

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

OGDEN, UT

Return of Private Foundation

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

OMB No 1545-0052 2009

		t of the Treasury		i reated as a Privat be able to use a copy of this			rtina requirements	2009
		venue Service No idar year 2009, or tax year		oo abio to uso a copy of this	and er		rang requirements.	
			nitial return	Initial return of a fe			Final return	
u ,	OHOUR	=======================================	Amended return	Address chan		,	Name change	
		Name of foundation			<u> </u>	<u> </u>	A Employer identification	number
	e the label	INO LA MATERIA DE LA TRANSPORTA	DEBORAH ZUC	KERMAN FAMIL	Y			
	herwi	· La					52-2386556	
-	print	· · / — — — — — — — — — — — — — — — — —	box number if mail is not de	elivered to street address)		Room/suite	B Telephone number	
	r type		DRIVE				973-535-18	88
	Spe	I City of town, state, and	d ZIP code				C If exemption application is pe	anding, check here
Insi	tructio	LIVINGSTON					D 1. Foreign organizations	, check here
H	Check	type of organization;	Section 501(c)(3) ex	cempt private foundation			2 Foreign organizations me check here and attach co	eting the 85% test, pulling the 85% test, pulling the 85% test,
	Se	ction 4947(a)(1) nonexemp		Other taxable private found	ation		E If private foundation stat	
I F	air ma	arket value of all assets at en	nd of year J Accounti	ng method X Cash	Accr	ual	under section 507(b)(1)	
(f	rom l	Part II, col (c), line 16)		ther (specify)			F If the foundation is in a 6	60-month termination
◢	- \$			mn (d) must be on cash	basis)		under section 507(b)(1)	
P	art I	Analysis of Revenue and	Expenses	(a) Revenue and	(b) Net in:		(c) Adjusted net	(d) Disbursements for charitable purposes
_	,	(The total of amounts in colum necessarily equal the amounts	s in column (a).)	expenses per books	inco	ime	income	(cash basis only)
	1	Contributions, gifts, grants	, etc., received	231,808.	3.		N/A	,
	2	<i>,</i> —	is not required to attach Sch. 8		\$ - 1	1 1 1 1 3.		
	3	Interest on savings and tempora cash investments	ary					
	4	Dividends and interest from	n securities	25.		25.		STATEMENT 1
	5a	Gross rents						
	b	Net rental income or (loss)		~	ļ	ruguru u	2 24 2 2 244	
9	6a	Net gain or (loss) from sale of as Gross sales price for all		23,827.				
Revenue	þ	assets on line 6a	105,635.	1 1000		2 000		
ۿ	7	Capital gain net income (from Pa				<u>3,827.</u>	1.50	
-	0	Net short-term capital gain			-			
	9	Income modifications Gross sales less returns				·····		
	10a			 		* * * * * * * * * * * * * * * * * * * *		
-	1	Less Cost of goods sold		2 2 3 6 2 7	7, 1			
	11	Gross profit or (loss) Other income				· ·		
	12	Total Add lines 1 through	11	255,660.	2	3,852.		1 - 1 - 2 - 2
	13	Compensation of officers direc		0.	_	0.		0.
	14	Other employee salaries an			 			
	15	Pension plans, employee b	-					-
80	18a	Legal fees						
Sesued	Ь	Accounting fees						
		Other professional fees				_		
9	17	Interest						
rat	18	Taxes						
nist	19	Depreciation and depletion	ı					
Ē	20	Occupancy						
ĕ	21	Travel, conferences, and m	reetings					
and	22	Printing and publications						
2	23	Other expenses	STMT 2	174.		174.		0.
Operating and Administrative Ex	24	Total operating and admir	nistrative					
De C		expenses. Add lines 13 th	•	174.		<u> 174.</u>		0.
;	25	Contributions, gifts, grants		173,159.	-			173,159.
3	26	Total expenses and disbu	rsements.	4 = 2 = 2 = 2				485
<u></u>	1	Add lines 24 and 25	· · · · · · · · · · · · · · · · · · ·	173,333.		174.		173,159.
<i>)</i>	1	Subtract line 26 from line	_	20.	<u>.</u>			
		Excess of revenue over expens		82,327.		2 (7)		
		let investmentincome (i			2	3,678.	2 / 1 32 / 2 A	
923		Adjusted net income of		 	L:		N/A	Form 990-PF (2009)
D2-0	ZA P	RLHO ForZOVOV A	in Labelmork Reduction	AGENOTICE, 888 TAB INSTRUC	JUONB			FORM 350-PT (2009)

