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SCANNED MAY 2 6 2011

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
or may be able to use a copy of this return to satisfy state rep

OMB No 1545-0052 2009

Int	emai R	levenue Se	MCe	Note: Ine	toungation may	be abi	e to use a copy of	this return to s	atisty state	repo	rting requirements	
F	or. ca	lendar	year 2009,	or tax ye	ar beginning		07,	/01 , 2009	and end	ing		06/30, 2010
G	Che	eck all t	hat apply:	Init	ial return		Initial return	of a former p	ublic cha	rity		Final return
				Am	ended return	-		ss change	Γ	<u> </u>	Name change	_
•			Name of fo		Chaca rotain			oo onango		<u>-</u>	A Employer identific	cation number
		L - 150	Traine or to	onauton							The sample year to consum	
•		he IRS	ז עחתגם	מוגע	77N D 711	DOM	EQUALDA TO TO A	1			13_	3532026
		beL 			<u> </u>		FOUNDATION	·				
		rwise,		•			not delivered to stree	t address)	Room/su	uite	B Telephone number (see	page 10 of the instructions)
	•	rint lype.			CIATES, LI							
		pecific	100 WAL	LL STRE	ET, 11TH B	LOO	R				(21	2) 440-0800
		ctions.	City or town	n, state, an	d ZIP code						C If exemption applica	tion is
•	เเจนเบ	cuons.	·								pending, check here D 1. Foreign organizat	▶ 1
			NEW YOR	RK. NY	10005						2. Foreign organizat	-
-						- \ (2)		for a delta			85% test, check h	
H					-		exempt private				computation .	▶ ∟ .
1					charitable trust		Other taxable pi				E If private foundation	status was terminated
ı	Fair	r marke	t value of a	II assets a	tend JAcco	unting	g method XC	ash Acc	rual		1 - ')(1)(A), check here . ►
	of y	ear (fro	m Part II, co	ol (c), line			specify)				F If the foundation is	ın a 60-month termination
	16)	▶ \$	3,5	569,595	. (Part I,	colur	nn (d) must be oi	n cash basis))		1 '	(1)(B), check here
	art	Analy	sis of Rev	enue and	Expenses (The							(d) Disbursements
		🗖 total ö	f amounts in i	columns (b), (c), and (d)) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may n	ot necessani n (a) (see na	y equal the	amounts in anstructions).)	'	books	incom	ie		income	purposes
_						$\vdash \vdash$	0	 				(cash basis only)
	1		l if the	s, etc., received t foundation i	(attach schedule) . s not required to] - · ·				
	2	Check]	attact	h Sch B.	·····		3.1.0	 `	110	<u> </u>	/ ₁	λης <u>υ</u> 1 :
	3	Interest	on savings an	d temporary	cash investments	L	113	3	113.			AICH I.
	4	Divider	nds and inter	rest from se	cunties		138,578	13	8,578.			ATCH 2
	5a	Gross r	ents					1				
	Ь	Net ren	tat income or (le	loss)								
_					ets not on line 10		-126,030	1				
Ž	ГБ	Gross s	ales pnce for al	 	756,526.	, –	·.					
Revenue		assets t	ni mie oa					 	Ó.	-		
2	7	•	-	•	Part IV, line 2).	<u> </u>	*	 	· · ·	 `		
	8									 		· · · · · · · · · · · · · · · · · · ·
	9					<u> </u>		<u> </u>		<u> </u>		
	τυa	and allo	ales less returns wances	s				,				
	ь	Less Co	ost of goods sol	ld		` `	<u> </u>	l				* ,
	C C	Gross	profit or (loss	s) (attach so	hedule)							,
	11)		-7,727		7,767.			ATCH 3
	12				,		4,934	13	0,924.			
_							0.		0.	_	0.	0
	13				, trustees, etc					_		
ຜູ	14				ages			 	· -	├		
ış	15		n plans, emp	-	nts			ļ				
<u>ē</u> ,	16a		ees (attach s					 	6 655			· · · · · · · · · · · · · · · · · · ·
Ä	b		ntıng fees (at				13,300		6,650.	L	0.	6,650
Administrative Expenses	С	Other p	orofessional f	fees (attack	CENFD	l				L	<u> </u>	
ā	17					ᄓᄓ						
Str	18			(see page 1	nor the instruction in) SSC						
₫:	19	Denroo	ration (attack	Pschall A	and depletion.	S		 				
Ë	ì		1		, and depiction.	그딸		 				<u></u>
ĕ	20	Occupa	ancy		HEN TH			 		 		
ᇢ.	21	i ravel,	conterences	, and meetl	BEN, UT							
a	22	Printing	g and publica	ations			00.55	 	0 655			
֓֞֟֟֟֟֟֟֟֟	23	Other 6	expenses (att	tach schedu	ne) ATCH 5		83,665.	8	2,681.		0.	984
at	24	Total o	perating and	d administ	rative expenses.							
Operating			•				96,965	8	9,331.		0.	7,634
Õ	25						754,332.	1				754,332
	26		_				851,297.	8	9,331.		0.	761,966
\neg					d lines 24 and 25			 	.,001.	_		. 31, 300
	27		ct line 26 fro		j		-846 363	ļ				
1					lisbursements		-846,363.		1 566		· 	
j	b	Net inv	estment inc	ome (if neg	ative, enter -0-)			4	1,593.			
╛	С	Adjust	ed net incom	ne (if negati	ve, enter -0-)			<u></u>			-0-	

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Form 990-PF (2009)

