

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Internal Revenue Service

OMB No 1545-0052

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

2010

For	cale	endar year 2	2010, or tax	year beginning 01-	01-2010 , and	d end	ding 12-31-	2010	
G C	heck a	all that apply	Initial retu	_	n of a former public ch		Final re	turn	
		undation _ FOUNDATION	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ngo , nam	<u> </u>		entification numbe	er
	ber and		ox number if mail is	not delivered to street addres	s) Room/suite		B Telephone nu (212) 486-771	ımber (see page 10 c	f the instructions)
		n, state, and ZIP o , NY 10021	ode				l '	application is pending	· <u>'</u>
_		ype of organiza n 4947(a)(1) no		n 501(c)(3) exempt priv		n		rganizations meeting e and attach comput	
of Iin	year (1 e 16)	ket value of all from <i>Part II, col</i> *\$ 2,394,015		JAccounting method Other (specify) (Part I, column (d) mus	_	rual	under sectio F If the found	undation status was t n 507(b)(1)(A), chec ation is in a 60-month n 507(b)(1)(B), chec	k here F
Pa	rt I	total of amou	nts in columns (b), (rual the amounts in c	and Expenses (The c), and (d) may not column (a) (see page 11 of	(a) Revenue and expenses per books	(b) ⁽	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gif	fts, grants, etc , rece	eived (attach schedule)	200,000				
	2	Check 🟲 🦵 ıf tl	he foundation is not	required to attach Sch B					
	3	Interest on sa	avings and tempo	orary cash investments	11		11	11	
	4	Dividends and	l interest from se	ecurities	93,923		93,923	93,923	
	5a	Gross rents							
	ь	Net rental inc	ome or (loss)						
Φ	6a	Net gaın or (lo	oss) from sale of	assets not on line 10	254				
Reveilue	ь	Gross sales price	for all assets on line	e 6a50,000					
	7	Capital gain n	et ıncome (from	Part IV, line 2)			254		
	8	Net short-teri	m capital gain .						
	9	Income modif	ications						
	10a	Gross sales less i	returns and allowand	es					
	ь	Less Cost of	goods sold .						
	c	Gross profit o	r (loss) (attach s	schedule)					
	11	Other income	(attach schedul	e)	177		177	177	
	12	Total. Add line	es 1 through 11		294,365		94,365	94,111	
	13	Compensation	n of officers, dire	ctors, trustees, etc	0		0	0	0
ې	14	Other employ	ee salaries and v	wages					
]Se	15	Pension plans	, employee bene	fits					
Expenses	16a	Legal fees (at	tach schedule) .		21,314		21,314	21,314	0
Щ	Ь	Accounting fe	es (attach sched	dule)	19,750		19,750	19,750	0
₹	c	Other profess	ional fees (attac	h schedule)	23,147		23,147	23,147	0
and Administrative	17	Interest .							
ĭ	18	Taxes (attach sc	hedule) (see page 1	4 of the instructions)					
Ē	19	Depreciation	(attach schedule) and depletion					
₽ď	20				49,200		49,200	49,200	0
Ę	21			ings	5,021		5,021	5,021	0
<u> </u>	22								
Ĭ	23	•	-	lule)	71,095		71,095	71,095	0
Operating	24		ng and administ r						
ă			_		189,527		189,527	189,527	0
_	25			ıd	204,825				204,825
	26	-		ts. Add lines 24 and 25	394,352		189,527	189,527	204,825
	27		26 from line 12		22.5				
	a .			ses and disbursements	-99,987		•		
	b		, -	ative, enter -0-)			0	-	
	С	Adjusted net	income (if negati	ve, enter - 0 -)				0	

