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Form 990-PF

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

OMB No 1545-0052

purposes

2010 Treated as a Private Foundation Department of the Treasury Internal Revenue Service 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 , and ending G Check all that apply Initial return of a former public charity Initial return Final return X Address change Amended return Name change Name of foundation A Employer identification number RITA AND LEO GREENLAND FAMILY 13-7196982 FOUNDATION B Telephone number (see page 10 of the instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 597 WESTPORT AVENUE **B543** If exemption application is pending, check here City or town, state, and ZIP code 1. Foreign organizations, check here CT 06851 NORWALK 2. Foreign organizations meeting the H Check type of organization: |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method X Cash Accrual end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination line 16) ▶ 111,242 under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (d) Disbursements (b) Net investment amounts in columns (b), (c), and (d) may not necessarily equal expenses per Adjusted net for charitable books income ıncome the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is **not** required to attach Sch. B 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 4 5a Gross rents ь Net rental income or (loss) Revenue Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 0 Income modifications Gross-sales-less-returns & allowances 10a ess costo Goos sold D b Gross profit or (loss) (attach schedule) C Total. Add lines 1 through 11 11 12 0 0 0 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 13 0 SCANNF-16 plating and Administrative Expenses 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) SEE STMT 2,500 2,500 Other professional fees (attach schedule) Interest 50 Taxes (attach schedule) (see page 14 of the instructions) STMT 50 Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses (att sch) SEE STMT 438 Total operating and administrative expenses. Add lines 13 through 23 2,988 2,550 Contributions, gifts, grants paid 58,624 Total expenses and disbursements. Add lines 24 and 25 61,612 2,550 0 Subtract line 26 from line 12

-61,612

0

Adjusted net income (if negative, enter -0-) For Paperwork Reduction Act Notice, see page 30 of the instructions.

Net investment income (if negative, enter -0-)

Excess of revenue over expenses and disbursements

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0

58,624

58,624

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4

5

6

111,242

111,242

Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

(a) List and describe the	e kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)	t incom	-	(b) How acquired P—Purchase D—Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a N/A				D-Bonation			
b							
С							
d							
							<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			or (loss)) minus (g)
_a							
_b							
<u>c</u>							
d							-
e Complete only for assets showing gain	in column (h) and owned by the found	dation on 1	2/21/60	· · · · ·			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	adon on 1	(k) Excess			(k), but not	(h) gain minus less than -0-) or om col (h))
				0,, ,			·
a b		 					
c		· · · · · · · · · · · · · · · · · · ·					
d		·					
e							
2 Capital gain net income or (net capital l	loss) If gain, also enter in Pa		<u> </u>		2		
3 Net short-term capital gain or (loss) as	– ` '	•	_				
If gain, also enter in Part I, line 8, colum	nn (c) (see pages 13 and 17 of the inst	tructions)	٦		}		
If (loss), enter -0- in Part I, line 8		·	Ĵ		3		
Part V Qualification Under	Section 4940(e) for Reduced	Tax on	Net Inv	vestment Incom	е		
If section 4940(d)(2) applies, leave this part Was the foundation liable for the section 49 If "Yes," the foundation does not qualify unc	42 tax on the distributable amount of a	• •	the base	period?			Yes X No
1 Enter the appropriate amount in each c	olumn for each year, see page 18 of the	he instruct	ions befor	re making any entries	;		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		Net value o	(c) of noncharitable-use ass	ets	Distr (col (b) d	(d) abution ratio avided by col (c))
2009	41,	841		142,	772		0.29306
2008	14,	321		122,4	125		0.11697
2007	40,	265		100,8	342		0.39928
2006	16,	107		78,	957		0.20399
2005	16,	529		94,:	L20		0.17561
2 Total of line 1, column (d)					2		1.18894
3 Average distribution ratio for the 5-year number of years the foundation has been	·	2 by 5, or b	y the		3		0.23778
4 Enter the net value of noncharitable-use	e assets for 2010 from Part X, line 5				4		139,91
5 Multiply line 4 by line 3					5		33,27
6 Enter 1% of net investment income (1%	o of Part I, line 27b)				6		
7 Add lines 5 and 6					7		33,27
8 Enter qualifying distributions from Part 3	KII, line 4				8		58,624
If line 8 is equal to or greater than line 7 Part VI instructions on page 18	, check the box in Part VI, line 1b, and	d complete	that part	using a 1% tax rate	See the		

