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### 990-PF

Department of the Treasury Internal Revenue Service

<u>. !</u>

### **Return of Private Foundation**

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

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

OMB No 1545-0052

2009

For	cale	ndar	year 2009, or ta	ıx year begi	inning	, ai	nd ending			
G	Chec	k all ti	nat apply	<b>=</b>	return	Initial return of a for Address change	· —	-	Final re	turn
U	se the		Name of foundatio	on	UNDATION 626				mployer identification nu 65-07455	
	therw prin or typ	t e.		t (or PO box nu STREET		elivered to street address)	Room/suite	ļ	elephone number (see pag (305) 932- exemption application is pe	e 10 of the instructions) 7164
lņ:	e Spe	ions.	SANTA MONIC	A	504(a)(2) ava		90405	D 1.	Foreign organizations, che	ck here ▶ 🗌
	Sect	ion 49	947(a)(1) nonexe	empt charita	ble trust C	mpt private foundation Other taxable private	foundation	1	Foreign organizations mee check here and attach con private foundation status was	nputation ▶ 🔲
	of ye		t value of all ass m Part II, col (c \$	2)	J Accounting i Other (sp (Part I, column (c		_	F If	nder section 507(b)(1)(A), c the foundation is in a 60-mo ider section 507(b)(1)(B), c	onth termination
Pa	rt I	amoun		), and (d) may n	nses (The total of not necessanly equal f the instructions))	(a) Revenue and expenses per books	(b) Net investri income	nent	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1 2		outions, gifts, grants, ▶ X if the foundat				<u> </u>			
	3		st on savings and	-		0		0		
	4 5 a	Divide Gross	ends and interest t	from securities	s	21,197	2	1,197 0		·
4	_		ental income or (lo	oss)	0					
Revenue			aın or (loss) from :		not on line 10	-19,121				
Ş	b		sales price for all as							
8	7	-	al gain net income	-	/, line 2)			0		
	8		nort-term capital g	ain					0	
			ie modifications sales less returns ar	ad allowances	1 o					
			Cost of goods so		0					
			profit or (loss) (a		e)	0				
	11	Other	income (attach se	chedule)		0		0	0	
	12	Total	. Add lines 1 thro	ugh 11		2,076		1,197		
S	13		ensation of office		trustees, etc	40,000		5,000		3,000
Expenses	14		employee salarie	•			<u> </u>		<u> </u>	
g	15		on plans, employo fees (attach sche			i o	<u> </u>		0	0
	h	-		·	7	1,500		500		1,000
rative	C	Other	professional pre	attach achd	று (ச)	399		133		266
<u>a</u>	17	Intere	(C		$\Sigma$					
<i>l</i> √ dminist	18	Tax	Janach senegule)(sé	₽ P=201601 \$6	= instructions)	3,802		C		0
Ē	19		dation (attach sc	hedule) and	etion	0			_0	
⊋ছ	20		pancy				<del> </del>			
∑// Ind Ad	21 22		I, cor@@@@@@ar				<del> </del>	-	<del></del>	
9 10	22		expenses (attach			5,094	<del>                                     </del>	1,677	0	3,356
, <u>e</u>	24		operating and a		e expenses.			.,		
perating			ines 13 through 2:		•	50,795		7,310	0	7,622
operating	25	Contr	ibutions, gifts, gra	ints paid		62,574				• 62,574
0		Total	expenses and disb	ursements. Add	d lines 24 and 25	113,369		7,310	0	70,196
	27		act line 26 from lii				1			
	1		s of revenue over	•		-111,293		2 00-	,	
	1		nvestment incom	, -	•	ļ	<del> 1</del>	3,887		
_		: Adju:	sted net income	(it negative, e	nter -U-)		L		0	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

Form 990-PF (2009)

of the instructions)	1,123,084]	1,014,488	
Part III Analysis of Changes in Net Assets or Fund Balar	nces		
1 Total net assets or fund balances at beginning of year—Part II, column (	(a), line 30 (must agree with		
end-of-year figure reported on prior year's return)		1 1	1,123,084
2 Enter amount from Part I, line 27a		2	-111,293
3 Other increases not included in line 2 (itemize) ► See Attached St	atement	3	2,76
4 Add lines 1, 2, and 3		4	1,014
5 Decreases not included in line 2 (itemize) ▶ Other Decreases		5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), line 30	6	-

1,123,084

1,123,084

and complete lines 27 through 31.

