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990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2009

F	or c	ale	ndar y	year 2009, or tax	year begi	inning	12/1/2009	, an	nd ending	11	/30/2010					
G	С	hec	k all th	nat apply:	☐ Initial	return	Initial return of	a forr	mer public chai	rity		٦F	inal re	turn		
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	Use the IRS Name of foundation label. MAX AND LILLIAN RAPPAPORT FOUNDA						ATION EOD THE	TDC	ATMENT	^ -	inployer luci					
	Otherwise, Number and street (or P O box number if mail is not								Room/suite	22-3410986						
	1	print	:	·			envered to street add	Nooni/suite			B Telephone number (see page 10 of the instructions) (973) 778-1208			ins)		
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		•	cific	City or town, state, a	nd ZIP code			-			C If exemption application is pending, check here			▶ٰٰ		
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Form **990-PF** (2009)



Page 2

1 Cash—non-interest-beau proper interest per complete per the per	Da	et III	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
2 Savings and temporary cash investments 3 Accounts receivable	га 		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
3 Accounts receivable		1	Cash—non-interest-bearing	4,125	1,345	1,345
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Pledges receivable		3	Accounts receivable 0			
Less allowance for doubtful accounts			Less allowance for doubtful accounts	0	0	0
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2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5				, - 32		4,125
3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	2				+	-2,780
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5			unaraggae not included in line 2 (damina)	•	\longrightarrow	0
5 Decreases not included in line 2 (itemize) 5					·	1,345
C. Tatalant and a find belong at a distance (last Association (last Association)). B. (1)			annon material video de timo 2 (de servicio)	•		0,0,0
					·	1,345

Pa	(a) List and describe the	e kind(s) of property sold (e.g., real esta se, or common stock, 200 shs MLC Co	ite,	(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr)
1a	-						
b							
C							
<u>d</u> e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	or other basis ense of sale			or (loss)) minus (g)
а	0	0		0			0
b	0	0	-	0			0
<u>c</u> d	0 0	0		0			0
e		0		0			0
Ť		ring gain in column (h) and owned	by the foundati			(I) Gains (Col	(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i) l (j), if any	c	col (k), but not	less than -0-) or om col (h))
а	0	0		0			0
<u>b</u>		0		0			0
_c d	0	0		0			0
e e	0	0		0			0
	Capital gain net income or		lso enter in Pa enter -0- in Pa	ırt I, line 7	2		0
3		or (loss) as defined in section	s 1222(5) and	(6)	_		<u>~</u>
		line 8, column (c) (see pages					•
D		· -0- in Part I, line 8 ler Section 4940(e) for Re			3		0
Wa	Yes," the foundation does no	eave this part blank he section 4942 tax on the dist of qualify under section 4940(or ount in each column for each y	e) Do not com	plete this part.			
	(a)	The act column for each y	l	- 10 OI tile ilistiuc	lions be	- Inaking	(d)
	Base period years	(b) Adjusted qualifying distribution	Net value	(c) of noncharitable-use as	seets	Disti	bution ratio
<u>c</u>	alendar year (or tax year beginning in	1)				(col (b) d	ivided by col (c))
	2008 2007		,531 ,727		,355 ,251		4 471762 31.756195
	2006		753		,719		5.793674
	2005		,843		,027		29 029600
	2004	79	,405		426		186 396714
	Total of line 1, column (d)				_	2	257 447945
J		or the 5-year base period—div undation has been in existence			' I	3	51.489589
4	Enter the net value of nonc	haritable-use assets for 2009	from Part X, li	ne 5		4	2,694
5	Multiply line 4 by line 3			· · · · ·	- -	5	138,713
6	Enter 1% of net investment	income (1% of Part I, line 27th	o)			6	0
7	Add lines 5 and 6					7	138,713
8	Enter qualifying distribution If line 8 is equal to or greate the Part VI instructions on p	er than line 7, check the box ir	Part VI, line			8 t using a 19	9,780 % tax rate. See

Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age	18 of th	e inst	ructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		l			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			0	
	here and enter 1% of Part I, line 27b					
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	ļ	ļ			L
2	of Part I, line 12, col (b)				_	
2	, , , , , , , , , , , , , , , , , , , ,	2	 		0	
3	Add lines 1 and 2	3	ļ <u></u> -		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	1			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 		0	
6	1 . 1					
	a 2009 estimated tax payments and 2008 overpayment credited to 2009 . 6a 0	1				
	b Exempt foreign organizations—tax withheld at source	┨				
		{				
	d Backup withholding erroneously withheld	7	<u> </u>			
7 8		8	Ì		<u>0</u>	
9		9	 		0	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10						
11 Enter the amount of line 10 to be Credited to 2010 estimated tax						
	art VII-A Statements Regarding Activities	<u> </u>	ــــــ		0	
					· · ·	
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	
	participate or intervene in any political campaign?			1a		_X_
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
	instructions for definition)?		•	1b		_X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities			4		
	c Did the foundation file Form 1120-POL for this year?			1c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. \$					
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
2	on foundation managers \$					J
_	Has the foundation engaged in any activities that have not previously been reported to the IRS?		• •	_2_		Х
3	If "Yes," attach a detailed description of the activities					
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		
1	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	•		4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	i	5	13/7	Х
•	If "Yes," attach the statement required by General Instruction T			_ - -	-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
_	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and P	art XV	7		Х
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the			i i		
	instructions) ► NJ					
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b-	-	
9	-Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?				
	If "Yes," complete Part XIV		•	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses			10	Х	
			_		_	

