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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 200	9 calendar year, or tax year beginning $08/01/09$ , and ending $07/31/$	10	_	
B	Check if applica			D Emplo	yer identification number
	Address change	use IRS LAWRENCE E. STEINBERG FOUNDATION			
$\bar{\Box}$	Name change	print or Doing Business As		75-	·2741258
=		type Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
$\sqsubseteq$	Initial return	See 7800 NORTHAVEN ROAD	- }		-615-9351
	Termination	Specific City or town, state or country, and ZIP + 4		<b>G</b> Gross rece	
	Amended return			G 0.1030.100	
$\exists$		E Name and address of avenuel officer		H(a) Is this	a group return for
	Application pen	JERRY BLAIR			
		7800 NORTHAVEN ROAD		affiliate H(b) Are all	affiliates
		DALLAS TX 75230-3296		ınclude	
_				-  II⁻No,	* attach a list (see instructions)
<u> </u>	Tax-exempt		<del></del> -	┥	
<u>J</u>	Website <sup>.</sup> ▶				exemption number
	Type of organi		Year of formation	1997	M State of legal domicile TX
	Part I	Summary			
	1	ly describe the organization's mission or most significant activities			
ø	T	O CONDUCT AND/OR SUPPORT ACTIVITIES FOR THE BENEFIT	OF, OR TO	CARRY OU	T
anc	T	HE PURPOSES OF THE DALLAS JEWISH COMMUNITY FOUNDATION	٧.		
Activities & Governance					
ŏ	2 Che	ck this box 🕨 🗍 if the organization discontinued its operations or disposed of more than 2	5% of its net asse	ets	
S S	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	9
Se	4 Nun	ber of independent voting members of the governing body (Part VI, line 1b)		4	9
ŧ	5 Tota	I number of employees (Part V, line 2a)		5	0
Ę		number of volunteers (estimate if necessary)		6	
⋖	1	I gross unrelated business revenue from Part VIII, column (C), line 12		7a	
		unrelated business taxable income from Form,990-T, line 34		7b	
	1 2 1,91		Pnor Y		Current Year
	8 Con	tributions and grants (Part VIII, line 1h)			92,848
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)			
Š	10 Inve	10	1:	27,559	34,854
æ	11 Othe	er revenue (Part VIII, column (A), lines 3/4, and 78/N 9 0 2011		22	
	12 Tota	I revenue – add lines 8 through 11 (must equal Part.VIII, column (A), line 12	13	27,559	127,724
	13 Grai	nts and similar amounts paid (Part IX, column (A) lines 13) N, UT		36,120	147,471
		efits paid to or for members (Part IX, column (A), line 4)	30,120		
	4E Colo	nes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	-		
Expenses	46a Drof				
ë	h Tota	essional fundraising fees (Part IX, column (A), line 11e)			
X	47 045	I fundraising expenses (Part IX, column (D), line 25) ►		5,997	3,867
_	יייט זי ן	er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1	42,117	151,338
	1	d expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			
	19 Rev	enue less expenses Subtract line 18 from line 12	Beginning of C	14,558	-23,614 End of Year
Net Assets or	30 Tota	assets (Part X, line 16)		06,302	880,579
ASSE	20 Tota	l liabilities (Part X, line 16)		838	734
Ę	21 1016		91	05,464	879,845
	22 Net	assets or fund balances Subtract line 21 from line 20		05,404	019,043
<u></u>	Part II	Signature Block			
7		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule and belief, it strue, correct, and complete Declaration of preparer (other than officer) is based on all in			
સ્ <b>વૃ</b> .		$\mathcal{L}$		1/	114/2011
الج	gn				119/2011
·He	ere	Signature of officer		Date	
SON HILL TONG	)		RETARY		
المنتاح ا		Type or print name and title	<del></del>		
ήŢ	(' ) • •	Preparer's Date	Chec	ck if	Preparer's identifying number (see instructions)
	(1 <b>0</b>	signature Mall	//3/(/ self- empl	oyed 🕨	P00177237
-65	eparer's	COLE & REED P.C.	, ,	EIN D	73-1312422
Ų	e Only	Firm's name (or yours of self-employed), 531 COUCH DRIVE SUITE 200		Phone	
7	i ·	address, and ZIP +4 OKLAHOMA CITY, OK 73102-2251		I	405-239-7961
Ma	y the IRS d	scuss this return with the preparer shown above? (see instructions)			Yes No
		st and Pananyork Reduction Act Notice, see the congrete instructions			F 990 (2000)

1º Derly describe the organization's mission TO CONDUCT AND/OR SUPPORT ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF THE DALLAS JEWISH COMMUNITY FOUNDATION.  2. Did the organization undertake any significant program services during the year which were not listed on the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-627 If Yes, 1 describe these reverses on Schedule O  2. Did the organization cease conducting, or make significant changes in how is conducts, any program services? If Yes, 1 describe these changes on Schedule O  4. Describe the company purpose achievements for each of the organization's three largest program services by expenses Section 50 (16(8) and 50 (16(4) organizations and section 1447(0)(1) trusts are required to report the amount of graints and adoctions to others, the total expenses, and eventue, if any, for each program service repured  4. Coole   (Expenses 5 1.47, 47.1 reviewing parish of \$ 1.47, 47.1 ) (Revenue \$ )  DISTRIBUTIONS AND GRANTS TO OTHER NON-PROFIT AGENCIES AS APPROVED BY THE DALLAS JEWISH COMMUNITY FOUNDATION.  4. (Coole ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4. (Coole ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4. (Coole ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4. (Coole ) (Revenue \$ ) (Revenue \$ )  4. (Coole ) (Revenue \$ ) (Revenue \$ )  4. (Coole ) (Revenue \$ ) (Revenue \$ ) (Revenue \$ )	Part III Statement of Program	Service Accomplishments		1 age 2
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the prior Form 990 or 990-E2?				
the prior Form 990 or 990-E2?	2 Did the organization undertake any sign	eficant program convices during the year which	word not listed an	
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	4e Total program service expenses ▶	147,471	/ (ποτοπού ψ	

