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

OMB No 1545-0052

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2009, or tax year beginning 08/01/09 , and ending 07/31/10Initial return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS THE SHEILA AND ABRAHAM SCHLUSSEL 31-1672944 label. FAMILY FOUNDATION Telephone number (see page 10 of the instructions) Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. 153 FORT LEE ROAD If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. TEANECK NJ 07666 2. Foreign organizations meeting the H Check type of organization. |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation if private foundation status was terminated under section 507(b)(1)(A), check here X Cash J Accounting method. I Fair market value of all assets at end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 29,473 line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net for charitable expenses per total of amounts in columns (b), (c), and (d) may not necessarily equal books purposes income income the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► |X| if the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 3 470 470 470 Dividends and interest from securities 5a Gross rents Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain 0 8 9 Income modifications 10a Gross sales less returns & allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule)-RECEIVED Q 470 470 470 12 Total. Add lines 1 through 11 SIDSC Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses Other employee salaries and wages AR 1 4 2011 Pension plans, employee penefits ₹16a Legal fees (attach schedule) Accounting fees (attach schedule) GDEN, UT Other professional fees (attach schedule) (f) c Interest Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings Printing and publications 100 100 100 STMT 1 Other expenses (att sch) Total operating and administrative expenses. 100 100 100 Add lines 13 through 23 804 804 Contributions, gifts, grants paid 100 804 904 100 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. Excess of revenue over expenses and disbursements -434 370 Net investment income (if negative, enter -0-) 370 Adjusted net income (if negative, enter -0-)

Fœ	rm 990	O-PF (2009) THE SHEILA AND ABRAHAM SCHLUSSEL	31-167294	4	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	3,086	2,653	2,653
	3	Accounts receivable ▶	1		
1		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
]		Less allowance for doubtful accounts ▶	<u> </u>		
-	5	Grants receivable			
1	6	Receivables due from officers, directors, trustees, and other	l i		
1		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
- 1	7	Other notes and loans receivable (att. schedule)	1		
ا۔		Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
۷	10a	Investments—U S and state government obligations (attach schedule)			
ł	b	Investments—corporate stock (attach schedule)			
l l	C	Investments—corporate bonds (attach schedule)			
ļ	11	Investments—land, buildings, and equipment basis		1	
1		Less accumulated depreciation (attach sch.) ▶			
	12	Investments—mortgage loans			
ı	13	Investments—other (attach schedule) SEE STATEMENT 2	28,473	28,472	26,820
	14	Land, buildings, and equipment basis ▶		İ	
		Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
4		instructions. Also, see page 1, item I)	31,559	31,125	29,473
	17	Accounts payable and accrued expenses			
တ္တ	18	Grants payable			
Liabilities	19	Deferred revenue	ļ		
bil	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)	ļ		٠,
	22	Other liabilities (describe ▶)			
4	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.	1		
ĭ	24	Unrestricted	<u> </u>		
als	25	Temporarily restricted			
9 6	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ĭ.		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	<u> </u>		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS(29	Retained earnings, accumulated income, endowment, or other funds	31,559	31,125	
Ä	30	Total net assets or fund balances (see page 17 of the			
let		instructions)	31,559	31,125	
_	31	Total liabilities and net assets/fund balances (see page 17			
	D - 4	of the instructions)	31,559	31,125	
	Part				
1		il net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		34 550
_		of-year figure reported on prior year's return)		1 1	31,559
		er amount from Part I, line 27a		2	-434
_		er increases not included in line 2 (itemize)		3	33 300
4		Innes 1, 2, and 3		4	31,125
5		reases not included in line 2 (itemize) ▶ i <u>l net assets or fund balances</u> at end of yea <u>r (</u> line 4 minus line 5)—Part II, column (b)	line 20	5	31,125
	<u> </u>	in net assets or juno parances at enujor year (line 4 minus line 5)—rait ii, column (5)	, mic 30	ן סו	31,143