29

30

instructions)

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Total liabilities and net assets/fund balances (see page 17

Total net assets or fund balances (see page 17 of the

Retained earnings, accumulated income, endowment, or other funds

1,014,488

1,014,488

(a) List and describe the k	Losses for Tax on Inve and(s) of property sold (e.g., real est , or common stock, 200 shs MLC Co	ate,	(b) How acquired P—Purchase D—Donation	(c) Date ac		(d) Date sold (mo , day, yr )
1a See Attached Statement			D—Donation			
b			† ·- ·· · · <del></del> ··	···· <del>-</del> ····		
C						
d						_
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss) ) minus (g)
<b>a</b> 0	0		0			0
<b>b</b> 0	0		0			0
С 0	0		0	ļ		. 0
<b>d</b> 0	0		0	<del> </del>		0
<b>e</b> 0	0		0			0
Complete only for assets showing	ng gain in column (h) and owned	by the foundat	ion on 12/31/69	(1) (	Gains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (ı) ol (ı), ıf any	col (		less than -0-) or om col (h))
<b>a</b> 0	0		0			0
<b>b</b> 0	0		0			0
с 0	0		0	<del></del>		0
<b>d</b> 0	0		0			0
<b>e</b> 0	0		0	ļ		0
2 Capital gain net income or (r		ilso enter in Pa enter -0- in Pa		2		-19,121
3 Net short-term capital gain o	r (loss) as defined in section	s 1222(5) and	(6)			
If gain, also enter in Part I, lii		13 and 17 of	the			
instructions) If (loss), enter-			,	3		0
<ul> <li>-Part V - Qualification Under (For optional use by domestic presented)</li> </ul>						<del></del>
If section 4940(d)(2) applies, lea Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the dist	e) Do not con	plete this part			Yes X No
	int in each column for each	year, see page	18 of the instruc	tions before	making	
(a) Base penod years	(b)		(c)		Dist	(d) nbution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributio	ns Net value	of nonchantable-use a	assets		divided by col (c))
2008	73	3,790	914	4,191		0 080716
2007	70	3,957		2,727		0 054673
2006		3,500		2,217		0 054637
2005		3,540	1,359	9,896		0 054078
2004		2,500	1,500	0,027	<del></del>	0 054999
2 Total of line 1, column (d)				2	ļ	0 299103
3 Average distribution ratio for the number of years the four				y <u>3</u>	<u> </u>	0 059821
4 Enter the net value of nonch	arıtable-use assets for 2009	from Part X, I	ne 5	4	1	726,963
5 Multiply line 4 by line 3				5_		43,488
6 Enter 1% of net investment i	ncome (1% of Part I, line 27	b)		6	ļ	139
7 Add lines 5 and 6				7		43,627
	from Dort VII. line 4			8		70,196
8 Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions on pa	r than line 7, check the box i	n Part VI, line	1b, and complete		sing a 1%	<del></del>

Form 990-PF (2009) GREENBERG FAMILY FOUNDATION 626019012 65-0	745564	Pa	ige 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of	he inst	ructio	ons)
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of  1 a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1 Date of ruling or determination letter			
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2010 estimated tax  130 Refunded 11		269 0 0 130	
Part VII-A Statements Regarding Activities			
<ul> <li>1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?</li> <li>b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?</li> <li>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</li> <li>c Did the foundation file Form 1120-POL for this year?</li> </ul>	1a 1b	Yes	X X X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation			x
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	3 4a 4b 5		X X X
<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV</li> <li>a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions)</li> </ul>	6 7	X	
<ul> <li>b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation</li> <li>9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV</li> </ul>	8b _ 9	х	x

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

their names and addresses

Form	990-PF (2009) GREENBERG FAMILY FOUNDATION 626019012 65-0745	5564	Pa	age 5
Par	VII-A Statements Regarding Activities (continued)			
11	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 page 20 of the 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	<u> </u>	
	Website address ► N/A			
14	The books are in care of ► Morgan Stanley Trust, N A Telephone no ► 201-830-615	5		
	Located at ► 34 Exchange Place Jersey City NJ ZIP+4 ► 07311			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		Þ	• 📙
	and enter the amount of tax-exempt interest received or accrued during the year  • 15 N/A			
Pa	t 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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	-		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years > 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ļ		
	▶ 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009 )	3b	N/A	<del></del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	_		
	numose that had not been removed from jeonardy before the first day of the tax year beginning in 2009?	l 4h l		ιX