_				
	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	-
	Website address N/A - none			
14	The books are in care of ▶ Dr. Sondra Rappaport Telephone no ▶ (973) 778-1	208		
	Located at ► 174 Delawanna Avenue Clifton NJ ZIP+4 ► 07014			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			· I
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A			_
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No.			ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			1
				į
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period			
h	after termination of government service, if terminating within 90 days) Yes X No If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
b	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	45	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	1b	IVA	1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
·	that were not corrected before the first day of the tax year beginning in 2009?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			!
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			į
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year? . Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			Ì
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

	m 990-PF (2009) MAX AND LILLIAN RAPPAP				2-3410986	Page 6
	art VII-B Statements Regarding Activiti		n 4720 May Be R	equired (continued)		,
5a	During the year did the foundation pay or incur any (1) Carry on propaganda, for otherwise attempt to (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration.	o influence legislation (election (see section 4	` //	Yes X] No] No	
	 (3) Provide a grant to an individual for travel, stu (4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49. 	a charitable, etc , orga 40(d)(2)? (see page 22	anization described of the instructions)	Yes] No] No	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	f cruelty to children or	anımals?	Yes X] No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the t Regulations section 53 4945 or in a current notice	regarding disaster ass	istance (see page 22			N/A
_	Organizations relying on a current notice regarding			▶∟	J	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Yes No						
	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?	·			No Ch	
	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870					X
	At any time during the tax year, was the foundation				No 7b	
	art VIII Information About Officers,					005
	and Contractors	Directors, Truste	es, i oundation	managers, mgmy rai	u Linpioy	ccs,
4	List all afficers discretes Assets as formed	- 4*			4 4	
	List all officers, directors, trustees, founda	ation managers and	d their compensat	tion (see page 22 of the	instruction	ıs).
	(a) Name and address	(b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
Soi		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens other all	se account,
Soi	(a) Name and address	(b) Title, and average hours per week devoted to position Trustee/Director	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, owances
Soi	(a) Name and address	(b) Title, and average hours per week devoted to position Trustee/Director 5 00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expension other all	se account, owances
<u>Soi</u> 8 R	(a) Name and address ndra Rappaport Rockledge Road Saddle River NJ 07458	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0	(e) Expension other all	se account, owances 0 0 0
<u>Soi</u> 8 R	(a) Name and address	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see page 23 of the	(e) Expension other all	se account, owances 0 0 0
Sou 8 R	(a) Name and address Indra Rappaport Rockledge Road Saddle River NJ 07458 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00 .00 /ees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see page 23 of the	(e) Expensore instruction	se account, owances 0 0 0
Sou 8 R	(a) Name and address Indra Rappaport Rockledge Road Saddle River NJ 07458 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 0 1—see page 23 of the employee benefit plans and deferred compensation	(e) Expensore instruction	owances 0 0 0 0 pns).
Son 8 R	(a) Name and address Indra Rappaport Rockledge Road Saddle River NJ 07458 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 0 1—see page 23 of the employee benefit plans and deferred compensation	(e) Expensore instruction	owances 0 0 0 0 pns).
Son 8 R	(a) Name and address Indra Rappaport Rockledge Road Saddle River NJ 07458 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 0 1—see page 23 of the employee benefit plans and deferred compensation	(e) Expensore instruction	owances 0 0 0 0 pns).
Son 8 R	(a) Name and address Indra Rappaport Rockledge Road Saddle River NJ 07458 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 0 1—see page 23 of the employee benefit plans and deferred compensation	(e) Expensore instruction	owances 0 0 0 0 pns).
2 (a No.	(a) Name and address Indra Rappaport Rockledge Road Saddle River NJ 07458 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee/Director 5 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 0 0 1—see page 23 of the employee benefit plans and deferred compensation	(e) Expensore instruction	owances 0 0 0 0 pns).