JSA

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E	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	E	nd of year
<u> </u>	<u> </u>		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ng	92,165.	92,41	
	•2		cash investments	2,042,654.	370,89	370,890
	3	Accounts receivable ▶		"我们就就没有一个女	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. 不知能 3 选、强选。
		Less: allowance for dou	btful accounts			1
	4	Pledges receivable		4.5. 1.5. 4. 1.6. 1.5. 1.5.		" " " " " " " " " " " " " " " " " " "
		· ·	btful accounts			
	5					
	6	• • •	fficers, directors, trustees, and other			
	Ĭ		ich schedule) (see page 16 of the instructions)			
	7		receivable (attach schedule)			
	•		btful accounts			
əts	8	Inventories for sale or us				
Assets	9		eferred charges			
4	10 a	investments - U S and stat	e government obligations (attach schedule)	1,021,864.	2 000 06	2,045,363
			stock (attach schedule) ATCH 6	1,021,004.	2,080,96	2,045,363
	11 °	Investments - corporate Investments - land, building and equipment basis Less accumulated deprecia	tion b		, ^ ,	, ,,
		(attach schedule)				
	12		loans			
	13 14	Land, buildings, and equipment basis	ach schedule)			
		Less accumulated deprecia (attach schedule)				
	15	Other assets (describe	► ATCH 7	2,329,188.	2,095,24	1,060,927
	16	Total assets (to be com	pleted by all filers - see the			
_		instructions Also, see p	age 1, item l)	5,485,871.	4,639,50	3,569,595
	17	Accounts payable and a	ccrued expenses			
	18	_				
8	19					
Ξ	20		rs, trustees, and other disqualified persons			
Liabilities	21		tes payable (attach schedule)			
۳	22		· >)			
		,				
- 1	23	Total liabilities (add line	s 17 through 22)			
\neg			low SFAS 117, check here			⊣
S.		and complete lines	24 through 26 and lines 30 and 31.			,
힏	24	Unrestricted	• • • • • • • • • • • • • • • • • • • •			
릛	25					
Ö	26					
Ĕ			not follow SFAS 117,			
딘	24 25 26 27		plete lines 27 through 31. $\blacktriangleright X$			
ō			apal, or current funds	5,485,871.	4,639,50	19.
ΨĮ	28		land, bldg, and equipment fund			
88	29	Retained earnings, accumu	lated income, endowment, or other funds	0.		0.
7	30	Total net assets or fund	balances (see page 17 of the			
ž		instructions)		5,485,871.	4,639,50	19.
ı	31	Total liabilities and net	assets/fund balances (see page 17			
		of the instructions)	<u> </u>	5,485,871.	4,639,50	9.
Ρ	art II	Analysis of Cha	nges in Net Assets or Fund	Balances		
1	Total	net assets or fund ba	lances at beginning of year - Part II	, column (a), line 30 (mus	t agree with	
					·	5,485,871
				• • • • • • • • • • • • • •		2 -846,363
3	Othe	r increases not include	ne 27a ed in line 2 (itemize) ▶ATTACH	MENT 8	····	3 1
4	Add I	ines 1, 2, and 3			 	4,639,509
5	Decr	eases not included in	line 2 (rtemize) ►	• • • • • • • • • • • • • • • • • • • •		
			lances at end of year (line 4 minus l	line 5) - Part II, column (h		4 600 500
_	10101	not assets of fully ba	ianos at enu or year (illie 4 millus i	inic 3) - Fart II, Column (D	<u>,, шю э∪</u> . (6 4,639,509

Part IV Capital Gains	and Losses for Tax on Inv	estment income	(b) How	7.75	r
	d describe the kind(s) of property sold (acquired P-Purchase	(c) Date acquired	(d) Date sold (mo., day, yr)
CEE DADE TH COUR	rick warehouse; or common stock, 200	sns MLC Co)	D-Donation	(mo., day, yr.)	(**************************************
					
<u>. b</u>			L	 	
<u>c</u>					
0					
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	uss)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	
a					
b					
_c					
d					
е					
Complete only for assets s	howing gain in column (h) and owi	ned by the foundation on 12/31/69		Gains (Col (h) g	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less to Losses (from co	
a				- 	
<u>b</u>					
С					
<u>d</u>					
<u>e</u>		<u> </u>	ļ		
2 Capital gain net income or		gain, also enter in Part I, line 7		_	126,030.
	("	(loss), enter -0- in Part I, line 7	2		120,030.
	or (loss) as defined in sections 12 Ine 8, column (c) (see pages 13				
	ine 8		,		0.
		iced Tax on Net Investment Inc	ome		
If section 4940(d)(2) applies,	•				1 [2]
If "Yes," the foundation does	not qualify under section 4940(e)				Yes X No
1 Enter the appropriate amo	ount in each column for each year	; see page 18 of the instructions be	efore mak		-
Base penod years Catendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re	
2008	721,526.	4,686,511.		(col (b) divided by	0.153958
2007	1,905,896.	6,894,674.			0.276430
2006	203,624.	8,414,514.	<u> </u>		0.024199
2005	486,530.	8,437,824.			0.057661
2004	197,124.	7,749,713.			0.025436
2 Total of line 1, column (d)		• • • • • • • • • • • • • • • • • • • •	2		0.537684
-	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if less	s than 5 years	3		0.107537
			\		
4 Enter the net value of non	charitable-use assets for 2009 fro	m Part X, line 5	4	3,	927,816.
5 Multiply line 4 by line 3.			5		422,386.
a . F - t - a d OV . a f t	-1		_		416
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	6		416.
7 Add lines 5 and 6			,		422,802.
1 Mad IIIIes 3 and 6		• • • • • • • • • • • • • • • • • • • •	7		722,002.
8 Enter qualifying distributio	ns from Part XII line 4		R		761,966.
If line 8 is equal to or gre Part VI instructions on pag	eater than line 7, check the box in e 18.	n Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the
					

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
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(attach copy of ruling letter if necessary - see instructions)	. ,	-	ζ.
b	Demostic foundations that most the continu 4040(s) requirements in Part V shock	_	4	16.
	here X and enter 1% of Part I, line 27b	اهي المويد	$\{\{i,j\}\}$	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		- 1	•
	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		4	16.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4	16.
6	Credits/Payments:			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 7, 482.			
b				
С	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		7,4	82.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7,0	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 2,000. Refunded ▶ 11		5,0	66.
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
_	participate or intervene in any political campaign?	1a_		
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	4.		Х
	of the instructions for definition)?	1b		
	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	4.		X
d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1 c	, ,	
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ (3.	,	· •	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
·	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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		İ	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		_X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
	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.	5	4 45	•
	By language in the governing instrument, or	, ,		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	· .;;	375	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > NY,			
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	8 b	Х	 .
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			х
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			Х
	names and addresses	10		

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 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?