_	n 990-PF (2009) GREENBERG FAMILY FOUN			_					745564	F	age 6
	rt VII-B Statements Regarding Activitie			1 47	20 May Be Re	equired	(continued)	)	<del>,</del>		
5a	During the year did the foundation pay or incur any							<del></del>		}	
	(1) Carry on propaganda, or otherwise attempt to						Yes	XN	0	1	
	(2) Influence the outcome of any specific public e		(see section 49	955),	or to carry		<b>-</b> -			ļ	
	on, directly or indirectly, any voter registration	i drive?					Yes	<u></u> ✓ N	o		
	(3) Provide a grant to an individual for travel, stud	dy, or ot	her sımılar purp	ose	s?		Yes	XN	0	1	6
	(4) Provide a grant to an organization other than	a charit	able, etc., orga	nızat	tion described				-		{
	in section 509(a)(1), (2), or (3), or section 494	40(d)(2)	? (see page 22	of th	ne instructions)		Yes	XN	0	}	}
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of						Yes	XN		 	
b	If any answer is "Yes" to 5a(1)-(5), did any of the tr	ransacti	ons fail to quali	fy ur	nder the exception	ns descri	bed in		- }		}
	Regulations section 53 4945 or in a current notice r	regardın	g disaster assis	stanc	ce (see page 22 o	of the inst	tructions)?		5b	N/A	
	Organizations rolying on a current notice regarding	disaste	r assistance ch	eck l	here		•	· []	1		ĺ
C	If the answer is "Yes" to question 5a(4), does the fo	oundatio	n claim exemp	tion t	from the					İ	
	tax because it maintained expenditure responsibility If "Yes," attach the statement required by Regulation	-	-	d)			Yes	N	0		j
6a	Did the foundation, during the year, receive any fun	nds, dire	ctly or indirectly	y, to	pay				}		1
	premiums on a personal benefit contract?						Yes	XN	0	]	•
b	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870	directly	or indirectly, or	nap	ersonal benefit o	ontract?			6b		X
7a	At any time during the tax year, was the foundation	a party	to a prohibited	tax :	shelter transactio	n?	Yes	XN	o		<u> </u>
b	If yes, did the foundation receive any proceeds or h	nave any	y net income at	tribu	table to the trans	action?			7b		<u> </u>
P	art VIII Information About Officers,	Direct	tors, Truste	es,	Foundation	Manage	ers, Highly	Paid I	Employ	ees,	
	and Contractors										
_1	List all officers, directors, trustees, founda	ation m	anagers and	the	ir compensati	on (see	page 22 of	the ins	truction	s).	
	(a) Name and address		e, and average rs per week		) Compensation not paid, enter		Contributions to byee benefit plan		(e) Expen	se acco	ount,
	(a) Name and address		ed to position	,,,	-0-)		erred compensal		other al	lowance	es
MΑ	RK GREENBERG	Preside	ent								
<u>17</u>	14 CEDAR STREET SANTA MONICA CA		20 00		40,000			0			0
			ĺ		_						
			00		0			0			0
		<del>                                      </del>	00		0						0
		( 	00		0			o			0
2	Compensation of five highest-paid employ	ees (o	ther than the	ose i	included on lir	ne 1—se	ee page 23 o	f the in	nstructio	ons).	
	If none, enter "NONE."										
			b) Title, and avera	age		- 1 '	d) Contributions employee benef		(e) Expen	ise acci	nunt
(a	<ul> <li>Name and address of each employee paid more than \$50,</li> </ul>	000	hours per week devoted to position		(c) Compensation	ทาเ	plans and deferre			ilowanc	
			devoted to position		<del></del>		compensation				
No	ne			ł		1		ł			
_				}	<del></del>						
							_				
To	tal number of other employees paid over \$50,0	200			<del></del>		· <del>-</del>			$\Box$	0
	tal number of other employees paid over \$30,0								Form 9		

Form 990-PF (2009) GREENBERG FAMILY FOUNDATION 626019012		55-0745564	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High and Contractors (continued)	ily Paid	Employees	s,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	one, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compen	sation
NONE			0
			υ
			0
			0
		<del></del>	0
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expens	es
1 <u>N/A</u>			
2	·		
3			
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amour	nt
1 NONE			
2			
All other program-related investments See page 24 of the instructions  NONE	 		
			0
Total. Add lines 1 through 3	▶		0

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

5

139

70,057

5

6

c Excess from 2007 d Excess from 2008

e Excess from 2009

9,203

28,424 33,987

	90-PF (2009) GREENBERG FAMILY FOUNDATIO  XIII Undistributed Income (see page 26 of the			65-074	5564 Page <b>9</b>
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7				36,209
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			o	
þ	Total for prior years 20 20 20		0		
3	Excess distributions carryover, if any, to 2009				
а	From 2004 12,171				
b	From 2005 6,607				
С	From 2006 6,169				
d	From 2007 9,203				
е	From 2008 28,424				
f	Total of lines 3a through e	62,574			
4	Qualifying distributions for 2009 from Part				
	XII, line 4 ▶ \$ 70,196				
а	Applied to 2008, but not more than line 2a			0	
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		o		
С	Treated as distributions out of corpus (Election				
_	required—see page 26 of the instructions)	ol			
d	Applied to 2009 distributable amount				36,209
	Remaining amount distributed out of corpus	33,987			
5	Excess distributions carryover applied to 2009	0			0
	(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	96,561		:	
	Prior years' undistributed income Subtract	00,00			
	line 4b from line 2b		o		
С	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				
ч	Subtract line 6c from line 6b Taxable				
u	amount—see page 27 of the instructions		o		
_					
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the			o	
	Instructions				a was
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				C
_	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		1		
_	the instructions)		ļ		
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see page 27 of the			i	
	instructions)	12,171			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	84,390			
10	Analysis of line 9		1		
а	Excess from 2005 6,607				
b	Excess from 2006 6,169		1		