52-2386556

Page 2

Pa	_	Balance Sheets Attached schedules and amounts in the description	Beç	jinning of	уөаг			End o	f year
Pa	ŗι	column should be for end of year amounts only	(a) Book Va	lue	(b)	Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing							
	2	Savings and temporary cash investments		44	<u>,083.</u>		126,41	.0.	126,410.
	3	Accounts receivable ►	-			1 =			٥
		Less allowance for doubtful accounts ▶							
- 1	4	Pledges receivable	· · ·		-	-			Ta.
		Less; allowance for doubtful accounts ▶					 		
	5	Grants receivable							
	в	Receivables due from officers, directors, trustees, and other				}			
		disqualified persons							
1	7	Other notes and loans receivable		,	·	7 ;	-		
		Less allowance for doubtful accounts ▶							
ş	8	Inventories for sale or use				ļ <u>.</u>			
Assets	9	Prepaid expenses and deferred charges							
4	10a	Investments - U.S. and state government obligations							
	b	Investments - corporate stock							
1	C	Investments - corporate bonds							
- 1	11	Investments land, buildings, and equipment basis			-	5.			
		Less accumulated depreciation							
- 1	12	Investments - mortgage loans							
	13	Investments - other				ļ			
1	14	Land, buildings, and equipment basis			-	* ·			
		Less accumulated depreciation							
	15	Other assets (describe)							
4	16	Total assets (to be completed by all filers)		44	<u>,083.</u>		126,41	<u>.0.</u>	126,410.
	17	Accounts payable and accrued expenses				<u> </u>			
	18	Grants payable				ļ			200
Se	19	Deferred revenue				ļ			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				<u> </u>			
jap	21	Mortgages and other notes payable							
- J	22	Other liabilities (describe >)	ļ	-					
					•			_	
-	23	Total liabilities (add lines 17 through 22)			0.			0.	
		Foundations that follow SFAS 117, check here							
ω l		and complete lines 24 through 26 and lines 30 and 31.				}			
21	24	Unrestricted	<u> </u>			<u> </u>			
	25	Temporarily restricted				<u> </u>			
	26	Permanently restricted				 			
Š.		Foundations that do not follow SFAS 117, check here							
or Fund		and complete lines 27 through 31.		4.4	,083.		126 41	Λ	
ş	27	Capital stock, trust principal, or current funds		44	, 083. 0.	1	126,41	0.	
388	28	Paid-in or capital surplus, or land, bldg., and equipment fund			0.	1		0.	
<u>ب</u>	29	Retained earnings, accumulated income, endowment, or other funds		4.4	,083.		126,41		
ž	30	Total net assets or fund balances		44	,005.		120,41		
	24	Total liabilities and net assets/fund balances		11	,083.		126,41	Λ	
					,005.	l	120, 41	- 0 •	
Pa	art	III Analysis of Changes in Net Assets or Fund E	Balance	es					
1 7	ota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		<u> </u>			Т	
		st agree with end-of-year figure reported on prior year's return)						1	44,083.
		r amount from Part I, line 27a						2	82,327.
		r increases not included in line 2 (itemize)						3	0.
		lines 1, 2, and 3						4	126,410.
		reases not included in line 2 (itemize)						5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (h), line 30				8	126,410.
									Form 990-PF (2009)

WAYNE AND DEBORAH ZUCKERMAN FAMILY Form 990-PF (2009) FOUNDATION INC. 52-2386556 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate. (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse, or common stock, 200 shs MLC Co) (mo., day, yr.) (mo., day, yr) 1a SEE SCHEDULE ATTACHED Þ VARIOUS VARIOUS Ь C d 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (q) 105,635 81,808 23,827. b C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) F M V as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col (j), if any 23,827. b C d If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 23,827. If (loss), enter -0- in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/AQualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) (d)
Distribution ratio
(col (b) divided by col. (c)) (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 130,280. 106,703 2008 1.220959 308,552. 228,733. 2007 1.348961 2006 52,365. 164,214 .318883 2005 122,810. 52,353 2.345806 172,510 98,249 2004 1.755845 2 Total of line 1, column (d) 6.990454 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 1.398091 3 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 83,968. 5 Multiply line 4 by line 3 117,395. 5 6 Enter 1% of net investment income (1% of Part I, line 27b) <u>237.</u>

117,632.