) a	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year			_	f year
		Should be for that or year amounts only (see instructions)	(a) Book Value	(b) Boo	k Value	\dashv	(c) Fair Market Value
	1	Cash—non-interest-bearing	12,805			274	4 374
	2	Savings and temporary cash investments	41,915		4,.	371	4,371
	3	Accounts receivable					
		Less allowance for doubtful accounts				\dashv	
	4	Pledges receivable					
		Less allowance for doubtful accounts 🟲				\dashv	
	5	Grants receivable				\dashv	
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the					
		ınstructions)				_	
	7	Other notes and loans receivable (attach schedule)					
_		Less allowance for doubtful accounts -					
₽	8	Inventories for sale or use				_	
12.4E	9	Prepaid expenses and deferred charges				\dashv	
٦	10a	Investments—U S and state government obligations (attach schedule)	775,210	%3	1,024,4	451	1,045,783
	b	Investments—corporate stock (attach schedule)	583,029		583,0	029	1,338,861
	_	Investments—corporate bonds (attach schedule)				\dashv	
	11	Investments—land, buildings, and equipment basis				\dashv	
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans				\dashv	
	13	Investments—other (attach schedule)	375,462	领	51,	583	5,000
	14	Land, buildings, and equipment basis	,	9		\dashv	· ·
		Less accumulated depreciation (attach schedule)					
	15	Other assets (describe				\dashv	
	16	Total assets (to be completed by all filers—see the				-	
	10	Instructions Also, see page 1, item I)	1,788,421		1,663,4	434	2,394,015
	17	Accounts payable and accrued expenses	2,7.00,7.22		2,000,		
	18	Grants payable				-	
٨	19	Deferred revenue				_	
9		Loans from officers, directors, trustees, and other disqualified persons	390,000	<u>446</u> ∃	365,0	000	
	20 21	Mortgages and other notes payable (attach schedule)	330,000	<i>-</i>	303,		
5	22	Other liabilities (describe					
	22	Other habilities (describe F				_	
	23	Total liabilities (add lines 17 through 22)	390,000		365,0	000	
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
or Fund Balances	24	Unrestricted					
텕	25	Temporarily restricted					
8	26	Permanently restricted					
┋┃		Foundations that do not follow SFAS 117, check here 🕨 🔽					
틧		and complete lines 27 through 31.					
=	27	Capital stock, trust principal, or current funds	1,398,421		1,298,4	434	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0			0	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	0			0	
옵	30	Total net assets or fund balances (see page 17 of the					
볼		ınstructions)	1,398,421		1,298,4	434	
-	31	Total liabilities and net assets/fund balances (see page 17 of					
		the instructions)	1,788,421		1,663,4	434	
		, _					
' a	rt II	I 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 a	gree			
		with end-of-year figure reported on prior year's return)			1		1,398,421
2		Enter amount from Part I, line 27a			2		-99,987
3		Other increases not included in line 2 (itemize) 🟲			3		0
4		Add lines 1, 2, and 3			4		1,298,434
5		Decreases not included in line 2 (itemize) 🟲			5		0
5		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), l	ine 30 . .	6		1,298,434

• •	he kınd(s) of property sold (e g , re use, or common stock, 200 shs M	· ·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a GMAC NOTES			Р		2010-01-19
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 127	t or other basis xpense of sale	(e) plus (n or (loss) f) mınus (g)
a 5	0,000		49,74	.6	25
b					
С					
d					
е					
Complete only for assets s	howing gain in column (h) and owne (j) Adjusted basis	· 1	, ,		l (h) gain minus
(i) F M V as of 12/31/69	, , ,	cess of col (1) col (j), If any		less than -0-) or rom col (h))	
а					25
b					
С					
d					
e					
2 Capital gain net incom	ne or (net capital loss)	If gain, also enter If (loss), enter -0		,	25
3 Net short-term capita	l gaın or (loss) as defined in section	ns 1222(5) and (6)	' -	
If gaın, also enter ın P	art I, line 8, column (c) (see pages	13 and 17 of the	ınstructions)	1	
If (loss), enter - 0 - ın i	Part I, line 8] 3	
	eave this part blank section 4942 tax on the distributa t qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No
1 Enter the appropriate amou	int in each column for each year, se	ee page 18 of the i	nstructions before	making any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha) nritable-use assets	(d Distributio (col (b) divide	on ratio
2009	633,470		2,451,597		0 258391
2008	1,021,726		3,156,766		0 323662
2007	646,812		4,155,507		0 155652
2006	205,070		4,557,010		0 045001
2005	193,665		4,922,146		0 039346
2 Total of line 1, column	(d)			2	0 82205
3 A verage distribution r	atio for the 5-year base period—div	ıde the total on lır	ne 2 by 5, or by	_	
the number of years th	ne foundation has been in existence	e if less than 5 yea	rs	3	0 16441
4 Enter the net value of	noncharitable-use assets for 2010	from Part X, line !	5	4	2,283,71
5 Multiply line 4 by line			5	375,46	
6 Enter 1% of net inves	tment income (1% of Part I, line 27	7b)		6	
7 Add lines 5 and 6			[7	375,46
8 Enter qualifying distrib	outions from Part XII, line 4			8	204,82
• • •	greater than line 7, check the box i				

