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

Department of the Treasury  
Internal Revenue Service

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

2009

For calendar year 2009, or tax year beginning

, 2009, and ending

, 20

G Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

<b>Use the IRS label. Otherwise, print or type. See Specific Instructions.</b>	Name of foundation <b>SHELLY &amp; LAWRENCE HOROWITZ FAMILY FDN. INC.</b>	A Employer identification number <b>83-0414279</b>	
	Number and street (or P O box number if mail is not delivered to street address) <b>75250 EAST OLIVE STREET</b>	Room/suite <b></b>	B Telephone number (see page 10 of the instructions) <b>(516)8896421</b>
	City or town, state, and ZIP code <b>LONG BEACH, N.Y. 11561</b>	<p>C If exemption application is pending, check here ► <input type="checkbox"/></p> <p>D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>	
H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► <b>\$</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	(Part I, column (d) must be on cash basis)

**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	3820			
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	3537	3537		
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	7357	3537		
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	1000		1000	
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	78			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	724		724	
24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	1802		1724	
25	Contributions, gifts, grants paid	9480		9480	
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	11282		11204	
27	Subtract line 26 from line 12				
a	<b>Excess of revenue over expenses and disbursements</b>	(3925)			
b	<b>Net investment income</b> (if negative, enter -0-)		3537	-0-	
c	<b>Adjusted net income</b> (if negative, enter -0-)				

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	<b>Beginning of year</b>	<b>End of year</b>	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	26216	22291	22291
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ►			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ►			
		Less: allowance for doubtful accounts ►			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U.S. and state government obligations (attach schedule) . . . . .			
	b	Investments—corporate stock (attach schedule) . . . . .	71623	92950	92950
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment: basis ►			
	Less: accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans . . . . .				
13	Investments—other (attach schedule) . . . . .				
14	Land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
15	Other assets (describe ►) . . . . .				
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	97839	115241	115241	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ►) . . . . .			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	29	Retained earnings, accumulated income, endowment, or other funds . . . . .			
	30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	97839	115241	
	31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	97839	115241	

**Part III Analysis of Changes in Net Assets or Fund Balances**

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	97839
2	Enter amount from Part I, line 27a . . . . .	2	(3925)
3	Other increases not included in line 2 (itemize) ►	3	21327
4	Add lines 1, 2, and 3 . . . . .	4	
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	115241

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	0
3 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) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8			3	0

**Part V Qualification 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.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	9637	103425	.09318
2007	9261	123125	.07522
2006	2242	150296	.01493
2005	10654	147258	.07235
2004	0		
2 Total of line 1, column (d)			.25568
3 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			.06392
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			100470
5 Multiply line 4 by line 3			6422
6 Enter 1% of net investment income (1% of Part I, line 27b)			35
7 Add lines 5 and 6			6457
8 Enter qualifying distributions from Part XII, line 4			11204
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. See the Part VI instructions on page 18.			

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)</b>			
1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	35 37
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	35 37
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> ►	9	35 37
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> ►	10	
11	Enter the amount of line 10 to be: <b>Credited to 2010 estimated tax</b> ►	Refunded	► 11

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		X
5		X
6		X
7	X	
8a		
8b	X	
9		X
10	X	

1a 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?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?  
*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.*

1c Did the foundation file **Form 1120-POL** for this year?

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  
*If "Yes," attach a detailed description of the activities.*

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes.*

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4b If "Yes," has it filed a tax return on **Form 990-T** for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  
*If "Yes," attach the statement required by General Instruction T.*

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV*

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ►

8b 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*

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*

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

**Part 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	X
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? Website address ►	13	
14	The books are in care of ► <b>SHELLY HOROWITZ</b> . . . . . Telephone no. ► <b>516-889-6421</b> Located at ► <b>250 EAST OLIVE ST., LONG BEACH, N.Y.</b> ZIP+4 ► <b>11561</b>		
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 ►   <b>15</b>		

