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### Form **990-PF**

## **Return of Private Foundation**

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

OMB No 1545-0052 2009

		of the Treasury	N	ı o <b>te</b> The foundation may t	ne able to use a copy of this i		rting requirements.	2009
_		ar year 2009, (	or tax yea	r beginning		, and ending		
G	Check a	ill that apply:		Initial return Amended return	Initial return of a for		Final return Name change	<del></del>
	e the IR label.	Name of fo	undation			<del></del>	A Employer identification	number
	herwise	·	_	AMIN ALPERT			38-6143935	
	print or type.	1	•	O box number if mail is not de	livered to street address)	Room/suite	B Telephone number (248)553-3	000
Se	e Speci	fic City or town		2 MILE RD.		333	C If exemption application is pe	
Ins	truction			HILLS, MI	48331		D 1 Foreign organizations	
Н	Check t	ype of organiza			empt private foundation		2 Foreign organizations med check here and attach cor	eting the 85% test,
					Other taxable private founda	tion	E If private foundation stat	us was terminated
		ket value of all a		·	-	Accrual	under section 507(b)(1)	
•		art II, col (c), i			her (specify) mn (d) must be on cash b	vaca l	F If the foundation is in a 6	
_	►\$ art I	Analysis of Re					under section 507(b)(1)	(d) Disbursements
<u> </u>				d Expenses mns (b), (c), and (d) may not ts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
- D	1			S, etc., received	40,075.			
4		interest on savings cash investments			6,821.	6,821.		STATEMENT 1
4		Dividends and i			26,891.	26,891.		STATEMENT 2
7	5a (	Gross rents				<u> </u>		
=	bı	Net rental income	or (loss) _		10.000			
9	6a 1	Net gain or (loss) fr Gross sales price t assets on line 6a	rom sale of a for all	assets not on line 10	-13,880.			
Revenue	7	assets on line 6a Capital gain net inc		7,500.		0.		
: 8	8	Net short-term (						
)	9 1	Income modific	ations					
	10a 8	Gross sales less re and allowances	eturns					
		ess Cost of good	•					
		Gross profit or ( Other income	(IOSS)					
	1	Total. Add lines	s 1 throug	h 11	59,907.	33,712.	0.	
_				ectors, trustees, etc	0.	0.	0.	0.
		Other employee		-				
u	) I	Pension plans,	employee	benefits				
Fynense	3   16a	Legal fees Accounting foo	•	STMT 3	800.	0.	0.	0.
2	S C	Accounting fees Other professio		SIMI 3		<u> </u>	0.	
		Interest	1101					
etrative	18	Taxes		STMT 4	20.	0.	_0.	0.
		Depreciation an		<del>"</del> ]		<u> </u>		
Admi	208					<del></del>		
	¥ I	Printing and pu	nees, and	meetings D				<u> </u>
S	23 W	Officer axponses	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	<u> </u>	-			
3060	24_	Total operating	and ad it					
و ا	إ (O	ODEN da			820.	0.	0.	0.
طسا	20	Contributions, o		•	40,000.			40,000.
		Total expenses Add lines 24 an		ursements.	40 920	0.	0.	40,000.
_		Subtract line 26		12:	40,820.		<u> </u>	40,000.
	1			ises and disbursements	19,087.			
				if negative, enter -0-)		33,712.		
	C C	Adjusted net in	_			····	0.	
02	2.5	₩HA For Pri	vacy Act a	ind Paperwork Reduction	Act Notice, see the instruc	tions.		Form <b>990-PF</b> (2009)