quasi-endowments? If "Yes," complete Schedule D, Part V  1 is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, X, or X as applicable  • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  • Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  • Did the organization report an amount for other assets related in Part X, line 16? If "Yes," complete Schedule D, Part VII  • Did the organization report an amount for other labilities in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  • Did the organization report an amount for other labilities in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  • Did the organization report an amount for other labilities in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII and XIII  12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII, and XIII  12 A X  13 Is the organization obtain separate, independent audited financial statements for the tax year?  14 If Yes, "completing Schedule D, Parts X, IX, IX, and XIII is optional  15 Is different organization maintain an office, employees, or agents outside of the United States?  15 If Yes, "complete Schedule F, Part II  16 Did the organization have aggregate revenues or expenses of more than \$1,0,000 from grantmaking, fundraising, busin	4				-		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors?  3 Is the organization engage in clied col animaping activities? If "Yes," complete Schedule C, Part II  5 Section 691(c)(4), 591(c)(5), and 591(c)(6) organizations. Is the organization subject to the section 6903(e) indice and reporting requirement and prizoly tas? If "Yes," complete Schedule C, Part II  5 Section 691(c)(4), 591(c)(5), and 591(c)(6) organizations. Is the organization subject to the section 6903(e) indice and reporting requirement and prizoly tas? If "Yes," complete Schedule C, Part III  5 Cold the organization maintain any dinor advised funds or any similar funds of accounts where dinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III  7 Did the organization receive or hold a conservation ensement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain accounture of Wish and A, historical traceure, or other seminar seate? If "Yes," complete Schedule D, Part III  9 Did the organization report of an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit crusinality of the organization report of an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit crusinality of the organization report an amount for the subject of the organization report an amount for the subject of the organization report an amount for the subject of the organization report an amount for the subject of the organization report an amount for revisitments—program related in Part X, line 169 If "Yes," complete Schedule D, Part X II  10 Did the organization report an amount for revisitments—program related in Part X, line 169 If "Yes," complete Schedule D, Part X II  11 Did the organization report an amount for revisitments—program related in P	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Γ			
3 Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part II  5 Section 591(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  5 Section 591(c)(4), 591(c)(5), and 591(c)(6) organizations. Is the organization subject to the section 6933(e) in otice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  6 Did the organization maintain and yokon advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of If "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lotted rease, or historic structures? If "Yes," complete Schedule D, Part II  8 Did the organization maintain and easement, including easements to preserve open space, the environment, historic lotted rease, or historic structures? If "Yes," complete Schedule D, Part III  9 Did the organization maintain and part X, ine 21, series as a custodian for amounts not lateful in Part X, or provide credit consellent, glet himasignment, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI  10 Did the organization, directly or through a related organization, or hold assets in terms, permanent, or quisse-indowments? If "Yes," complete Schedule D, Part VI  11 Is the organization report an amount for lond, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  11 June 12 June 13 June 14 June 15? If "Yes," complete Schedule D, Part VI  12 Ob the organization report an amount for lone taskster related in Part X, line 12? If "Yes," complete Schedule D, Part VI  23 Did the organization report an amount for other assets related in Part X, line 12? If "Yes," complete Schedule D, Part XI  2		complete Schedule A				1	X	
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					-			
	20	uid the organization operate one or more hospitals? If "Yes," complete Schedule H					000	

•		Ì	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l l		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		l	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	ļ		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}	<u>'</u>	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	į		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ŀ		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	ĺ		
	III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
	Part VI	37	ł	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		For	m <b>990</b>	(2009