**Part 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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
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 before the first day of the tax year beginning in 2009? . . . . .	1c	X
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)): . . . . .		
a	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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "Yes," list the years ► <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b> . . . . .		
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions.) . . . . .	2b	X
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► <b>20</b> , <b>20</b> , <b>20</b> . . . . .		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . .	4b	X

**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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		► <input type="checkbox"/>	5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHELLY HOROWITZ	PRES. PT	0	0	0
250 EAST OLIVE ST. LONG BEACH NY				
LAWRENCE HOROWITZ	TREAS PT	0	0	0
250 EAST OLIVE ST. LONG BEACH NY				

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>TOTAL number of others receiving over \$50,000 for professional services</b> . . . . . ►		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1	.....	.....
2	NONE	.....
3	.....	.....
4	.....	.....

**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		Amount
1	.....	.....
2	NONE	.....
3	.....	.....
All other program-related investments. See page 24 of the instructions		.....
<b>TOTAL. Add lines 1 through 3</b> . . . . . ►		

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	80000	
b	Average of monthly cash balances	1b	22000	
c	Fair market value of all other assets (see page 24 of the instructions)	1c		
d	<b>Total</b> (add lines 1a, b, and c)	1d	102000	
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e		
2	Acquisition indebtedness applicable to line 1 assets	2		
3	Subtract line 2 from line 1d	3	102000	
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	1530	
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	100470	
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	5023	

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	5023	
2a	Tax on investment income for 2009 from Part VI, line 5	2a		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b	2c		
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5	5023	
6	Deduction from distributable amount (see page 25 of the instructions)	6		
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5023	

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	11204	
b	Program-related investments—total from Part IX-B	1b		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11204	
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 (see page 26 of the instructions)	5		
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	11204	

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see page 26 of the instructions)**

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7 . . . . .				<b>5023</b>
<b>2</b> Undistributed income, if any, as of the end of 2009:				
<b>a</b> Enter amount for 2008 only . . . . .				
<b>b</b> Total for prior years: 20 ____,20 ____,20 ____				
<b>3</b> Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004 . . . . .				
<b>b</b> From 2005 . . . . .	<b>6748</b>			
<b>c</b> From 2006 . . . . .	<b>3161</b>			
<b>d</b> From 2007 . . . . .	<b>3105</b>			
<b>e</b> From 2008 . . . . .	<b>16391</b>			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	<b>29405</b>			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4: ► <b>\$ 11204</b>				
<b>a</b> Applied to 2008, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . . . .				
<b>d</b> Applied to 2009 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	<b>18201</b>			
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2010.</b> Subtract lines 7 and 8 from line 6a . . . . .	<b>47606</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2005 . . . . .	<b>6748</b>			
<b>b</b> Excess from 2006 . . . . .	<b>3161</b>			
<b>c</b> Excess from 2007 . . . . .	<b>3105</b>			
<b>d</b> Excess from 2008 . . . . .	<b>3377</b>			
<b>e</b> Excess from 2009 . . . . .	<b>31215</b>			

**Part XIV** **Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling . . . . .				►	
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)	
2a	Enter the lesser of the adjusted net income from Part I or the minimum 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 . . . . .					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
3	Complete 3a, b, or c for the alternative test relied upon:					
a	"Assets" alternative test—enter:					
(1)	Value of all assets . . . . .					
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
b	"Endowment" alternative test—enter $\frac{2}{3}$ 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 section 4942(j)(3)(B)(iii) . . . . .					
(3)	Largest amount of support from an exempt organization . . . . .					
(4)	Gross investment income . . . . .					