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

804

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

	990-PF (2009) THE SHETLA AND ABRAHAM SCHLUSSEL 31-16/2944			P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructions)			
1a	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 letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			
	here and enter 1% of Part I, line 27b				
¢	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			0
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			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		·····	7
6	Credits/Payments				
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
þ	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)	İ			
d	Backup withholding erroneously withheld 6d 6d	1			
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			7
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶	11			
<u>Pa</u>	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1			
	of the instructions for definition)?		1b		X
	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	!		:	
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
e	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		<u>X</u>
	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		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		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				
	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?	1	6	<u>x</u>	<u> </u>
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	1			
	instructions) ► NJ				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ı		:	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				Ī _
	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		9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their]
	names and addresses		10		<u> x</u>
		Fo	rm 99	0-PF	(2009)

Fořm	990-PF (2009) THE SHEILA AND ABRAHAM SCHLUSSEL 31-1672944	<u> </u>			Р	age 5
_Pa	rt 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		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	?		13	<u>X</u>	
	Website address ► N/A					
14	·	hone no 🕨				
	153 FORT LEE ROAD					
	Located at ► TEANECK, NJ	ZIP+4 ▶	07666			_
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	<u> </u>	5			
_Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			, <u>.</u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly):		_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_				
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	∐ Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		/-			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here		▶ 📙			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		4-			
	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				ļ	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))]
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	\Box	<u></u>			1
	6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X No			
	If "Yes," list the years > 20 , 20 , 20 , 20					1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		37/3			İ
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
•	20 , 20 , 20 , 20					1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	П.,	₩			
_	at any time during the year?	Yes	X No			1
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					1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		37/3	.		1
_	foundation had excess business holdings in 2009)		N/A	3b		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	<u>′ </u>		4b	O DE	X
			Fo	rm 33	U-FF	(2009)

	1990-PF (2009) THE SHETTH AND ADVARAM SCHOOSET		012944				<u>P</u>	age b
	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (cont	inue	<u>d)</u> _	,		
5a	During the year did the foundation pay or incur any amount to				<u></u>			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494			Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on,					;	
	directly or indirectly, any voter registration drive?		H	Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		\sqcup	Yes	X No			l
	(4) Provide a grant to an organization other than a charitable, etc., organization de					1		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc			Yes	X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ec	lucational						
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the				4-			ł
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee page 22 of the in	nstructions)?		_N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here				· 📙			
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	1- 🗀					
	because it maintained expenditure responsibility for the grant?		N/A 📗	Yes	∐ 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 p	remiums	_		<u></u>			
	on a personal benefit contract?		IJ	Yes	X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?		•	6b		X
_	If "Yes" to 6b, file Form 8870							
	At any time during the tax year, was the foundation a party to a prohibited tax shelter			Yes	X No	 		
	If yes, did the foundation receive any proceeds or have any net income attributable				N/A	7b		<u> </u>
Pa	art VIII Information About Officers, Directors, Trustees, Fou	indation Mana	gers, Highly	Paid	Employe	es,		
_	and Contractors							
1 (List all officers, directors, trustees, foundation managers and their compensati	on (see page 22 o	the instruction			1		
		(b) Title, and average	(c) Compensation	نم ا	Contributions to apployee benefit	(e) Fx	nense s	ccount,
	(a) Name and address	hours per week devoted to position	(If not paid, enter	pla	ins and deferred		r allowa	
		ļ	}- 		compensation			
SE	CE STATEMENT 3	\				1		
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	Componentian of five highest anid ampleyees (ather than these included on	Sing 4 and page 5	12 of the instance			ــــــــــــــــــــــــــــــــــــــ		
2	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."	iine 1see page 4	23 of the instruc	tions	•			
	in notice of the notice.			(4)	Contributions to	Τ		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	ei	mployee benefit			ccount,
	(a) traine and address of each employee paid more than \$55,550	devoted to position	(C) compensation		ins and deferred compensation	othe	er allowa	ances
N(ONE			`	20 inpensation	+		
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Cota	I number of other employees paid over \$50,000	 	l	Щ_			\top	
			 _					(2009)
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Part VIII Information About Officers, Directors, Trustees, Foundation In and Contractors (continued)	Managers, Highly Paid Emp	loyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the i	instructions). If none, enter "NONE	."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A		
2		
3		
		1
4		
Part IX-B Summary of Program-Related Investments (see page 24 of		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3		