Forn	1990-PF (2010) RITA AND LEO GREENLAND FAMILE 13-7196982				F	Page 4
_ <u>P</u> ;	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instru	ictions)			
1a	· • •					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	<u> </u>			
	here ▶ X and enter 1% of Part I, line 27b	1	1			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		1			
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3			_	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0
6	Credits/Payments		1			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	_]	Ī			
b	Exempt foreign organizations—tax withheld at source 6b	_	1			
С	Tax paid with application for extension of time to file (Form 8868) 6c					
ď	Backup withholding erroneously withheld 6d	1	1			
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	Ţ			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b		X
	if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					Ī
С	Did the foundation file Form 1120-POL for this year?			1c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				-	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
_	If "Yes," attach a detailed description of the activities			-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			٦		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		 -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5		x
•	If "Yes," attach the statement required by General Instruction T.					==
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.					
•	By language in the governing instrument, or				-	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	x	
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 X'	.,		7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	•		-		
Ju	Instructions) NY					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			ایو	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(I)(3) or			8b	-	<u> </u>
J	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			1	ŧ	
	27)? If "Yes," complete Part XIV			_		Y
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			9	-	<u> </u>
J	names and addresses		İ	10	1	x
	married directioned			m 990)-PF	
			r 0			\~~ · · ·)

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 if the foundation had excess business holdings in 2010)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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X

X No

N/A

3b

4a

orm	1990-PF (2010) RITA AND LEO GREENLAND FAMI	LY 13-	7196982			Page 6
	art VII-B Statements Regarding Activities for Which	Form 4720 May Be R	equired (conti	nued)		
	During the year did the foundation pay or incur any amount to	•				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (s	ection 4945(e))?		Yes X No		1
	(2) Influence the outcome of any specific public election (see section 49)					
	directly or indirectly, any voter registration drive?		· 📋	Yes X No		1
	(3) Provide a grant to an individual for travel, study, or other similar purp	oses?		Yes 🛚 X No		
	(4) Provide a grant to an organization other than a charitable, etc., organ			·		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of			Yes X No		
	(5) Provide for any purpose other than religious, charitable, scientific, lite					
	purposes, or for the prevention of cruelty to children or animals?	•		Yes X No		ı
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qua	lify under the exceptions de	scribed in			
~	Regulations section 53 4945 or in a current notice regarding disaster ass			N/A	5b	Ţ
	Organizations relying on a current notice regarding disaster assistance c		•			
_	If the answer is "Yes" to question 5a(4), does the foundation claim exemp					
С		Juon nom the tax	N/A 🗍	res No		Ī
	because it maintained expenditure responsibility for the grant?	(d)	2., [_			1
_	If "Yes," attach the statement required by Regulations section 53 4945-5					
6a	Did the foundation, during the year, receive any funds, directly or indirect	ly, to pay premiums	П,	Yes X No		1
_	on a personal benefit contract?		LJ	res 🚣 NO	6b	x
b	Did the foundation, during the year, pay premiums, directly or indirectly, o	on a personal benefit contra-	CI		OD	
	If "Yes" to 6b, file Form 8870		n.	. 👽		1
	At any time during the tax year, was the foundation a party to a prohibited			Yes X No		ŧ
	If Yes, did the foundation receive any proceeds or have any net income a	ittributable to the transaction	n?	N/A	7b	
Pŧ	art VIII Information About Officers, Directors, Truste	es, Foundation Mana	igers, Hignly P	aid Employee:	5,	
	and Contractors			 _	···-	
1 1	ist all officers, directors, trustees, foundation managers and their co	mpensation (see page 22	of the instructions			
		(b) Title, and average		(d) Contributions to employee benefit	(e) Exc	ense account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
				compensation		
LE	O GREENLAND PALM BEACH GARDER	1				
65	99 EAST POINTE PINES STREET FL 33418	VAR		0	-	0
			İ			
						
			<u> </u>			
				<u></u>	<u> </u>	
2	Compensation of five highest-paid employees (other than those inc	luded on line 1 — see pag	e 23 of the instruc	tions).		
	If none, enter "NONE."					
		(b) Title, and average	, [(d) Contributions to employee benefit	(a) Ev	ance second
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred		ense account, allowances
		devoted to position		compensation		
NC	NE					
					L	
		1				
		1			ļ	
		1			 	
ota	Loumber of other employees hald over \$50,000					T 0