**Part XV** **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)**

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SHELLY HOROWITZ

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

## **2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed;
- b The form in which applications should be submitted and information and materials they should include;
- c Any submission deadlines;
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SCHEDULE ATTACHED				9480
<b>Total</b>				► 3a
<i>b Approved for future payment</i>				
<b>Total</b>				► 3b

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

**1 Program service revenue:**

- a \_\_\_\_\_
- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_
- f \_\_\_\_\_

**g Fees and contracts from government agencies****2 Membership dues and assessments****3 Interest on savings and temporary cash investments****4 Dividends and interest from securities****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****9 Net income or (loss) from special events****10 Gross profit or (loss) from sales of inventory****11 Other revenue: a \_\_\_\_\_**

- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_

**12 Subtotal. Add columns (b), (d), and (e)**

3537

**13 Total. Add line 12, columns (b), (d), and (e)**

13

(See worksheet in line 13 instructions on page 28 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)

**Part XVII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:	1a(1)	
	(1) Cash . . . . .	1a(2)	
	(2) Other assets . . . . .		
b	Other transactions:	1b(1)	
	(1) Sales of assets to a noncharitable exempt organization . . . . .	1b(2)	
	(2) Purchases of assets from a noncharitable exempt organization . . . . .	1b(3)	
	(3) Rental of facilities, equipment, or other assets . . . . .	1b(4)	
	(4) Reimbursement arrangements . . . . .	1b(5)	
	(5) Loans or loan guarantees . . . . .	1b(6)	
	(6) Performance of services or membership or fundraising solicitations . . . . .		
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	1c	
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

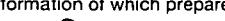
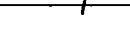
**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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.

Sign Here

Sign Here	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.			
	 Signature of officer or trustee	5/4/10 Date	 Title	
<b>Paid Preparer's Use Only</b>	 Preparer's signature	Date 4/28/10	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see Signature on page 30 of the instructions) 112 18 3674
	 Firm's name (or yours if self-employed), address, and ZIP code	RONALD KOBEK CPA 646 ANDERSON AVE. CLIFFSIDE PARK, NJ NJ 07010	EIN ► 22 3413055 Phone no 201 943 9535	Form 990-PF (2009)

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2009**

Name of the organization

**SHELLY & LAWRENCE HOROWITZ FAMILY FDN. INC.**

Employer identification number

83 0414279

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year

► \$ .....

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

Name of organization

SHELLY & LAWRENCE HOROWITZ FAMILY FDN. INC.

Employer identification number

83 0414279

**Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	SHELLY HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561	\$ 3,820	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>