Did the foundation hold more than a 2% direct or indirect interest in any business

Form 990-PF (2009)

X

Х

3 b

X No

NONE

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

and Contractors (continued) 3. Five highest paid independent contractors for professional services (see page 23 of	the instructions) If none	ontor "NONE "
3 Five highest-paid independent contractors for professional services (see page 23 of (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(4) 1)	(,, , , , , , , , , , , , , , , , , , ,
`	ONE	0
Total number of others receiving over \$50,000 for professional services		▶ NONE
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 of organizations and other beneficianes served, conferences convened, research papers produced, etc.	tion such as the number	Expenses
1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRE		
CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPO	ORT,	
BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTE	ERNAL	0
2 REVENUE CODE SECTION 501(C)(3).		
3		
*		
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the instru		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A		Amount
7 10/16		
		0
2 N/A		
		0
All other program-related investments See page 24 of the instructions		
3_N/A		
		_
Total Add loos 4 through 0		0
Total. Add lines 1 through 3	<u> </u>	0

Ō.

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	ign foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1,15 \$	
а	Average monthly fair market value of securities	1a	2,250,538.
b	Average of monthly cash balances	1b	697,180.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	1,039,912.
d	Total (add lines 1a, b, and c)	1d	3,987,630.
е	Total (add lines 1a, b, and c) 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	7 2	0.
3	Subtract line 2 from line 1d	3	3,987,630.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	59,814.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,927,816.
6	Minimum investment return. Enter 5% of line 5	6	196,391.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) prival foundations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1	196,391.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	7	
С	Add lines 2a and 2b	2c	416.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	195,975.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5		5	195,975.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	195,975.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	5 , ,	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	761,966.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	0.
b		0.	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	761,966.
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	416.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	761,550.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	irt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI.	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	•		,		195,975.
2	Undistributed income, if any, as of the end of 2009				230/3/00
	Enter amount for 2008 only			ο.	
	Total for pnor years 20,2020		0.	-	
3	Excess distributions carryover, if any, to 2009	. , , , , , , , , , , , , , , , , , , ,			
	From 2004 0.		1		
b				. :	4
С		A Comment of the	1 1 1	-	*
d	From 2006	- **		. 77 1	•
е	From 2008 492,388.	•			
f	Total of lines 3a through e	2,133,621.			,
4	Qualifying distributions for 2009 from Part XII,				
	line 4. ▶ \$ 761,966.				,
а	Applied to 2008, but not more than line 2a			0.	
b	Applied to undistributed income of prior years (Election		_		
	required - see page 26 of the instructions)		0.		
C	Treated as distributions out of corpus (Election	0.			
	required - see page 26 of the instructions)				195,975.
	Applied to 2009 distributable amount	565,991.			193,973.
5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2009	0.	\ <u></u>	· ·	0.
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a))	-	,		•
•	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	2,699,612.			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
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		0.		
d	Subtract line 6c from line 6b. Taxable	,	0.	· ,	
e	amount - see page 27 of the instructions Undistributed income for 2008. Subtract line	× 1	0.		
_	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions	es english of the			, , ,
f	Undistributed income for 2009 Subtract lines	ا از	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4d and 5 from line 1 This amount must be distributed in 2010	· · · »		` `- /	0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0.			
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	2,699,612.			
	Analysis of line 9		-		
	Excess from 2005		İ		
	Excess from 2006			,	
	Excess from 2007	,			
	Excess from 2008	·	•	•	
е	Excess from 2009 565, 991.				

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:

JSA 9E1490 1 000

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution **Amount** Name and address (home or business) a Paid dunng the year SEE LIST ATTACHED 754,332. 754,332. ▶ 3a b Approved for future payment NONE 0.

Form 990-PF (2009)

▶ 3b

0.

Process of	I I	· · · · · · · · · · · · · · · · · · ·	ited business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions.)
•	service revenue.					the instructions.)
a	· · · · · · · · · · · · · · · · · · ·					
_						
-				-		
9						
T	and contracts from government agencies			-		
-	nip dues and assessments		-			
	savings and temporary cash investments			14	113.	
	and interest from securities			14	138,578.	
	income or (loss) from real estate.					
	financed property					
	ebt-financed property			<u> </u>		
	ncome or (loss) from personal property					
	estment income					·····
	as) from sales of assets other than inventory			18	-126,030.	·
•	ne or (loss) from special events					·
	fit or (loss) from sales of inventory.					
	enue a					
	TTACHMENT 11				-7,727.	· · · · · · · · · · · · · · · · · · ·
			 -	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_						
-						
θ			· 		4,934.	·
Subtotal A	Add columns (b), (d), and (e)				4,904.	
e workshe art XVI-E	I line 12, columns (b), (d), and (e)	to verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses	
e workshe	Relationship of Activities Explain below how each activities the accomplishment of the fo	to verify calcusto to the Ac ty for which	ulations) complishment of E ch income is reporte	xempt Purp	oses	tributed importantl
e workshe art XVI-E ine No.	Relationship of Activities Explain below how each activities	to verify calcusto to the Ac ty for which	ulations) complishment of E ch income is reporte	xempt Purp	oses	tributed importantl
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e workshe Irt XVI-E ne No.	Relationship of Activities Explain below how each activities the accomplishment of the fo	to verify calcusto to the Ac ty for which	ulations) complishment of E ch income is reporte	xempt Purp	oses	tributed important
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e workshe art XVI-E ne No.	Relationship of Activities Explain below how each activities the accomplishment of the fo	to verify calcusto to the Ac ty for which	ulations) complishment of E ch income is reporte exempt purposes (xempt Purped in columnother than t	oses (e) of Part XVI-A conf	tributed importantl