Form 990-PF (20	10) RITA AND LEO GREENLAND FAMILY	13-7196982	Page
Part VIII	Information About Officers, Directors, Trustees, Foundaring and Contractors (continued)	ation Managers, Highly Paid Emplo	
3 Five highe	est-paid independent contractors for professional services (see page 2	3 of the instructions). If none, enter "NONE	11
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	· ·		
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
organizations and	n's four largest direct chantable activities during the tax year. Include relevant statistical is other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 N/A			
2			
3			
4			
Proceedings of the	Deleted to the second of the s	04 - 64 - 1 - 1 - 1 - 1	
Part IX-B	Summary of Program-Related Investments (see page argest program-related investments made by the foundation during the tax year on lines		
1 N/A	argest program-related investments made by the loundation during the tax year on lines	Tand 2	Amount
1 11/21			
2			
All other program-	related investments. See page 24 of the instructions		

Total. Add lines 1 through 3

	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	an found	ations Page C
	see page 24 of the instructions.)	giriodilo	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
•	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	142,048
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	142,048
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	142,048
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	2,131
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	139,917
6	Minimum investment return. Enter 5% of line 5	6	6,996
	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private open	erating	<u> </u>
	foundations and certain foreign organizations check here	•	
1	Minimum investment return from Part X, line 6	1	6,996
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)		
С	Add lines 2a and 2b	2c _	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,996
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,996
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,		
	lin <u>e 1</u>	7	6,996
p,	art XII Qualifying Distributions (see page 25 of the instructions)		
	——————————————————————————————————————		
1	Armounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	58,624
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts 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	58,624
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	50 604
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	58,624
	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 Aill	Undistributed income	(see page 20 of t	ne manachons/			
			(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	utable amount for 2010 from Part X	Ι,	Сограз	rears prior to 2000		6,996
line 7						0,990
	ributed income, if any, as of the end	of 2010.			1	į
	amount for 2009 only	00				<u></u>
	or prior years. 20 , 20					
	s distributions carryover, if any, to 2	11,823	1			
a From 2		12,203				
b From 2		35,243				
c From 2		8,200				
d From 2		34,702				
e From 2		34,102	102,171			
	of lines 3a through e	VII	102,171			
•	ring distributions for 2010 from Part	All,				
	► \$ 58,624					
	to 2009, but not more than line 2a					
	to undistributed income of prior ye			ļ		
-	on required—see page 26 of the ins					
	d as distributions out of corpus (Ele					
•	d—see page 26 of the instructions	,				6,996
	d to 2010 distributable amount ning amount distributed out of corpi	16	51,628			
	s distributions carryover applied to 2		51,020			
	mount appears in column (d), the s					
•	t must be shown in column (a))	arric				
	the net total of each column as					
	ted below:					
	s. Add lines 3f, 4c, and 4e Subtract	line 5	153,799			
	ears' undistributed income Subtract					
-	from line 2b	•				
	he amount of prior years' undistribu	ited				
	for which a notice of deficiency ha					
	ssued, or on which the section 4942					:
	s been previously assessed	.(4)				
	ct line 6c from line 6b Taxable				:	
	t—see page 27 of the instructions					
	ributed income for 2009 Subtract lii	ne				
	n line 2a. Taxable amount-see pag		ł			
	ne instructions	-				
	ributed income for 2010 Subtract lii	nes				
4d and	5 from line 1. This amount must be					
distribu	ited in 2011					0
7 Amoun	ts treated as distributions out of co	rpus				
to satis	fy requirements imposed by section	n				
	(1)(F) or 4942(g)(3) (see page 27 o					
instruct	tions)	Į				
8 Excess	distributions carryover from 2005	not				
	on line 5 or line 7 (see page 27 of	1				
instruct		Ì	11,823			
	s distributions carryover to 2011.	. [
	ct lines 7 and 8 from line 6a		141,976			
10 Analysi	s of line 9			_ 7		
a Excess	from 2006	12,203				
b Excess	from 2007	35,243	Ī			
c Excess	from 2008	8,200	Ī			
d Excess	from 2009	34,702				
e Excess	from 2010	51,628				

<u> N/A</u>

Any submission deadlines

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

b The form in which applications should be submitted and information and materials they should include

N/A

Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	ontinued)			
3 Grants and Contributions Paid During the	Year or Approved for Ful	ture Payment		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or contribution	Amount 58,62
Total			▶ 3a	58,62
b Approved for future payment N/A				
Total			▶ 3b	
				200 DE