Part \	Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly Paid	d Employee	es,
3 Five	e highest-paid independent contractors for professional services	s (see page 23 of the instructions). If none, ente	r "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	nsation
NONE				0
				0
				0
				0
				0
Total nu	umber of others receiving over \$50,000 for professional service	es	🕨	0
Part I	X-A Summary of Direct Charitable Activities			
	oundation's four largest direct chantable activities during the tax year. Include rel ber of organizations and other beneficiaries served, conferences convened, rese		Expen	ses
	ributions paid directly to a nonprofit 501(C)(3) organization for cial trauma treatment programs			1,500
2				,
3				
4				
	X-B Summary of Program-Related Investments (see			
Describe	the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amou	unt
1 <u>N/A</u> -	none			
2				
All other p	program-related investments See page 24 of the instructions			

MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT

Form 990-PF (2009)

Total. Add lines 1 through 3

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0

0

22-3410986

Page 7

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	2,735
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,735
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,735
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	41
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,694
6	Minimum investment return. Enter 5% of line 5	6	135
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here $lacktriangle$ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	135
2a	Tax on investment income for 2009 from Part VI, line 5	1	
b	Income tax for 2009 (This does not include the tax from Part VI) . 2b 0		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	135
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	135

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

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Deduction from distributable amount (see page 25 of the instructions)

7

line 1

а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	9,780
b	Program-related investments—total from Part IX-B	. 1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,780
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9.780

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

0

135

6

Part	XIII Undistributed Incom	ne (see page 26 of t	he instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 fr	om Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7					135
2	Undistributed income, if any, as	of the end of 2009				
а	Enter amount for 2008 only				0	
b	Total for prior years 20 ,	20 , 20		0		
3	Excess distributions carryover,					
а	From 2004	79,384				
b	From 2005 .	58,742				!
С	From 2006 .	15,617				1
d	From 2007	39,664				
е	From 2008	10,413				
f	Total of lines 3a through e		203,820			
4	Qualifying distributions for 2009	from Part				
	XII, line 4 ► \$					'
а	Applied to 2008, but not more th				0	
	Applied to undistributed income					
	(Election required—see page 26	· •		o		
С	Treated as distributions out of c	•				
	required—see page 26 of the in		o			
d	Applied to 2009 distributable an					135
	Remaining amount distributed of		9,645			ļ
5	Excess distributions carryover a	· ·	0			0
	(If an amount appears in columi	``				
	same amount must be shown in	column (a))				
6	Enter the net total of each col	umn as				İ
	indicated below:		** ** -***			
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	213,465			
b	Prior years' undistributed incom	e Subtract			1	
	line 4b from line 2b			0		
C	Enter the amount of prior years'	undistributed				1
	income for which a notice of def	ficiency has				ì
	been issued, or on which the se	ection 4942(a)				!
	tax has been previously assess	ed .				1
d	Subtract line 6c from line 6b Ta	axable				,
	amount-see page 27 of the ins	structions		0		
е	Undistributed income for 2008	Subtract line				,
	4a from line 2a Taxable amoun	t—see page 27 of the				!
	instructions .	,			0	
f	Undistributed income for 2009	Subtract				
	lines 4d and 5 from line 1 This	amount must				
_	be distributed in 2010					0
7	Amounts treated as distribution:					
	corpus to satisfy requirements i	•				
	section 170(b)(1)(F) or 4942(g)((3) (see page 27 of				
_	the instructions)		·	<u> </u>		
8	Excess distributions carryover f]		į
	not applied on line 5 or line 7 (s	ee page 27 of the	70.004	1		'
^	instructions)		79,384	 		· · · · · · · · · · · · · · · · · · ·
9	Excess distributions carryove		404.004			!
40	Subtract lines 7 and 8 from line	b a .	134,081	 		
10	Analysis of line 9	F0.740				
	Excess from 2005 .	58,742				
	Excess from 2006 .	15,617				,
	Excess from 2007	39,664				
a	Excess from 2008 . Excess from 2009	10,413 9,645				
E	しょしこうう けいけし エリリブ	; J.U40	i e	i	1	

c Any submission deadlines

factors

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		r Future Pay	yment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year SKILL BUILDING CENTER 15 WIDMAN CT. SPRING VALLEY NY 10977	or substantial contributor	501(c)(3)	TRAUMA TREATMENT PROGRAMS	1,500
b Approved for future payment			► 3a	1,500
Total			- 2h	

Form 990-PF (2009) MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT Part XVI-A Analysis of Income-Producing Activities

Inter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512		n 512, 513, or 514	(e)		
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a N/A - none		0			
		-		0	
b		0		0	
c		0		0	0
d		0	<u> </u>	. 0	0
e		0		0	o
f		0		0	0
g Fees and contracts from government agencies					<u>-</u>
2 Membership dues and assessments		•			
					