	990-PF (2009) GREENBERG FAMILY FOU XIV Private Operating Foundations (s			d Part VII-A, que	65-0745 estion 9)	564 Page 10
	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2009, entitle	ation letter that it is a	private operating	<b>•</b>		
b	Check box to indicate whether the foundation is a	private operating four	ndation described in	section	4942(J)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Тах уеаг		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed	0				0
b	85% of line 2a	0	0	o	0	Û
C	Qualifying distributions from Part XII,					
	line 4 for each year listed	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c		ما		ا	
3	Complete 3a, b, or c for the	0	0	0		0
•	alternative test relied upon	1	1			
а	"Assets" alternative test—enter	}	•			
	(1) Value of all assets	<del> </del>			<del></del> +	0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in		1			
	Part X, line 6 for each year listed	ام			j	0
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)	<b> </b>				0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income	<del></del>				0
Pa	t XV Supplementary Information (Co	mnlete this part	only if the four	dation had \$5	000 or more in	<u>~</u>
1	assets at any time during the ye Information Regarding Foundation Manag	ar—see page 28				
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have				the foundation	
Lou	ıs Greenburg				<del></del> -	
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
<u>Not</u>	e Information Regarding Contribution, Grar	nt Gift Loan Sch	olarship, etc. Pr	ograms:		
-	Check here Inf the foundation only makes unsolicited requests for funds. If the foundation munder other conditions, complete items 2a, b, c, a	s contributions to pres akes gifts, grants, etc	selected chantable of	organizations and do		ons
a	The name, address, and telephone number of the	person to whom app	lications should be	addressed		
N/A	<del></del>					
	The form in which applications should be submitted	ed and information an	d materials they sho	ould include		
N/A	<u> </u>	<del> </del>				
	Any submission deadlines					
N/A		<del></del>				
	Any restrictions or limitations on awards, such as factors	by geographical area	s, charitable fields, l	kinas of institutions,	or otner	
N/A		_				

3	Grants and	Contributions Pai	id During the Year or	r Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUUON	<del></del>
a Paid during the year See Attached Statement	1			
See Allached Glalement				0
				0
				0
	j			0
		}	}	0
		{	,	0
			}	0
	}	{		0
		{		
			}	0
				0
				0
			{	0
				0
		1		
		}		C
				C
		ļ		С
Total		<u> </u>	  ► 3a	62,574
b Approved for future payment				
NONE			{	C
				C
				C
			,	C
		ļ		C
		}		
		1		
		}		ı
				(
<u></u>		<u> </u>	<u> </u>	
Total			<b>▶</b> 3b	Form <b>990-PF</b> (2009

Enter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	0
b	.	0		0	0
c	.	0		0	0
d	.	0	<del></del>	0	0
e	·	0	<del></del>	0	0
g Fees and contracts from government agencies	· <del> </del>		<del></del>	<u>_</u>	
2 Membership dues and assessments				<del></del>	
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	21,197	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-19,121	
9 Net income or (loss) from special events	<b></b>	<del></del>	<b> </b>		
10 Gross profit or (loss) from sales of inventory	<b>}</b>		<del> </del>		
11 Other revenue a	- }	0	<del></del>	0	
	-	0	<del> </del>	0	<u>-</u>
d	<u> </u>	Ö	<del></del>	ō	
				<del></del>	
е	[	0		1 0	) 0
e		0		2,076	0
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Ad	complishment	of Exempt P	urposes	2,076 13	<del> </del>
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	C
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Add Line No.  Explain below how each activity for which incon the accomplishment of the foundation's exempt	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	C
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	C
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	C
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions )	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	(
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	(
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	(
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act  Line No. Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions.)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	(
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act Line No.  Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc  Part XVI-B Relationship of Activities to the Act Line No.  Explain below how each activity for which incon the accomplishment of the foundation's exempt page 28 of the instructions)	complishment ne is reported in col purposes (other th	of Exempt P umn (e) of Part X an by providing fu	urposes	2,076 13	C

Yes No

Form 990-PF (2	GREENBERG FAMILY FOUNDATION 626019012	65-0745564	Page 1
Part XVII	Information Regarding Transfers To and Transactions and Relationship	ips With Noncharitable	
	Exempt Organizations		