IDA & BENJAMIN ALPERT FOUNDATION

38-6143935

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8

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form 990-PF (2009) IDA & BENJAMIN ALPERT FOUND	DATION	38-614	3935	<u> </u>	Page 4
Part VI   Excise Tax Based on Investment Income (Section		948 - see	instru	Ction	15)
1a Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter: (attach copy of letter				_	7.4
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check he	ere  and enter 1%	1		<u> </u>	<u>74.</u>
of Part I, line 27b	40/ of Book Live 40, and 7h)				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations en					^
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	only. Others enter -U-)	3			$\frac{0.}{74.}$
3 Add lines 1 and 2	ank, Others enter ()	4	<del></del>	<u> </u>	
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations     The based on the section 4947(a)(1) trusts and taxable foundations of the section 4947(a)(1) trusts and taxable foundations.		5	<del></del> -		$\frac{0.}{74.}$
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	<b>)-</b>	3		0	<u>/4.</u>
6 Credits/Payments;	6a   840.				
a 2009 estimated tax payments and 2008 overpayment credited to 2009		1 1			
b Exempt foreign organizations - tax withheld at source	6b	1			
c Tax paid with application for extension of time to file (Form 8868)	60	1 1			
d Backup withholding erroneously withheld	6d	<b>┤ ,</b> │		٥	40.
7 Total credits and payments. Add lines 6a through 6d		7		0	40.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		1	66.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overp	166. Refunded	10			0.
Part VII-A Statements Regarding Activities  Note: Credited to 2010 estimated tax ▶	100 •   Kerunded	<u> </u>			
1a During the tax year, did the foundation attempt to influence any national, state, or loc	al legislation or did it participate or interven			Yes	No
any political campaign?	artegistation of the it participate of intervent	, !!!	1a	100	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political	nurnoses (see instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activiti		ed or	''		
distributed by the foundation in connection with the activities.	es and copies of any materials publish	07			
c Did the foundation file Form 1120-POL for this year?			10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur	and the year		10		
(1) On the foundation. $\triangleright$ \$ 0. (2) On foundation ma					
e Enter the reimbursement (if any) paid by the foundation during the year for political e		<u>-</u>			
managers. > \$ 0.	Apenditure tax imposed on roundation			ļ	
2 Has the foundation engaged in any activities that have not previously been reported t	o the IRS?		2		x
If "Yes," attach a detailed description of the activities	o the mo.				_ <del></del>
3 Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument, articles of incornoration	٥r			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the		0.	3		_x_
4a Did the foundation have unrelated business gross income of \$1,000 or more during	-		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	,	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during th	e vear?	,	5		Х
If "Yes," attach the statement required by General Instruction T	- <b>,</b>				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sati	sfied either:				
By language in the governing instrument, or			ł		
By state legislation that effectively amends the governing instrument so that no ma	andatory directions that conflict with the sta	te law			
remain in the governing instrument?			6	x	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	x	
If "Yes," complete Part II, col. (c), and Part XV					$\Box$
8a Enter the states to which the foundation reports or with which it is registered (see ins	structions)				
MI	,		-	}	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF t	to the Attorney General (or designate)		-	ļ	
of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning		endar			T
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "			9_		_X_
10 Did any persons become substantial contributors during the tax year? If "Yes," attach	· · · · · · · · · · · · · · · · · · ·	STMT 7	10	Х	
		F	orm <b>99</b> 0	)-PF	(2009)

orm 990-PF (2009) IDA & BENJAMIN ALPERT FO	UNDATION		<u> 38-61439</u>	35 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be P	lequired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	Ye	s X No	i
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?		☐ Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru		-	N/A	ib
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	İ	
expenditure responsibility for the grant?		//A □ Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				
a personal benefit contract?	, a, promisino en	☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			Sb X
If "Yes" to 6b, file Form 8870.	organiar bottom dominator			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Information About Officers Directors Trust		nagers. Highly		
Part VIII Paid Employees, and Contractors	oo, i ounauton ma	inagoro, mgm,		
List all officers, directors, trustees, foundation managers and their	compensation.		·····	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
	то росшон		oompenedad.	
SEE STATEMENT 8		0.	0.	0.
JEE STRIEMENT 0			-	
<u> </u>				
			·	
	<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
	(b) Title, and average	Tonce Hone.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowances
NONE				
	1			
		<del> </del>		
		<del> </del>	<del> </del>	
		-		
			1	
· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	L
Total number of other employees paid over \$50,000	<del></del>			0
			Form	<b>990-PF</b> (2009)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 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 number of organizations and other beneficiaries served, conferences convened, research papers produced	information such as the d, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3	, , , , , , , , , , , , , , , , , , , ,	
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	art X Minimum Investment Return (All domestic foundations in	must complete this par	Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc., purposes:			
а	Average monthly fair market value of securities			1a	729,482.
b	Average of monthly cash balances			1b	53,171.
C	Fair market value of all other assets			1c	1,767.
d	Total (add lines 1a, b, and c)			1d	784,420.
e	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	<u> </u>
3	Subtract line 2 from line 1d			3	784,420.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	11,766.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and of	n Part V, line 4		5	772,654.
6	Minimum investment return. Enter 5% of line 5			6	<u>38,633.</u>
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here		foundations an	id certain	
1	Minimum investment return from Part X, line 6			1	38,633.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	674.		
	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
	Add lines 2a and 2b		·	2c	674.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	37,959.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	37,959.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	<u>37,959.</u>
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			40.000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	40,000.
b				1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charite	able, etc., purposes		2	<del></del> -
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	,			3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8,			4	40,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	restment			•
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	40,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.	when calculating whether	the foundation	qualifies for th	e section