Pa	rt XVI	Information Exempt Orga	-	Transfers To	and Transa	ctions	and Relationsh	ips With I	Nonc	harii	able
1		he organization directl	y or indirectly							Yes	No
а		ection 501(c) of the C izations? ifers from the reporting f) or in s	section 527, relating	g to political			
_		ash			-				1a(1)		Х
		ther assets									X
h		transactions.			• • • • • • • •	• • • •			10(2)		
		ales of assets to a noncl	naritable evenint	organization					15/1		х
		urchases of assets from									X
											X
		ental of facilities, equipm							1 1		X
		eimbursement arrangeme							1 1		$\frac{1}{x}$
		oans or loan guarantees									$\frac{x}{x}$
		erformance of services of									- <u>x</u> -
С		ng of facilities, equipmen									Ь
d		e answer to any of			=						
		of the goods, other			• =						
	value	in any transaction of	sharing arrai	ngement, show in	column (d) th	ne value	of the goods, oth	er assets, or	service	з ге	ceived
(a) l	Ine no	(b) Amount involved	(c) Name of	nonchantable exempt	organization	(d) Des	cription of transfers, tran	sactions, and sha	nng arra	ngeme	nts
			N/A								
							<u></u>				
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	1- 1										
Za		foundation directly or				nore tax-e	exempt organizations	described in		. [No
		on 501(c) of the Code (oth		501(c)(3)) or in seci	tion 52//	• • • •		1	Ye	≋ <u>∟'</u>	NO.
	IT "Ye	s," complete the following		(h) T			(18				
		(a) Name of organization		N/A	of organization		(c) Desc	ription of relations	snip		
				N/A							
											
				ļ							
				L							
Ì	Under belief	penalties of perjury, I decli it is true, correct, and com-	are that I have ex	xamined this return, in	ncluding accompa-	nying sched	fules and statements, a	nd to the best o	of my ki rhasar	nowled	ge and
ď	,			- Taribi (0.1101 1.110			1		i ilas ai	.y K	cage
)		7.				2/1.	TRUS	STEE			
<u>e</u>	S	gnature of officer or trustee			······································	Date	Title				
£) /	1 0		Date		Chaok of	Preparer's			_
Sign Here	<u>د</u> ک	Preparer's	<u> ((</u>		امادا	1.	Check if self-employed ▶	number (Se	e Signa the instri	iture o uctions	n)
š	Paid Preparer's Use Only	signature	S /	_ 6	12/0/	. 11		P01366			-
- 1	g 6 8	Firm's name (or yours if	BCRS	ASSOCIATES,	LLC		EIN	13-4078	147		
- 1	₫ ⊃	self-employed), address	100 W	ALL STREET -	- 11TH FL						
		and ZIP code	NEW Y	ORK. NY		100	005 Phone	212-4	40~0	800	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Employer identification number Name of estate or trust BARRY L. AND JAN R. ZUBROW FOUNDATION 13-3532026 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 0. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 0. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales pnce (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 6a -126,030.b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, -126,030. column (3) on the back.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

•		
chedule D (Form 1041) 2009		Pag

30116	saule B (1 0111 1041) 2009				raye 2
Pa	rt III Summary of Parts I and II Caution: Read the instructions before completing this p	art.	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	`Net short-term gain or (loss)	13			0.
	Net long-term gain or (loss):				
. a	Total for year	14a			-126,030.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
C	: 28% rate gain	14c			
	Total net gain or (loss). Combine lines 13 and 14a ▶	15			-126,030.
Not	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	n 990-	T, Part I, line 4a). If lines	14a and 15, column (2), are net gains, go

to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

Part IV **Capital Loss Limitation**

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of 3,0004 a The loss on line 15, column (3) or b \$3,000 16 (

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if

eitne	er line 14b, col. (2) or line 14c, col. (2) is more than zero		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2)		
	but not less than zero		
19	Enter the estate's or trust's qualified dwidends		
	from Form 1041, line 2b(2) (or enter the qualified		<u> </u>
	dividends included in income in Part I of Form 990-T) . 19		}
20	Add lines 18 and 19		
21	If the estate or trust is filing Form 4952, enter the		ļ <u>f</u>
	amount from line 4g, otherwise, enter -0 ▶ 21		
22	Subtract line 21 from line 20 If zero or less, enter -0	22]]
23	Subtract line 22 from line 17 If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,300	24	
25	Is the amount on line 23 equal to or more than the amount on line 24?]]
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box		, ,
		25	<u>[</u> []
26	Subtract line 25 from line 24	26	-4
27	Are the amounts on lines 22 and 26 the same?		`
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27	}
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29	Subtract line 28 from line 27	29	
30	Multiply line 29 by 15% (15)		30
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule	for Estates and Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)		31
32	Add lines 30 and 31	ļ	32
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule		
-	(see the Schedule Ginstructions in the instructions for Form 1041)		33
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and o		
	G, line 1a (or Form 990-T, line 36)	<u> </u>	34

Schedule D (Form 1041) 2009

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

BARRY L. AND JAN R. ZUBRO art I Short-Term Capital Gains a	13-3532026					
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)	
26,833.631 SHS JPMORGAN		10/01/01		-		
CORE BOND FUND	09/28/2009	12/21/2009	300,000.	300,000.		
					-	
		, , , , ,				
						
					 .	
						
	<u></u>					

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . .

