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Form **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

OMB No 1545-0052

2010

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

For calendar year 2010, or tax year beginning , 2010, and ending , 20

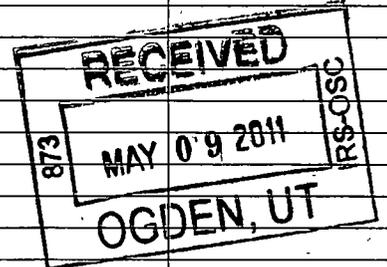
G Check all that apply Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Name of foundation **THE SCHECHTER FOUNDATION** A Employer identification number **13-3157311**
Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions)
C/O SHIRLEY SCHECHTER **33 GARDEN ROAD** **(914) 725-3086**

City or town, state, and ZIP code C If exemption application is pending, check here
SCARSDALE, NY 10583 D 1 Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, col (c), line 16) Accounting method Cash Accrual Other (specify) _____
16) \$ 530,578. (Part I, column (d) must be on cash basis.) E If private foundation status was terminated under section 507(b)(1)(A) check here
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc received (attach schedule)	0.			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	94.	94.		ATCH 1
4	Dividends and interest from securities	13,676.	13,676.		ATCH 2
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	-1,683.			
b	Gross sales price for all assets on line 6a	203,225.			
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	12,087.	13,770.		
13	Compensation of officers, directors, trustees, etc	0.			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) ATCH 3	3,250.	0.	0.	3,250.
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy	92,061.	13,809.		
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule) ATCH 4	4,485.	658.		358.
24	Total operating and administrative expenses. Add lines 13 through 23	99,796.	14,467.	0.	3,608.
25	Contributions, gifts, grants paid	13,380.			13,380.
26	Total expenses and disbursements. Add lines 24 and 25	113,176.	14,467.	0.	16,988.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-101,089.			
b	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)				



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing	126,649.	63,471.	63,471.
	2	Savings and temporary cash investments	155,951.	94,746.	94,746.
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments - U S and state government obligations (attach schedule). **	0.	92,154.	90,061.
	b	Investments - corporate stock (attach schedule) ATCH 6	0.	67,739.	83,950.
	c	Investments - corporate bonds (attach schedule) ATCH 7	311,068.	174,469.	198,350.
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	593,668.	492,579.	530,578.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)		0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg. and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	593,668.	492,579.		
30	Total net assets or fund balances (see page 17 of the instructions)	593,668.	492,579.		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	593,668.	492,579.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	593,668.
2	Enter amount from Part I, line 27a	2	-101,089.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	492,579.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	492,579.

** ATCH 5

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)				(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a SEE PART IV SCHEDULE						
b						
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a						
b						
c						
d						
e						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69						
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))			
a						
b						
c						
d						
e						
2 Capital gain net income or (net capital loss)				2	-1,683.	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }						
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)				3	-1,683.	
{ If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. }						

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	22,758.	653,947.	0.034801
2008	29,140.	756,046.	0.038543
2007	41,172.	860,208.	0.047863
2006	85,601.	962,413.	0.088944
2005	74,761.	1,090,884.	0.068532
2 Total of line 1, column (d)			0.278683
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.055737
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			559,447.
5 Multiply line 4 by line 3			31,182.
6 Enter 1% of net investment income (1% of Part I, line 27b)			0.
7 Add lines 5 and 6			31,182.
8 Enter qualifying distributions from Part XII, line 4			16,988.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', 'Credits/Payments', and 'Total credits and payments'. Total amount owed is 1,167.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and substantial contributors. Includes 'Yes' and 'No' columns with 'X' marks.

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="checkbox"/> N/A				
14	The books are in care of <input type="checkbox"/> SHIRLEY SCHECHTER Telephone no <input type="checkbox"/>			
Located at <input type="checkbox"/> 33 GARDEN ROAD SCARSDALE, NY ZIP + 4 <input type="checkbox"/> 10583				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15				
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <input type="checkbox"/>				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? <input type="checkbox"/>	1b	
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years <input type="checkbox"/>			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a During the year did the foundation pay or incur any amount to
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

- b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?
Organizations relying on a current notice regarding disaster assistance check here
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)

- 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
If "Yes" to 6b, file Form 8870
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

Table with 3 columns and 7 rows for questions 5b, 6b, and 7b. Includes 'X' marks in the rightmost column for 6b and 7b.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

Table with 5 columns: (a) Name and address, (b) Title, and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1 contains 'ATTACHMENT 8' and zeros.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances.