Form	990-PF (2010)		Р	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here T and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
c	here Fand enter 1% of Part I, line 27b			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 400			
b	Exempt foreign organizations—tax withheld at source 6b			
с	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			400
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			400
11	Enter the amount of line 10 to be Credited to 2011 estimated tax • 400 Refunded • 11			0
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?	1a		No
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		No
	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.	_		l <u>.</u> .
с	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation \$ 0 (2) On foundation managers \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.			
2	on foundation managers \$0 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
_	If "Yes," attach a detailed description of the activities.	┝╧		140
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) NY			
ь	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	Yes	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on			
	page 27)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	1	No

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		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			<u> </u>
4.4		106	7711	
14	The books are in care of ►BERNARD PALITZ Telephone no ►(212)	486-	//11	
	Located at BOX 2520 NEW YORK NY ZIP+4 10021			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			▶ ┌
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over			ı
	a bank, securities, or other financial account in a foreign country?	16		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			
Pa	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
1 a	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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	for the benefit or use of a disqualified person)?			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes V No			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
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		No
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))			
а	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?			
	If "Yes," list the years ▶ 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)			
	(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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
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			
4-	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		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		No
	- Charlegue parpose that had not been removed holl leopaldy before the HISL GAV OF the LAX year bearming in 70 for	. 4D		. 110