Schedule D-1 (Form 1041) 2009

0.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year						
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)	
6a 40,500 SHS MFC ISHARES INC						
MSCI JAPAN	VAR	06/22/2010	393,653.	404,393.	-10,740.	
49.88 SHS GENERATION IM						
GLOBAL EQUITY FUND - CLAS	VAR	10/01/2009	7,398.	5,349.	2,049.	
LTCGD IN EXCESS OF BASIS			<u></u>	<u> </u>		
IN TRAPEZA PARTNERS II, L	VAR	11/02/2009	55,475.	0.	55,475.	
LTCL THRU TRAPEZA PARTNERS					·	
II, LP	VAR	VAR	0.	172,814.	-172,814.	
				212/0210		
		-				
						
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<u> </u>						
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İ						
		`				
		l				
Ch Total Combine the assessment in a t	(A Feter)		Ob		106 000	
6b Total. Combine the amounts in column	(i) Enter here ar	na on Schedule D, I	ine 60		-126,030.	

THE BARRY L. AND JAN R. ZUBROW FOUNDATION

13-3532026

SUPPLEMENTARY STATEMENTS

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE. THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' ACTIVITIES. NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS. THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES.

BARRY L. AND JAN R. ZUBROW FOUNDATION FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	HAL GAI	<u>NS AND LO</u>	SSES FUL	K TAX ON	<u>INVESTI</u>	M	ENI INCOM	
Kind of Prope	Kind of Property Description				9	Date acquired	Date sold	
price less	epreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
393,653.		40,500 SHS PROPERTY TY 404,393.	MFC ISHARES	INC MSCI	JAPAN	P		06/22/2010
7,398.		49.88 SHS G PROPERTY TY 5,349.			QUITY FU	Р	VAR 2,049.	10/01/2009
300,000.		26,833.631 PROPERTY TY 300,000.			D FUND	P	09/28/2009	12/21/2009
55,475.		LTCGD IN EXPROPERTY TY			EZA PART	Р	VAR 55,475.	11/02/2009
0.		LTCL THRU TO PROPERTY TY 172,814.			P	Р	VAR -172,814.	VAR
TOTAL GAIN(LOSS							-126,030.	

	NET INVESTMENT INCOME	9 1
H INVESTMENTS	REVENUE AND EXPENSES PER BOOKS	90. 1. 8.
ON TEMPORARY CAS		
FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS		CREDIT BALANCE BDA MONEY MARKET CHECKING
FORM 990PF,	DESCRIPTION	INTEREST ON FINTEREST ON FINTEREST ON FINTEREST ON CONTRESS ON CON

TOTAL

90. 1. 14.

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	62,323. 76,255.	138,578.
REVENUE AND EXPENSES PER BOOKS	62,323. 76,255.	138,578.
DESCRIPTION	DIVIDENDS THRU BROKERAGE ACCTS INTEREST THRU TRAPEZA PARTNERS II, LP	TOTAL

- OTHER INCOME PART FORM 990PF,

BARRY L. AND JAN R. ZUBROW FOUNDATION

ORDINARY INCOME THRU TRAPEZA PTRS II, LP SEC. 988 INCOME THRU NEW NIB PARTNERS LP FEDERAL EXCISE TAX REFUND FYE 06/30/2007 MISCELLANEOUS INCOME DESCRIPTION

INVESTMENT 40. 648. -8,421 PER BOOKS REVENUE EXPENSES

INCOME

0 648.

-7,767.

-7,727.

TOTALS

ო

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	6,650.	6,650.
ADJUSTED NET INCOME	0.	•0
NET INVESTMENT INCOME	6,650.	6,650.
REVENUE AND EXPENSES PER BOOKS	13,300.	13,300.
		TOTALS
DESCRIPTION	BCRS ASSOCIATES, LLC	

12:51:45 PMV 09-9.3

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES 600. 259. 125.	0.	0.	984.
ADJUSTED NET INCOME 0. 0.	0.	.0	0
NET INVESTMENT INCOME 0. 0.	5,526.	66,122.	82,681.
REVENUE AND EXPENSES PER BOOKS 600. 259. 11,033.	5,526.	66,122.	83, 665.
			TOTALS
DESCRIPTION BANK CHARGES LIFE INSURANCE PREMIUM PUBLICATION NOTICE FEE INVESTMENT EXPENSES PORTFOLIO DEDUCTIONS THRU:	-TRAPEZA PARTNERS II, LP INTEREST EXPENSE THRU:	-TRAPEZA PARTNERS II, LP	

ZUBROW FOUNDATION

BARRY L. AND JAN R.

ENDING FMV_	8,225. 543,738. 1,493,400.	2,045,363.
ENDING BOOK VALUE	9,527. 614,548. 1,456,887.	2,080,962.
BEGINNING BOOK VALUE	9,527. 1,012,337. 0.	1,021,864.
DESCRIPTION	SEE LONG POSITION I ATTACHED SEE LONG POSITION II ATTACHED SEE LONG POSITION III ATTACHED	TOTALS

PAGE 20

OTHER ASSETS

ı

PART

990PF

FORM

ATTACHMENT

11898G 526W

7

ATTACHMENT

ENDING FMV	22,600. 12,500. 136,700. 446,116. 87,500. 355,511.	1,060,927.
ENDING BOOK VALUE	22,600. 226,997. 702,866. 300,540. 200,221. 642,018.	2,095,242.
BEGINNING BOOK VALUE	148,653. 22,600. 226,997. 782,816. 305,889. 200,221. 642,012.	2,329,188.
DESCRIPTION	TRAPEZA PARTNERS II, LP SK LIMITED PARTNERSHIP ALESCO PREFERRED FUNDING VI DUNE CAPITAL INTERNATIONAL LTD GENERATION IM GLOBAL EQUITY FD EMPORIA PREFERRED FUNDING I NEW NIB PARTNERS, LP	TOTALS

14089001

FORM	990PF,	PART	III	_	OTHER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES	

DESCRIPTION

AMOUNT

ROUNDING

1.