Total number of other employees paid over \$50,000 NONE

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

-----		NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A ----- -----	
2 ----- -----	
3 ----- -----	
4 ----- -----	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NOT APPLICABLE ----- -----	
2 ----- -----	
All other program-related investments. See page 24 of the instructions 3 NONE ----- -----	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	301,573.
b	Average of monthly cash balances	1b	266,394.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	567,967.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	567,967.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	8,520.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	559,447.
6	Minimum investment return. Enter 5% of line 5	6	27,972.

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

1	Minimum investment return from Part X, line 6	1	27,972.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	0.
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,972.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	27,972.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,972.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	16,988.
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		
a	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	16,988.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,988.

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				27,972.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years 20 08 20 07 20 06				
3 Excess distributions carryover, if any, to 2010				
a From 2005 20,971.				
b From 2006 38,334.				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	59,305.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 16,988.				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2010 distributable amount				16,988.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	10,984.			10,984.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	48,321.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	9,987.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	38,334.			
10 Analysis of line 9				
a Excess from 2006 38,334.				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2010, (b) 2009, (c) 2008, (d) 2007, (e) Total. Rows include: 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed; b 85% of line 2a; c Qualifying distributions from Part XII, line 4 for each year listed; d Amounts included in line 2c not used directly for active conduct of exempt activities; e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test; b "Endowment" alternative test; c "Support" alternative test.

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

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

SHIRLEY SCHECHTER

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

N/A

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

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

a The name, address, and telephone number of the person to whom applications should be addressed. ATTACHMENT 9

b The form in which applications should be submitted and information and materials they should include SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines SEE COPY OF APPLICATION ATTACHED

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE COPY OF APPLICATION ATTACHED

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>ATTACHMENT 10</p>				
Total ▶ 3a				13,380.
<p>b <i>Approved for future payment</i></p>				
Total ▶ 3b				

**FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)		
135,415.		137,169.				P	04/30/2009	02/26/2010	
							-1,754.		
67,810.		67,739.				P	04/16/2010	04/23/2010	
							71.		
TOTAL GAIN (LOSS)								<u>-1,683.</u>	

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
JANNEY MONTGOMERY SCOTT - MONEY MKT.	94.	94.
TOTAL	<u>94.</u>	<u>94.</u>

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
GOLDMAN SACHS GROUP, INC.	5,844.	5,844.
SEARIVER MARITIME FINANCIAL HOLDINGS	569.	569.
GENERAL ELECTRIC CAPITAL CORP.	6,750.	6,750.
GOVERNMENT TRUST CERTIFICATE	513.	513.
TOTAL	<u>13,676.</u>	<u>13,676.</u>

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
CORNICK, GARBER & SANDLER, LLP	3,250.			3,250.
TOTALS	<u>3,250.</u>	<u>0.</u>	<u>0.</u>	<u>3,250.</u>

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
FILING FEES	358.		358.
OFFICE EXPENSES	2,769.	415.	
BANK CHARGES	46.	46.	
INSURANCE	1,312.	197.	
TOTALS	<u>4,485.</u>	<u>658.</u>	<u>358.</u>

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ATTACHMENT 5

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOVERNMENT TR CTFS	0.	92,154.	90,061.
US OBLIGATIONS TOTAL	<u>0.</u>	<u>92,154.</u>	<u>90,061.</u>

ATTACHMENT 6

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FORD MOTOR COMPANY	0.	67,739.	83,950.
TOTALS	<u>0.</u>	<u>67,739.</u>	<u>83,950.</u>

ATTACHMENT 7

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOLDMAN SACHS GROUP INC.	84,469.	84,469.	85,138.
GENERAL ELECTRIC CAP CORP.	90,000.	90,000.	113,212.
SEARIVER MARITIME INC.	136,599.	0.	0.
TOTALS	<u>311,068.</u>	<u>174,469.</u>	<u>198,350.</u>

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

ATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
SHIRLEY SCHECHTER 33 GARDEN ROAD SCARSDALE, NY 10583	PRESIDENT 2.00	0.	0.	0.
CLAUDIA SCHECHTER 33 GARDEN ROAD SCARSDALE, NY 10583	DIRECTOR 1.00	0.	0.	0.
ROBERT SCHECHTER 33 GARDEN ROAD SCARSDALE, NY 10583	DIRECTOR 1.00	0.	0.	0.
<u>GRAND TOTALS</u>		<u>0.</u>	<u>0.</u>	<u>0.</u>