# Scalamandre/Concrete

## RECAPITULATION

2009

PROJECT	SILVEY & LAWRENCE HOROWITZ FAMILY FOUNDATION					ESTIMATE NO
LOCATION						1014
ARCHITECT ENGINEER						DATE
SUMMARY BY	SUMMARY OF CONTRIBUTIONS					
	PRICES BY				CHECKED BY	
DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL ESTIMATED LABOR COST	UNIT PRICE	TOTAL ESTIMATED MATERIAL COST
NAME	AMT					
ALZHEIMER'S ASSOC	50			225 W. HIGHWAY 100 CHICAGO IL 60601		
KIDNEY FOUNDATION	25			202 KEEGAN ST. BROOKLYN NY 11214		
AMERICAN PARAPLEGIC DEFENSE	5			1318 PARK RD. STATEN IS. NY 10301		
ST. JUDE'S CHILDREN'S RESEARCH	10			PO BOX 56 MEADOW LANE 38101		
THE SALVATION ARMY	5			120 WEST NY NY 10011		
LIMA FOUNDATION	25			130 E. 57TH ST NY NY 10022		
RONALD McDONALD HOUSE OF NY	10			401 E. 73RD ST NY NY 10021		
YOUNG ISRAEL OF LONG BEACH	4039			120 LONG BEACH BLVD LONG BEACH NY 11561		
THE SMILE TRAIN	250			BOX 96231 WASH DC 20009		
BIKUR CHOLAH OF FLORIDA	10			PO BOX 294 LAKWOOD NY 11719		
N. KOSTICHIAH BIKUR CHOLAH	205			473 E. 164TH ST. BROOKLYN NY 11761		
CATHOLIC HOSP	10			1740 EAST 102ND RD BROOKLYN 10461		
CHEL. OHAB ZEDOK	15			118 W 95TH ST NY NY 10025		
THIRTEEN WOMEN	10			450 W 23RD ST NY NY 10001		
OTZAR	15			233 1/2 13TH ST BROOKLYN NY 11223		
SHABBEZ ZEDOK MEDICAL CENTER	21			HICKSVILLE NY 11801		
HEBREW ACADEMY OF CLEVELAND	3			1971 LINWOOD RD. COVE, OHIO 44211		
MUMBAI RELIEF FUND	10			770 EAST 142ND PLUCKY BROWN NY 11213		
MOCHIR SHABBOS	25			1317 17TH ST BROOKLYN NY 11219		
LONG BEACH VOLUNTEER FIRE DEPT	10			PO BOX 321 LONG BEACH NY 11561		
ELZRSZ TORAH	10			231 E. 10TH ST NY NY 10002		
GENERAL ISRAEL ORPHANAGE HOME	8			PO BOX 3147 NY NY 10279		
AMERICAN FRIENDS OF HADASSAH DAVID NAZIM	50			PO BOX 3098 NY NY 10116		
MANNA OF DATES	10			PO BOX 5001 1/2 2ND AVENUE NY 10001		
SIMCHA CHAIM FOR VICTIMSTELER	10			383 1446 120TH PLUCKY BROWN NY 11213		
THE LEUKEMIA LYMPHOMA SOCIETY	100			17TH BROADWAY, 120 HARVEY NY 11747		
NUCLEUS FRIENDS CRIB GRANT	75			333 W 86TH ST NY NY 10024		
DR. EXILIM. LEV LACHIM	43			1034 6TH 12TH ST BROOKLYN NY 11230		
MAKING A WISH FOUND	10			111 MADISON PLAZA, SUITE 1100 NEW YORK		
LONG ISLAND MIKVE SOCIETY	200			280 E. READING ST LONG BEACH NY 11561		
HASC	18			59-2 14TH PLUCKY BROWN NY 11219		
DOCTORS WITHOUT BORDERS	10			333 7TH AVE NY NY 10001		
JNF	18			78 PARKVIEW AVE ROCKVILLE CENTRE NY 11570		
JCCRP	15			1121 CENTRAL AVE PLUCKY BROWN NY 11219		
PEACE FON	10			5317 13TH PLUCKY BROWN NY 11219		
DOLCET	10			171 WEST ST NY NY 10024		

CONT'D

## RECAPITULATION

2009

**ESTIMATE NO**

PROJECT 6009 ESTIMATE NO \_\_\_\_\_  
LOCATION Sherry & Lawrence Horowitz Family Foundation SHEET NO 2 of 4  
ARCHITECT ENGINEER Summary of Construction DATE \_\_\_\_\_

