

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

Return of Private Foundation

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

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

OMB No 1545-0052

2010

-		_			be able to use a copy of this	, ,	<u> </u>	l
<u> </u>	or c	alen	dar year 2010, or tax year	r beginning JUI	<u>, 1, 2010</u>	, and ending	<u>JUN 30, 2011</u>	<u> </u>
	G C	heck	Final return	า				
				Amended return	Name change			
	Nan	ne of	foundation			A Employer identification	n number	
				SERVICE FUNI				
					AND COMPANY		13-3713480)
	Num	ber au	nd street (or P O box number if		t address)	Room/suite	B Telephone number	
			P.O. BOX 4	1080			203-655-28	<u> </u>
	City	or to	own, state, and ZIP code	C If exemption application is p				
		_	DARIEN, CT	D 1. Foreign organization	s, check here			
	ֈ_c	_	• •		xempt private foundation		Foreign organizations me check here and attach co	omputation lest,
			ction 4947(a)(1) nonexem		Other taxable private found		E If private foundation sta	
				_	ing method: X Cash	Accrual	under section 507(b)(1)(A), check here
	-		Part II, col. (c), line 16)		ther (specify)		F If the foundation is in a	
	<u>_</u>				ımn (d) must be on cash	pasis)	under section 507(b)(1	
	Pa	rt I	Analysis of Revenue and (The total of amounts in colur	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	_		necessarily equal the amount		<u>'</u>	IIICOIIIC		(cash basis only)
		1	Contributions, gifts, grant	•	32,500.		N/A	<u> </u>
		2	Interest on savings and tempo	n is not required to attach Sch. B	105	105		Oma meneration of
~1		3	cash investments	•	195.	195.		STATEMENT 1
2012		4	Dividends and interest fro	om securities	3,998.	3,998.		STATEMENT 2
			Gross rents					<u> </u>
4		_	Net rental income or (loss)		41,684.			
~	ne	_	Net gain or (loss) from sale of a Gross sales price for all	68,754.	41,004.			
出	Revenue	b	assets on line 6a			41,684.		
ഥ	æ	7	Capital gain net income (from I Net short-term capital gail			41,004.		
딦		8	Income modifications	111				
Z		10a	Gross sales less returns	1				
Z			and allowances Less Cost of goods sold					
SCANNED FEB			Gross profit or (loss)					
ഗ			Other income					
		12	Total. Add lines 1 through	ıh 11	78,377.	45,877.		
		13	Compensation of officers, dire		0.	0.		0.
		14	Other employee salaries a			" '	RECEIV	₽D
		15	Pension plans, employee	benefits				70
	ses	16a	Legal fees				5 FEB 1 9 2	112
	en	Ь	Accounting fees					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Expens	С	Other professional fees				OGDEN.	<u> </u>
	<u>×</u>	17	Interest				L OGUEN,	<u> </u>
	and Administrative	18	Taxes	STMT 3	1,471.	0.		0.
	nist	19	Depreciation and depletio	on				
	Ē	20	Occupancy					_
	Ă	21	Travel, conferences, and	=				
	auc	22	Printing and publications					
	Operating	23	Other expenses	STMT 4	7,498.	4,878.		2,620.
	rat	24	Total operating and adm					
	ğ		expenses. Add lines 13 ti		8,969.	4,878.		2,620.
	_		Contributions, gifts, grant		24,150.			24,150.
		26	Total expenses and disb	oursements.	22.442	4 000		0.5 553
		<u> </u>	Add lines 24 and 25		33,119.	4,878.		26,770.
		27	Subtract line 26 from line		45 050			
		1	Excess of revenue over expen		45,258.	40.000		
			Net investment income (40,999.	NT / N	
		<u>c</u>	Adjusted net income (if no	egative, enter -0-)	<u> </u>	L	N/A	<u> </u>