173,159.

7

8

7 Add lines 5 and 6

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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

WAYNE AND DEBORAH ZUCKERMAN FAMILY FOUNDATION INC.

	990-PF (2009) FOUNDATION INC.	0(=) 4040(+) 4040(-	\ 4		<u> </u>			-age 4
	rt VI Excise Tax Based on Investment Income (Section 4940), or 4	948 -	<u>- see i</u>	nstru	CTIO	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and er	nter "N/A" on line 1.)		-		•	
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					, * ·	2		
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%						2	<u>37.</u>
	of Part I, line 27b							
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					.22	,,,	5.5
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)		2				0.
3	Add lines 1 and 2			3			2	37.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,		5			2	37.
6	Credits/Payments:			1	· .			,
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a			2/25			35
	Exempt foreign organizations - tax withheld at source	6b			1 Table	il de		
	Tax paid with application for extension of time to file (Form 8868)	6c		7 50	2.5			
	Backup withholding erroneously withheld	6d			1 - 4:5	13.75		
	Total credits and payments. Add lines 6a through 6d			7	1 10	5 * 42		0.
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	chad		8				<u> </u>
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	Ulled		9			2	37.
9					- - -			<u> </u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid) _n ,		10	 			
	Enter the amount of line 10 to be, Credited to 2010 estimated tax	Refun	aea 📂	11				
	rt-VII-A Statements Regarding Activities						Yes	Na
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or i	ntervene	ın			162	
	any political campaign?					1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	·	•			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials p	ublishe	d or			:	12. 1
	distributed by the foundation in connection with the activities					2.00	1 =	12.
C	Did the foundation file Form 1120-POL for this year?					1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	-	_			30,54	* : ·	
	(1) On the foundation > \$ (2) On foundation managers	> \$	0.	_		7.		3.5/2
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax imposed on foundati	on			Ç.	.31	1 - 2 - 1
	managers. ► \$ 0 .							
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?				2		X
-	If "Yes," attach a detailed description of the activities					1	1	E
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles of incorpo	oration, o	or		ĺ.,	(2)	12 : 1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	9S				3		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year	rγ				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 the year?	ı				5		_X_
	If "Yes," attach the statement required by General Instruction T.					1 1 1		3 25)
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther.				100	1.5	£ 4.
	By language in the governing instrument, or					35		
	• By state legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with	the state	law		2.5	2.0	
	remain in the governing instrument?					8	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	Х	
	If "Yes," complete Part II, col (c), and Part XV					7.7	2 3 A	2.
8 a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) NONE				2.0	8	
	,	,				[24]		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate	1)			2.		1 35 - 3
_	of each state as required by General Instruction G? If "No," attach explanation	SEE ST.		ENT	3	8b	/ - -	X
9	Is the foundation claiming status as a private operating foundation within the meaning of se				-	7.		-
0	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," c		, 101 Out	·· ruur		9	- 1	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu		•			10		X
10	One any persons peconing substantial continuations during the tax year . If ites, attach a schedu	ne usung mer names and address	es		For	m 990	-PF	
							1	