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		10010 prior to 2000	-	2005
line 7				37,959.
2 Undistributed income, if any, as of the end of 2009			_	31,733.
a Enter amount for 2008 only			39,178.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 40,000.				
a Applied to 2008, but not more than line 2a			39,178.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				822.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	:	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				37,137.
7 Amounts treated as distributions out of	-			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	·		<u> </u>
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			<del></del>
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				5 000 BE (2000)

2 Contract Contributions Sold Business the		Downsort		<del></del>
3 Grants and Contributions Paid During the Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year UNIVERSITY OF MICHIGAN LAW SCHOOL ANN ARBOR, MI	NONE	PAID	DONATION	40,000.
Total		1	► 3a	40,000.
<b>b</b> Approved for future payment				
NONE				
Total			<b>▶</b> 3h	0.

Part XVI-A	Analysis of Income-Pro	ducing Activities
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Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income
a	-				
b					
c	1				, , , , , , , , , , , , , , , , , , , ,
		· <del>-</del> · · · · ·			<u> </u>
d	1			-	-
e	-				
- Francisco de contracto francisco de contracto de contra	-			<del>-</del>	
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1.4	C 001	
investments			14	0,841.	
4 Dividends and interest from securities			14	26,891.	<del></del> -
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<u>.</u>			
b Not debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	13,880.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
	_				<del></del>
b	1				
<u> </u>	1	<del>                                     </del>			
d	_				
e	_	0.	+	10 022	0.
12 Subtotal. Add columns (b), (d), and (e)	L	1	<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)				13	19,832.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	kemp	t Purposes	
Line No Explain below how each activity for which in			A contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other that					
1 INVESTMENTS AND RECEIL	PT OF DO	NATIONS ARE	FOR	<u>MAINTAINING</u>	THE ABILITY
2 TO CONTRIBUTE TO APPRO	OVED CHA	ARITABLE DONE	EES		
					<u>-</u>
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Forr	m 990-PF (2009) IDA & BENJAMIN ALPERT FOUNDATION 38-614	3935	Pa	age <b>13</b>				
Pa	Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable							
	Exempt Organizations							
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No				
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
a	Transfers from the reporting foundation to a noncharitable exempt organization of:	1						
	(1) Cash	1a(1)		X_				
	(2) Other assets	1a(2)		X				

Transfers from the reporting foundation to a noncharitable exempt organization of:	ľ		
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X_
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X.
(6) Performance of services or membership or fundraising solicitations	1b(6)		<u>X</u>
Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 <u>c</u>		X
15 the control of the charge of the charge of the fellowing school of the charge of th			

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets,

		oundation. If the foundation received other assets, or services received.		in any transaction or	sharing arrange	ement, show in	
(a) Line no	(b) Amount involved	(c) Name of noncharitabl		(d) Description of t	transfers, transacti	ions, and sharing arrar	ngements
,		N/A		<del>                                     </del>	·		
			-, -,				
				<u></u>			
				1			
				<u> </u>			
ın sec		tly affiliated with, or related to, oni r than section 501(c)(3)) or in sec edule.		ations described		Yes	X No
<u> </u>	(a) Name of org		(b) Type of organization	(c)	Description of r	relationship	•
	N/A			· ·		·	<del> </del>
		nave examined this return, including acc			knowledge and b	pelief, it is true, correct	i,
and cor	npiete Declaration of preparer (other	er than taxpayer or fiduciary) is based or	-1 1	nas any knowledge			
	<u> </u>	H. (0) Per	15/6/10	DIRECTO	R		
Sign Here	gnature of officer or thistee	1 1	Date	Title		<del></del>	
王 (m	Preparer's			ate Check		Preparer's identifyir	ng number
Sign Paid Preparer's Use Only	signature SANFO			4/29/10  emplo	oyed 🕨 🔙		
Paid spare	Firm's name (or yours MACK		.L.L.C., C.P.	A.'S LE	EIN ▶		
Prep. P.	if self-employed), 3411						
	address, and ZIP code FARM	INGTON HILLS, 1	MI 48331-5644		Phone no. (	<u>(248)553-</u>	<u>-3900</u>