	990-PF (2010)	d i		14/h:	ch Form 4720	M	De Deguised (see		٠,	Page 6		
	Statements Regarded the foundation		_		cn Form 4/20	мау	Be Required (<i>cont</i>	inue	<i>a)</i> │			
5a	During the year did the foundation					45())	. F.	.				
	(1) Carry on propaganda, or other		·	_	•		·	NO				
	(2) Influence the outcome of any							-				
	on, directly or indirectly, any											
	(3) Provide a grant to an individu						┌ Yes ┡	/ No				
	(4) Provide a grant to an organiz											
	in section 509(a)(1), (2), or					struct	ions) Yes	/ No				
	(5) Provide for any purpose othe		- :	•				_				
	educational purposes, or for											
b	If any answer is "Yes" to 5a(1)-											
	Regulations section 53 4945 or	ın a c	rrent notice regarding disaster assistance (see page 22 of the instructions)?									
	Organizations relying on a current notice regarding disaster assistance check here											
С	If the answer is "Yes" to questio											
	tax because it maintained expen	diture	responsibility for th	ie grai	nt?		\ Yes \	No				
	If "Yes," attach the statement requ	uired b	y Regulations section	n 53.4	945-5(d).							
6a	Did the foundation, during the ye	ar, red	ceive any funds, dire	ctly o	r indirectly, to pay							
	premiums on a personal benefit o	contra	ct [?]				Yes	√ No				
b	Did the foundation, during the ye	ar, pa	y premiums, directly	orin	dırectly, on a perso	nal be	nefit contract?		6b	No		
	If "Yes" to 6b, file Form 8870.											
7a	At any time during the tax year,	was th	ne foundation a party	/ to a	prohibited tax shelf	ter tra	nsaction? TYes (√ No				
b	If yes, did the foundation receive	any p	proceeds or have an	y net	ıncome attrıbutable	e to th	e transaction?		7b			
	Information Abou	ıt Off	ficers, Directors	, Trı	ıstees, Founda	ition	Managers, Highly	Paic	l Emp	loyees,		
	and Contractors											
1	List all officers, directors, trustee							ns).	ıs).			
		(b)	Title, and average	(C) Compensation	1 ((e) Expense account,			
	(a) Name and address		hours per week	(If	•		d) Contributions to	1				
	(a) Name and address		hours per week voted to position	(If	f not paid, enter -0-)	em	ployee benefit plans deferred compensation	1		se account, owances		
BERN	(a) Name and address ARD PALITZ	de		(If	not paid, enter	em and d	ployee benefit plans	01		•		
		de	svoted to position STEE/MANAGER	(If	not paid, enter -0-)	em and d	ployee benefit plans deferred compensation	01		owances		
505 NEW	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022	de TRU	svoted to position STEE/MANAGER	(If	not paid, enter -0-)	em and d	ployee benefit plans deferred compensation	01		owances		
505 NEW	ARD PALITZ PARK AVENUE 6TH FL	TRU 5 00	STEE	(If	not paid, enter -0-)	em and d	ployee benefit plans deferred compensation	ot		owances		
505 NEW BERNA	PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4	TRU 5 00	STEE	(If	f not paid, enter -0-)	em and d	ployee benefit plans deferred compensation 0	ot		owances 0		
505 NEW BERNA 431 MOU	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549	TRU 5 00 TRU 1 00	STEE/MANAGER STEE		f not paid, enter -0-) 0	em and d	ployee benefit plans deferred compensation 0	01		owances 0		
505 NEW BERNA 431 MOU	PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4	TRU 5 00 TRU 1 00	STEE/MANAGER STEE		f not paid, enter -0-) 0	em and d	ployee benefit plans deferred compensation 0	01		owances 0		
505 NEW BERNA 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pai If none, enter "NONE."	TRU 5 000	STEE/MANAGER STEE	those	f not paid, enter -0-) 0	em and d	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to	ons).	ther all	owances 0		
505 NEW BERNA 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pai If none, enter "NONE."	TRU 5 000	STEE/MANAGER STEE	t hose	f not paid, enter -0-) 0	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit	ons).	ther all	owances 0 0		
505 NEW BERNA 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pai If none, enter "NONE."	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE/MANAGER STEE STORE STEE STEE STORE STEE ST	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit	ons).	ther all	owances 0 0		
505 NEW BERNA 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE/MANAGER STEE STORE STEE STEE STORE STEE ST	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE/MANAGER STEE STORE STEE STEE STORE STEE ST	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE/MANAGER STEE STORE STEE STEE STORE STEE ST	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE/MANAGER STEE STORE STEE STEE STORE STEE ST	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		
505 NEW BERN/ 431 MOU 2	ARD PALITZ PARK AVENUE 6TH FL YORK, NY 10022 ARD G PALITZ JR HAINES ROAD RFD 4 NT KISCO, NY 10549 Compensation of five highest-pail If none, enter "NONE." Name and address of each employed more than \$50,000	TRU 5 000	STEE	t hose	f not paid, enter -0-) 0 included on line 1—	em and o	ployee benefit plans deferred compensation 0 age 23 of the instruction (d) Contributions to employee benefit plans and deferred	ons).	ther all	owances 0 0		

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 Total number of others receiving over\$50,000 for professional services. O	Form 990-PF (2010)		Page 7
(c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services. Total number of others receiving over \$50,000 for professional services.		rustees, Foundation Managers, Highly	Paid Employees,
Total number of others receiving over \$50,000 for professional services. Description Descripti	3 Five highest-paid independent contractors for professional serv	vices (see page 23 of the instructions). If none, e	:nter "NONE".
Total number of others receiving over \$50,000 for professional services. Del the foundation's four largest direct charitable Activities List the foundation's four largest direct charitable activities during the lax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convered, presearch papers produced, etc. 1 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 Amount Total. Add lines 1 through 3.	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount	NONE		
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount		1	
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount			
Dart IX-B 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 beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 A mount 1 A mount		1	
Expenses Lest the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 All other program-related investments. See page 24 of the instructions Total. Add lines 1 through 3.	Total number of others receiving over \$50,000 for professional serv	rices	. 0
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 2 3 3 4 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 All other program-related investments. See page 24 of the instructions.			
Total. Add lines 1 through 3	Summary of Direct Charitable Activities		
2 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 All other program-related investments See page 24 of the instructions 3 Total. Add lines 1 through 3. • 0	List the foundation's four largest direct charitable activities during the tax year. Including any other handle activities during the tax year. Including any other handle activities during the tax year.	ude relevant statistical information such as the number of	Expenses
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 All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3.		15 produced, etc	
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 All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3.	-		•
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 All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3.			-
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 All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3.			
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 All other program-related investments See page 24 of the instructions All other program-related investments See page 24 of the instructions			1
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 All other program-related investments See page 24 of the instructions All other program-related investments See page 24 of the instructions			•
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 All other program-related investments See page 24 of the instructions All other program-related investments See page 24 of the instructions	2		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3	<u></u>		•
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			•
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3	*		1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 A mount All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3	Part IV P. Summary of Program-Polated Investme	nte (see page 24 of the instructions)	
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			A mount
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3		9 , ,	- Timount
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			•
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3			-
All other program-related investments See page 24 of the instructions Total. Add lines 1 through 3	2		
3	•		-
3			•
3	All other program-related investments. See page 24 of the instru	ctions	
Total. Add lines 1 through 3		ctions	
Total Add Illies I tillough St	<u> </u>		1
Total Add Illies I tillough St			1
Total Add Illies I tillough St		_ 1	
	Iotal. Add lines 1 through 3		