TOTAL

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 9

EXPENSE ACCT AND OTHER ALLOWANCES	.0	Ö	.0	0
CONTRIBUTIONS EX TO EMPLOYEE A BENEFIT PLANS A	o	·	Ö	0
COMPENSATION	ö	Ö	°.	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE/PART-TIME	TRUSTEE/PART-TIME	TRUSTEE/PART-TIME	GRAND TOTALS
NAME AND ADDRESS	BARRY L. ZUBROW C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR NEW YORK, NY 10005	JAN ROCK ZUBROW C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR NEW YORK, NY 10005	RICHARD M. HAYDEN C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR NEW YORK, NY 10005	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

BARRY L. ZUBROW; C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR, NEW YORK, NY 10005

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 11

RELATED OR EXEMPT FUNCTION INCOME

AMOUNT

EXCLUSION CODE

AMOUNT

BUSINESS CODE 9 40. 648.

01 01 01

SEC 988 INCOME THRU NEW NIB PARTBERS LP FEDERAL EXCISE TAX REFUND FYE 06/30/2007

MISCELLANEOUS INCOME

TOTALS

ORD INCOME THRU TRAPEZA PTRS II LP

DESCRIPTION

-7,727.

-8,421.

THE BARRY L. AND JAN R. ZUBROW FOUNDATION

CHARITABLE CONTRIBUTIONS

FYE 6/30/2010

EIN: 13-3532026

DATE	CONTRIBUTION / CITY, STATE	AMOUNT		
7/3/2009	HAVERFORD COLLEGE HAVERFORD, PA	\$50,000.00		
8/17/2009	TEMPLE HAR SHALOM WARREN, NJ	2,847.00		
8/25/2009	CONGREGATION SHIRAT HAYAM NANTUCKET, MA	400.00		
8/31/2009	MEMORIAL SLOAN-KETTERING CANCER CENTER NEW YORK, NY	250.00		
9/4/2009	JEWISH FAMILY AND CHILDRENS SERVICE PHILADELPHIA, PA	100.00		
10/5/2009	TEMPLE HAR SHALOM WARREN, NJ	2,500.00		
10/2/2009	POTTERSVILLE VOLUNTEER FIRE COMPANY POTTERSVILLE, NJ	250.00		
10/2/2009	NANTUCKET POLICE CHARITABLE ASSOCIATION NANTUCKET, MA	100.00		
10/5/2009	TEMPLE HAR SHALOM WARREN, NJ	5,000.00		
10/5/2009	TEMPLE HAR SHALOM WARREN, NJ	9,500.00		
11/30/2009	LEGAL MOMENTUM NEW YORK, NY	1,000.00		
11/13/2009	MORRISTOWN BEARD SCHOOL MORRISTOWN, NJ	50.00		
11/13/2009	MORRISTOWN BEARD PARENTS' ASSOCIATION MORRISTOWN, NJ	1,145.00		
11/27/2009	THE FRIENDS OF THE JACOBUS VANDERVEER HOUSE INC BEDMINSTER, NJ	250.00		
12/28/2009	MORRISTOWN MEMORIAL HEALTH FOUNDATION MORRISTOWN, NJ	25,000.00		

THE BARRY L. AND JAN R. ZUBROW FOUNDATION

CHARITABLE CONTRIBUTIONS

FYE 6/30/2010

EIN: 13-3532026

DATE	CONTRIBUTION / CITY, STATE	AMOUNT
1/7/2010	CORNELL UNIVERSITY ITHACA, NY	100,000.00
1/7/2010	CORNELL UNIVERSITY ITHACA, NY	200,000.00
1/6/2010	FRIENDS CENTRAL SCHOOL WYNNEWOOD, PA	250.00
1/6/2010	FAR HILLS COUNTRY DAY SCHOOL FAR HILLS, NJ	1,000.00
1/6/2010	POTTERSVILLE VOLUNTEER FIRE COMPANY POTTERSVILLE, NJ	250.00
1/5/2010	THE PINGRY SCHOOL MARTINSVILLE, NJ	12,000.00
1/7/2010	MORRISTOWN BEARD SCHOOL MORRISTOWN, NJ	10,000.00
1/7/2010	THE WINSTON SCHOOL SHORT HILLS, NJ	10,000.00
2/1/2010	AMERICAN RED CROSS NEW YORK, NY	2,000.00
2/4/2010	HENRY STREET SETTLEMENT NEW YORK, NY	1,000.00
2/16/2010	VISITING NURSE ASSOCIATION OF SOMERSET HILLS BASKING RIDGE, NJ	1,000.00
2/25/2010	UJA FEDERATION NEW YORK, NY	5,000.00
3/11/2010	MORRISTOWN BEARD SCHOOL MORRISTOWN, NJ	1,000.00
3/4/2010	THE PINGRY SCHOOL PARENTS' ASSOCIATION MARTINSVILLE, NJ	500.00
3/25/2010	ACLU - NEW JERSEY FOUNDATION NEWARK, NJ	2,500.00

THE BARRY L. AND JAN R. ZUBROW FOUNDATION CHARITABLE CONTRIBUTIONS FYE 6/30/2010

EIN: 13-3532026

DATE	CONTRIBUTION / CITY, STATE	AMOUNT
4/30/2010	METROPOLITAN MUSEUM OF ART NEW YORK, NY	190.00
5/20/2010	SEEDS OF PEACE NEW YORK, NY	2,500.00
5/7/2010	NANTUCKET ATHENEUM DANCE FESTIVAL NANTUCKET, MA	2,500.00
5/20/2010	THE COCO POINT FUND - WOMEN'S HEALTH FUND SHELDON, SC	250.00
6/21/2010	FAR HILLS COUNTRY DAY SCHOOL FAR HILLS, NJ	1,000.00
6/25/2010	CORNELL UNIVERSITY ITHACA, NY	3,000.00
6/25/2010	HAVERFORD COLLEGE HAVERFORD, PA	300,000.00
	TOTAL CONTRIBUTIONS PAID *	\$754,332.00

* ALL CONTRIBUTIONS WERE MADE TO THE GENERAL PURPOSE FUND OF PUBLIC CHARITABLE ORGANIZATIONS THAT WERE CLASSIFIED UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE.

