del>- ·</del>  |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          | <u>.</u>                      |   |
|              |  |  | -                                     |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  | -  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       | ,                        |                               |   |
|              |  |  |                                       |                          |                               |   |
| <del></del>  |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
| <del> </del> |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |
|              |  |  |                                       |                          |                               |   |

| 100        | art XVII                                   | Information Reg                                   |                  |                            |                    | nc 2n       | d Pelations        | hine With N         | loncharitable         |                             | <u>ge 10</u> |
|------------|--|---|------------------|----------------------------|--------------------|-------------|--------------------|---------------------|-----------------------|-----------------------------|--------------|
| £.         | att VAN                                    | Exempt Organiz                                    | _                | ilisieis i U ailu          | Transaction        | iis aii     | u Relations        | mps with N          | Olicilal Itabic       |                             |              |
| _          | D. d.Aba                                   |   |                  |                            |                    | 415         |                    |                     |                       | Yes                         | No           |
| 1          |  | organization directly or inc                      |                  |                            |                    |             | -                  |                     | -                     | res                         | NO           |
|            |  | n 501(c) of the Code (oth                         | er than section  | on 501(c)(3) organiza      | ations) or in se   | ction 52    | 27, relating to p  | oontical            |                       |                             |              |
|            | organiza                                   |   |                  |                            |                    |             |                    |                     | i i                   | - 1                         |              |
| a          |  | s from the reporting found                        | dation to a no   | incharitable exempt        | organization of    | f-          |                    |                     | 1.                    | 1                           | 1            |
|            | (1) Cas                                    |   |                  |                            |                    |             |                    |                     | _                     | 3(1)                        | X            |
|            | (2) Othe                                   | er assets   |                  |                            |                    |             |                    |                     | <u> 1</u>             | 1(2)                        | X            |
| Ł          | Other tra                                  | insactions.                                       |                  |                            |                    |             |                    |                     |                       |                             |              |
|            | (1) Sale                                   | s of assets to a nonchard                         | able exempt      | organization               |                    |             |                    |                     | 11                    | o(1)                        | X            |
|            |  |   |                  |                            |                    |             |                    |                     | X                     |                             |              |
|            |  |   |                  |                            |                    |             |                    |                     | X                     |                             |              |
|            | (4) Rein                                   | nbursement arrangement                            | s                |                            |                    |             |                    |                     | 11                    | 0(4)                        | X            |
|            | (5) Loai                                   | is or loan guarantees                             |                  |                            |                    |             |                    |                     | 11                    | 0(5)                        | X            |
|            | (6) Perf                                   | ormance of services or m                          | embership o      | r fundraising solicitat    | tions              |             |                    |                     | r                     | 0(6)                        | X            |
| c          | Sharing                                    | of facilities, equipment, n                       | nailing lists, o | ther assets, or paid       | emplovees          |             |                    |                     | _                     | 1c                          | X            |
|            |  | swer to any of the above                          | -                | •                          |                    | mn (b) s    | should always      | show the fair m     | _                     |                             |              |
|            |  | the goods, other assets,                          |                  |                            |                    |             |                    |                     |                       |                             |              |
|            |  | any transaction or sharing                        | •                |                            |                    |             |                    |                     |                       |                             |              |
|            | (a) Line no                                | (b) Amount involved                               |                  | of noncharitable exempt    |                    |             |                    |                     | tions, and sharing ar | rangement                   | <u> </u>     |
| 1/         | <del>```</del>                             | (2)   | (-)::::::::      |                            | · organization     | <del></del> | ,a) 5000mp         | 44.1010, 44.1010    |                       | ungernon.                   |              |
| •/         | <u> </u>                                   |   | +                | <del> </del>               |                    |             | <del></del>        |                     |                       |                             |              |
| _          |  |   | <del> </del>     |                            |                    |             |                    |                     |                       |                             |              |
| _          |  |   | <del> </del>     |                            | <del></del>        |             |                    |                     |                       |                             |              |
| _          |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
| _          |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   | ļ                |                            |                    |             |                    |                     |                       |                             |              |
| _          |  |   | ļ                |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   | <u> </u>         |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   | 1                |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   | I                |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   | 1                |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   |                  |                            |                    |             |                    |                     | -                     | •                           |              |
|            |  |   |                  |                            |                    | _           |                    | <del></del>         |                       |                             |              |
| 22         | Is the for                                 | indation directly or indire                       | ctly affiliated  | with or related to or      | ne or more tay     | evemn       | t organizations    | <del></del>         |                       |                             |              |
|            |  | d in section 501(c) of the                        |                  |                            |                    |             | n organizations    | •                   | Г                     | Yes 2                       | r No         |
| <b>.</b>   |  | complete the following so                         |                  | man section 501(c)(        | 3)) or in section  | 11 327 7    |                    |                     | L                     | ) 162 E                     | <u>.</u>     |
|            | 11 163,                                    | (a) Name of organization                          | nedule           | (h) Tuno of our            |                    |             | <u>-</u>           | (c) Description of  | of solotonobia        |                             |              |
| _          | N/A_                                       | (a) Name of Organization                          |                  | (b) Type of orga           | anization          |             |                    | (c) Description C   | n relationship        |                             |              |
|            | N/M_                                       |   |                  |                            |                    |             |                    |                     |                       |                             |              |
| _          |  | · · · · · · · · · · · · · · · · · · ·             |                  |                            |                    |             |                    |                     |                       |                             |              |
| _          |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
|            |  |   |                  |                            |                    |             | <del> </del>       |                     | <del></del>           |                             |              |
| -          |  |   |                  |                            |                    |             |                    |                     |                       |                             |              |
|            | Under per                                  | alties of perjury, I declare the                  | t I have exami   | ned this return, including | g accompanying     | schedule    | es and statement   | ts, and to the best | of my knowledge an    | d .                         |              |
|            | Deliet, it is                              | true, correct, and complete                       | Declaration of p | preparer (other than tax)  | payer or fiduciary | ) is base   | ed on all informat | ion of which prepa  | irer nas any knowled  | ge                          |              |
|            | <b>N</b>                                   | Jeo Jolo  | esten            | <u> </u>                   | X Z-19             | 1-10        |                    | PRESID              | ENT                   |                             |              |
| <u>ب</u> ا | Signature of officer or trustee Date Title |   |                  |                            |                    |             |                    |                     |                       |                             |              |
| <u> </u>   |  | 1   |                  |                            |                    |             | Date               |                     |                       | identifying                 |              |
| - 1        | ,o _                                       | Preparer's  | 0                | All O                      |                    |             |                    | Check if            |                       | e Signature the instruction |              |
| E G        | ا کِ قِ م                                  | signature   | Mul              | H Husbe                    | 1 E.A.             |             | 41410              | self-employed       | 4 <b>-</b> [ ] [ ]    | L0404                       | -            |
| "          | Pai<br>Feal                                | Firmle posses (services of                        | MORRIS           | , KALISH                   | WALGRI             |             | P.C.               |                     |                       |                             |              |
| -          | Paid<br>Preparer's<br>Use Only             | Firm's name (or yours if self-employed), address, |                  | NORTHWEST                  |                    |             |                    |                     | EIN ▶ 38-2            | 1824                        | 62           |
| ]          | _ }  | and ZIP code                                      |                  | FIELD, MI                  | 48033-             |             |                    |                     | Phone no 248 -        |                             |              |
|            |  |   |                  | TITULY MIT                 | <b>40033</b>       | - ∪∠ 0      | · <del>_</del>     |                     | LUDIE IIO 4 4 0 -     |                             | <u> </u>     |