Series the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter: -of- in cit applicable   1	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
U. S. Information Returns Enter-0- fring applicable  D. Enter the number of Form W-V-2 Gnucked in line 1s. Enter-0- if not applicable  D. D. Enter the number of Form W-V-2 Gnucked in line 1s. Enter-0- if not applicable  D. D. S. Enter the number of Form W-V-2 Gnucked in line 1s. Enter-0- if not applicable gaming (gambling) wornings to prize womens?  Zh. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year and any win or within the year covered by this return  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return (see instructions)  J. D. Hard the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return (see instructions)  D. D. Hard the common of the file 3 Form 990-T for this year? If TNo, provide an explanation in Schedule O  J. D. Hard the common of the file 3 Form 990-T for this year? If TNo, provide an explanation in Schedule O  J. D. Hard the common of the file 3 Form 990-T for this year? If TNo, provide an explanation in Schedule O  J. D. Hard the common of the foreign country level as a bank account, cecurities account, or other finencial account in a furging country level as a bank account, securities account, or other finencial accountry over, a finencial accountry and the security (such as a bank account, securities account, or other finencial accountry over, a finencial accountry over,	•					Yes	No
be Enter the number of Forms W-2G included in line 1a Enter-0-in nal applicable of the comparation comply with backup withholding rules for reportable payments to vendors and responsible gaming (gambling) waverings to prize without provided and the provided of the comparation of the provided in the provided of the provided in the provided of the provided in the pr	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı				
b ID the coganization comply with backup withholding rules for reportable payments to vendors and reportable gaming (painting) withmings to prize withholding rules for reportable gaming (painting) withmings to prize withming?  2a Eafer the number of emptyees reported on Form WA3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If all least one is reported on the 23, and the originazion file all required federal employment tax returns?  Note. If the sum of lines is and 2 as greater than 250, you may be required to edite this return (see instructions)  3b ID with the calendar year, did the originazion for any be required to edite this return (see instructions)  4c If "Yes," has still did a Form 990-T for this year? If "No", provide an explanation in Schedule O  3b If "Yes," has filled a Form 990-T for this year? If "No", provide an explanation in Schedule O  3c If the sharp of the calendar year, did the originazion have an interest in, or a signature or other authority over, a financial account in a fivering country level in the sharp of the foreign country level, as a bank account, or other financial accountry over, a financial Accounts  5c Was the originazion for exceptiona and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5c Was the originazion of the originazion of that it was or a signature or other authority of provided any financial accountry over, a financial accountry over, a financial accountry over the fina		U.S. Information Returns. Enter -0- if not applicable	1a	0	]		
againing (sambling) winnings to pizze winners?  2 Earliet the number of employees reported on Form W-3, Transmittal of Wage and Tax  5 Italienents, filed for the calendar year ending with or within the year covered by this return  5 If all least one is reported on Time 22, and the organization file all required federal employment tax returns?  7 Abota. If the sum of files 1 and 12 are greater than 200, you may be required to -file this return (see instructions)  8 If If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 has titled a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 had a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 had a Form 990-T for this year? If No.1 provide an explanation in Schedule O  8 If Yes, 1 had the care of the foreign county ▶  8 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  9 If Yes, 1 had the care and the foreign county ▶  9 See the instructions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  9 If Yes, 1 had the organization that it was or a a party to a prohibited tax sheller transaction?  9 If Yes, 1 had the organization that it was or a a party to a prohibited tax sheller transaction?  9 If Yes, 1 had the organization that it was or a party to a prohibited tax sheller transaction?  9 If Yes, 1 had the organization that it was or a party to a prohibi	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	]		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Rife of the catendard year ending with or when the year covered by the return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Noto, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  If the organization have unreliated business gross income of \$1,000 or more during the return (see instructions)  If the organization have unreliated business gross income of \$1,000 or more during the return of the form 990-17 for this year? If 'No,' provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a fursign country (such as a bank account, securities account, or other financial accountry in the calendary text of the organization have an interest in, or a signature or other authority over, a financial accountry in the calendary text of the organization have an interest in, or a signature or other authority over, a financial accountry is seen than a financial accountry in the calendary text of the organization have an interest in, or a signature or other authority over, a financial accountry is seen the interest of the organization file form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  If the organization for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  If the organization is the file organization file it is a sent or is a prohibited tax shelter transaction?  If the St. Organization shelt is organization file form 8886-1. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter Transaction?  If the St. Organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shelt a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
Statements, filed for the calendar year ending with or within the year covered by this return?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 bid the gross gross gross gross income of \$1,000 or more during the year covered by this return?  3 bid the gross gross gross gross income of \$1,000 or more during the year covered by this return?  3 bid the gross gross gross gross income of \$1,000 or more during the year covered by this return?  3 bid the gross gross gross gross income of \$1,000 or more during the year covered by this return is gross		gaming (gambling) winnings to prize winners?			1c		
If a least one is reported on lane 2a, dut the organization file all required feefend employment tax returns?   2b	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Noto. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return (see instructions)  Joil the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Joint for this year? If 'No,* provide an explanation in Schedule O  Jab  If 'Yes,' has it filled a Form 990-T for this year? If 'No,* provide an explanation in Schedule O  Jab  If 'Yes,' is not under the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a floreing country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa  Was the organization and the organization file fore m888-T, Declause by Tax—semplificitity Regarding Prohibited Tax Shelter Transaction?  If 'Yes,' it line \$a or \$b, did the organization the organization file form 888-T, because by Tax—semplificitity Regarding Prohibited Tax Shelter Transaction?  Oces the organization and include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  To a did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$15 made party as a contribution or payment the excess of \$15 made party as a contribution or		·	2a	0	1		
an intructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a	b	- · · · · · · · · · · · · · · · · · · ·			2b		
to the organization have unrelated business gross income of \$1,000 or more during the year covered by the return?  b If Yes,* has at filed a Form 990-T for this year? If 'No,* provide an explanation in Schedule O  3b							
the return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a fureignt country (such as a bank account, securities account, or other financial account in a fureignt country Feb.  If "Yes," enter the name of the foreign country Feb.  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization or party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886 T, Disclosure by Tax-Exempt Entity Regarding Prohibited T as Shelter Transaction?  5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization isolicit any contributions that were not tax deductible?  5a Did the organization new annual gross receipts that are normally greater than \$100,000, and did the organization isolicit any contributions that they ere not tax deductible?  5a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services prowded to the payor?  7a Organizations that may receive deductible contributions under section 170(c).  5b If "Yes," did the organization only the donor of the value of the goods or services prowded?  7b If "Yes," and the organization only the donor of the value of the goods or services prowded?  7b If "Yes," and the organization only the year paymentum, directly or indirectly, to pay premiums on a personal benefit contract?  7c If	_	•					
b If "Yes," has it flied a Form 980-T for this year? If "Nor," provide an explanation in Schedule O  All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a fuergin country    See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax shelter transaction?  5f Was the organization are annual gross receipts that are normally greater than \$100,000, and did the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," did the organization shall except the payor than the organization shall except the payor?  9 If "Yes," did the organization shall except the payor than the pay	3a		′				7.7
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e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  f Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization. have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  20  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	А	•	74		/6		
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
•	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	jes in		
	Schedule O See instructions			
Sec	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body			
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>x</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	,		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	and the second s			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			

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policy, and financial statements available to the public

organization > MEYER BODOFF

State the name, physical address, and telephone number of the person who possesses the books and records of the