**SUMMARY BY**

**PRICES BY**

CHECKED BY

DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL ESTIMATED LABOR COST	UNIT PRICE	TOTAL ESTIMATED MATERIAL COST	TOTAL
NAME	1007			1000000			
BLWED VETERANS HOME	3		\$77	14 ST NEW YORK NY 10001	DC 20000		
AMERICAN SEEDS HARVEST	3		PO BOX 8929	TOPPSAKS 66608			
AMERICAN CANCER SOCIETY	20		PO BOX 910	NY NY 10101			
SUSAN G KOMEN FOR THE CURE	10		PO BOX 220123	DPALD 87475222			
AMIT	147		817 BROADWAY NY NY 10003				
AMERICAN JEWISH COMMITTEE	15		PO BOX 170804	PHILADELPHIA PA 19177			
MIGDAL OTHR	10		1160 BROADWAY NY NY 10036				
LEZER HALOSHEN	15		1173 58 ST BROADWAY NY 10219				
ESTON SENIS	15		807 768 12001				
MEMORIAL SLOAN KETTERING CANCER CTR	10		PO BOX 7247	PHILADELPHIA PA 19170			
YEHIVIA ATERES YISROEL	1000		1487 E 14 ST BROADWAY NY 10230				
TOMCHEI SHABUOS	100		CROWN HALL BROADWAY NY				
MOSIUTA OF LONG BEACH	95		205 W BROADWAY LONG BEACH NY 11561				
CHILDREN'S VILLAGE OF JONISMONT	15		1160 BROADWAY 4 ST NY NY 10038				
TIKINT LAYLA	10		324 W 52 ST NY NY 10036				
OFFER	50		4740 16 EAST PLAIN NY NY 10204				
CYSTIC FIBROSIS FDNY	5		PO BOX 96305	WASH DC 20090			
HEBREW ACADEMY OF LONG BEACH	2100		W. 312 BROADWAY LONG BEACH NY 11561				
DISCHI ORPHAN HOME OF ISRAEL	3		PO BOX 191041	WICK HAMPTON NY 11249			
P'TZER	18		1428 362 ST BROADWAY NY 11218				
MADD	5		PO BOX 717822	TOPPSAKS 66608			
UNION OF ORTHODOX LONG CT HOSPITAL	100		7258 MAHANAY ST FEDERAL NY 11362				
CANAL TRAM	25		5401 W WILLIAM RUE COOPERSTOWN NY 13421				
CHAI LIFECENTER	18		151 W 30 ST NY NY 10001				
KULAH LI	18		PO BOX 705	COOPERSTOWN NY 13421			
RECORDING FOR THE BLIND	10		20 RASSON RD PHILADELPHIA PA 19130				
NORTH STORE 613 FDNY	18		1444 1ST AVENUE NY 11030				
NATL FDN FOR CANCER RESEARCH	10		PO BOX 96021	WASH DC 20090			
CANCER CARE	32		271 7TH AVE NY NY 10117				
AMERICAN ASSOC FOR BIKUR CHOLIM HOSP	18		116 5TH AV NY NY 10160				
LONG BEACH ENCLV FUND	54		120 LONG BEACH AVE LONG BEACH NY 11561				
HOME OF THE SPOTS OF ISRAEL	3		21 WILLET ST NY NY 10001				
HIDEC	5		501 8 16 NYC 13001 NY 11204				

~~Cont'd~~

## **Scalamandre / Concrete**

## RECAPITULATION

2009

PROJECT 1009 ESTIMATE NO.  
LOCATION Sitterly & Lawrence / Horowitz Family Foundation SHEET NO. 3 of 4  
ARCHITECT ENGINEER SURVEY OF CONCRETE STOES DATE

SUMMARY BY	PRICES BY	CHECKED BY					
DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL ESTIMATED LABOR COST	UNIT PRICE	TOTAL ESTIMATED MATERIAL COST	TOTAL
MPC	127			1000			
KEREN OR	18		350	7 TH AVE NY NY 10006			
YOSHIWA DARCHEI TORAH	18		312	HICKSVILLE RD FAIRFIELD NY 11091			
UHITOS CHARITY INST. OF JERUSALEM	3		1775	417TH ST ISLE OF NY 11204			
SHIZNEN HOSP. FOR CHILDREN	5						
YOUNG ISRAEL OF WOODCLIFF	18		2716 HENRY RD BRONXWICK NY 11691				
YOSHIWAH BETH MOSHE	36		430 KIRKLAND ST SHERWOOD PA 15075				
SHG RIHAT YISROEL	100			TORONTO ONTARIO M1J 07666			
VCSC	5		11 BERRY NY NY 10004				
	9480						

9480

SHELLY & LAWRENCE HOROWITZ FAMILY FDN 2009

PART 1 LINE 23

BANK CHARGE 875

ACCOUNTANT  
RONALD KOPEL 1,000

PART VII A

CONTRIBUTIONS DURING TAX YEAR

SHELLY HOROWITZ  
250 EAST OLIVE STREET  
LONG BEACH, NY 11561 \$ 3,820