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

| GOLDSTEIN FAM  | ILY FOUNDATION   | 38-3347294                       |  |  |  |  |  |  |
|--|--|----------------------------------|--|--|--|--|--|--|
| Organization type (check on  | le)  |                                  |  |  |  |  |  |  |
| Filers of:   | Section:   |                                  |  |  |  |  |  |  |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization  |                                  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust not treated as a private four  | ındatıon                         |  |  |  |  |  |  |
|  | 527 political organization   |                                  |  |  |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |                                  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundat   | ition                            |  |  |  |  |  |  |
|  | X 501(c)(3) taxable private foundation   |                                  |  |  |  |  |  |  |
|  |  |                                  |  |  |  |  |  |  |
| Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  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   |  | ı                                |  |  |  |  |  |  |
|  | iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II   | or more (in money or             |  |  |  |  |  |  |
| Special Rules  |  |                                  |  |  |  |  |  |  |
| sections 509(a)(1) an  | (3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to the 170(b)(1)(A)(vi), and received from any one contributor, during the year % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 the contributor of the amount on (ii) Form 990, Part VIII, line 1 the contributor of the amount on (iii) Form 990, Part VIII, line 1 the contributor of the amount on (iii) Form 990, Part VIII, line 1 the contributor of | r, a contribution of the greater |  |  |  |  |  |  |
| the year, aggregate c  | 7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use exclusively for religious, charitats, or the prevention of cruelty to children or animals. Complete Parts I, II,   | ble, scientific, literary, or    |  |  |  |  |  |  |
| 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. |  |                                  |  |  |  |  |  |  |
| 990-EZ, or 990-PF), but it mu  | t is not covered by the General Rule and/or the Special Rules does not filest answer "No" on Part IV, line 2 of its Form 990, or check the box in the rm 990-PF, to certify that it does not meet the filing requirements of Scheol  | heading of its Form              |  |  |  |  |  |  |

| Page | 1 | of | 1 | of F | art | ı |
|------|---|----|---|------|-----|---|
|      |   |    |   |      |     |   |