7800 NORTHAVEN ROAD

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization	did not compen-	sate	any o	curre	nt of	fficer	, dıre	ctor, or trustee	<del>-</del>	
(A) Name and Title	(B) Average hours per			(chec		that a		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	amount or other compensation from the organization and related organizations	
LAWRENCE STEINBER	G			<u> </u>		T	$\vdash$			
PRESIDENT	1.00	•		X				0	0	0
KARLA STEINBERG										
VICE PRES	1.00			X	ļ			0	0	0
MICHAEL HERSHMAN									· · ·	
TREASURER	1.00		<u> </u>	X				0	0	0
JOEL STEINBERG										
AT LARGE	1.00		<u> </u>	X			<u> </u>	0	0	0
MEYER BODOFF										
AT LARGE	1.00	ļ	<u> </u>	X			<u> </u>	0	0	0
JERRY BLAIR				l			1	_	_	
SECRETARY	1.00		<u> </u>	x		_	<u> </u>	0	0	0
DEBORAH HERSH							İ			
AT LARGE	1.00	1	<u> </u>	X		├	_	0	0	0
CYNTHIA HENDRICKS AT LARGE	1.00			x				0	o	o
MARNA EDENSON	1.00		$\vdash$	┢	╁	┢	╁	<u> </u>	<u> </u>	<u> </u>
AT LARGE	1.00			$ \mathbf{x} $		1		0	o	0
AT LIANGE	1.00	 		^					0	
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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Name and bosiness address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0 0	<u>Par</u>	T VII Section A. Officers	, Directors, Trus	iees	, ne	y =11	ibio	ees,	anc	i nignest Compensated E	inployees (continued)				
work			Average			(chec	k all t			Reportable	Reportable		stıma	ted	
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0  Yes ↑  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Mame and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization from the organization from the organization or the organization from the organi					_		_								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0  Yes ↑  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Mame and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization from the organization from the organization or the organization from the organi															-
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0  Yes ↑  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Mame and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization from the organization from the organization or the organization from the organi															
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reportable compensation from the organization ▶ 0    Yes   N	1b	Total							<b>•</b>						
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and booiness address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0 0	2		-			nose	liste	d abo	ove)	who received more than \$1	00,000 in				
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization by the organization of the organization														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of services  Compensation  1 Compensation from the organization for the organiz	3									ee, or highest compensated		L	3		x
Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) Name and business address  (B) Description of services  (C) Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  1 Total number of independent contractors (including but not limited to those listed above) who received	4	For any individual listed on line the organization and related or	e 1a, is the sum of	f rep	ortat	ole co	omp	ensat	tion a	and other compensation fro complete Schedule J for so	m uch		4		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (D)  (D)  (D	5	Did any person listed on line 1	a receive or accr	ue co com	ompe plete	ensate Sch	ion f iedul	rom e J f	any (	unrelated organization for ich person					х
Compensation from the organization  (A) Name and business address  Description of services  Compensation  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  0	Sec	tion B. Independent Contract	ors				_								
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0	1	compensation from the organi	zation	nsate	ed in	depe	nde	nt co	ntrac						
more than \$100,000 in compensation from the organization ▶ 0		Name an	d business address			_	_		-	Descrip	(B) otion of services		Co	(C) mpensa	ition
more than \$100,000 in compensation from the organization ▶ 0				_											
more than \$100,000 in compensation from the organization ▶ 0									-						
more than \$100,000 in compensation from the organization ▶ 0							_		-						
more than \$100,000 in compensation from the organization ▶ 0	<del></del>								-	····					<del></del>
more than \$100,000 in compensation from the organization ▶ 0										<u> </u>					
50m 990 (2				_				to th	nose	listed above) who received	<u> </u>				1 //

<u>a</u>	ILV	III Statement of Reve	nue					<u> </u>	
•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a						
un di	b	Membership dues	1b						
gε	c	Fundraising events	1c						
af a	4	Related organizations	1d		-			•	
9,E	u	<del>-</del>	<del></del>		<del></del>				
Sign	e	Government grants (contributions)	1e						
돌림	•	All other contributions, gifts, grants, and similar amounts not included above			02 040				
클히			1f		92,848				
Sel	g		11 :	\$	92,448	00 040			
_	h	Total. Add lines 1a-1f			<b>•</b>	92,848		····	
Program Service Revenue   Contributions, gifts, grants					Busn. Code				
e e	2a								
e R	b								
울	c								
S	d					<del></del>			
La l	е								
ğ	f	All other program service rever	nue						
Ь	g	Total. Add lines 2a-2f			<u>▶</u>				
	3	Investment income (including of	lividend	ls, interest	t, and				
		other similar amounts)		▶	34,674			34,674	
	4	Income from investment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties			<b>•</b>				
		(ı) Real		(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)			▶				
	7a	(i) Securitie	s	(11)	Other				
		sales of assets other than inventory	181						
	b	Less cost or other							
		basis & sales exps	1	ļ					
	С		180						
	d	Net gain or (loss)			<b>•</b>	180	180		
_	8a	Gross income from fundraising ever	nts I						
Other Revenue		(not including \$			ŀ				
Ş.		of contributions reported on line 1c)			ĺ				
ية		See Part IV, line 18	а						
hei	b		ь						
ō.	C	·		events	<b>•</b>				
	1	Gross income from gaming activitie	- 1						
		See Part IV, line 19	a						
	h	Less direct expenses	b						
		Net income or (loss) from gam	- 1	vities					
		Gross sales of inventory, less	ing acti	VIIICS					
	104	returns and allowances	_		,				
	h	Less cost of goods sold	a b						
			- 1						
	-	Net income or (loss) from sale:  Miscellaneous Revenue		entory	Busn Code				
	44-		-		Prisu Code	20			22
	11a	OTHER REVENUE			<del>  </del>	22			22
	b				<del> </del>				
	C	All adhar				·-··			
	d				L				
	е	Total. Add lines 11a–11d			<u> </u>	22		-	
	12	Total Revenue. See instruction	ns		<b>•</b>	127,724	180	0	34,696

Form 990 (2009) Part IX

**Statement of Functional Expenses** 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	147,471	147,471		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				•
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		,		
5	Compensation of current officers, directors,				<del></del>
•	trustees, and key employees				
6					
•	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	950		950	<del></del>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,824		2,824	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		"		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
-•	covered above (Expenses grouped together				•
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	BANK FEES	93		93	
a b		J		73	<del></del>
					<del></del>
ں ہم					
d					
e	All other eveness	-			
f	All other expenses	151 220	1 4 7 4 7 1	3 068	<del></del>
25	Total functional expenses. Add lines 1 through 24f	151,338	147,471	3,867	
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
D A A	fundraising solicitation		L		

Form 990 (2009)

Part X **Balance Sheet** (B) (A) Beginning of year End of year 96,257 26,433 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 45 11 Investments—publicly traded securities 44,146 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 810,000 15 Other assets See Part IV, line 11 810,000 15 906,302 880,579 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 838 17 Accounts payable and accrued expenses 734 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 838 26 734 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ complete lines 27 through 29, and lines 33 and 34. 27 905,464 Unrestricted net assets 879,845 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 905,464 879,845 Total liabilities and net assets/fund balances 906,302 880,579

Form 990 (2009)

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2009)

3a

X

Schedule O

issued on a consolidated basis, separate basis, or both

the Single Audit Act and OMB Circular A-133?