THE SCHECHTER FOUNDATION

13-3157311

ATTACHMENT 9

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

THE SCHECHTER FOUNDATION
PO BOX 4822
NEW YORK, NY 10185

FORM 990EF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CONGREGATION KOL AMI	NONE EXEMPT	CHARITABLE	2,880.
WHITE PLAINS HOSPITAL CENTER	NONE EXEMPT	CHARITABLE	10,000.
MEMORIAL SLOAN KETTERING	NONE EXEMPT	CHARITABLE	500.
TOTAL CONTRIBUTIONS PAID			<u>13,380.</u>

THE SCHECHTER FOUNDATION

Post Office Box 4822
New York, NY 10185-4822

So that we may evaluate your request for scholarship aid, we have enclosed the required application materials and we ask that you complete them as follows:

1. Fill in and return the application form by _____
2. Include with your application:
 - a) A statement of your vocational goal
 - b) Your photograph or snapshot
 - c) Please submit a copy of your parents' Income Tax Return if they are responsible for your support. If you receive no financial support from parents and are not claimed as an exemption on their last income tax return, please submit a copy of your own (and your spouse's , if married) latest income tax return.
- 3 Please request the Registrar at the college or university you are attending to forward an official updated transcript of your grades.
- 4: Please give the Academic Evaluation form to a dean or academic advisor who is best qualified to comment on your most recent academic performance so that the Foundation may have a basis for judging whether you are eligible for consideration.
5. : Please give the Financial Aid form to the appropriate school official at the school you are attending or hope to attend. Should information regarding financial aid not be available at this time, ask the financial aid officer to base his/her evaluation on the most recent completed academic year.

In accordance with the Family Rights and Privacy Act of 1974, please sign the Student Release of information section of each of these two forms before passing them on to the designated school officials.

Encl.

THE SCHECHTER FOUNDATION

POST OFFICE BOX 4822
NEW YORK, NY 10185-4822

Because scholarship aid is granted on the basis of Character, Ability and Financial Need, general background information is needed so that the Foundation will have the basis for making its decision. The questions which follow are designed to provide this information. Wherever more space is required, additional sheets may be attached.

PLEASE TYPE OR PRINT. PLEASE ATTACH A SMALL PHOTO OF YOURSELF.

Return one copy of this application to the Foundation.

1. Name of Applicant _____ Social Security Number _____
2. Permanent Address _____
(Street) (City)
 _____ Phone _____
(County) (State) (Zip Code)
3. Your current Address at school _____
(Street) (City)
 _____ Phone _____
(County) (State) (Zip Code)
4. Place and Date of Birth _____
(City) (State) (Country) (Month) (Day) (Year)
5. Are you a citizen of the United States? _____ If not, please explain status _____
6. _____

7. What is your vocational goal? _____
 Please explain this goal in a separate statement of not more than 200 words, what led you to choose it and what plans you have for the future.

SCHOOL HISTORY

	Name	Location	Dates Attended	Degree Rec'd. or Expected
High School				
Junior or Community College				
Undergraduate College or University				
Graduate College or University				

WORK HISTORY

Have you had jobs of any kind? If so, please give names and complete addresses of the last three employers to whom we may refer.

Name of Company or Employer	Your Job Title	Address Street, City, State, Zip Code	Name of Supervisor	Dates of Employment

FINANCIAL INFORMATION

1. Please explain how you are currently financing your education.

<u>Source</u>	<u>Amount</u>		<u>Source</u>	<u>Amount</u>

2. The Foundation expects you to apply for financial aid to your school and all other sources available to you. Please list all sources to which you have applied or expect to apply and amounts requested or expected. Include any state or federal grants for which you are eligible.

<u>Source</u>	<u>Amount</u>		<u>Source</u>	<u>Amount</u>

3. What are your summer plans? _____

BIOGRAPHICAL INFORMATION

Marital Status: Single _____ Engaged _____ Married _____ Divorced _____ Separated _____

Name of Spouse _____ Occupation _____

Number of your dependents, if any _____ Ages _____ Relationship to you _____

Your Father's Name _____ If deceased, give year of death _____

Home address, if different from yours _____

What is your father's occupation? (If retired or deceased, give former occupation) _____

Graduate of what college if any? _____

Your Mother's Name _____ If deceased, give year of death _____

Home address, if different from yours _____

What is your mother's occupation? (If retired or deceased, give former occupation) _____

Graduate of what college, if any? _____

If someone other than your father or mother supports you, give the following information:

Name _____

Address _____

Relationship to you _____ Occupation _____

List below names and ages of your brothers and sisters. Please state whether at school or earning.