Form	990-PF (2009) THE SHEILA AND ABRAHAM SCHLUSSEL 31-1672944		Page 8
Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For	eign founda	tions,
	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		
а	Average monthly fair market value of securities	1a	26,223
b	Average of monthly cash balances	1b	3,097
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	29,320
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	이	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	29,320
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	440
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	28,880
6	Minimum investment return. Enter 5% of line 5	6	1,444
Pŧ	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	1,444
2a	Tax on investment income for 2009 from Part VI, line 5	7	
ь	Income tax for 2009 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	7
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,437
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,437
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	1,437
D:	art XII Qualifying Distributions (see page 25 of the instructions)		
		1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1.1	804
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	- 003
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.,	1 _ {	
_	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	000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	804
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	Adjusted qualifying distributions. Subtract line 5 from line 4	6	804
	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

25,408

74,329

Excess from 2005

Excess from 2006

Excess from 2007
Excess from 2008
Excess from 2009

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

N/A

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year RABBI DISCRENTIONARY FUND **GENERAL** 500 SIMON WIESENTHAL CENTER **GENERAL** 250 OTHER **GENERAL** 54 ▶ 3a 804 **b** Approved for future payment N/A **▶** 3b Total

DAA

F	art XVI-A	Analysis of Income-Producing Acti	vities				
		ints unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program serv			ļ	} -		the instructions)
	å			 	 		
					 		
	د				 -		
			 		†		
	f				 		
	g Fees and	I contracts from government agencies			1		
2		dues and assessments					
3	Interest on sa	avings and temporary cash investments					
4	Dividends an	d interest from securities			ļ		470
5		come or (loss) from real estate					
		nced property	 		- -		
_		financed property	 	ļ 	╂		
		come or (loss) from personal property			┼		
	Other investr	nent income) from sales of assets other than inventory		 	 	 	
		or (loss) from special events			 		
		or (loss) from sales of inventory	·	 	 		
		e a			1		
	d	· · · · · · · · · · · · · · · · · · ·	 			 	
	θ	· · · · · · · · · · · · · · · · · · ·			<u>.}</u>	ļ <u>-</u> -	
		d columns (b), (d), and (e)	L	<u> </u>)	0	
		ne 12, columns (b), (d), and (e)	- 1			13 _	470
	Part XVI-B	n line 13 instructions on page 28 to verify calculations Relationship of Activities to the Activities		ent of Exempt P	urnose	<u> </u>	
!	Line No.	Explain below how each activity for which income i					
	▼	accomplishment of the foundation's exempt purpos instructions)					the
	N/A						
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۳a	IIVX JII	•	•	nsters to and transacti	ons and	a Relationshi	ps with NC	menaritabi	8		
1	Did the or	Exempt Organiza		in any of the following with any of	ther organ	nization describer			Т	Yes	No
•				501(c)(3) organizations) or in se							
	organization		man section	30 (C)(3) digarizations) or in se		relating to politic	a i		1 1	1	
а	-		tion to a non-	charitable exempt organization o	•				1 1	- 1	
-	(1) Cash	irom the reporting lounds	iion to a nom	chantable exempt organization o	•				10/1)	1	x
	(1) Casil (2) Other	accolo							18(1)		X
h	Other tran								1a(2)		
Ü		of assets to a noncharital	olo ovomnt o	rannization					1b(1)	i	x
		ases of assets from a nor							1b(1)		X
		I of facilities, equipment, (1b(3)		X
		oursement arrangements	olitei asse	15					1b(4)		X
		or loan guarantees							1b(5)		X
		mance of services or me	mhershin or f	iundraising solicitations					1b(6)		X
c				er assets, or paid employees					1c		X
	_		_	lete the following schedule Colu	mn (h) shi	ould always show	the fair marke	ot .			_=
_		<u>-</u>		en by the reporting foundation. If							
		=	_	, show in column (d) the value of							
	a) Line no	(b) Amount involved		of noncharitable exempt organization	1 3000	(d) Description of tr			arrange	ments	
N/.	A.										
			<u> </u>								
											