ZUBROW BARRY L & JAN R FDNHoldings

CASH EQUIVALENTS							Period Ende	Period Ended June 30, 2010
<	Owantity	Market Price	Market Value	Unit Cost	Unit Cost Original Cost	Unrealized Gein (Loss)	Unrealized Yield to Maturity / Estimated Gain (Loss) Current Yield Annus Income	Estimated Annust Income
CASH E UVIVALENTS								
FURO	6,718 00	1 2243	8,224 85 1 4182	1 4182	9,527 33	(1,302 48)		
						Unrealized		Estimated
TOTAL CASH ERUIVALENTS			8.224.85		Original Cost 9 527 33	Gain (Loss) (1 302 48)		Annual Income

Page 1991

LONG POSITION I

Portfolio Value
As of 30 JUN 10

Account Name

ZUBROW FOUNDATION - HOLDING

Page 1 of 1

	Country of	Accrised		70T	I need found need	Unrealized Gam/I nec	Linealized Gain/Lock
Asset ID	Shares/Par Risk Name	Income/Expense	Market Value	Cost		- Translation	- Total
Equities							
Common Stock							
#REORG/COHEN NAME CHNG WITH CU CHNG	CUCHNG		5 000				
INSTITUTIONAL FINL MKTS INC COM 2065781 1-	A 2065781 1-			000000	(110 550)		(0)0 (1)
CUSIP 19248U105	1,890 000 United States	00 0	9,450 00	150,000.00	/acc/all)	00 0	1055 (DE)
MFO GOLDMAN SACHS EQUITY PORTFOLIO INC	RTFOLIO INC		13 900				
INTL EQUITY FD INSTL SHS				000000	70000		0,000
CUSIP 38141W448	11,582 460 International	0.00	160,996 19	(67,733.33	360,46	00 0	301.40
MFO GOLDMAN SACHS TR LARGE CAP VALUE FD	SAP VALUE FD		9 870				
CL INSTL SHS				700000	76 767 6		V. 101 0
CUSIP 38142Y773	8,384 520 United States	00 0	82,755 21	00.650,00		000	4,030,30
MFO GOLDMAN SACHS TR MID-CAP EQUITY FD	· EQUITY FD		28 230				+
INSTL SHS				3000000			00000
CUSIP 38141W398	887 400 United States	00 0	25,051 30	24, 350.73	7,060,36	00 0	4,000.36
MFO GOLDMAN SACHS TR SMALL CAP VALUE FD	AP VALUE FD		32 810				
INSTL CL				CC (10) 100	131761		121769
CUSIP 38142V209	784 910 United States	00 0	25,752 89	17.55.61	10:101	000	79.11.61
MFO GOLDMAN SACHS TR STRATEGIC GROWTH	GIC GROWTH		8 730				
FDCL INSTL SHS #1127							
CUSIP 38142Y880	27,460 800 United States	00 0	239,732 78	177,027 39	62,705 39	00 0	62,705 39
Total Common Stock				or City in	(,00000)		(8000000)
		00 0	543,738 37	614248.10	(12,500,51)	400 0	(10,003.01)
Total Equities					0 00 0 000		
		0.00	543,738.37	614,542.18	(10,809.81)	0.00	(10,808.31)

page 1 of 1

LONG POSITION I

Portfolio Value

BARRY AND JAN ZUBROW FOUNDATION

Page 1 of 1

Account ID	Country of	Accrued		1	Unrealized Gain/Loss	Unrealized Gain/Loss	Unrealized Gain/Loss Unrealized Gain/Loss
Ol peco	onares/rar Kisk Name	Income/expense	Market Value	Cast	- Market	- Translation	- Total
Fixed Income							
Other Fixed Income							
JP MORGAN CORE BOND FUND SELECT SHARE) SELECT SHARE		11 460				
CUSIP 4812C0381	130,314 136 United States	00 0	1.493,400 00	1,456,887 29	36,512 71	00 0	36,512 71
Total Other Fixed Income		00 0	1,493,400 00	1,456,887 29	36.512 71	00 0	36 512 71
Total Fixed Income		0.0	1.493.400.00	1 456 887 29	36 512 71	000	36 612 74

Page 1 of 1

LONG POSITION II

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	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies need)	on page 2 previously	of this fo	orm).
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check			plete ▶ □
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to re	quest an	extension of
one of the electronicall returns, or a	filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auditure returns noted below (6 months for a corporation required to file Form 990-T). Howey if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file.	ver, you c s 990-BL, nd signed p	annot file 6069, or page 2 (Pa	Form 8868 8870, group art II) of Form
Type or	Name of Exempt Organization	Employer	identifica	ition number
print	THE BARRY L. AND JAN R. ZUBROW FOUNDATION	13-35320		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			
due date for filing your	C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11 FLOOR			
retum, See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	NEW YORK, NY 10005			
Check type	of return to be filed (file a separate application for each return):			
☐ Form 99		Γ	Form 4	720
☐ Form 99			Form 5	
☐ Form 99	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	_	Form 6	
☒ Form 99	<u> </u>		Form 8	
Telephone If the orga If this is fo	No. ► 212-440-0800 FAX No. ► nization does not have an office or place of business in the United States, check this r a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ► □ . If it is for part of the group, check this box	box .	 If	f this is
until for the ► □ c	est an automatic 3-month (6 months for a corporation required to file For FEB. 15 , 20 11 , to file the exempt organization return for the organization organization's return for: calendar year 20 or tax year beginning JULY 1 , 20 09 , and ending JULY 1	named ab		
2 If this ta	ax year is for less than 12 months, check reason: Initial return Final return	☐ Change	in accou	unting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tay nonrefundable credits. See instructions.	ζ, 3a	\$	1,800.00
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta ts made. Include any prior year overpayment allowed as a credit.	3b		7,482.00
deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer. See instructions.	l, nt 3c		0 00
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	53-EO and	Form 88	379-EO