FRACTURE SERVICE FUND, INC.
C/O WALTER, BERLINGO AND COMPANY

For	m 99	0-PF(2010) C/O WALTER, BERLINGO AN	D COMPANY	13-	3713480 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
느			(a) Book Value	(b) Book Value	(c) Fair Market Value
	L	Cash - non-interest-bearing	104 505	004 000	
	1	Savings and temporary cash investments	194,795.	204,273.	204,273.
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts		· · · · · · · · · · · · · · · · · · ·	
	4	Pledges receivable			
	_ ا	Less: allowance for doubtful accounts			
	5	Grants receivable			
	ם	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons			
	′	Other notes and loans receivable Less; allowance for doubtful accounts			
	١,	· · · · · · · · · · · · · · · · · · ·			
Assets	1	Inventories for sale or use Prepaid expenses and deferred charges			
Ass	9	Investments - U.S. and state government obligations			***
	ı	Investments - corporate stock STMT 5	251,212.	286,992.	345,934.
	l	Investments - corporate bonds	231,212.	200,332.	343,334.
	ı	Investments - Lon porate borius Investments - land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers)	446,007.	491,265.	550,207.
	17				
	18	Grants payable			
S	19	Deferred revenue			
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ý		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
ala	25	Temporarily restricted			
д В	26	Permanently restricted			
뎚		Foundations that do not follow SFAS 117, check here			
2	0.7	and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	446,007.	491,265.	
et/	30	Total net assets or fund balances	446,007.	491,265.	
Z	"	Total liet assess of fully salatives	440,007.	471,403.	
	31	Total liabilities and net assets/fund balances	446,007.	491,265.	
	art				
	arı	Analysis of onlinges in Not Assets of Fund B			
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		_
	•	st agree with end-of-year figure reported on prior year's return)	-	. <u>1</u>	446,007.
		r amount from Part I, line 27a		2	45,258.
3		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3 reases not included in line 2 (itemize)		4	491,265.
5 6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 30	5	491,265.
<u>~</u>	. 010	Falt II, b	oranin to y into oo		Form 990-PF (2010)

FRACTURE SERVICE FUND, INC.

13-3713480 Form 990-PF (2010) C/O WALTER, BERLINGO AND COMPANY Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, P - Purchase D - Donation (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a SEE ATTACHED STATEMENT b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) b C d 27,070 41,684. 68,754 е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any a Ь C d 41,684. е If gain, also enter in Part I, line 7 41,684. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes." the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (c) (b) Net value of noncharitable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) 414,197 .102135 42,304 2009 .214316 69,358 323,625. 2008 40,380. .101504 397,817. 2007 365,333 .120986 44,200 2006 313,042 092678 29.012 2005 .631619 2 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 .126324 170,587. 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 21,549. Multiply line 4 by line 3 5 410. 6 Enter 1% of net investment income (1% of Part I, line 27b) 21,959. 7 7 Add lines 5 and 6 26,770. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

orm	FRACTURE SERVICE FUND, INC. 1990-PF (2010) C/O WALTER, BERLINGO AND COMPANY 13-3713	48N		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in			
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1300	Clio	113)
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
h			1	10.
U	of Part I, line 27b		- 4	10.
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	<u> </u>			Λ
				$\frac{0.}{10.}$
ن 4			4	
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
	Credits/Payments:		4	10.
	·			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 500.			
	Exempt foreign organizations - tax withheld at source The continue of the con			
	Tax paid with application for extension of time to file (Form 8868) 6c 1,200.			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d		1,7	<u>'00.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>1,2</u>	90.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax 1,290 Refunded 11			0.
	art 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 participate or intervene in	igwdot	Yes	No
	any political campaign?	1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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.			ļ
	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. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$	i		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$0.			
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	3		_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?	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?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see 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	8b	X	
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 tayable year heginning in 2010 (see instructions for Part VIV/2 # #Yos * complete Part VIV/			v

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Form **990-PF** (2010)

STMT 6

	FRACTURE SERVICE FUND, INC.			_	
	990-PF (2010) C/O WALTER, BERLINGO AND COMPANY	13-3713	480	F	Page 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			i	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of ▶ WALTER, BERLINGO & CO. Telephone no.	<u> </u>	<u>655-</u>	-28	<u>00</u>
	Located at ▶ 280 TOKENEKE ROAD, DARIEN, CT	ZIP+4 ▶ 06	820		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	15		/A_	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		. [Yes	No
	securities, or other financial account in a foreign country?		16		X
	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	art 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
18	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?	res 🗓 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		i i		
	a disqualified person?	res 🗶 No			
		res X No			
		Yes X 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)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
		Yes X No			
1	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🗀			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
•	before the first day of the tax year beginning in 2010?		1c		x
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	"		
2		•	1 1		
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ına			
		Yes X No			
		163 22 110			
	If "Yes," list the years	uet.			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack the section 4942(a)(b) and all years listed answer "No" and attack the section 4942(a)(b) and all years listed answer "No" and attack the section 4942(a)(b) and all years listed answer "No" and attack the section 4942(a)(b) and attack the section	N/A	,,		
	statement - see instructions.)	14 / FZ	2b	-	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1		
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
3		v 👿 n.			1
		Yes X No			1
	b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2010)	N/A	3b		77
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that	1	l	1