Part XVI-	A Analysis of Income-Producing Ac	tivities				
Enter gross an	nounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program s	ervice revenue				- <u>-</u>	the instructions)
		-				
	·			 -		
		-		 		
		-		 		
_		-		 		
f		-		 		
_	and contracts from government agencies ip dues and assessments			 -		· · · · · · · · · · · · · · · · · · ·
	savings and temporary cash investments		<u> </u>	 		
	and interest from securities					
	income or (loss) from real estate					
	nanced property			1		
	bt-financed property			— —		
	ncome or (loss) from personal property					
7 Other inves						
8 Gain or (lo	ss) from sales of assets other than inventory					
9 Net income	e or (loss) from special events					
10 Gross prof	it or (loss) from sales of inventory					<u> </u>
11 Other reve	nue a	_				
с		-				
d	- · · · · · · · · · · · · · · · · · · ·					
e		-				
	dd columns (b), (d), and (e)		0		0	
	line 12, columns (b), (d), and (e)				13	<u>_</u>
	t in line 13 instructions on page 29 to verify calculation		nt of Evennt Bu			
Part XVI-E						
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo instructions.)				•	the
N/A						
		· .	······			· · · · · · · · · · · · · · · · · · ·
		····				
		 				
						
						
						
	 	<u> </u>				
	<u> </u>					

BAYONNE, NJ

07002-3827

om 9s	90-PF (20)	U) KIIA AND	<u> </u>	REBITION	T. PATITITE		1190902			Pa	ge 1
Part	XVII	Information Regardation Regardation	_	ansfers To ar	nd Transaction	s and Relation	onships With	n Nonchar	ritable		
1 D	d the orga	inization directly or indi		ge in any of the fo	llowing with any oth	ner organization d	escribed			Yes	No
ın	section 50	01(c) of the Code (othe	r than section	on 501(c)(3) orgar	nizations) or in sect	ion 527, relating t	to political				
or	ganızatıor	ıs?									Ė
a Ti	ansfers fr	om the reporting found	ation to a no	oncharitable exem	pt organization of						į
(1) Cash								1a(1)		X
(2) Other a	ssets							1a(2)		X
b O	ther transa	actions									
(1) Sales of	f assets to a noncharita	able exempt	organization					1b(1)		X
(2) Purchas	ses of assets from a no	incharitable	exempt organizati	ion				1b(2)		X
(3) Rental o	of facilities, equipment,	or other ass	sets					1b(3)		X
(4) Reimbu	rsement arrangements	,						1b(4)		X
(5) Loans o	r loan guarantees							1b(5)		<u> </u>
(6) Perform	ance of services or me	mbership oi	r fundraising solici	tations				1b(6)		X
	_	acılıtıes, equipment, ma	-	•	• •				1c_		X
d If t	the answe	r to any of the above is	; "Yes," com	plete the following	schedule Column	(b) should alway	s show the fair	market			
		goods, other assets, or	_		_						
		transaction or sharing					•				
	ine no	(b) Amount involved	(c) Name	e of nonchantable ex	empt organization	(d) Descrip	otion of transfers, tr	ansactions, an	d shanng arrange	ments	
I/A			 								
			 		<u>.</u>						
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20 lo 1	bo formed		l., -661,-1-2								
		ition directly or indirectly	•				ns		П у.	s X	N1-
		section 501(c) of the C plete the following sch	,	man section 50 f(c	(S)) or an section t	027 *			TE	s 🟊	NO
	·-·	Name of organization	suuic.	(b) Type of	f organization		(c) Descri	tion of relation	shin		
N/Z				(5) 1)15			(5) 5555.12	7.1017 01 70.101.1017	5p		
		··		 							
						·					
											
				<u> </u>							
	Under per	nalties of perjury, I declare	that I have ex	amined this return in	ncluding accompanyin	n schedules and sta	itements, and to th	e hest of my kr	nowledge and		
ian	belief, it is	true, correct, and complet	e_Declaration	of preparer (other th	an taxpayer or fiducia	ary) is based on all in	nformation of which	n preparer has	any knowledge		
ign	NY/	Alex /	Lu	land	10/	25/11	TRU	166			
ere	Signa	iture of officer or trustee			Date		Title	107/			
	Print/Tv	pe preparer's name			Preparer's signat	ure			Date		$\overline{\neg}$
aid					/ / /	_				Check L self-emp	il [
eparer	RICHA	RD FREIZER			1				10/19/11	2011-0111h	- y 0 U
se Only			ER & F	REIZER C	PA'S			PTIN	P01037	386	
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201-436-4500 Form 990-PF (2010)