(248)553-3900 Form **990-PF** (2009)

#### 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

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

<u>_</u>	DA & BENJAMIN ALPERT FOUNDATION	38-6143935
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	X 501(c)(3) taxable private foundation	
illers of: Section:  orm 990 or 990-EZ		
General Rule		
	<del>-</del>	s (in money or property) from any one
Special Rules		
509(a)(1) and 17	O(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution	
aggregate contr	ibutions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit	
contributions for If this box is che purpose Do not	r use exclusively for religious, charitable, etc, purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an ex complete any of the parts unless the <b>General Rule</b> applies to this organization bec	not aggregate to more than \$1,000. In the second s
but it must answer "No"		

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

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

Page	<b>1</b> of	1 of Part I

Name of organization

Employer identification number

# IDA & BENJAMIN ALPERT FOUNDATION

38-6143935

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MYRON AND DORIS ALPERT  3115 S. OCEAN BLVD., # 904  HIGHLAND BEACH, FL 33487	\$ 40,075.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		-   -   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

Name of organization

Page 1 of 1 of Employer identification number

### IDA & BENJAMIN ALPERT FOUNDATION

38-6143935

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MARKETABLE SECURITIES	\$\$	12/29/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			90, 990-EZ, or 990-PF) (20

FORM 990-PF INTEREST ON SAVID	NGS AN	D TEM	PORARY CA	ASH IN	IVESTMENTS	STA	PEMENT	1
SOURCE						1	TMUOMA	
VARIOUS							6,82	21.
TOTAL TO FORM 990-PF, PART I,	LINE	3, COI	LUMN A				6,82	21.
FORM 990-PF DIVIDENDS	S AND	INTERI	EST FROM	SECUF	RITIES	STA'	PEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS		LUMN (A AMOUNT	)
VARIOUS	_		26,891.		0.	26,891.		91.
TOTAL TO FM 990-PF, PART I, LN 4		26,891. 0.		26,891.		91.		
FORM 990-PF	ACC	COUNTI	NG FEES			STA	TEMENT	3
DESCRIPTION	( A EXPEN PER E	ISES	(B) NET INV MENT IN		(C) ADJUSTEL NET INCOM		(D) CHARITA PURPOS	
MACKEY & MACKEY, PLLC		800.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 16B		800.		0.		0.		
FORM 990-PF	RM 990-PF TAXES			STATEMENT		4		
DESCRIPTION	EXPE			EST-	(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
REGISTRATION		20. 0.			0.		0.	
TO FORM 990-PF, PG 1, LN 18		20.		0.		0.		0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK		355,764.	728,199.
TOTAL TO FORM 990-PF,	PART II, LINE 10B	355,764.	728,199.
FORM 990-PF	CORPORATE BONDS		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		66,910.	71,087.
TOTAL TO FORM 990-PF,	PART II, LINE 10C	66,910.	71,087.
FORM 990-PF	LIST OF SUBSTANTIAL CONTRI PART VII-A, LINE 10	BUTORS	STATEMENT 7
NAME OF CONTRIBUTOR	ADDRESS		
MYRON ALPERT	3115 S. OCEA FL 33847 HIGHLAND, FI	AN BLVD., #607, F	HIGHLAND BEACH,

_ <del>-</del> - · · ·	IST OF OFFICERS, D ND FOUNDATION MANA	STATI	EMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
MYRON ALPERT 3115 S. OCEAN BLVD. #904 HIGHLAND BEACH, FL 33487	PRESIDENT/DIRE	CTOR 0.	0.	0.
DORIS ALPERT 3115 S. OCEAN BLVD. #904 HIGHLAND BEACH, FL 33487	VICE-PRESIDENT 0.00	C/DIRECTOR 0.	0.	0.
DAVID M. CAPLAN 31700 TELEGRAPH RD., #120 BINGHAM FARMS, MI 48025	SECRETARY/DIRE	ECTOR 0.	0.	0.
DAVID M. CAPLAN 31700 TELEGRAPH RD., #120 BINGHAM FARMS, MI 48025	TREASURY/DIREC	CTOR 0.	0.	0.
ELAINE STERN 1370 S. OCEAN BLVD., #607 HIGHLAND BEACH, FL 33487	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.