If you are	filing for an Additional (Not Automatic) 3-Month Extension,	complete	only Part II	and check th	ns box	. ▶ 🏻
	complete Part II if you have already been granted an automatic 3-r					
If you are	filing for an Automatic 3-Month Extension, complete only P					
Part II	Additional (Not Automatic) 3-Month Extension of Time	e. Only file	the origina	il (no copies	neede	d)
Type or	Name of Exempt Organization			Employer ic	dentifica	tion number
print	THE BARRY L. AND JAN R. ZUBROW FOUNDATION	٧		13-35320	26	
File by the	Number, street, and room or suite no. If a P.O. box, see instruction	s		For IRS use	only	
extended due date for	c/o BCRS ASSOCIATES, LLC; 100 WALL STREET - 1					
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see in	structions				
instructions	NEW YORK, NY 10005		1, 7, 10			<u></u>
Check type	of return to be filed (File a separate application for each retu	ırn).				
☐ Form 99		☐ Fo	rm 1041-A		Form 60	069
☐ Form 99	0-BL	☐ Fo	rm 4720		Form 88	370
☐ Form 99	0-EZ Form 990-T (trust other than above)	☐ Fo	rm 5227			
STOP! Do n	ot complete Part II if you were not already granted an automa	tic 3-montl	extension o	on a previous	sly filed	Form 8868.
• The books	s are in the care of BCRS ASSOCIATES, LLC					
	No. ▶ 212-440-0811 FAX No. ▶ N	1/A				
• If the orga	inization does not have an office or place of business in the Ur					▶ □
• If this is fo	or a Group Return, enter the organization's four digit Group Exe	emption Nu	ımber (GEN)		. If	this is
for the whol	e group, check this box ▶ ☐ If it is for part of the	group, che	ck this box.	▶ 🔲		
list with the	names and EINs of all members the extension is for					
4 I reque	st an additional 3-month extension of time until	MAY 16		2011		
5 For cal	endar year , or other tax year beginning JULY 1	, 2009	, and endi	ng JUN	E 30	, 20 10 .
6 If this t	ax year is for less than 12 months, check reason: I Initial re	eturn 🔲	Final return	Change i	n accou	inting period
7 State in	n detail why you need the extension ALL INFORMATION	NECESSA	RY TO FI	LE A COMP	LETE /	AND
	RATE TAX RETURN IS NOT YET AVAILABLE.					
8a If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069	, enter the	tentative ta	x,		
less an	y nonrefundable credits. See instructions.					
b If this a				8a	\$	1,800.00
	application is for Form 990-PF, 990-T, 4720, or 6069, enter an	y refundab	le credits an	0965.799	\$	1,800.00
	application is for Form 990-PF, 990-T, 4720, or 6069, enter an led tax payments made. Include any prior year overpayment allo	-		nd 🥻	\$	
estimat		-		nd 🥻		1,800.00 7,482.00
estimat amount	red tax payments made. Include any prior year overpayment alle	owed as a	credit and ar	nd and and and and and and and and and a		
estimat amount c Balance	ed tax payments made. Include any prior year overpayment allo t paid previously with Form 8868.	owed as a	credit and ar	nd and ny 8b	\$	
estimat amount c Balance with FTE	ted tax payments made. Include any prior year overpayment allow the paid previously with Form 8868. Due. Subtract line 8b from line 8a Include your payment with this for coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verification).	owed as a orm, or, if re nt System) S ation	credit and ar equired, depos see instruction	nd 8b	\$	7,482.00 0.00
estimat amount c Balance with FTE	ted tax payments made. Include any prior year overpayment allowed to paid previously with Form 8868. Due. Subtract line 8b from line 8a Include your payment with this for coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verification of perjury. I declare that I have examined this form, including accompanying science.	owed as a orm, or, if re nt System) S ation	credit and ar equired, depos see instruction	nd 8b	\$	7,482.00 0.00
estimat amount c Balance with FTE	ted tax payments made. Include any prior year overpayment allow the paid previously with Form 8868. Due. Subtract line 8b from line 8a Include your payment with this for coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verification).	owed as a orm, or, if re nt System) S ation	credit and ar equired, depos see instruction	nd 8b	\$	7,482.00 0.00
estimat amount c Balance with FTE	ted tax payments made. Include any prior year overpayment allowed to paid previously with Form 8868. Due. Subtract line 8b from line 8a Include your payment with this for coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verification of perjury. I declare that I have examined this form, including accompanying scit, and complete, and that ham authorized to prepare this form	owed as a orm, or, if re nt System) S ation	credit and ar equired, depos see instruction	and 8b sit s. 8c to the best of m	\$ syknowled	7,482.00 0.00 dge and belief,
estimat amount c Balance with FTE	ted tax payments made. Include any prior year overpayment allowed to paid previously with Form 8868. Due. Subtract line 8b from line 8a Include your payment with this for coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verification of perjury. I declare that I have examined this form, including accompanying science.	owed as a orm, or, if re nt System) S ation	credit and ar equired, depos see instruction	and 8b sit s. 8c to the best of m	\$	7,482.00 0.00 dge and belief,
estimat amount c Balance with FTE Under penalties it is true, correct	ted tax payments made. Include any prior year overpayment allowed to paid previously with Form 8868. Due. Subtract line 8b from line 8a Include your payment with this for coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verification of perjury. I declare that I have examined this form, including accompanying scit, and complete, and that ham authorized to prepare this form	owed as a orm, or, if re nt System) S ation	credit and ar equired, depos see instruction	nd 8b Sit s. 8c to the best of m	\$ \$ ay knowled 02/15/2	7,482. 0.