mıo	990-PF (2009) FOUNDATION INC.	<u> 52-2386</u>	556		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)				
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
-	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
-	Website address ► N/A				
14		0.▶973-53	5-1	888	
	Located at ▶ 36 CHELSEA DRIVE, LIVINGSTON	ZIP+4 ►NJ			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies		-	Yes	No
1a	During the year did the foundation (either directly or indirectly)		2	,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		2 33 2 2 4 6	21.21
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			13	
	a disqualified person?	Yes X No	100	2 %	12.7
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		19.5	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			136
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1.	3.8
	for the benefit or use of a disqualified person)?	Yes X No	1 3	34	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			4	
	if the foundation agreed to make a grant to or to employ the official for a period after		2 5	11.	
	termination of government service, if terminating within 90 days.)	Yes X No		* 5	13
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		7 .	3	27
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		-		3
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		11.		3 :
	before the first day of the tax year beginning in 2009?		10		X
. 2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	n			·
	defined in section 4942(j)(3) or 4942(j)(5))			-	
8	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin				1
	before 2009?	Yes X No	3	1, 30	
	If "Yes," list the years >		2 -	16	Buch
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incomp	ect	2 6	-, 1	13 A
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta				
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	· .	30
	>		1		1.
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			3.5	
	during the year?	Yes X No		Eg W	13.7 17.34
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons		1.1		(3, 75) (3, 75)
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) t	•			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule		\$	77-	
	Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		48		_X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that			· ;
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		Х

4b X Form **990-PF** (2009)

52-2386556 Form 998-PF (2009) FOUNDATION INC. Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A └── Yes □── No expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No 4 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? вb If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7Ь b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address compensation WAYNE ZUCKERMAN PRES & TRUSTEE 36 CHELSEA DRIVE LIVINGSTON, NJ 070393420 0.00 0 0 0. VP TRUSTEE DEBORAH ZUCKERMAN & 36 CHELSEA DRIVE LIVINGSTON, NJ 070393420 0.00 0 0 0. TRUSTEE STEVEN W. KATZ 10 STONEHAM DRIVE 0.00 0 0. 0. LIVINGSTON, NJ 07039 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deterred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 (c) Compensation allowances NONE

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

Form 990-PF (2009) FOUNDATION INC.	52- <u>2</u>	<u> 386556</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	nsation
NONE			
	_		
			
Total number of 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 statist number of organizations and other beneficiaries served, conferences convened, research papers prod	ical information such as the uced, 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 I	ines 1 and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions			
3			

Total. Add lines 1 through 3

52-2386556 Page 8

<u></u>	Administration Inc.	<u> </u>	
_	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	·	
a	Average monthly fair market value of securities	1a	85,247.
b	Average of monthly cash balances	1b	85,247.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	85,247.
8	Reduction claimed for blockage or other factors reported on lines 1a and	20,	
	1c (attach detailed explanation) 1e 0 -		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	85,247.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,279.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	83,968.
6_	Minimum investment return Enter 5% of line 5	8	4,198.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certair	
1	Minimum investment return from Part X, line 6	1	4,198.
2a	Tax on investment income for 2009 from Part VI, line 5	- 35 3	
b	Income tax for 2009 (This does not include the tax from Part VI.)	76 gs	
C	Add lines 2a and 2b	2c	237.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,961.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,961.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,961.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1: .	
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	<u>173,159.</u>
. b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the	12.	
. 8	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	<u> 173,159.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	237.
8	Adjusted qualifying distributions. Subtract line 5 from line 4	8	237. 172,922.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies	

Form **990-PF** (2009)

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,				2003
line 7	_			3,961.
2 Undistributed income, if any, as of the end of 2009				3,301.
a Enter amount for 2008 only			0.	
b Total for prior years				10.1
g rounted prior yours	31 1	0.		
3 Excess distributions carryover, if any, to 2009	- 1 - 1			
a From 2004 167,610.		1.00		
b From 2005 120, 222.	, .			
c From 2006 44, 202.				
d From 2007 298,873.				
e From 2008 124, 981.				
f Total of lines 3a through e	755,888.	到了各种的一个。		
4 Qualifying distributions for 2009 from	,		र्ग असे असे श	
Part XII, line 4: ▶\$ 173, 159.				
a Applied to 2008, but not more than line 2a			Ď.	100 Tr. 14 并充
b Applied to undistributed income of prior			.75. /	J. 200 11 11 11 11 11 11 11 11 11 11 11 11 1
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			(14 Cu) 1 4 4 4 5	7 1 3 3 3
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				3,961.
Remaining amount distributed out of corpus	169,198.	7 7 3		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d) the same amount	0.		the base of the	0.
(If an amount appears in column (d) the same amount must be shown in column (a).)				
8 Enter the net total of each column as	• ,			
indicated below				
8 Corpus Add lines 3f 4c, and 4e Subtract line 5	925,086.			
b Prior years' undistributed income. Subtract			te sjoedaare	18 . 1 3 3 3 5 5 ° . " .
line 4b from line 2b		0.		
c Enter the amount of prior years'				1 2 1 2 1 1 2 1 1 2 1
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.	1, 6, 377 1	
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			324	
lines 4d and 5 from line 1. This amount must				_
be distributed in 2010		7		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	165 610			
not applied on line 5 or line 7	167,610.			
9 Excess distributions carryover to 2010.	757 476			
Subtract lines 7 and 8 from line 6a	757,476.			
10 Analysis of line 9:				
a Excess from 2005 120, 222.				
b Excess from 2006 44, 202.				
c Excess from 2007 298,873.				
d Excess from 2008 124,981. e Excess from 2009 169,198.				
e Excess from 2009 169,198.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L + 282	L <u>136 1818 (</u>	Form 990-DE (2000)