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2009

Open to Public Inspection

Van	e of t	he organizatio		AWREI	NCE E.	STEINBERG FOUND	ATION					•	ntification ni 1258	umber	
P	art I	Reas	son f	or Publ	c Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ons		
The	orga	nization is not	a priv	ate founda	ition because	it is (For lines 1 through 11, ch	eck only o	ne box )							
1		A church, co	nventi	ion of chur	ches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(ı).						
2		A school des	scribed	d ın <b>sectio</b>	n 170(b)(1)( <i>A</i>	N)(ii). (Attach Schedule E)									
3	<u>.</u>														
4	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).														
		city, and stat	te												
5		An organizat	tion op	perated for	the benefit of	a college or university owned o	r operated	by a gove	ernmenta	il unit de	scribed	ın			
	_				· ·	•									
6															
7							n a govern	mental ur	nt or fron	n the ge	neral pu	iblic			
	$\mathbb{H}$														
9															
						•	•					fits			
									11 tax) fr	om busi	nesses				
40		•		-				,							
11	X														
• •	[22]					d organizations described in sec						tion			
						e type of supporting organization	-					tion			
		a X Type		b [	Type II	c Type III–Function			d [		 e III–Oti	hor			
е	X			_		nization is not controlled directly	, ,		ι			ilei			
_						and other than one or more publ				•		ction			
		509(a)(1) or			-		,								
f						mination from the IRS that it is a	Type I, Ty	pe II, or 1	vpe III s	upportin	a				
		organization						•	•	••	J				
g		Since Augus	it 17, 2	2006, has t	he organizati	on accepted any gift or contribut	tion from a	ny of the							
		following pe	rsons'	2											
		(i) A perso	n who	directly or	indirectly cor	ntrols, either alone or together w	nth persons	s describe	ed in (ii)					Ye	s No
		and (III)	below	, the gove	rning body of	the supported organization?							11g(	i)	X
		(ii) A famıly	mem	ber of a pe	erson describe	ed in (i) above?							11g(	ii)	X
		(iii) A 35%	contro	lled entity	of a person de	escribed in (i) or (ii) above?							11g	iri)	X
h			follow	ing informa	ation about th	e supported organization(s)			<del>r </del>						
(i		e of supported janization		(ii) E	IN	(iii) Type of organization	1 ' '	organization		rou notify		ls the		mount	of
	Oig	janization				(described on lines 1–9 above or IRC section		sted in your document?	∞l (ı)	of your		zed in the	SL	pport	
						(see instructions))				oort?	<del>-</del>	S ? I			
<u> </u>	A T T	AC TEM	TCH	COM	TINTEMY 1	OUNDATION	Yes	No	Yes	No	Yes	No			
יכו	-	MS UEW		75-283		11A	x		x		x			1 47	A71
_			<del>  '</del>	J 203	0123	112	<del>  ^</del>		_		^			14/	,471
			+				<del>                                     </del>	<del>                                     </del>			-	-			
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147,471

Sche		VRENCE E.				-2741258	Page 2
P	art II Support Schedule for O	rganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	<b>_</b>
`	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I)			
	tion A. Public Support	<u>,</u>					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	-					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						·
12	Gross receipts from related activities, etc. (	,				12	
13	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
<u> </u>	organization, check this box and stop here					<u> </u>	<u> </u>
	tion C. Computation of Public Su	··	<u> </u>	<del></del>			
14	Public support percentage for 2009 (line 6,	, ,	•	(f))		14	<u>%</u>
15	Public support percentage from 2008 Sche					15	%
16a	33 1/3 % support test—2009. If the organi			s, and line 14 is 33	1/3 % or more, che	eck this box	. ┌
١	and stop here. The organization qualifies a		-		00.440.61		▶ [
b	33 1/3 % support test—2008. If the organi				is 33 1/3 % or more	e, check this	<b>,</b> _
17-	box and stop here. The organization qualif		_		401	4004	P [_
17a	10%-facts-and-circumstances test—200	ษ. เร tne organizatioi	n aid not check a b	ox on line 13, 16a,	or 16b, and line 14	is 10% or	

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2)

<u> </u>	(Complete only if you che	ecked the box	on line 9 of Pa	rt I )				
_	tion A. Public Support	1	T	<del>1 =</del> · -	<del>_</del>	<del></del>		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_		
5	The value of services or facilities furnished by a governmental unit to the organization without charge					!		
6	Total. Add lines 1 through 5						<u>.</u>	<del>., _</del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received				1			
	from other than disqualified persons that				-			
	exceed the greater of \$5,000 or 1% of the				1	ŀ		
_	amount on line 13 for the year Add lines 7a and 7b			-		-	+	
С 8	Public support (Subtract line 7c from	<del></del>					+	
٥	line 6)							
Sec	tion B. Total Support	I	<u> </u>		<u> </u>	i_		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	Т	(f) Total
9	Amounts from line 6		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=,=,==	(0,	十	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	_						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)				_	<u> </u>		
14	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		
<u></u>	organization, check this box and stop here							<u> </u>
	tion C. Computation of Public Su				<del></del>	· .		
15	Public support percentage for 2009 (line 8,		•	(f))		_	15	%_
16 Sec	Public support percentage from 2008 Sche tion D. Computation of Investme						6	
17	Investment income percentage for 2009 (In			oolume (fl)			7	
18	Investment income percentage from 2008			column (1))		_	7	<u> </u>
19a	33 1/3 % support tests—2009. If the orga	•	•	14 and line 15 is m	ore than 33 1/3 %		18	<u>%</u>
	17 is not more than 33 1/3 %, check this be							<b>&gt;</b> []
b	33 1/3 % support tests—2008. If the orga							• 🗆
	line 18 is not more than 33 1/3 %, check th					<u>-</u>		▶ □
20	Drivete foundation If the assumption did							(H

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

lame d	of the organization		Employer identification number	
LA	WRENCE E. STEINBERG FOUNDATION		75-2741258	
Par		ds or Other Similar Funds or Acc		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2 ,	Aggregate contributions to (during year)			
3 ,	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
1	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be		
;	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		
	purpose conferring impermissible private benefit?		Yes	No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check at	ll that apply)		
[	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impor	rtant land area	
[	Protection of natural habitat	Preservation of certified historic stru	ucture	
[	Preservation of open space			
	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on	
	easement on the last day of the tax year			
			Held at the End of the Tax	Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	3	2d	
3	Number of conservation easements modified, transferred, released, extir	iguished, or terminated by the organization d	during	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is loc	cated <b>&gt;</b>		
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcin	g conservation easements during the year		
	<b>- -</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year		
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		,
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes	No
	In Part XIV, describe how the organization reports conservation easemer	•		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	bes	
	the organization's accounting for conservation easements			
Par	t III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		milar Assets.	
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wo	orks of	
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publ	lic service,	
	provide, in Part XIV, the text of the footnote to its financial statements that	it describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works	s of art,	
	historical treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of public se	ervice,	
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$	
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 relating to the	ese items		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
b	Assets included in Form 990, Part X	-	► \$	