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

FRACTURE SERVICE FUND, I				
Form 990-PF (2010) C/O WALTER, BERLINGO AND	COMPANY	Dameina de	<u>13-37134</u>	80 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	requirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • •		s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru		5	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•		▶□□□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined	· 	
expenditure responsibility for the grant?			s No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promising on	□ v _e	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	,,,		Sb X
If "Yes" to 6b. file Form 8870	crooner bonom contract.		<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v _e	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		٠٠ لــــا		7b
Information About Officers Directors Trust		nagers. Highly		
Part VIII Paid Employees, and Contractors	555, 1 5anaa		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
JOHN P. LYDEN	PRESIDENT	James 67		
148 E. 65TH STREET		1		
NEW YORK, NY 10021	5.00	0.	0.	0.
	TREAS/SECTY			
148 E. 65TH STREET	, , , , , , , , , , , , , , , , , , , ,			
NEW YORK, NY 10021	5.00	0.	0.	0.
	DIRECTOR			<u> </u>
700 WHITE PLAINS ROAD				
SCARSDALE, NY 10583	5.00	0.	0.	0.
DEMINDRIAN I 10303	3.00	•	•	
·····		ŀ	:	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
			,	
	1			
	1			
			-	
	1			
		<u> </u>		
	1			
Total number of other employees paid over \$50,000	• · · · · · · · · · · · · · · · · · · ·	•		0

FRACTURE SERVICE FUND, INC. Form 990-PF (2010) C/O WALTER, BERLINGO AND COMPANY 13-3713480 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A

Form **990-PF** (2010)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form 990-PF (2010) Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 120,876. a Average monthly fair market value of securities 1a 52,309. 1b Average of monthly cash balances c Fair market value of all other assets 1c 173,185. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1e 0. 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 173,185. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 2,598. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 170,587. 5 8,529. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here
and do not complete this part.) Minimum investment return from Part X, line 6 8,529. 410 Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010. (This does not include the tax from Part VI.) 410. c Add lines 2a and 2b 2c 3 8.119. 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 26,770. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 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 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 26,770. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

Form 990-PF (2010)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				8,119.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:			_ 	
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 14,182.				
b From 2006 26,591.				
c From 2007 21,109.				
d From 2008 53,193.				
e From 2009 22,565.				
f Total of lines 3a through e	137,640.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 26,770.			_	
a Applied to 2009, but not more than line 2a			0.	<u> </u>
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0.110
d Applied to 2010 distributable amount	10 651			8,119.
e Remaining amount distributed out of corpus	18,651.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	156,291.			
b Prior years' undistributed income. Subtract				
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) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	,			
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011	<u> </u>		<u>.</u>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	1.4.400			
not applied on line 5 or line 7	14,182.			
9 Excess distributions carryover to 2011.	140 100			
Subtract lines 7 and 8 from line 6a	142,109.			
10 Analysis of line 9: a Excess from 2006 26,591.				
b Excess from 2007 21,109.				
c Excess from 2008 53,193.				
d Excess from 2009 22,565.				
e Excess from 2010 18,651.				

FRACTURE SERVICE FUND, INC. Form 990-PF (2010) C/O WALTER BERLINGO AND COMPANY 13-3713480 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(J)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2010 (b) 2009 income from Part I or the minimum (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, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🚻 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed; b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

FRACTURE SERVICE FUND, INC.

Form 990-PF (2010)

C/O WALTER, BERLINGO AND COMPANY

13-3713480 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year HUDSON RIVER HEALTHCARE, NONE 501(C)(3) 2,650. HEALTH CARE INC. PUBLIC 1200 BROWN STREET, 4TH CHARITY FLOOR PEEKSKILL, NY THE HOSPITAL FOR SPECIAL NONE 501(C)(3) 21,500. NURSING, RESEARCH AND SURGERY FUND, INC. PUBLIC EDUCATIONAL PROGRAMS 535 EAST 70TH STREET CHARITY NEW YORK, NY 10021 **▶** 3a 24,150. Total b Approved for future payment NONE Total

Part XVI-A **Analysis of Income-Producing Activities**

Form 990-PF (2010)

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
- more ground amount am	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					- -
b					
		·			_
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					·
3 Interest on savings and temporary cash					
investments			14	195.	
4 Dividends and interest from securities	-		14		
5 Net rental income or (loss) from real estate:			1.2	3,330.	
a Debt-financed property					·
					_
b Not debt-financed property					<u>-</u> _
6 Net rental income or (loss) from personal					
property			-		
7 Other investment income					
8 Gain or (loss) from sales of assets other				44 604	
than inventory	ļ		18	41,684.	
9 Net income or (loss) from special events	ļi				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					<u> </u>
b					
C					
d			1		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		45,877.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	45,877.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes	
		···		·	
Line No. Explain below how each activity for which incor			contrit	outed importantly to the accord	iplishment of
the foundation's exempt purposes (other than b	by providing to	mus for such purposes).			
					