	ION INC.			<u>52-23</u>	86556 Page 10
Part XIV Private Operating F	oundations (see ins	tructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of th	ne ruling	▶ <u> </u>		
b Check box to indicate whether the found	lation is a private operatin	g foundation described		4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	10V	Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(a) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			•		
d Amounts included in line 2c not					
used directly for active conduct of					
•					
exempt activities					
Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon;					
a "Assets" alternative test - enter.	İ				
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "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)					
(2) Support from general public			 		
and 5 or more exempt					
organizations as provided in				1	
section 4942(j)(3)(B)(III)				 	
(3) Largest amount of support from					
an exempt organization			 	-	
(4) Gross investment income	romatian (Canania	ha dhia ward awli	if the formulation	h = 1	
Part XV	•		it the toundation	nad \$5,000 or mo	ore in assets
at any time during t		istructions.)	· · · · · · · · · · · · · · · · · · ·		
1 Information Regarding Foundation					
a List any managers of the foundation wh			itributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	1016 than \$3,000) (566 se	ocuon 507(a)(2).)			
SEE STATEMENT 4					
b List any managers of the foundation wh			(or an equally large port	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	t			
NONE					
2 Information Regarding Contribute					
Check here 🕨 🗶 if the foundation o	nly makes contributions t	o preselected charitable	organizations and does	not accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc.	(see instructions) to indivi	duals or organizations	under other conditions, c	omplete items 2a, b, c, and	l d
a The name, address, and telephone num	ber of the person to whom	applications should be	e addressed		
b The form in which applications should b	e submitted and informat	on and materials they s	should include.		
c Any submission deadlines;				,	
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields	s, kinds of institutions, or	other factors;	
		 			

Form 990-PF (2009) FOUNDATION INC.
Part XV Supplementary Information (continued) Form 990-PF (2009)

52-2386556 Page 11

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year				
•				
SEE STATEMENT 5				
Total			▶ 3a	173,159.
b Approved for future payment				:
NONE				
	ľ			
Total		<u> </u>	▶ 3b	0.
10181			≥ 30	

52-2386556 Page 12

Part XVI-A Analysis of Income-Producing Activities

			·		
Enter gross amounts unless otherwise indicated.	(a) Business	1 business income (b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue;	code	Amount	code	Amount	
â	-		1		
b	-		 -		
<u> </u>	-		╁		
d	-	 	+-+		
•	-		 -		
g Fees and contracts from government agencies	-		+-+		
· ·			1 1		
2 Membership dues and assessments 3 Interest on savings and temporary cash			1 1		
investments					
4 Dividends and interest from securities			14	25.	
5 Net rental income or (loss) from real estate	. 9 .80 . 51				
a Debt-financed property			 		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			+		· · · · · · · · · · · · · · · · · · ·
than inventory			18	23,827.	
9 Net income or (loss) from special events			1 - 4	2370270	· · · · ·
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:					
a					
b	1		1		
, c					· ····································
d	1				
6					-
12 Subtotal. Add columns (b), (d), and (e)		0 .		23,852.	0.
13 Total Add line 12, columns (b), (d), and (e)					23,852.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			A contribu	ited importantly to the accom	plishment of
	<u>,, </u>			·-· ·- ·- ·- ·- ·-	
				<u> </u>	
		. <u>-</u>			· <u></u>
					
				 .	
					