											
											
				= 							
2a	Is the fou	ndation directly or indirect	ly affiliated w	th, or related to, one or more tax	k-exempt (organizations					
	described	I in section 501(c) of the C	ode (other ti	nan section 501(c)(3)) or in section	on 527?				Ye	s X	No
b	If "Yes," o	complete the following sch	edule						_	_	•
		(a) Name of organization		(b) Type of organization			(c) Description of	of relationship			
	N/A										
_	Under pen	alties of perjury, I declare that	I have examin	ed this return, including accompanying the parer (other than taxpayer or fiducial	g schedules	and statements, an	d to the best of n	ny knowledge and	 j		
	belief, it is	/ ////	eclaration of	reparer (other than taxpayer or fiducia	inf) is balsed	I on all information o	_	_	ge		
- 1		/ Mmc	Selv		19/11	<u></u>	Trus	Nee			
2	Signa	ture of officer or trustee	Tin	Date	1/5/1	<u> </u>	Title 1~5	Lee			
위		1/1				Date	01-11-1		rer's identifer (see Sig		00
=	احرر	Preparer's	////	m		Date/ /3/1/	Check if self-employed		30 of the ins		
Sign Here	Paid Preparer's Use Only	signature				/ ///	3	13	<u>5-38</u>	<u>-53</u>	86
	Pa eps se (Firm's narpe (or yours if	AUERBA			BAUM, LLC					_
	20	self-embloyed), address,		CENTER AVENUE SU	ITE 1	.05			-333		
		and ZIP code	FORT	LEE, NJ 07024				Phone no 20	1-46	1-4	900
								F	orm 99	0-PF	(2009)

Charitable Purpose 100 100 Adjusted Net Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses 100 100 Net Investment 311672944 THE SHEILA AND ABRAHAM SCHLUSSEL
Federal Statements 100 100 Total S Description FYE: 7/31/2010 TOTAL EXPENSES FEES

311672944 THE SHEILA AND ABRAHAM SCHLUSSEL

31-1672944

Federal Statements

FYE: 7/31/2010

Statement 2 - Form 990-PF, Part II, Line 13 - Other Investments

Description						
	_	Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
MARKETABLE SECURITIES						
	\$_	28,473	\$ 28,472	COST	\$_	26,820
TOTAL	\$	28,473	\$ 28,472		\$	26,820

311672944 THE SHEILA AND ABRAHAM SCHLUSSEL 31-1672944 FYE: 7/31/2010

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Trustees,
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Expenses	D	0	0	0	0
Benefits	0	0	0	0	0
Compensation	0	0	0	0	0
Average	1.00	1.00	1.00	1.00	1.00
Title	TRUSTEE	TRUSTEE	TRUSTEE	TRUSTEE	TRUSTEE
Name and Address	SHEILA SCHLUSSEL 153 FORT LEE ROAD TEANECK NJ 07666	ABRAHAM SCHLUSSEL 153 FORT LEE ROAD TEANECK NJ 07666	MARC SCHLUSSEL 153 FORT LEE ROAD TEANECK NJ 07666	DAVID SCHLUSSEL 153 FORT LEE ROAD TEANECK NJ 07666	MERYL SCHLUSSEL MARK 153 FORT LEE ROAD TEANECK NJ 07666