Did the organization directly or indirectly engage in any of the following with any other organization described

in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political

a Transfers from the reporting foundation to a nonchar	ritable exempt organiza	tion of			1		
(1) Cash					1a(1)		_ X
(2) Other assets					1a(2)		Х
<b>b</b> Other transactions							
(1) Sales of assets to a noncharitable exempt organ					1b(1)		_X_
(2) Purchases of assets from a noncharitable exemp	pt 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 fundi	_				1b(6)		X
c Sharing of facilities, equipment, mailing lists, other as					<u>1c</u>		_X
d If the answer to any of the above is "Yes," complete value of the goods, other assets, or services given b value in any transaction or sharing arrangement, sho	v the reporting foundat	ion If the	e foundation rece	eived less than	fair ma	arket	<u>.</u>
(a) Line no (b) Amount involved (c) Name of nonchantal	ble exempt organization	(d) Desc	cription of transfers, t	ransactions, and sh	anng arr	angen	nents
0 Not Applicable							
0		<u> </u>					
0		<u> </u>		<del></del>			
0		ļ					
0		ļ					
0		<u> </u>					
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0		<del> </del>					
0		<del>                                     </del>	<del></del>				
0							
0		<del>                                     </del>					
0		+					
0		1					
0							
2a Is the foundation directly or indirectly affiliated with,	or related to one or mo	re tay-e	vemnt organizati	ons			
described in section 501(c) of the Code (other than s				Ŭ5 □ \	es X	No	
<b>b</b> If "Yes," complete the following schedule							
(a) Name of organization	(b) Type of organization		(c) Desc	cription of relations	пр		
		Î					
Under penalties of perjury, I declare that I have examined this rebelief, it is true, correct, and complete declaration of preparer (			d on all information of		s any kno		
Signature of officer or trustee	Da	ate /	/ Titl	e			
Signature of officer or trustee  Preparer's signature  Prim's name (or yours if PricewaterhouseCo	Date 5/17/20	10	Check if self-employed ►	Preparer's in pumber (see page 30 of the P0036431	e Signati he instru	nte ou	
Firm's name (or yours if PricewaterhouseCo				EIN ▶ 13-40	08324		
self-employed), address, and ZIP code 600 Grant Street, P				Phone no 412		000	
I I and zir ode 000 Grant Street, F	modulgir 102 10	<del></del>			orm <b>99</b> (		(2009)

### **GREENBURG FAMILY FOUNDATION**

EIN: 65-0745564

ATTACHMENT TO 2009 FORM 990PF, PART X LINES 1(a) AND 1(b)

FYE 12/31/2009

<b>Ending Date</b>	Cash	Bonds/Common Stock	TOTAL
01/31/09	\$17,590.52	\$446,520.00	\$464,110.52
02/28/09	\$20,140.11	\$389,700.00	\$409,840.11
03/31/09	\$23,087 37	\$370,280 00	\$393,367.37
04/30/09	\$21,837 80	\$575,130.00	\$596,967.80
05/31/09	\$1,496.25	\$709,810.00	\$711,306.25
06/30/09	\$3,156.25	\$659,800.00	\$662,956.25
07/31/09	\$1,845.00	\$843,130 00	\$844,975.00
08/31/09	\$4,377.15	\$867,000.00	\$871,377.15
09/30/09	\$7,537.15	\$1,025,930.00	\$1,033,467.15
10/31/09	\$6,253.72	\$921,950.00	\$928,203.72
11/30/09	\$13,916.46	\$910,590 00	\$924,506 46
12/31/09	<b>\$16,551</b> 59	\$998,770.00	\$1,015,321.59
Total	\$137,789.37	\$8,718,610 00	\$8,856,399 37
Average	\$11,482.45	\$726,550.83	\$738,033.28

Total of averages \$738,033.28

### Tax Transaction Detail Beneficiary Distributions

### GREENBERG FAMILY FOUNDATION

Account Id: 626019012

### Trust Year Ending 12/31/2009

Tax Code/Desc	Paid For	Transactions		Income	Principal
149 BENE DIST					
	000000000	No Beny Linked			
11/30/09		0 Units	Reg Code 000	0 00	-20,858 00
		THE AMERICAN TECHNION S	SOCIETY		
		2009 GRANT REQUEST			
		СН			
		CHECK NUMBER 0138093			
11/30/09		0 Units	Reg Code 000	0 00	-20,858 00
		BAR-ILAN UNIVERSITY			
		2009 GRANT AWARD			
		CH			
		CHECK NUMBER 0138094			
11/30/09		0 Units	Reg Code 000	0 00	-20,858 00
		AMERICAN COMMITTEE FOR	R THE WEIZMANN		
		2009 GRANT AWARD			
		CH			
		CHECK NUMBER 0138095			
		Total For.	No Beny	0 00	-62,574 00
			Total for Taxcode: 149	0 00	-62,574 00
			Total for Distributions	0 00	-62,574 00
			Total for all Tax Codes:	18,689 90	-108,158 45