				· · · · · · · · · · · · · · · · · · ·	··

			AND DEBORAH ZU	JCKERMAN FAMIL				
	1990-PF (2 1 rt XVII		ATION INC. egarding Transfers To	and Transactions an	<u>52-2</u> d Relationships With Nonc	386556 :haritable	Pa	ge 13
		Exempt Organ	izations					No
1		•	rectly engage in any of the follow	•	, ,		Yes	140
		,)(3) organizations) or in section 5		iuons?	1-1		-
а		from the reporting found	ation to a noncharitable exempt o	rganization of		1a(1)	** 544	Х
	(1) Cash (2) Other	accate				1a(2)		X
h	Other tran					14(2)		7,
•		of assets to a noncharita	ble exempt organization			1b(1)	,	X
	٠,		ncharitable exempt organization			1b(2)		Х
	٠,	al of facilities, equipment,	. •			15(3)		Х
	(4) Reim	bursement arrangements	;			1b(4)		Х
	(5) Loan	s or loan guarantees				1b(5)		X
	(6) Perfo	rmance of services or me	embership or fundraising solicitat	ions		1b(8)		X
C	Sharing o	f facilities, equipment, ma	uling lists, other assets, or paid e	mployees		10		X
(a) L			other assets, or services received (c) Name of noncharitate N/A	<u>1.</u>	(d) Description of transfers, transactions		angeme	nts
-								
-								
	ın section	501(c) of the Code (othe	or than section 501(c)(3)) or in se	• •	tions described	Yes	X] No
b	IT "Yes," C	omplete the following sch (a) Name of org		(b) Type of organization	(c) Description of relat	tionship		

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge. Title PRESIDENT Signature of officer or trustee Sign Here Date Check if self-employed > Date Preparer's identifying number Preparer Paid Preparer's Use Only signature SAX MACY FROMM & CO., PC 855 VALLEY ROAD EIN ▶ Firm's name (or yours ıf self-employed), address, and ZIP code CLIFTON, NJ 07013-2483 973-472-6250 Phone no.

Form **990-PF** (2009)

N/A

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

Schedule of Contributors

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

OMB No. 1545-0047

2009

Internal Revenue Service Employer identification number Name of the organization WAYNE AND DEBORAH ZUCKERMAN FAMILY 52-2386556 FOUNDATION INC. Organization type (check one) Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II Lor a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Page	1 of	1 of Part	
rage	T 0	LOIFER	•

Schedule	R	Form	990	990-F7	or 990-PF	100091

Name of organization

WAYNE AND DEBORAH ZUCKERMAN FAMILY

Employer identification number

<u>FOUND</u>	ATION INC.	52	<u>-2386556</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WAYNE JOSEPH ZUCKERMAN 36 CHELSEA DRIVE LIVINGSTON , NJ 07039-3420	\$150,000.	Person X 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
2	WAYNE JOSEPH ZUCKERMAN 36 CHELSEA DRIVE LIVINGSTON , NJ 07039-3420	\$15,424.	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
3	WAYNE JOSEPH ZUCKERMAN 36 CHELSEA DRIVE LIVINGSTON , NJ 07039-3420	\$10,354.	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
4	WAYNE JOSEPH ZUCKERMAN 36 CHELSEA DRIVE LIVINGSTON , NJ 07039-3420	\$\$	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 Oncash 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)

Employer identification number

WAYNE AND DEBORAH ZUCKERMAN FAMILY FOUNDATION INC.