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Federal Statements

Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address			
	Relationship	Status	Purpose	Amount -
MACABEE USA		() 		
SPECIAL OLYMPICS NY		PUBLIC	UNRESTRICTED	50
MEMORIAL SLOAN KETTERING		PUBLIC	UNRESTRICTED	50
CONG EMANUEL OF WESTCHEST		PUBLIC	UNRESTRICTED	20,000
CITY HARVEST		PUBLIC	UNRESTRICTED	1,900
THANKS TO SCANDANAVIA		PUBLIC	UNRESTRICTED	300
AMERICAN RED CROSS		PUBLIC	UNRESTRICTED	100
HONORARY FIRE OFFICERS AS		PUBLIC	UNRESTRICTED	200
OSN		PUBLIC	UNRESTRICTED	210
CITY MEALS ON WHEELS		PUBLIC	UNRESTRICTED	100
JEWISH GUILD FOR BLIND		PUBLIC	UNRESTRICTED	403
CAMP VACAMUS		PUBLIC	UNRESTRICTED	100
AMERICAN INTERFAITH INSTI		PUBLIC	UNRESTRICTED	1,000
BOWERY MISSION		PUBLIC	UNRESTRICTED	2,000
SOUTHERN POVERTY LAW		PUBLIC	UNRESTRICTED	150
ARBOR DAY FUND		PUBLIC	UNRESTRICTED	20
ANTI-DEFAMATION LEAGUE		PUBLIC	UNRESTRICTED	50
DYSAUTONOMIA FUND		PUBLIC	UNRESTRICTED	20,000
STATUE OF LIBERTY ASSN		PUBLIC	UNRESTRICTED	1,000
		PUBLIC	UNRESTRICTED	100

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Name	Address			
Address	Relationship	Status	Purose	, tai 0 and
WORLD JEWISH CONGRESS				
MADD		PUBLIC	UNRESTRICTED	136
JULIARD SCHOOL		PUBLIC	UNRESTRICTED	50
ROCKERFELLER UNIV		PUBLIC	UNRESTRICTED	2,000
WASHINGTON INSTITUTE		PUBLIC	UNRESTRICTED	1,000
NATURE CONSERVATORY		PUBLIC	UNRESTRICTED	1,000
AARP FOUNDATION		PUBLIC	UNRESTRICTED	25
FOOD BANK FOR NYC		PUBLIC	UNRESTRICTED	50
BURKE REHAB HOSP		PUBLIC	UNRESTRICTED	300
CAMERA		PUBLIC	UNRESTRICTED	100
JEWISH NAT FUND		PUBLIC	UNRESTRICTED	100
TOTAL		PUBLIC	UNRESTRICTED	100