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Auditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)	epartment of the		► File a separate application for each return.				
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) o not complete Part II unless you have already been grarefed an automace 3-month extension on a previously field from 8968 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete and tonly if other corporations (including 1120-C filers), partnerships. REMICs, and trusts must use Form 7004 to request an extension of the toff file form 8668 for the toff file form 8668 for you want a 3-month automatic extension of time to file need the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8688 for extension of the file file file file file file file fil			omatic 3-Month Extension, complete only Part Land check this box				▶ X
o not complete Part II unless you have already been granted an automatic 3-month extension on a previously fleet Form 8888 Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). Corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete ant Lonly II other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of me to file increme tax returns lectronic Filing (e-filis). Generally, you can electronically file Form 8868 flyou want a 3-month automatic extension of time to file neon end the return of the return size of the returns note below (in months for a corporation required to file Form 990-T) However, you cannot file Form 8868 lectronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-B, 6989 or 8870, group stume, or a composite or consolidated form 990-T files Automatic) 3-month extension or (2) you file Forms 990-B, 6989 or 8870, group stume, or a composite or consolidated form 990-T floated you file Forms 990-B, 6989 or 8870, group stume, or a composite or consolidated form 990-T floated form 100-Them 8868 Bectronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-B, 6989 or 8870, group stume, and the additional form 100-Them 8868 Bectronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-F form 100-Them 990-F form 100-Them 990-F form		•	• • •				
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). Corporation required to fite Form 990-T and requesting an automatic 6-month extension—check this box and complete and lonly In their corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of me to file income it fax returns lectronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file nee of the returns noted below (6 months for a corporation required to file Form 990-T) however, you cannot the Form 8868 electronically file (7) wow want the additional (not automatic). 3-month extension of 20 you file Form 990-T) from 990-180-190 (you want the additional (not automatic). 3-month extension of 20 you file Form 990-190 (see 3870, group sturns, or a composte or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 880-Form 990-190 (see 1885). Form 990-190 (see 1885) for more detailed in the electronic filing of this form, water wave spoyeffile and click on e-file for Charles & Norporfits Part Form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 1900-190) form 990-190 (see 401(a) or 408(a) trust) form 990-190 (see 401(a) or 408(a) trust) form 990-190 (see 401(a) or 408(a) frust) form 990-190 (see 401(a) or 408	•	•	• • • • • • • • • • • • • • • • • • • •	8868			
If the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of the to file income tax returns	Part I						
Idectronic Filing (6-file). Generally, you can electronically file Form 8888 if you want a 3-month automatic extension of time to file no of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8888	corporation real	equired to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete				▶ □
ne of the returns noted below (5 months for a corporation required to file Form 990-TI. However, you cannot file Form 8888 lectromically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-BL, 6969, or 8870, group leturns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 980-T more details on the electronic filing of this form, wist wow is gov/effel and click on e-file for Chantes & Nonprofils Name of Exempt Organization		•		ion of			
ne of the returns noted below (5 months for a corporation required to file Form 990-TI. However, you cannot file Form 8888 lectromically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-BL, 6969, or 8870, group leturns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 980-T more details on the electronic filing of this form, wist wow is gov/effel and click on e-file for Chantes & Nonprofils Name of Exempt Organization	lectronic Fili	na (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	e to file			
Secondary of (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-EL, 6098, or 8870, group elutions, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8887 For more details on the electronic filing of this form, visat wow its govietile and click on e-file for Charities & Nonprofits Secondary							