52-2386556

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
2	241 SHS MEDCO HEALTH SOLUTIONS INC		
		\$15,424.	12/07/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	623 SHS SEAGATE TECHNOLOGY		
		\$10,354.	12/07/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	1,500 SHS TEVA PHARMACEUTICALS IND LTD		
		\$ 79,875.	12/07/09
(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
		\$	

FORM 990-PF I	OIVIDENDS	AND	INTERES	FROM	SECUR	ITIES	STATEMENT	1
SOURCE			GROSS A	AMOUNT		TAL GAINS	COLUMN (A	.)
UBS FINANCIAL SERVICES	3	_		25.		0.		25.
TOTAL TO FM 990-PF, PA	ART I, LN	4 =		25.		0.		25.
FORM 990-PF		ОТ	HER EXI	PENSES			STATEMENT	2
DESCRIPTION	_	XPEN	l) ISES 1 BOOKS 1		est-	(C) ADJUSTED NET INCOM		
UBS ACCOUNT FEES MISC EXP			150. 24.	_	150. 24.			0.
TO FORM 990-PF, PG 1,	LN 23		174.		174.			0.

EXPLANATION

THE STATE OF NEW JERSEY, NEW JERSEY OFFICE OF ATTORNEY GENERAL NO LONGER REQUIRES A FOUNDATION WHICH RECEIVED CHARITABLE CONTRIBUTIONS ONLY FROM THE FOUNDER TO REGISTER. THEREFORE NEW JERSEY DOES NOT REQUIRE THE SUBMISSION OF THE FEDERAL FORM 990PF.

FORM 990-PF PART XV - LINE 1A STATEMENT 4
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

WAYNE ZUCKERMAN DEBORAH ZUCKERMAN

5

STATEMENT

FORM 990-PF

	DURING THE YEAR	SIRII	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
GEORGETOWN UNIVERSITY - GIFT PROCESSING, DEPT NO.0734 37TH AND O STREETS, NW WASHINGTON, DC 20073	NONE CHARITABLE	NP	10,000.
JOSEPH KUSHNER HEBREW ACADEMY 110 S ORANGE AVE LIVINGSTON, NJ 07039		NP	44,500.
PARK EAST SYNAGOGUE 163 EAST 67TH STRRET NEW YORK, NY 10021	NONE CHARITABLE	NP	400.
MESIVTA YESHIVA RABBI CHAIM 1593 CONEY ISLAND AVE BROOKLYN, NY 11230	NONE CHARITABLE	NP	72.
RKYHS - RAE KUSHNER HEBREW ACÁDEMY 110 SOUTH ORANGE AVENEUE LIVINGSTON, NJ 07039	NONE CHARITABLE	NP	12,486.
CONGREGATION AHAWAS ACHIM B'NAI JACOB AND DAVIC 700 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	NONE CHARITABLE	NP	18.
FRIENDS OF THE ISRAEL DEFENSE FORCE 350 5TH AVENUE, SUITE 2011 NEW YORK, NY 10118	NONE CHARITABLE	NP	2,000.
NEW YORK CITY BALLET 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE CHARITABLE	NP	1,549.

GRANTS AND CONTRIBUTIONS

WAYNE AND DEBORAH ZUCKERMAN FAM	ILY FOUND		52-2386556
CONGREGATION ETZ CHAIM 304 EAST MOUNT PLEASANT AVE LIVINGSTON, NJ 07039	NONE CHARITABLE	NP	4,780.
• • • • • • • • • • • • • • • • • • • •	NONE CHARITABLE	NP	250.
FLORENCE & CHAFETZ HILLEL HOUSE ONE SHERBORN STREET BOSTON, MA 02215		NP	100.
ETZ CHAIM OF LIVINGSTON, INC 1 LAFAYETTER DRIVE LIVINGSTON, NJ 07039	NONE CHARITABLE	NP	7,584.
MUSEUM OF JEWISH HERITAGE 36 BATTER PLACE NEW YORK, NY 10280		NP	3,437.
CHAI LIFELINE 151 WEST 30TH STREET NEW YORK, NY 10001	NONE CHARITABLE	NP	450.
MEŚIVTA BETH SHRAGA 71 MAIN STREET MONSEY, NY 10952		NP	18.
UJA OF METROWEST 901 ROUTE 10 WHIPPANY, NJ 07981	NONE CHARITABLE	NP	56,200.
YESHIVA UNIVERSITY 500 WEST 185TH STREET, BH 725 NEW YORK, NY 10033	NONE CHARITABLE	NP	1,000.
LIVINGSTON FIRST AID SQUAD 62 S LIVINGSTON AVENUE LIVINGSTON, NJ 07039	NONE CHARITABLE	NP	75.