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Net Gain	or Loss	-19,121	0					Depreciation										
Net	orL			Expense	of Sale and	Cost of	Improve-	ments										
Cost, Other	Basis and Expenses	108,957	0		Cost or Other Basis	(Enter one field only)	Donated	Value										
Cost,	Basis and				Cost or O	(Enter one		Cost	6,576	4,384	2,192	8,768	24,112	21,050	22,142	17,541	2,192	
SS	Ses	89,835	C				Gross Sales, [	Price	5,390	3,593	1,797	7,187	19,764	17,967	17,967	14,374	1,797	
Gross	Sales						Date	Sold	11/10/2009	11/10/2009	11/10/2009	11/10/2009	11/10/2009	11/10/2009	11/10/2009	11/10/2009	11/10/2009	
Totals		Securities	Other sales				Acquisition	Method										
							Date	Acquired	7/20/2004	7/20/2004	7/20/2004	7/20/2004	7/20/2004	9/20/2004	9/14/2004	7/20/2004	7/20/2004	
					Check "X" If	Purchaser	S.	Business										
								Purchaser										
	Amount	0	0					CUSIP #	216831107	216831107	216831107	216831107	216831107	216831107	216831107	216831107	216831107	
		Long Term CG Distributions	Short Term CG Distributions					Description	COOPER TIRE & RUBBER									
						Check "X"	if Sale of		×		×	×	×	×	×	×	×	
								Index	-	7	က	4	2	9	_	æ	6	4

Line 16b (990-PF) - Accounting Fees

		1,500	200	0	1,000
					Disbursements
		Revenue and			for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Income	(Cash Basis Only)
-	Tax Prep Fees	1,500	200		1,000
2					
3		7			
4					İ
2					
9					
7					
8		!			
6					
10					

Line 16c (990-PF) - Other Fees

		399	133	0	266
					Disbursements
		Revenue and	•		for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Income	(Cash Basis Only)
1		399	133		266
2					
3					
4					
2					
9					
7					
8					
6					
10					

Line 18 (990-PF) - Taxes

		3,802	0	0	0
		Revenue			Disbursements
	Description	and Expenses	Net Investment	Adjusted	for Charitable
-	PAYROLL TAXES	3.361	2110011	Not likeline	eacodin
7	2008 PAYMENT OF TAXES	441			
<sub>د</sub> د					
4					
5					
9					
7					
8					i i
6					-
10					

Line 23 (990-PF) - Other Expenses

		5,094	1,677	0	3,3,56
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
-	Amortization See attached statement	0	0	0	0
7	TRUSTEE FEES	5,033	1,677		3,356
က	FL ANNUAL REPORT PAYMENT	61			
4					
သ					
9					
7					
∞					
6			;		
10					

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			<u> </u>	2	က	4	2	9	7	8	6	İ
		Description	See Attached									
	Num Shares/	Face Value										
1,072,674	Num Shares/ Book Value Book Value FMV FMV	Beg of Year	1,072,674									
978,181	Book Value	End of Year	978,181									
478,160	FMV	Beg of Year	478,160									
57,876	FMV	End of Year	60 978,720									

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

			-	2	3	4	5	9	7	8	6	10
		Description	See Attached									
	Interest	Rate										
	Maturity	Date	1			1	 					
19,755	Book Value	Beg of Year	19,755									
19,755	Book Value	End of Year	19,755									
14,250	FMV	g	14,250									
	FMV	ات										

### Part III (990-PF) - Changes in Net Assets or Fund Balances

### Line 3 - Other increases not included in Part III, Line 2

	·			
1	Federal refunds from 2005, 2007	1		2,763
2	Other increases - adjustment	2		2
3	Total	3		2,765
2	Line 5 - Decreases not included in Part III, Line 2  Overdraft Fee	2		68
3	Total	3	•	คลิ

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Long Term CG Distributions	0											
	Short Term CG Distributions	0			Totals	89,836	0	108,957	-19,121	0	0	0	-19,121
						Gross		Cost or Other		> M ±	Adjusted Basis		Gains Minus Excess
			How	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	of FMV Over Adjusted
_	Kind(s) of Property Sold	CUSIP#	Acquired	Acquired	Sold	Price	Allowed	Expense of Sale	Loss	12/31/69	12/31/69	Over Adj Basis	Basis or Losses
1 COOPER	COOPER TIRE & RUBBER	216831107		7/20/2004	11/10/2009	5,390	O	9/5/9	-1,186			0	-1,186
2 COOPER T	TIRE & RUBBER	216831107		7/20/2004	11/10/2009	3,593	0	4,384	-791			0	-791
3 COOPER	COOPER TIRE & RUBBER	216831107		7/20/2004	11/10/2009	1,797	0	2,192	-395			0	-395
4 COOPER	COOPER TIRE & RUBBER	216831107		7/20/2004	11/10/2009	7,187	0	8,768	-1,581			0	1,581
5 COOPER	COOPER TIRE & RUBBER	216831107		7/20/2004	11/10/2009	19,764	0	24,112	4,348			0	4,348
6 COOPER T	TIRE & RUBBER	216831107		9/20/2004	11/10/2009	17,967	0	21,050	-3,083			0	-3,083
7 COOPER	COOPER TIRE & RUBBER	216831107		9/14/2004	11/10/2009	17,967	0	22,142	-4,175			0	-4,175
8 COOPER	COOPER TIRE & RUBBER	216831107		7/20/2004	11/10/2009	14,374	0	17,541	-3,167			0	-3,167
9 COOPER 1	TIRE & RUBBER	216831107		7/20/2004	11/10/2009	1,797	0	2,192	-395			0	-395
<b>9</b>		1				0	0	0	0			0	0