Form OOO (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenu		▶ File	a separate	application for each return.					
If you are	filing for an Au	tomatic 3-Month Extension, complet	e only Part	and check this box			▶ X		
• If you are	filing for an Ad	ditional (Not Automatic) 3-Month Ex	tension, cor	nplete only Part II (on page 2 of this for	m)				
Do not comp	lete Part II uni	ess you have already been granted an	automatic 3-	month extension on a previously filed Fo	orm 8868				
Eleatropia fili	ing (a file). Va	u ann alastropianlly file Form 9969 if yo	u pood a 3 m	conth automatic automator of time to file	'S months	for			
	- ' '	•		nonth automatic extension of time to file on the automatic extension of time. You can electronic	•				
·	•	·		t II with the exception of Form 8870, Info	•	11 [11			
		•		must be sent to the IRS in paper format					
				ov/efile and click on e-file for Charities &	•	_			
Part I		·		omit original (no copies needed		<u> </u>			
		Form 990-T and requesting an automa			<i>]</i> :				
Part I only	roquired to ille	Tomic source and requesting an automa	0 111011111 0	Atomotor-check this box and complete			▶ □		
•	rations (includi	ng 1120-C filers), partnerships, REMIC	e and trusts	must use Form 7004 to request an exte	nsion of ti	me	٠		
to file income i	,	ng 1120-0 mera), partiterampa, Neiwic	o, and irosis	must use to mili 7004 to request an exte	1131011 01 11	ine.			
		mot organization			Emplo	var ident	ufication number		
Type or Name of exempt organization Employer identification RITA AND LEO GREENLAND FAMILY									
12 710C000									
File by the due date for		eet, and room or suite no If a P O box,	ego instructi	uone .	1 - 2	23 , 23 03 02			
filing your		IFTH AVENUE	see manucu	10 A					
return See instructions		post office, state, and ZIP code For a	foreign addre			-			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NEW YO		10028						
Enter the Retu	rn code for the	return that this application is for (file a	separate app	lication for each return)			04		
Application			Return	Application			Return		
is For			Code	Is For			Code		
Form 990			01	Form 990-T (corporation)			07		
Form 990-BL				Form 1041-A			08		
Form 990-EZ				Form 4720			09		
Form 990-PF				Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust)				Form 6069			11		
Form 990-T	(trust other tha	n above)	06	Form 8870			12		
		FREIZER & FREIZER CPA	A'S						
		17 W. 25TH STREET							
		► BAYONNE				N	J 07002		
Telephone	No ▶ 20	1-436-4500	FAX No	▶ 201-436-0807			_		
 If the organ 	nization does n	ot have an office or place of business i	the United	States, check this box			▶ [_]		
 If this is for 	a Group Retui	n, enter the organization's four digit Gr	oup Exempti	on Number (GEN) If	this is				
for the whole g	roup, check thi	s box If it is for part of	the group, ch	neck this box	ch				
		of all members the extension is for							
		3-month (6 months for a corporation red							
			for the orga	nization named above. The extension is					
	rganization's re								
. —	calendar year								
	tax year beginn	ing , and ending		•					
2 If this tax	year entered i	n line 1 is for less than 12 months, che	ck reason	Initial return Final return					
☐ cr	iange in accoul	nting period							
			2000		-1-	Γ			
		Form 990-BL, 990-PF, 990-T, 4720, or (6069, enter ti	he tentative tax, less any		1.	C		
		See instructions			3a	\$	0		
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b						•		
					3b	\$	0		
		line 3b from line 3a Include your paym	ent with this i	iorm, ir requirea, by using EFTPS		•	0		
		Payment System) See instructions	thic Earm 00	68, see Form 8453-EO and Form 8879-	3c	<u> </u>			
		are an electronic lung withdrawal with	uns FUIII 66	00, see Fulli 0403-EO and Fulli 88/9-	EO IOF				
payment instru-	CHOHS								

Form 8868 (Rev_1-2011)					Page 2		
If you ar	e filing for an Additional (Not Automatic) 3-Me	onth Extension, con	nplete only Part II and check this	s box		▶ X		
Note. Only	complete Part II if you have already been grante	d an automatic 3-mo	nth extension on a previously file	d Form 8868		-		
	e filing for an Automatic 3-Month Extension,		•					
Part II	Additional (Not Automatic) 3-Mo		· · · · · · · · · · · · · · · · · · ·	inal (no copie	es needed	}.		
Type or								
print	RITA AND LEO GREENLAN				Employer identification number			
File by the	FOUNDATION	7196982	,					
extended	Number, street, and room or suite no. If a P.O. box, see instructions							
due date for	1056 FIFTH AVENUE 10A							
filing your	City, town or post office, state, and ZIP cod	o Cor o foreign adds						
return See instructions	NEW YORK	NY 10028						
	NEW TORK	N1 10028	,					
Enter the Re	turn code for the return that this application is fo	or (file a separate app	olication for each return)			04		
Applicatio	n	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990		01						
Form 990-l		02	Form 1041-A			08		
Form 990-		03	Form 4720			09		
Form 990-I		04	Form 5227			10		
	T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above)	06	Form 8870			12		
	ot complete Part II if you were not already gr			ously filed Form	8868	12		
If the orga If this is for the whole list with the red I reques For cale If the ta	anization does not have an office or place of but or a Group Return, enter the organization's four group, check this box	digit Group Exemption of the group for 11/15/11 ginning hs, check reason	States, check this box on Number (GEN) , check this box , and ending Initial return Final	If this is and attach a return	E A CO	► □		
•	pplication is for Form 990-BL, 990-PF, 990-T, 4 ndable credits. See instructions.	720, or 6069, enter th	ne tentative tax, less any	8a	\$	0		
	pplication is for Form 990-PF, 990-T, 4720, or 6 ed tax payments made Include any prior year of							
	paid previously with Form 8868			8b	\$	0		
	e Due. Subtract line 8b from line 8a Include yo		form, if required, by using EFTPS	;				
(Electro	nic Federal Tax Payment System) See instruc			8c	\$	0		
rue, correct, and	of perjury, I declare that I have examined this form, inc d complete, and that I am authorized to prepare this fo	cluding accompanying so rm		est of my knowledge				
Signature P		Titt	e ► CPA			08/06/11		
					Form 8	3868 (Rev 1-2011)		