Form	990-PF (2010)		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	reign	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	2,288,947
b	A verage of monthly cash balances	1b	29,546
c	Fair market value of all other assets (see page 24 of the instructions)	1 c	0
d	Total (add lines 1a, b, and c)	1d	2,318,493
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	A cquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,318,493
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	34,777
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V , line 4	5	2,283,716
6	Minimum investment return. Enter 5% of line 5	6	114,186
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(
	foundations and certain foreign organizations check here 🕨 📗 and do not complete t	T .	
1	Minimum investment return from Part X, line 6	1	114,186
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	114,186
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	114,186
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	114,186
Par	Qualifying Distributions (see page 25 of the instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	204,825
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	204,825
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	204,825
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the section 4940(e) reduction of tax in those years	her the	·

	Undistributed Income (see	page	20 of the mstructi	UIIS)		
			(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI, line	e 7	·	·		114,186
	Undistributed income, if any, as of the end of 20					
	Enter amount for 2009 only				(o
	Total for prior years 20, 20, 20			0		
	Excess distributions carryover, if any, to 2010					+
	From 2005					
	From 2006					
		10,263				
		54,596				
		10,890				
	Total of lines 3a through e		1,815,749			
	Qualifying distributions for 2010 from Part					
	XII, line 4 🕨 \$ 204,825					
а	Applied to 2009, but not more than line 2a					0
	Applied to undistributed income of prior years					
	(Election required—see page 26 of the instruction	ons)		0		
c	Treated as distributions out of corpus (Election					
	required—see page 26 of the instructions)		0			
d	Applied to 2010 distributable amount	•				114,186
е	Remaining amount distributed out of corpus		90,639			
5	Excess distributions carryover applied to 2010		0			0
	(If an amount appears in column (d), the					
_	same amount must be shown in column (a).)					
6	Enter the net total of each column as indicated below:					
-	Corpus Add lines 3f, 4c, and 4e Subtract line 5		1,906,388			
	Prior years' undistributed income Subtract		2,500,000			
b	line 4b from line 2b			0		
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)			0		
	tax has been previously assessed	•				
a	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions			0		
_	Undistributed income for 2009 Subtract line					+
_	4a from line 2a Taxable amount—see page 27					
	of the instructions				ı	0
f	Undistributed income for 2010 Subtract					
	lines 4d and 5 from line 1 This amount must					0
_	be distributed in 2011	•				+
,	A mounts treated as distributions out of corpus to satisfy requirements imposed by					
	section $170(b)(1)(F)$ or $4942(g)(3)$ (see page 2	7				
	of the instructions)		0			
8	Excess distributions carryover from 2005 not					
	applied on line 5 or line 7 (see page 27 of the		0			
_	instructions)	•	0			
9	Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a		1,906,388			
10	Analysis of line 9	•				
	Excess from 2006					
		10,263				
		54,596				
		10,890				
		90,639				
	·				l .	<u> </u>