WAYNE AND DEBORAH ZUCKERMAN FAMILY FOUND	52-2386556
FOUNDATION FOR DIABETES RESEARCH NONE NP 513 WEST MT. PLEASANT AVE, SUITE CHARITABLE 220 LIVINGSTON, NJ 07039	180.
HOLOCAUST RESEARCH FOUNDATION - NONE NP 64 OLD ORCHARD ROAD, CHARITABLE PROFESSIONAL BUILDING, SUITE 520 SKOKIE, IL 60077	1,000.
WBGO NONE NP 54 PARK PL NEWARK, NJ 07102 CHARITABLE	60.
HILLEL HOUSE OF BOSTON NONE NP CHARITABLE ONE SHERBORN STREET BOSTON, MA 02215	25,000.
ALBERT EINSTEIN COLLEGE OF NONE NP CHARITABLE 1300 MORRIS PARK AVENUE BRONX, NY 10461	1,000.
SAINT JOHN'S SCHOOL NONE NP 1454-66 ASHFORD AVENUE SAN CHARITABLE JUAN, PR 00907	1,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A	173,159.

Realized gains and losses

The estimated realized gains and losses shown below are not for tax purposes. Please note that gain or loss recognized on the sale or redemption of certain Structured Products, like Contingent Debt Securities, may be ordinary, and not capital, gain or loss. Please check with your tax advisor. To calculate gains and losses, we liquidate the oldest security for first. This is known as the first-in, first-out or FIG occounting method. We use this method unless you specified which tax lot to close when you placed your order. This is known as a versus purchases or VSP order. See *Important information about your statement*. at the end of this document for more information. We may not adjust gains and losses for all capital changes.

We automatically adjust cost basis for tax-exempt and AMT coupon municipal securities for estimated amortization of bond premiums and for accreted OID for securities issued at a discount. If you requested that DIS adjust cost basis for the bond premium amortization on taxable debt securities then cost basis reflected for these securities has been adjusted. Estimates in the *Unclassified* section can not be classified as short term or long term because information is missing, or the product is one in which the gainfloss calculation is not provided.

Long-term capital gains and losses

Security description	Method	Quantity or face value (\$)	Purchase date	Sale date	Sale amount (5)	Purchase amount (\$)	Loss (S)	Gain (\$)	Net gan or loss (\$)
MEDCO HEALTH SOLUTIONS									
INC	FIFO	36 000	Aug 10, 05	Dec 07, 09	2,288 27	906 30		1,381 97	
	FIFO	72 000	Aug 22, 05	Dec 07, 09	4,576 54	1,767 60		2,808 94	
	FIFO	9 000	Aug 18, 06	Dec 07, 09	381 38	185 85		195 53	
:	FIFO	16.000	Oct 30, 06	Dec 07, 09	1,017 01	430 64		586 37	
	FIFO	20.000	Feb 05, 07	Dec 07, 09	3,178.16	1,510 39		1,667 77	
	FIFO	20 000	Feb 15, 07	Dec 07, 09	3,178 16	1,553 25		1,62491	
	FIFO	11 000	May 23, 07	Dec 07, 09	61 669	431 04		268 15	
SEAGATE TECHNOLOGY	FIFO	32 000	Oct 03, 08	Dec 07, 09	531 90	355.51		17639	
	FIFO	63 000	Oct 06, 08	Dec 07, 09	1,047 19	667 62		37957	
	FIFO	97.000	Oct 07, 08	Dec 07, 09	1,61234	1,008 09		604 25	
	FIFO	105 000	Oct 08, 08	Dec 07, 09	1,745 31	1,033 40		71191	
	FIFO	210 000	Nov 20, 08	Dec 07, 09	3,490 62	828 14		2,662 48	
	FIFO	116 000	Nov 24, 08	Dec 07, 09	1,928 15	505 20		1,422.95	
TEVA PHARMACEUTICALS IND LTD ISRAEL ADR	FIFO	. 1,500 000	Aug 14, 08	Dec 07, 09	89 096'62	70,625 25		9,335 43	
Total					\$105,634.90	\$81,808.28		\$23,826.62	\$23,826.62
Net capital gains/losses:									\$23,826.62

ł