<u>Name</u>	<u>Age</u>	<u>School or Earning</u>	<u>Name</u>	<u>Age</u>	<u>School or Earning</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List below any other members of the family who reside at the home address and their relationship to you.

PARENT-GUARDIAN INFORMATION

FOLLOWING TO BE COMPLETED BY PARENT OR PERSON RESPONSIBLE FOR APPLICANT'S SUPPORT:

Annual income (net after income taxes)\$ _____

Please indicate if there are any family resources not shown in the above.

Specify source and amount _____ \$ _____
Source

Has applicant any independent resources other than savings on page 4? _____ If yes, Amount \$ _____

Total amount of family debts, if any, excluding applicant's debts.\$ _____

I have read all the statements on this Application Form including those completed by the applicant. To the best of my knowledge and belief they are correct. The budget, as presented on page 4, is a true picture of the applicant's financial status and in my opinion the applicant meets the requirements of eligibility as set forth in the Foundation brochure.

Date Signature of parent or guardian.....

SCHOOL _____ DEGREE EXPECTED _____ DATE OF GRADUATION _____

Before completing this budget we recommend you consult with a school counselor so that the financial data you give represents your best estimate of tuition and living costs based on fact and experience. If the figures vary with that of the school please explain on separate sheet.

A. EXPENDITURES (Estimated)

1. School Expenses:

- a. Tuition..... \$ _____
 - b. Fees..... _____
 - c. Room (If not living at home) Campus Housing Off campus _____
 - d. Board (If not living at home) Campus meal plan Independent _____
 - e. Books and course supplies _____
 - f. Microscope (only rental charges considered)..... _____
- Total School Expenses..... \$ _____

2. Travel to and from college or university. No. of round trips _____ _____

3. Personal Expenses:

- a. Clothing..... _____
 - b. Medical, dental _____
 - c. Local transportation _____
 - d. Recreation _____
 - e. Other - itemize _____
- Total Personal Expenses _____
- Total Expenditures (Estimated) 1 plus 2 plus 3 above _____

B. RECEIPTS (Estimated)

- 1. From Parents _____
 - 2. From spouse, relatives or friends _____
 - 3. Other scholarships: (specify sources & amounts)
 - Already assured _____
 - Anticipated..... _____
 - 4. Loans expected (specify sources and amounts)..... _____
 - 5. Estimated Earnings:
 - a. During vacation-net..... _____
 - b. During School Year..... _____
 - 6. Other Income or Resources (specify sources and amounts)..... _____
 - 7. Savings: Amount to be applied this year _____
- Total Receipts (Estimated) 1 - 7 above _____

C. Indicated Deficit, A minus B above \$ _____

D. Amount Requested of Foundation \$ _____
 (If amount C exceeds amount D please explain on a separate sheet of paper how you expect to balance your budget).

Please show your estimated savings and debts as of the end of the school year for which this application is made.

- Applicant's estimated savings (deduct sum shown in B. 7)..... \$ _____
- Applicant's debts to date (do NOT include sum shown in B.4)..... \$ _____
- When are debts payable, before or after college? _____
- Lender: Friend \$ _____ Relative \$ _____ Institutions (banks, college) \$ _____

APPLICANT'S STATEMENT: I affirm that the foregoing information is correct, to the best of my knowledge. On the basis of this statement, I hereby apply for an award from the Schechter Foundation for the above academic period.

Date Signature of Applicant.....

THE SCHECHTER FOUNDATION

POST OFFICE BOX 4822
NEW YORK, NY 10185-4822

FINANCIAL AID EVALUATION FORM

FOR ACADEMIC YEAR FROM *September,* to *June,*

SECTION A (To be completed by the student)

Please sign the consent statement below and give this form to the financial aid officer of the school you will attend during the above academic year, THE INFORMATION WE ARE ASKING YOUR SCHOOL TO PROVIDE UNDER SECTION B, #5, OF THIS FORM SHOULD REFLECT THE FIGURES YOU SUBMIT ON PAGE 4, SECTION 1, OF OUR APPLICATION.

STUDENT CONSENT TO THE RELEASE OF INFORMATION

I hereby consent that _____

School

furnish to The Schechter Foundation the information and evaluation requested below. In this connection I hereby waive my rights of access to said evaluation in accordance with the Family Educational Rights and Privacy Act of 1974.