		. SIEINBERG			/41258	Page Z
	rt III Organizations Maintaining (					s (continued)
3,	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following t	that are a significant	use of its	
а	Public exhibition	d Loan o	r exchange program	ıs		
b	Scholarly research	e Other	5 . 5			
С	Preservation for future generations					
4	Provide a description of the organization's collection	ctions and explain how the	y further the organız	ation's exempt purp	ose in	
_	Part XIV					
_ <del></del>	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	maintained as part of the	organization's colle	ction?		Yes No
Pa	rt IV Escrow and Custodial Arrar	ngements. Complete	e if the organiza	tion answered	"Yes" to Form	990, Part
	IV, line 9, or reported an amo	ount on Form 990, F	Part X, line 21.			
1a	Is the organization an agent, trustee, custodian of	or other intermediary for c	ontributions or other	assets not		
	included on Form 990, Part X?	-				Yes No
ь	If "Yes," explain the arrangement in Part XIV and	d complete the following ta	ible			
		,				Amount
С	Beginning balance				1c	
	Additions during the year				1d	
•	Distributions during the year				1e	<del> </del>
•	Ending balance					
20	· ·	.000 Day V has 040			_ <u>1f  </u>	<u> </u>
	Did the organization include an amount on Form	1990, Part A, line 217				Yes No
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Comple	to if organization on	owered "Vee" to	- Form 000 Do	# IV / Iima 40	
<u>_ra</u>	rt V Endowment Funds. Comple			T		1 (2) (2)
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance			-		
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships		<u>-</u>			
e	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year en	nd balance held as		•		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
	Are there endowment funds not in the possession	on of the organization that	are held and admini	stered for the		
	organization by	or or the organization that	are nela ana aamini	stered for the		Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					<del></del>
h	If "Yes" to 3a(ii), are the related organizations lis	tod an required on Cohod	ulo B2			3a(ii) 3b
4						30
D <sub>2</sub>	Describe in Part XIV the intended uses of the or int VI Investments—Land, Buildin			Port V line 10	`	
<u></u>		(a) Cost or other basis	(b) Cost or oti			(d) Pook welve
	Description of investment	(a) Cost or other basis (investment)	basis (other	, , ,	ocumulated preciation	(d) Book value
	land	(investment)	Dasis (otile)	, det	residuon	
	Land		<del> </del>			
	Buildings	-				
	Leasehold improvements	-	<del>                                     </del>			
	Equipment		<del> </del>			
	Other	<u> </u>		<u> </u>		
Tota	I. Add lines 1a through 1e (Column (d) must equal	al Form 990, Part X, colun	nn (B), line 10(c))		<b></b>	

Schedule D (Form 990) 2009 LAWRENCE E. STEINBERG	FOUNDATION	75-2741258	Page 3
Part VII Investments—Other Securities. See Form 990,			
` (a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
Financial derivatives			
Closely-held equity interests			
Other			
[			
[			
_ <b> </b>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990	Part X. line 13	<u> </u>	· <del></del>
(a) Description of investment type	(b) Book value	(c) Method of	valuation
., .	, ,	Cost or end-of-yea	
		<del></del>	· · · · · · · · · · · · · · · · · · ·
	<del></del>		<del></del>
		-	
	· · · · · · · · · · · · · · · · · · ·		
	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
T. 1. (0. 1. (1.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
INTEREST IN EAGLE BRAEWO	DOD		810,000
	·		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	810,000
Part X Other Liabilities. See Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Amount		
Federal income taxes		]	
		1	
		1	
		1	
		1	
		1	
	<del></del>	†	
		1	
	<del></del> .	1	
		1	
	<del></del>	4	
T-1-1 (O-1 (h)	<del></del>	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization.	to the first term of the second	1	<del> </del>

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 LAWRENCE E. STEINBERG FOUNDAT		75-274125		Page <b>4</b>
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	<u>nents</u>	
1`	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV )			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1A/	ith Davience non Da	10	
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts vv	ith Revenue per Re	$\neg$	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 0-	1		
a	Net unrealized gains on investments  Donated services and use of facilities	2a		-	
b		2b		-	
G	Recoveries of prior year grants  Other (Describe in Red XIV.)	2c 2d		-	
d	Other (Describe in Part XIV)			ا ہ	
e	Add lines 2a through 2d			2e 3	
3	Subtract line 2e from line 1	1	ſ	3	<u></u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	140			
a	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)	4a 4b		-	
b	Add lines 4a and 4b	40	l	ا 🗚 🖯	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per l		1
1	Total expenses and losses per audited financial statements	CIICS V	Vitil Expenses per I	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	
- а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		<b>-</b>	
c	Other losses	2c		┦ │	
d	Other (Describe in Part XIV )	2d		7	•
e	Add lines 2a through 2d		<u> </u>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	}			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		7	
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 1a and	1 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d and	I 4b Also complete		
this p	art to provide any additional information				
					. <b></b>
	- <b></b>		<del>_</del> _		
					<del>_</del>
	- <b> </b>		·		·
	- <b> </b>				<b></b>
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Sche	dul	e D	(Fo	rm 9	90)	2009	9	L	AWI	REI	NC	E 1	E.	S'	re:	IN.	BE!	RG	FC	<b>W</b> C	ND2	AT]	101	V.		7	5-	27	41	.25	8						Pa	ge <b>5</b>
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	_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
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	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_		_	_	_	_	_	_
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_
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	_	_	_	_	_	_	-	_	_	_	_	_	_		_	_	_	_	_	_	_		_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_	_	_	_	_		_	_	_		_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	-	_	_	_	_		_	_	_	_	_	_	_	_		_	_	_	_
	-		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	-	_	_	_	-	_	-	_	_	_	_	_	_	_	_	_	_	
	-	_	_	_	_	-	_	_	_	_	_	-	_	_	_		_	_	_	_	_	_	_	_	_		_	_		_	_	_	_	_	_	_	_	-
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	-	_	_	_	_	_
	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	
	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
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	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_		_	_	_		_	_					_		_						_			_	_			_	_	_	_	_	
	-	_				_	_		_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

STEINBERG FOUNDATION

General Information on Grants and Assistance

LAWRENCE E.