**Employer identification number** Name of organization 38-3347294 GOLDSTEIN FAMILY FOUNDATION Part I **Contributors** (see instructions) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 LEO & BETTY GOLDSTEIN 1 Person 28421 EASTBROOK Payroll X 20,000 Noncash FARMINGTON HILLS MI 48334 (Complete Part II if there is a noncash contribution) (a) (d) (b) (c) No. Type of contribution Name, address, and ZIP + 4 Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution) (a) (b) (d) (c) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (d) (b) (c) No. Type of contribution Name, address, and ZIP + 4 Aggregate contributions Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution)

Page 1 of 1 of Part II Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization Employer Identification number 38-3347294 GOLDSTEIN FAMILY FOUNDATION Part II **Noncash Property** (see instructions) (a) No. (c) (b) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) 200 SHARES ALTRIA COMMON STOCK 1 11/25/09 3,822 \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) \$ (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$

07044 Goldstein Family Foundation 38-3347294 FYE: 12/31/2009

Federal Statements

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

|                 | Net<br>Gain / Loss | \$ 2,310             | \$ 2,310 |  | Charitable<br>Durose | peodin          | 0                                     |
|-----------------|--------------------|----------------------|----------|--|----------------------|-----------------|---------------------------------------|
|                 | Depreciation       |                      | 0        |  | 70                   | 1,950           | 1,950 \$                              |
|                 | Expense            |                      | \$ 0     | ling Fees                                      | Adjusted             | \$              | \$ 1,                                 |
|                 | Cost               | 1,547 \$             | 1,547 \$ | ne 16b - Accoun                                | Net                  | 1,950           | 1,950                                 |
| How<br>Received | Sale<br>Price      | PURCHASE<br>3,857 \$ | 3,857 \$ | orm 990-PF, Part I, Line 16b - Accounting Fees |                      | ,950            | 1,950 \$                              |
|                 | Date<br>Sold       | 12/17/02 12/19/09 \$ | w        | Statement 2 - Form                             | Ieto T               | \$              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Description     | Date<br>Acquired   | 12/11/02 1           |          | SI   | c                    |                 |                                       |
|                 | Whom<br>Sold       | 200 SH ALTRIA        | TOTAL    |  | Description          | ACCOUNTING FEES | TOTAL                                 |

| djusted Charitable<br>Net Purpose | 166 \$             | 166 \$ |
|-----------------------------------|--------------------|--------|
| ¥                                 | ৵                  | €S-    |
| Net<br>Investment                 | 166                | 166    |
| Inve                              | ۍ.                 | ₩.     |
| Total                             | 166                | 166    |
|                                   | w                  | w      |
| Description                       | FEDERAL EXCISE TAX | TOTAL  |

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

# Federal Statements

| Description          | Total   | Net<br>Investment | Adjusted<br>Net | Charitable<br>Purpose |
|----------------------|---------|-------------------|-----------------|-----------------------|
| EXPENSES<br>EXPENSES | ٧٠<br>د | ₩                 | w               | w.                    |
| MICHIGAN FILING FEES | 20      | 20                | 20              | 0                     |
| POSTAGE              | 103     | 103               | 10:             | . m                   |
| INVESTMENT EXPENSES  | 150     | 150               | 150             | . 0                   |
| LEGAL POSTING        | 80      | 80                | 8               | •                     |
| TOTAL                | \$ 353  | \$ 353            | \$ 353          | ر<br>د                |
|                      |         |                   |                 |                       |

07044 Goldstein Family Foundation

38-3347294

FYE: 12/31/2009

### **Federal Statements**

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

| _    |       |      |   |
|------|-------|------|---|
| Desc | rin   | tion | 1 |
|      | ,, ,, |      |   |

|       | Beginning of Year |     | End of<br>Year | Basis of<br>Valuation |     | Fair Market<br>Value |
|-------|-------------------|-----|----------------|-----------------------|-----|----------------------|
| BAIRD | \$<br>129,652     | \$  | 129,652        | COST                  | \$  | 111,523              |
| UBS   | <br>370,003       |     | 372,278        | COST                  | _   | 358,896              |
| TOTAL | \$<br>499,655     | \$_ | 501,930        |                       | \$_ | 470,419              |