I further consent that a copy of any award notification I may receive from The Schechter Foundation be sent to the financial aid officer of the school I will attend.

Student Signature

SECTION B (to be completed by a Financial Aid Officer)

The Schechter Foundation will make a limited number of annual grants for study at accredited schools, colleges or universities to applicants who prove acceptable after thorough investigation of their credentials.

Applicants are considered on the basis of (1) character, (2) scholastic ability, (3) educational goal and (4) financial need. Competition for grants is strong because of the large number of applicants in relation to available funds.

The Foundation appreciates the role of the Financial Aid Officer and places much emphasis on the information supplied by that individual when reviewing applications. We are concerned that the budget form we request our applicants to fill out reflects realistic costs of attending your institution. In particular we would appreciate your viewpoint on personal expense items as well as official institutional cost estimates for tuition, room, board, books and course supplies for the academic year (SHOULD THOSE ESTIMATES NOT BE AVAILABLE AT THIS DATE, PLEASE PROVIDE COMMENSURATE INFORMATION BASED ON THIS CURRENT ACADEMIC YEAR.)

If you have any other pertinent information regarding the financial aid policies of your school or of the student in question we would be pleased to have you give it.

Will you be good enough to use page two of this form to respond to our questions.

PLEASE RETURN TO THE FOUNDATION NO LATER THAN _____

SEE PAGE 2

SECTION B (continued)

RE: _____

PLEASE BE SURE TO READ SECTION B ON PAGE 1 BEFORE COMPLETING THE QUESTIONS BELOW.

- 1. Has this student filed a financial aid application with your institution? Yes No
- 2. Has this student also filed an application with the College Scholarship Service, ACT or any other needs analysis system acceptable to your institution? Yes No
- 3. Based on your evaluation of the above materials and your institution's costs, has this student demonstrated a financial need? Yes No
- 4. Given the financial strength of the family, what, in your opinion, would be:
 - a. a realistic parental contribution \$ _____
 - b. if student is not dependent on parents, a realistic student contribution? \$ _____

5. PLEASE NOTE THAT WE HAVE ADVISED THE STUDENT APPLICANT TO CONSULT WITH YOU SO THAT THE BUDGET INFORMATION SUBMITTED TO US BY THE STUDENT REFLECTS THE DATA LISTED BELOW. IF FINAL FIGURES FOR THE COMING SCHOOL YEAR ARE NOT AVAILABLE PLEASE INDICATE *CURRENT* COSTS AND ANY EXPECTATION OF INCREASE OR DECREASE IN THEM.

Please indicate your school's cost estimates for the budget items listed below – for

Tuition and Fees \$ _____

Room & Board _____

Books & Supplies _____

Personal Expenses _____

Any other items included in your institution's financial aid budget _____

TOTAL: _____

6 COMMENTS:

Signature-Financial Aid Officer

School

THE SCHECHTER FOUNDATION

POST OFFICE BOX 4822
NEW YORK, NY 10185-4822

ACADEMIC EVALUATION FORM

SECTION A (to be completed by the student)
Please sign the consent statement below and give this form to the dean or academic advisor best qualified to comment.

STUDENT CONSENT TO THE RELEASE OF INFORMATION

I hereby consent that _____
(school)
furnish to The Schechter Foundation the information and evaluation requested below. In this connection I hereby waive my right of access to said evaluation in accordance with the Family Educational Rights and Privacy Act of 1974.

Student Signature

SECTION B (to be completed by dean or academic advisor)

The Schechter Foundation will make a limited number of annual grants for study at accredited schools, colleges or universities to applicants who prove acceptable after thorough investigation of their credentials.

Applicants are considered on the basis of (1) character, (2) scholastic ability, (3) educational goal and (4) financial need. Competition for grants is strong because of the large number of applicants in relation to available funds.

Will you please be good enough to use the second page of this form to comment on the above first three criteria (a separate financial evaluation form is being sent to the appropriate school official) as well as giving any other facts or judgements pertinent to the applicant which might aid the Foundation to reach a decision. Since your evaluation will be a major factor in deciding whether or not the applicant is qualified, the Foundation will not consider an application without an evaluation. Please comment as fully as possible. The completed form should be mailed directly to the Foundation.

PLEASE RETURN TO THE FOUNDATION NO LATER THAN _____

(OVER)

SECTION B (Continued)

RE: _____

The following is my considered appraisal of the above student's application for aid from The Schechter Foundation.

Signature and Title

School