Employer identification number

75-2741258

2009	Open to Public Inspection
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OMB No 1545-0047

COMMUNITY DEVELOPMEN Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance ENVIRONMENTAL ENVIRONMENTAL X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to EDUCATIONAL non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 25,000 50,000 10,000 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable ო ന ന ന 75-0800654 74-0368174 TX 75001-3683 75-1022742 74-0368174 (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? JEWISH FEDERATION OF GREATER DALLAS U.S.COMMISSION FOR THE PRESERVATION U.S. COMMISSION FOR THE PRESERVATION TX 75230 DC 20005 DC 20005 (a) Name and address of organization 1400 K STREET, NW SUITE 401 1400 K STREET, NW SUITE 401 4141 SPRING VALLEY ROAD or government 7800 NORTHAVEN ROAD GREENHILL SCHOOL WASHINGTON WASHINGTON ADDISON Part

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Enter total number of other organizations

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 LAWRENCE E.
Part III Grants and Other Assistance

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
-						
,						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	on required in Part I,	line 2, and any other addition	onal information.
PART	PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	S FOR MONITOR	RING THE USE	OF GRANT FUND	ល	

THE ORGANIZATION DOES MONITOR AND ENSURES THAT THE CHARITABLE PURPOSES ARE

SATISFIED.

Schedule I (Form 990) 2009

### SCHEDULE M (Form 990)

### Noncash Contributions

2009

Employer identification number

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

Attach to Form 990

LAWRENCE E. STEINBERG FOUNDATION 75-2741258 Part I Types of Property (a) (b) (d) (c) Number of Contributions Check if Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art 1 2 Art—Historical treasures Art-Fractional interests 3 Books and publications Clothing and household goods R Cars and other vehicles Boats and planes Intellectual property R X 3 92,448 FAIR MARKET VALUE Securities-Publicly traded Securities-Closely held stock 10 Securities-Partnership, LLC, or trust interests Securities-Miscellaneous Qualified conservation 13 contribution—Historic structures Qualified conservation contribution-Other Real estate-Residential Real estate-Commercial 16 17 Real estate-Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other ► ( 26 Other ► ( 27 Other ▶ ( 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard X contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

33

If "Yes." describe in Part II

describe in Part II

Schedule M·(Form 990) 2009 LAWRENCE E. STEINBERG FOUNDATION 75-2741258

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

LAWRENCE E. STEINBERG FOUNDATION

Employer identification number 75–2741258

1 /0 2 / 12200

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

LAWRENCE E. STEINBERG

KARLA J. STEINBERG

SPOUSE

LAWRENCE E. STEINBERG

JOEL B. STEINBERG

SIBLING

LAWRENCE E. STEINBERG

EAGLE EQUITY MANAGEMENT

CEO

**INVESTMENTS** 

MICHAEL A. HERSHMAN

EAGLE EQUITY MANAGEMENT

PRESIDENT

INVESTMENTS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS WILL RECEIVE A DRAFT OF THE RETURN TO COMMENT ON.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Name of the organization

LAWRENCE E. STEINBERG FOUNDATION

Employer identification number

75-2741258

SCHEDULE O - ADDITIONAL INFORMATION

PART VI POLICIES:

THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF THE DALLAS JEWISH
COMMUNITY FOUNDATION. THE RECORD KKEPINGIS PERFORMED BY THE DALLAS JEWISH
COMMUNITY FOUNDATION AND FALLS UNDER ITS RULES AND PROCEDURES.

AUDITED FINANCIAL STATEMENTS PART IV QUESTION 12:

THE ORGANIZATION'S ACTIVITIES ARE INCLUDED IN A CONSOLIDATED FINANCIAL STATEMENT WITH IT'S RELATED ORGANIZATIONS.

Schedule R (Form 990) 2009 Open to Public Inspection (f)
Direct controlling
entity OMB No 1545-0047 Employer identification number 2009 (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 75-2741258 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 7 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Total income 501C3 Related Organizations and Unrelated Partnerships ▶ See separate instructions. (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) X CHARITABLE (b) Primary activity (b) Primary activity ▶ Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA STEINBERG FOUNDATION 75-2836123 TX 75230-3296 (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity DALLAS JEWISH COMMUNITY FOUNDATION LAWRENCE E. 7800 NORTHAVEN ROAD Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) DALLAS Part Part

Page 2 (J) General or managing Yes No Schedule R (Form 990) 2009 partner? Percentage ownership Ξ Code V—UBI amount in box 20 of Schedule K-1 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) (Form 1065) end-of-year assets Share of 9 (h)
Disproportionate Yes No (g) Share of end-of-year Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity ਉ 75-2741258 (d)
(d)
Direct controlling Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) STEINBERG FOUNDATION Primary activity Primary activity Name, address, and EIN of related organization LAWRENCE E. Name, address, and EIN of related organization Schedule R (Form 990) 2009 Part III Part IV ĕ

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	ဍ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IIIV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		19		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		4		×
c Giff, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		1d		×
e Loans or loan guarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		<del>-</del>		×
g Purchase of assets from other organization(s)		1g		, ×
h Exchange of assets		무		×
i Lease of facilities, equipment, or other assets to other organization(s)		<b>:</b> =		×
j Lease of facilities, equipment, or other assets from other organization(s)		į		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
m Sharing of facilities, equipment, mailing lists, or other assets		£	×	
n Sharing of paid employees		4	×	
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1p	$\top$	×
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		11		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	olved	•
(1)				,
(2)				
(3)				
(4)				
(5)				
(9)				
	3	Schedule R (Form 990) 2009	(066 1	5009