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

| Description   | <br>Beginning of Year   | <br>End of<br>Year      | _   | Fair Market<br>Value |
|---|-------------------------|-------------------------|-----|----------------------|
| SELIGMAN COMMUNICATIONS MUTUAL FUND CAPITAL INC BLDR FUND | \$<br>151,114<br>37,149 | \$<br>151,114<br>38,269 | \$  | 133,288<br>34,570    |
| TOTAL   | \$<br>188,263           | \$<br>189,383           | \$_ | 167,858              |

### Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities

| Description                    | Be       | gınning<br>f Year | nd of<br>Year |
|--------------------------------|----------|-------------------|---------------|
| CONTRIBUTION CHECK NOT CLEARED | \$       | 450               | \$<br>800     |
| TOTAL                          | \$<br>\$ | 450               | \$<br>800     |

ω City, State, Zip FARMINGTON HILLS MI 48334 Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Federal Statements Address 28241 EASTBROOK 07044 Goldstein Family Foundation LEO & BETTY GOLDSTEIN Name 38-3347294 FYE: 12/31/2009

07044 Goldstein Family Foundation

38-3347294

### **Federal Statements**

FYE: 12/31/2009

### Statement 9 - Form 990-PF, Part X, Line 1e - Reduction Claimed for Blockage Information

Description

N/A

07044 Goldstein Family Foundation

38-3347294

## **Federal Statements**

FYE: 12/31/2009

### Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

| Name of Manager       | <br>Amount   |
|-----------------------|--------------|
| LEO & BETTY GOLDSTEIN | \$<br>20,000 |
| TOTAL                 | \$<br>20,000 |

07044 Goldstein Family Foundation 38-3347294 FYE: 12/31/2009

Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

|         | Amount       | C C                                    | 5,000                | 4,000                      | 200                      | 1,000                 | 1,000   | 1,000                 | 1,500                 | 200                   | 200                    | 200                     | 200                   | 200                   | 200                   | 200                   | 200                   | 200                   | 200                   | 200                   |
|---------|--------------|--|----------------------|----------------------------|--------------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|------------------------|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|         | Purpose      | י בייייייייייייייייייייייייייייייייייי | UNKESIKICIED DONAIIN | UNRESTRICTED DONATION      | UNRESTRICTED DONATION    | UNRESTRICTED DONATION | UNRESTRICTED DONATION   | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION  | UNRESTRICTED DONATION   | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION | UNRESTRICTED DONATION |
|         | Status       |  |                      |                            |                          |                       |   |                       |                       |                       |                        |                         |                       |                       |                       |                       |                       |                       |                       |                       |
| Address | Relationship | anon                                   | TACING               | NONE                       | NONE                     | NONE                  | NONE  | NONE                  | NONE                  | NONE                  | NONE                   | NONE                    | NONE                  | NONE                  | NONE                  | NONE                  | NONE                  | NONE                  | NONE                  | NONE                  |
| Name    | Address      | JEWISH FEDERATION                      | JEWISH NATIONAL FUND | HOLOCALIST MEMORIAL CENTER | AM FRIENDS OF MACEN DAVI |                       | GREAT COMMINITY OF THE CENTER | GLEANERS FOOD BANK    |                       | AT HITM CINATE        | JEWISH FAMILY SEDVICES | CENTON PARTIES SERVICES |                       | לאנה תפתחותו          | ONLIED WAI            | AMERICAN RED CROSS    | AMERICAN FRIENDS OF   | A.A.B.G.U.            | AM: COMM: FOR WEIZMAN | FRIENDS OF IDV        |

6

| Foundation |
|------------|
| Family     |
| Goldstein  |
| 07044      |

## Federal Statements

38-3347294 FYE: 12/31/2009

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

| Name                      | Address      |        |                        |        |
|---------------------------|--------------|--------|------------------------|--------|
| Address                   | Relationship | Status | Purpose                | Amount |
| YAD EZRA                  |              |        |                        |        |
|                           | NONE         |        | UNRESTRICTED DONATION  | 200    |
| FRIENDS OF THE IDF        |              |        |                        |        |
|                           | NONE         |        | UNRESTRICTED DONATION  | 200    |
| VARIOUS CHARITIES < \$500 |              |        |                        |        |
|                           | NONE         |        | UNRESTRICTED DONATIONS | 8,269  |
| TOTAL                     |              |        |                        | 28,769 |