P	art XIV Private Operating Fou	ndations (see p	age 27 of the ins	structions and Par	t VII-A, question	9)
1a	If the foundation has received a ruling or of foundation, and the ruling is effective for 2		•			
b	Check box to indicate whether the organiz	ation is a private o	perating foundation	described in sectio	n 「 4942(j)(3) o	r Г 4942(<u>J</u>)(5)
	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	3,7,7	
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	Investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
d	Inne 4 for each year listed					
	for active conduct of exempt activities					
e	Q ualifying distributions made directly for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
_	alternative test relied upon "A ssets" alternative test—enter					
а	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
Ь	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
c	• •					
	Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
Pa	rt XV Supplementary Information	n (Complete t	his part only if	the organization	on had \$5,000 d	or more in
	assets at any time during	•	page 27 of the	instructions.)		
1 a	Information Regarding Foundation Manag List any managers of the foundation who h		ore than 2% of the t	otal contributions re	eceived by the found	dation
	before the close of any tax year (but only				•	
ь	List any managers of the foundation who o	wn 10% or more of	f the stock of a corp	oration (or an equal	ly large portion of th	 ne
	ownership of a partnership or other entity)				, 3 - p	
2	Information Regarding Contribution, Gran	t, Gift, Loan, Schol	arship, etc., Prograi	 ms:		
	Check here I if the foundation only ma				and does not accer	nt
	unsolicited requests for funds If the found	lation makes gifts,	grants, etc (see pa	age 28 of the instruc	tions) to individual	s or organizations
	under other conditions, complete items 2a	ı, b, c, and d				
а	The name, address, and telephone numbe	r of the person to v	vhom applications s	hould be addressed		
	BERNARD PALITZ PO BOX 2520					
	NEW YORK, NY 10021					
	(212) 486-7711					
b	The form in which applications should be solublic CHARITIES ONLY	submitted and info	rmation and materia	ils they should inclu	de	
_	Any submission deadlines					
C	NONE					
	Any restrictions or limitations on awards,	such as by deodra	phical areas, charit	able fields, kinds of	institutions, or othe	 er
u	factors	, googla				
	PUBLIC CHARITIES ONLY					

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 204,825 **b** Approved for future payment

Form 990-PF (2010)					Page 12
Part XVI-A Analysis of Income-Production Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	2 512 513 or 514	(e)
1 Program service revenue	(a) Business code	(b)	(c) Exclusion code	(d) A mount	Related or exempt function income (See page 28 of
a			14 14 14 14 18	11 93,923 177 254	
b	28 to verify calc o the Accom ich income is re	ulations) plishment of E ported in column (Exempt Purpos e) of Part XVI-A c	es ontributed importa	94,365 ntly to

	90-PF (2 XVII	Information Re			d Trans	actions and Relati	onships With		Pa	ge 13
■ Did t	the organi	Noncharitable			v other oma	nızatıon described in section			Yes	No
_	_	Code (other than section		_	-				res	NO
		om the reporting four			_	-				
				·	_			1a(1)		No
• •	er trans							1a(2)		No
			ritable aver	ent organization				15/1)		No
• •								─		No
										H
										No
								1b(4)		No
		_								No
										No
						es				No
of th	he goods ny trans	, other assets, or se	rvices given angement, s	by the reporting four	ndation If e value of	Column (b) should alw the foundation receive the goods, other assets	d less than fair mark	et value ed	•	nte
(u) Line	NO	(b) Amount involved	(c) Name of	nonchantable exempt org	gamzation	(u) Description of trains	ers, transactions, and site	aring arra	ingeniei	11.5
-										
des	crıbed ır	•	ne Code (oth schedule	er than section 501(•	ore tax-exempt organiz		.FYe	es F	√ _{No}
	the be based	st of my knowledge a on all information of ****	and belief, it which prepa	is true, correct, and o	complete	ncluding accompanyii Declaration of preparer 2011-05-02	(other than taxpaye			
	y Sig	nature of officer or t	rustee			Date	Title			
Sign Here	87 L	Preparer's KARI Signature	LHEINZ F P <i>i</i>	AVESI JR		Date	Check if self- employed ▶	PTIN		_
S	Paid Preparer? Use Only	Firm's name ► KAUFMAN & PAVESI CPAS PC Firm's EIN ►						1		
	수 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등									
		Firm's address 🕨		WHITE PLAINS, N	NY 10604		Phone no (914	1)693-	2703	