3 Interest on savings and temporary cash investments	<u> </u>				
4 Dividends and interest from securities	<u></u>				
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					,,,
7 Other investment income			<u></u>		
			-		
8 Gain or (loss) from sales of assets other than inventory	<u> </u>			0	
9 Net income or (loss) from special events .					-
O Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	0
b		0		0	
С		0		0	
d		0		0	
e		0		0	
		0			
2 Subtotal Add columns (b), (d), and (e)			· · · · · ·	0	<u> </u>
Total. Add line 12, columns (b), (d), and (e)	1-4	•		13	0
See worksheet in line 13 instructions on page 28 to verify calcu					
Part XVI-B Relationship of Activities to the Acc					
Line No. Explain below how each activity for which income					
the accomplishment of the foundation's exempt p	ourposes (other tha	in by providing fu	nds for such purpo	oses) (See	
page 28 of the instructions)					
1 N/A - none			·		
		· · · · · · · · · · · · · · · · · · ·			
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Part XVII	Information Regarding	Transfers To and	Transactions and	Relationships	With Noncharitable
	Exempt Organizations				

1	in sect	e organization directly ion 501(c) of the Code zations?								Yes	No
а	Transf	ers from the reporting	foundation to	a noncharitable e	xempt organiza	ation of			1		
	(1) Cash						1a(1)		X		
		(2) Other assets						1a(2)		X	
b		transactions:							15(5)		
_		iles of assets to a none	charitable exe	mpt organization					1b(1)		X
		irchases of assets fron							1b(2)		x
		ental of facilities, equip							1b(2)		x
		eimbursement arrangei									
		ans or loan guarantee							1b(4)		X
		erformance of services							1b(5)		X
_									1b(6)		X
		g of facilities, equipme	_						1c_		<u> </u>
d	value o	nswer to any of the ab of the goods, other ass n any transaction or sh	ets, or service	es given by the re	norting founds:	tion If t	he foundation re	ceived less tha	n fair m	arket	t d.
(a)	Line no	(b) Amount involved	(c) Name o	f noncharitable exempt	torganization	(d) De	scription of transfers,	transactions, and s	haring arr	angem	ents
		0									
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		0	***								
	describ	foundation directly or in ped in section 501(c) o " complete the following."	f the Code (or	ther than section t	501(c)(3)) or in	section	527?	· · □	Yes X	No	
		(a) Name of organization		(b) Type	of organization		(c) Des	cription of relations	hip		
				··			 				
		454					 	 			—
	_	-	-				 				
							 	.			
σ.	belief	or penalties of perjury, I declar f, it is true dorrect, and compl	re that I have examine to Declaration of	nined this return, includ f preparer (other than t	ling accompanying axpayer or fiduciary	schedules) is based	d on all information of	to the best of my li which preparer has ustee	nowledge any knov	and vledge	
ē	Sign	nature of officer or trustee			. Da	te	- Titl				
Sign Here	Paid Preparer's Use Only	Preparer's signature	flin j	Sardan	Date 10/1/201	1	Check if self-employed ▶	Preparer's number (se page 30 of	e Signatu	re on	
	£3	Firm's name (or yours if self-employed), address,	Steven F	Landau, CPA				EIN ► 22-23	69271		
		and ZIP code		e 46 East, Clifton	NJ 07013			Phone no (97		836	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT 22-3410986 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III, For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

e 1	of	1	of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization Employer identification number MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT 22-3410986 Contributors (see instructions) Part I (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Aggregate contributions** Type of contribution __1__ MARTIN RAPPAPORT Person **Payroll** 8 ROCKLEDGE ROAD \$____ Noncash

	SADDLE RIVER NJ 07458 Foreign State or Province Foreign Country		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$0	Person Payroll Noncash
	Foreign State or Province Foreign Country		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 3	Foreign State or Province. Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 5	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$	Person Payroll Noncash Complete Part II if there is
	Foreign State or Province Foreign Country	Schodule	a noncash contribution)

MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT

Line 23 (990-PF) - Other Expenses

		8,280	0	0	8,280
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
Q.	Amortization. See attached statement	0	0	0	0
	Telephone expense	6,788			6,788
U_	Program supplies and expenses	1,437			1,437
U_	Filing fees	55			55
1					
1					
1					

MAX		ΙΙΙΙΙΔΙ	NRAF	PAPART	FOUNDATION	FOR THE	TREATMENT
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22-3410986

SUBSTANTIAL CONTRIBUTOR	
FORM 990-PF, PART VII-A, QUESTION #10, SUBSTANTIAL CONTRIBUTOR:	
Mr. Martin Rappaport, 8 Rockledge Road, Saddle River, NJ 07458 contributed \$7,000.	
(Martin Rappaport was married to Dr. Sondra Rappaport - the founder and trustee/director of the private foundation)	