Page 4

75-2741258

Schedule R (Form 990) 2009 LAWRENCE E. STEINBERG FOUNDATION

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		- 4 •	•				4 +	•		
(h) General or managing partner?	٥									) 2009
Gene man	Yes			1						ш 930
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)										Schedule R (Form 990) 2009
rlionate ons?	ν									
(f) Disproportionate allocations?	Yes									
(e) Share of end-of-year assets										
artners on (3)	N									
(d) Are all partners section 501(c)(3) organizations?	Yes			, ,		_				
(c) Legal domicile (state or foreign country)										
(b) Primary activity										
(a) (b) (c) Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country)										

# (Rev April 2009)

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

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization **Employer identification number** Type or print 75-2741258 LAWRENCE E. STEINBERG FOUNDATION File by the due date for Number, street, and room or suite no. If a P.O box, see instructions filing your 7800 NORTHAVEN ROAD return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DALLAS TX 75230-3296 Check type of return to be filed (file a separate application for each return): Form 990-T (corporation) Form 4720 Form 990 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of MEYER BODOFF Telephone No ▶ 214-615-9351 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 is I. If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs 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 tax year beginning 08/01/09, and ending 07/31/10. Final return If this tax year is for less than 12 months, check reason. Initial return Change in accounting period 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 b 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 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form **8868** (Rev 4-2009) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Note. Only con  If you are fi						Page 2
If you are fi	iling for an Additional (Not Automatic) 3-Month		•			► X
	nplete Part II if you have already been granted an		· · · · · · · · · · · · · · · · · · ·	8868		
1000-4 11 DOMERSON	iling for an Automatic 3-Month Extension, com	<u> </u>				
Partill	Additional (Not Automatic) 3-Month	Extension o	f Time. Only file the original (no	copies	needed).	
Type or	Name of exempt organization			Employ	er identificatio	on number
print	I E Chairbann I	7	_		<b>541050</b>	
File by the extended	Lawrence E. Steinberg I		<del></del>	/5-2	741258	·
due date for	Number, street, and room or suite no If a P.O I 7800 Northaven Road	box, see instructi	ons			
filing your						<del></del>
return. See instructions	City, town or post office, state, and ZIP code. For Dallas	TX 75230				
L	<i>-</i>	111 /3230	<u> </u>		<del></del>	
Enter the Retur	m code for the return that this application is for (fil	le a separate app	dication for each return)			01
2.1.0. 0.0 1.0.0.	,, cood for the voicin that and appropriation to ten	o a coparato app	modern of odornotarry	• •	• • •	
Application		Return	Application	······································		Return
ls For		Code	is For			Code
Form 990		01	Book and Mary 1980 and the second control of	a Garaga (aga aga aga aga aga aga aga aga aga		
Form 990-BL	•	02	Form 1041-A			08
Form 990-EZ	7	03	Form 4720			09
Form 990-PF		04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above) complete Part II if you were not already grant	06	Form 8870			12
-	nization does not have an office or place of busines  a Group Return, enter the organization's four dig	it Group Exempt	on Number (GEN) . If this	 s	•••	
	mes and EINs of all members the extension is for.			attach a		💆
4 I request 5 For cale: 6 If the tax	mes and EINs of all members the extension is for. i an additional 3-month extension of time until indar year , or other tax year begins i year entered in line 5 is for less than 12 months, nange in accounting period detail why you need the extension tional time is requested	06/15/11 ning 08/0 check reason:	01/09 , and ending 07/31/1	0 .	e a com	plete
4 I request 5 For cale: 6 If the tax	mes and EINs of all members the extension is for an additional 3-month extension of time until andar year , or other tax year begins year entered in line 5 is for less than 12 months, nange in accounting period detail why you need the extension	06/15/11 ning 08/0 check reason:	01/09 , and ending 07/31/1	0 .	e a com	plete
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Ist with the nar  I request For cales For cales Gif the tax Cr State in Addiand  If this ap nonrefur b If this ap estimate amount	mes and EINs of all members the extension is for.  It an additional 3-month extension of time until Indar year , or other tax year begins It year entered in line 5 is for less than 12 months, Inange in accounting period Idetail why you need the extension I time is requested I accurate return.  I plication is for Form 990-BL, 990-PF, 990-T, 4720 Indable credits. See instructions.  I plication is for Form 990-PF, 990-T, 4720, or 6060 I did tax payments made. Include any prior year over	06/15/11 ning 08/0 check reason:  d to gath  0, or 6069, enter 9, enter any refur rpayment allowed	ner information to put the tentative tax, less any and and any	0 repar		plete
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sa If this ap estimate amount c Balance	mes and EINs of all members the extension is for.  It an additional 3-month extension of time until Indar year , or other tax year begins It year entered in line 5 is for less than 12 months, Inange in accounting period Idetail why you need the extension I time is requested I accurate return.  I plication is for Form 990-BL, 990-PF, 990-T, 4720 Indable credits. See instructions.  I plication is for Form 990-PF, 990-T, 4720, or 6060 I did tax payments made. Include any prior year over	06/15/11 ning 08/0 check reason:  d to gath 0, or 6069, enter 9, enter any refur rpayment allowed	ner information to put the tentative tax, less any as a credit and any form, or, if required, deposit with ent System). See instructions.	orepar		plete
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ist with the name of the second of the secon	mes and EINs of all members the extension is for.  It an additional 3-month extension of time until indar year , or other tax year begins year entered in line 5 is for less than 12 months, mange in accounting period detail why you need the extension tional time is requested accurate return.  In plication is for Form 990-BL, 990-PF, 990-T, 4720, adable credits. See instructions. In plication is for Form 990-PF, 990-T, 4720, or 606 and tax payments made. Include any prior year over paid previously with Form 8868.  In Due. Subtract line 8b from line 8a. Include your proportion, if required, by using EFTPS (Electronic Form 990-PF, 990-T, 4720, or 606 and 1990-PF, 990-PF, 990-T, 4720, or 606 and 1990-PF, 990-T, 4720, or 606 and 1990-PF, 990-PF, 990-T, 4720, or 606 and 1990-PF, 990-PF, 990-T, 4720, or 606 and 1990-PF, 990-PF,	06/15/11 ning 08/0 check reason:  d to gath 0, or 6069, enter 9, enter any refur rpayment allowed payment with this ederal Tax Paym Signature an ling accompanying s	ner information to put the tentative tax, less any as a credit and any form, or, if required, deposit with ent System). See instructions.	0 separ	\$ \$ e and belief, it is	01/25/11