Starms, or a composate or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 868 For more details on the electronic filing of this form, visit www is govidelie and click on e-file for Charities & Nonprofits Ype or Intit							
ype or Name of Exempt Organization frint if the Stempt Organization or Stempt Organization	-				m		
Name of Exempl Organization THE SHETLA AND ABRAHAM SCHLUSSEL 31-1672944							
THE SHETLA AND ABRAHAM SCHLUSSEL FAMILY FOUNDATION Number, street, and room or suite no if a PO box, see instructions 15.3 FORT LEE ROAD City, lown or post office, state, and ZIP code. For a foreign address, see instructions TEANECK NJ 07666 TEANECK NP or return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-EZ Form 990-EZ Form 990-F The books are in the care of ABRAHAM SCHLUSSEL Telephone No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group, check this box If this is for a Group, check this box if it is win the names and ElNs of all members the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15/11, to file the exempt organization return for the organization named above. The extension is for the organization and shown and the extension will cover. 2 If this tax year is for less than 12 months, check reason infinite return from Calendar year or Survey Calendar year or Calendar year or Calendar year or Survey Calendar year or Ca					er identi	fication num	ber
FAMILY FOUNDATION 31-1672944	rint		, -				
Number, street, and room or suite no if a P O box, see instructions 153 FORT LEE ROAD 154 FORM 950		FAMILY	FOUNDATION	31-1	6729	44	
Structions City, town or post office, state, and ZIP code For a foreign address, see instructions TEANECK NJ 07666 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-BL Form 990-EZ Form 990-FF	ue date for		•				
TEANECK NJ 07666 Thack type of return to be filed (file a separate application for each return) Form 990. Form 990. Form 990. Form 990. Form 990. Form 990. T (corporation) Form 990. EZ Form 990. EZ Form 990. Form 990. Form 990. T (frust other than above) Form 990. Form 990. Form 990. Form 990. T (frust other than above) Form 990. Form 990. Form 990. Form 990. T (frust other than above) The books are in the care of ABRAHAM SCHLUSSEL Telephone No FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this to a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this story and ElNs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15/11, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year □ calendar year □ x year beginning 08/01/09, and ending 07/31/10. 2 If this tax year is for less than 12 months, check reason □ initial return □ Final return □ Change in accounting period If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, tess any nonrefundable credits. See instructions I this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit x year beginning 0 from 1 frequired, by using EFTPS (Electronic Federal Tax Payment x year beginning 0 frequired, by using EFTPS (Electronic Federal Tax Payment x year beginning 0 frequired, by each payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment x year beginning 0 frequired, by using EFTPS (Electronic Federal Tax Payment x year beginning 0 frequired, by usi	eturn See						
Form 990-BL Form 990-BL Form 990-E2 Form 990-E2 Form 990-E2 Form 990-E2 Form 990-E2 Form 990-E2 Form 990-E2 Form 990-E3 Form 990-E3 Form 990-E4 Form 990-E5 Form 990-E5 Form 990-E5 Form 990-E7 Form 9	istructions	-					
Form 990-BL Form 990-EZ Form 990-EZ Form 990-EZ Form 990-PF Form 990-T ((rust other than above) Form 990-T ((rust other than above) Form 990-PF Form 990-PF Form 990-PF Form 990-PF Form 1041-A Form 990-T ((rust other than above) Form 1041-A Form 990-T ((rust other than above) Form 1041-A Form 990-PF Form 8870 Form 990-PF Form 8870 Form 990-PF Form 990-PF Form 1041-A Form 990-T ((rust other than above) Form 1041-A Form 990-PF Form 990	heck type of	return to be	filed (file a separate application for each return)				
Form 990-EZ Form 990-PF Form 1041-A Form 990-T (trust other than above) Form 1041-A Form 669 Form 8870 The books are in the care of ABRAHAM SCHLUSSEL Telephone No FAX No. FAX No	Form 99	0	Form 990-T (corporation)			Form 4720	
Form 990-PF	Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)			Form 5227	
Telephone No		0-EZ	Form 990-T (trust other than above)			Form 6069	
Telephone No FAX No.	X Form 99	0-PF	Form 1041-A			Form 8870	
If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a. \$ 0	Telephone If the orga If this is for or the whole of a list with the requestion until 0 for the color than the	e No Initial No Initia	FAX No. not have an office or place of business in the United States, check this box burn, enter the organization's four digit Group Exemption Number (GEN) his box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box In and a second in the extension of the control of the extension of the extension is greater for: If it is for part of the group, check this box If i	ttach	tina peric	od.	▶ []
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deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0				3b_	\$		
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.