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -			DLN: 93491125004361
Schedule B		Schedu	le of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		► Attach to F	orm 990, 990 <i>-</i> EZ, or 990-PF.		2010
Name of organization THE B & L FOUNDATION	, L			Employer id	entification number
- CONDATION				13-606416	8
Organization type (ch	ieck one)				
Filers of:	Section:				
Form 990 or 990-EZ	5 01(c)() (enter number) org	ganızatıon		
	Г 4947(a)(1)	nonexempt charitat	ole trust not treated as a private foundati	ion	
	527 politica	ıl organızatıon			
Form 990-PF	▽ 501(c)(3) €	exempt private found	dation		
	~ 4947(a)(1)	nonexempt charitat	ole trust treated as a private foundation		
	Г 501(c)(3) t	axable private found	dation		
property) from	ation filing Form 990, 99 any one contributor Co		t received, during the year, \$5,000 or mo	re (in money or	
Special Rules					
under sections	509(a)(1) and 170(b)(1	l)(A)(vı), and receiv	D-EZ, that met the 33 ¹ /3% support test of the foundary one contributor, during the years (II), line 1h, or (II) Form 990-EZ,	year, a contribut	
		-	m 990, or 990-EZ, that received from any		
			000 for use <i>exclusively</i> for religious, chai ion of cruelty to children or animals. Com		ınd
during the year, not aggregate to the year for an applies to this o	, contributions for use e o more than \$1,000 If t exclusively religious, c rganization because it	exclusively for religing this box is checked, haritable, etc., purporeceived nonexclus	m 990, or 990-EZ, that received from any ous, charitable, etc., purposes, but these enter here the total contributions that we ose. Do not complete any of the parts un ively religious, charitable, etc., contributions.	e contributions dere received dur less the Gener ons of \$5,000 or	lid ing al Rule · more
990-EZ, or 990-PF), but	: it must answer "No" o	on Part IV, line 2 of r	and/or the Special Rules does not file So ts Form 990, or check the box on lin H of not meet the filing requirements of Sche	its	

Name of organization THE B & L FOUNDATION Employer identification number

13-6064168

Part I	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BERNARD PALITZ 505 PARK AVE 6TH FLOOR NEW YORK, NY 10022	\$200,000 	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - -	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	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
		- - - -	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 1 of 1 of Part II Employer identification number Name of organization THE B & L FOUNDATION 13-6064168 Part II Noncash Property (see Instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	

Name of organization THE B & L FOUNDATION **Employer identification number**

13-6064168

Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the For organizations completing Part III, enter contributions of \$1,000 or less for the year.	year. (Complete the total of <i>exclu</i>	columns (a) through (e) <i>isi vel y</i> religious, charitab	and the following line entry) le, etc,
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar		(e) Fransfer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar		(e) Fransfer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar		(e) Fransfer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar		(e) Fransfer of gift Relation	nship of transferor to transferee

Software ID: Software Version:

EIN: 13-6064168

Name: THE B & L FOUNDATION

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ADDISON GALLERY OF AMERICAN ART 180 MAIN ST ANDOVER, MA 01810		PUBLIC CHARITY	DONATION	5,000
CONGREGATION EMANU-EL 1 EAST 65TH ST NEW YORK,NY 10065		PUBLIC CHARITY	DONATION	4,550
EHTICAL CULTURE FIELDSTON SCHOOL 33 CENTRAL PARK WEST NEW YORK,NY 10023		PUBLIC CHARITY	DONATION	1,000
FRICK COLLECTION 1 EAST 70TH ST NEW YORK,NY 10021		PUBLIC CHARITY	DONATION	27,500
FRIENDS OF THE MAURITSHUIS 275 SEVENTH AVE 18TH FLOOR NEW YORK,NY 10001		PUBLIC CHARITY	DONATION	3,000
HERBERT F JOHNSON MUSEUM OF ART CENTRAL UNIVERSITY AVES ITHACA,NY 14853		PUBLIC CHARITY	DONATION	2,500
HOPKINS SCHOOL 733 N BROADWAY BALTIMORE,MD 21205		PUBLIC CHARITY	DONATION	1,000
IFAR 500 FIFTH AVE NEW YORK, NY 10110		PUBLIC CHARITY	DONATION	250
AMERICAN BALLET THEATRE 890 BROADWAY NEW YORK,NY 10003		PUBLIC CHARITY	DONATION	300
COLUMBIA UNIVERSITY 622 W 113TH ST NEW YORK,NY 10025		PUBLIC CHARITY	DONATION	500
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVE NEW YORK,NY 10028		PUBLIC CHARITY	DONATION	6,000
METROPOLITAN OPERA LINCOLN CENTER NEW YORK, NY 10023		PUBLIC CHARITY	DONATION	800
MIT 77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139		PUBLIC CHARITY	DONATION	100,000
NETHERLAND-AMERICA FOUNDATION 82 WALL ST SUITE 1101 NEW YORK, NY 10005		PUBLIC CHARITY	DONATION	250
NEW YORK PHILHARMONIC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10005		PUBLIC CHARITY	DONATION	75
Total				204,825