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

0	_	-	0			_		_	_	_	i	_
40,000	i	Compen	40,000								 	
	Average	Hours	20									
		Title	President									
,	Foreign	Country			:							
		State   Zip Code										
		State	CA									
		City	SANTA MONICA CA									
		Street	1714 CEDAR STREET									
	Check "X"	if Business										
		Name	MARK GREENBERG									
			1	2	3	4	2	9	7	8	6	10

Explanation 0 Expense Account Benefits Part VI, Line 6a (990-PF) - Estimated Tax Payments

	Date	Amount
Credit from prior year return	1	269
2 First quarter estimated tax payment	2	0
3 Second quarter estimated tax payment	3	0
4 Third quarter estimated tax payment	4	0
5 Fourth quarter estimated tax payment	5	0
6 Other payments	6	0
7 Total	7	269

### Part XV, Lines 1a-1b (990-PF) - Information Regarding Foundation Managers

	List Managers who own 10% or more of the stock
List Managers who contributed more than 2%	of a corporation of which the foundation has a 10%
of the total contributions received by the foundation	or greater interest
1 Louis Greenburg	None
2	
3	
4	
5	
<u> </u>	
<u> </u>	
8	
9	
10	

## Greenberg Family Foundation January 1, 2009 - December 31, 2009

Account Number: 62-6019-01-2

Personal Trust Officer

Nell Whiting 1-800-551-3326 Extension 830-6385

### TRUST OPERATIONS DEPT

# Account Review

Portfolio Summary

\$ 523,065.55 Your Beginning Market Value:

\$ 21,198.32 Income Earned:

\$ 2,762.82

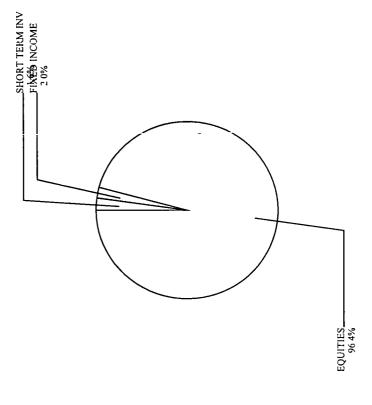
Contributions:

Withdrawals:

\$ -113,437.88 \$ -19,120.24 Realized Gains/Losses:

\$ 600,853.02 Unrealized Gain/Loss:

\$ 1,015,321.59 Your Ending Market Value:



## Greenberg Family Foundation January 1, 2009 - December 31, 2009

Account Number 62-6019-01-2

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	Contributions	Total	Gain/Loss Summary		Realized Gain/Loss	Unrealized Gain/Loss	Total	
This Year	21,198.32	\$ 21,198.32		This Year	-6,815.32	-106,181 56	-441.00	\$ -113,437.88
This Period	21,198.32	\$ 21,198.32		This Period	-6,815 32	-106,181 56	-441.00	\$ -113,437.88
	Interest/Dividends	Total	Withdrawal Summary		Fees	To/For Beneficiaries	Other Distributions	Total

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Contributions	This Period 2.762.82	This Year 2.762 82
Total	\$ 2,762.82	\$ 2,762.82
Gain/Loss Summary		
	This Period	Thus Year
Realized Gain/Loss	-19,120 24	-19,120.24
nrealized Gain/Loss	600,853.02	600,853.02
Total	\$ 581,732.78	\$ 581,732.78

Greenberg Family Foundation January 1, 2009 - December 31, 2009

Account Number: 62-6019-01-2

# Common Stock Diversification Summary

Market Value 272,680.00 501,250.00 15,060.00 161,700.00 28,030.00	\$ 978,720.00
Industry Sector Capital Goods Consumer Discretionary Financials Healthcare Telecommunication Service	Total
	CONSUMER DISCRETIONARY
FINANCIALSTELECOMMUNICATION SERVICESHEALTHCARE,	CAPITAL GOODS

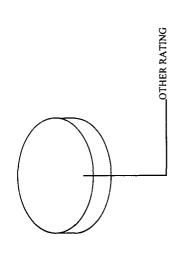
Percent 27.9% 51.2% 1.5% 16.5% 2.9%

100.0%

### Greenberg Family Foundation January 1, 2009 - December 31, 2009

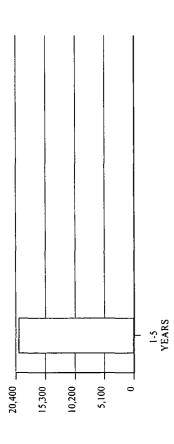
Account Number 62-6019-01-2

### Bond Quality Summary



Quality Rating	Market Value	Percent
Other Rating	20,050 00	100.0%
Total	\$ 20,050.00	100.0%

### **Bond Maturity Summary**



Years To Maturity 1-5	Market Value 20,050 00	Percent 100 0%
Total	\$ 20,050.00	100.0%
Average Time To Maturity: 3.1 Years		Current Yield: 7.36%

Greenberg Family Foundation January 1, 2009 - December 31, 2009

Account Number 62-6019-01-2

List of Assets

			Market	Percent Of	Projected	Current
Description Cash and Equivalent	Shares	Cost	Value To	Value Total Market	Annual Income	Yield
Cash		0 13	13	%00 0	0	%00 0
Active Assets Tax-Free Trust	16,551 460	16,551 46	16,551 46	1 63%		0 01%
Total Cash and Equivalent		\$ 16,551.59	\$ 16,551.59	1.63%	18	0.01%

Equities

AT&T Inc	000 000,1	39,540 00	28,030 00	2 76%	1,680	\$ 99%
Bank America Corp	1,000 000	14,463 65	15,060 00	1 48%	7.0	0 27%
Cooper Tire & Rubber	25,000 000	443,046 25	501,250 00	49 37%	10,500	2 09%
General Dynamics Corporation	4,000 000	123,044 00	272,680 00	26 86%	030'9	2.23%
Tenet Healthcare Corp	30,000 000	358,087 25	161,700 00	15 93%	0	%000
Total Equities		\$ 978,181.15	\$ 978,720.00	96.40%	\$ 18,300	1.87%

Fixed Income

Tenet Healthcare Corp 7 375% 2/1/13	20,000 000	19,755 00	20,050 00	1 97%	1,475	1,475 736%
Total Fixed Income		\$ 19,755.00	\$ 20,050.00	1.97%	\$ 1,475	7.36%
Total Assets	<del>63</del>	\$ 1,014,487.74	\$ 1,015,321.59 100.00%	100.00%	\$ 19,776 1.95%	1.95%

### Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month Extension, complete only Part I and ch	eck this box	Ţ
•	e filing for an Additional (Not Automatic) 3-Month Extension, complete on the complete of the complete of the complete of the complete Part II unless you have already been granted an automatic 3-month	- · · · · -	
Part I	Automatic 3-Month Extension of Time. Only submit original (no		1-0111-0000
		,	
Part I only	on required to file Form 990-T and requesting an automatic 6-month extension	on—check this box and complet	e ▶□
•	marking (unlinding 1120 C files), padrambing DEMICs, and trusts must	use Form 7004 to request on a	tonovan af
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must o income tax returns	use Form 7004 to request an ex	tension of
		a 2 month automatic autonoion	of time to file one
	Filing (e-file). Generally, you can electronically file Form 8868 if you want a ns noted below (6 months for a corporation required to file Form 990-T). How		
	lly if (1) you want the additional (not automatic) 3-month extension or (2) you		
	a composite or consolidated Form 990-T Instead, you must submit the fully		
Form 8868	For more details on the electronic filing of this form, visit www irs gov/efile	and click on e-file for Chanties	& Nonprofits
Type or	Name of Exempt Organization	Employer identific	ation number
print	GREENBERG FAMILY FOUNDATION 626019012	65-0745564	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		
due date for filing your	1714 CEDAR STREET		
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instruction		
	SANTA MONICA	CA 073	311
	e of return to be filed (file a separate application for each return)	اــــا	T 4700
Form 9		<u></u>	Form 4720
Form 9	990-BL Form 990-T (sec 401(a) or 408(a) trust	.)	Form 5227
Form 9	990-EZ Form 990-T (trust other than above)	<u></u>	Form 6069
X Form 9	990-PF		Form 8870
• The boo	oks are in the care of ► Morgan Stanley Trust, N.A. 34 Exchange Place Je	ersev City N.J.Jersev City N.J.073	
- 1110 000	The die in the sale of principal distinct the sale in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Telepho			
	ganization does not have an office or place of business in the United States,		<b>▶</b> ∐
	for a Group Return, enter the organization's four digit Group Exemption Num		If this
	hole group, check this box	, check this box ►	and attach a
	names and EINs of all members the extension will cover		_
	uest an automatic 3-month (6 months for a corporation required to file Form		
until	8/15/2010 , to file the exempt organization return for th	e organization named above TI	ne extension
	the organization's return for		
- F	C calendar year 2009 or		
▶∟	tax year beginning, and endin	ng	
2 If this	s tax year is for less than 12 months, check reason Initial return	Final return Change in a	accounting period
	tax your to to reconstruction of control of the con		
3 a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ter	ntative tax,	
	any nonrefundable credits See instructions	3a	\$139
	s application is for Form 990-PF or 990-T, enter any refundable credits and e		
	nents made. Include any prior year overpayment allowed as a credit	3b	\$ 269
	ince Due. Subtract line 3b from line 3a Include your payment with this form,		
	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax		
	em) See instructions  f you are going to make an electronic fund withdrawal with this Form 8868, s	3c   3c	
	r you are going to make an electronic fund withdrawar with this Form 6000, s nt instructions	GE TOTH 0400-EO and FORH 60	, J . L O