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PIERPOINT MORGAN LIBRARY 225 MADISON AVE NEW YORK,NY 10016		PUBLIC CHARITY	DONATION	25,000
ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK,NY 10065		PUBLIC CHARITY	DONATION	10,000
SPACE 54 PORTSMOUTH ST CONCORD,NH 03301		PUBLIC CHARITY	DONATION	100
THE MASTERS SCHOOL 49 CLINTON AVE DOBBS FERRY,NY 10522		PUBLIC CHARITY	DONATION	1,000
UNITED JEWISH APPEAL 130 EAST 59TH ST NEW YORK, NY 10022		PUBLIC CHARITY	DONATION	1,000
WORCHESTER ART MUSEUM 55 SALISBURY ST WORCHESTER, MA 01609		PUBLIC CHARITY	DONATION	10,000
YALE UNIVERSITY PO BOX 208241 NEW HAVEN, CT 06520		PUBLIC CHARITY	DONATION	5,000
Total				204,825

TY 2010 Accounting Fees Schedule

Name: THE B & L FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	19,750	19,750	19,750	0

TY 2010 Investments Corporate Stock Schedule

Name: THE B & L FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORP STOCK	583,029	1,338,861

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491125004361

0

TY 2010 Investments Government Obligations Schedule

Name: THE B & L FOUNDATION

EIN: 13-6064168

US Government Securities - End of

Year Book Value: 1,024,451

US Government Securities - End of

Year Fair Market Value: 1,045,783

State & Local Government

Securities - End of Year Book Value:

State & Local Government Securities - End of Year Fair

End of Year Fair Market Value:

Market Value: 0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491125004361

TY 2010 Investments - Other Schedule

Name: THE B & L FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
LIMITED PARTNERSHIP INDIA FD	AT COST	51,583	5,000	

TY 2010 Legal Fees Schedule

Name: THE B & L FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	21,314	21,314	21,314	0

TY 2010 Loans from Officers Schedule					
Name: THE B & L FOUNDATION EIN: 13-6064168					
Item No.	1				
Lender's Name	BERNARD PALITZ				
Lender's Title	MANAGER				
Original Amount of Loan	390000				
Balance Due	365000				
Date of Note	2008-10				
Maturity Date					
Repayment Terms	NONE				

0.00000000000

Interest Rate

Purpose of Loan | WORKING CAPITAL

Security Provided by Borrower NONE

Consideration FMV

Description of Lender Consideration CASH

DLN: 93491125004361

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491125004361

TY 2010 Other Expenses Schedule

Name: THE B & L FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEE-NYS	250	250	250	0
SECRETARIAL & ADMIN	12,000	12,000	12,000	0
BANK CHARGES & MISCELLANEOUS	2,968	2,968	2,968	0
OFFICE EXPENSE INCLUDING UTILITIES & SUPPLIES	37,450	37,450	37,450	0
SHARE-PARTNERSHIP EXPENSE PER K-1 INDIA FD LP	1,275	1,275	1,275	0
TELEPHONE	1,002	1,002	1,002	0
INVESTMENT FEES	16,150	16,150	16,150	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491125004361

TY 2010 Other Income Schedule

Name: THE B & L FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INDIA CAPITAL FUND	177	177	177

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491125004361

TY 2010 Other Professional Fees Schedule

Name: THE B & L FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RESEARCH & INVESTMENT EVALUATION SERVICE	23,147	23,147	23,147	0