					· ·
					<u></u>
					

FRACTURE SERVICE FUND, INC.

Form 990-PF (2010) C/O WALTER, BERLINGO AND COMPANY

Part XVII Information Regarding Transfers To and Transactions as

1	3	_	3	7	1	3	4	R	n	
_	_		_	•	-	_	-	v	v	

Page 13

Form **990-PF** (2010)

I alt A		Exempt Organi		51615 10 6	and fransacti	ons ai	na neiationsi	mps with Noncha	iritabie	,	
1 Did 1	he ora	anization directly or indir		of the followin	g with any other or	anization	n described in secti	on 501(c) of		Yes	No
	_	other than section 501(c)						 (.)			
		rom the reporting founda				J					
	Cash				_				1a(1)		X
(2)	Other a	assets							1a(2)		X
b Othe	r trans	actions:									
(1)	Sales	of assets to a noncharital	ble exempt organiza	tion					1b(1)		X
(2)	Purcha	ases of assets from a nor	ncharitable exempt o	organization					1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets						1b(3)		X
(4)	Reimb	ursement arrangements							1b(4)		Х
(5)	Loans	or loan guarantees							1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundrai	sing solicitatio	ons				1b(6)		X
c Shai	ing of	facilities, equipment, ma	ılıng lists, other asse	ets, or paid em	ployees				1c		X
d If the	e answ	er to any of the above is	"Yes," complete the	following sche	dule. Column (b) sl	ould alw	ays show the fair n	narket value of the goods,	other ass	sets,	
or se	ervices	given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair ma	ket value	e in any transaction	or sharing arrangement,	show in		
colu		the value of the goods,									
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	n	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
				<u> N/A</u>							
	_						-				
	 		_								
	-						ļ				
	+		<u> </u>								
	+						-	 			
					· · · · · · · · · · · · · · · · · · ·						
	+-				 						
	+						+				
	+										
	+		1				+				
	+										
	+										-
2a lo th	o foun	dation directly or indirect	the affiliated with or	rolated to one	or more tay-eyeme	t organiz	ations described	·			
		501(c) of the Code (other	-			i Ui yaiiizi	alions described	Г	Yes	v	No
		mplete the following sch)(0)) Or III 3601	11011 327			L	163	لـم	_ NO
<u>U 11_1</u>	03, 00	(a) Name of org			(b) Type of organ	zation		(c) Description of relations	ship		
		N/A	·		1,7,7,		•	<u> </u>	<u> </u>		
									-		
		1		•		İ					
-											_
			\cap T	\overline{I}		/					
		penalties of perjury, declare						e best of my knowledge and b	ebef, it is tr	ue, corre	ct,
Sign	and c	, (<i>171</i>	rer (diner than taxbayer	or iduciary) is b	as pon all information	of which po	retrarer has any knowl	edge			
Here	.	/ Inm		$\mathcal{U}_{\mathcal{A}}$	12 9		/2\ M)			
		Signature of officer or tru	ıstee	70	✓Ďa	9	Ţ	itle			
		Print/Type preparer's na	ame	/ Preparer's s	ignature	۱, ۱	Date	Check if PTIN			
_		BRIAN J. M	CQUILLAN'	,				self- employed			
Paid		CPA (J. MCQUII	LA (02/01/12				
Prepa		Firm's name ► WAL	TER, BERI	LINGO &	co.			Firm's EIN ►			
Use C	nly										
		Firm's address ► 28	0 TOKENER RIEN, CT), P.O. B	X 40	080				_
		DA		Phone no. 203	655-	280	0				

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

FRACTURE SERVICE FUND, INC. C/O WALTER, BERLINGO AND COMPANY 13-3713480 Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	-	_	
age	l of	of Pa	art I

Name of organization FRACTURE SERVICE FUND, INC. C/O WALTER, BERLINGO AND COMPANY Employer identification number 13-3713480

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVID RICHARDS C/O PO BOX 4080 DARIEN, CT 06820	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JOHN WEINBERG FOUNDATION 70 FIELD POINT CIRCLE GREENWICH, CT 06830	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LINDA RIZK 302 WATER VIEW DRIVE FRANKLIN LAKES, NJ 07417	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	THE HERMAN LISSNER FOUNDATION 135 EAST 55TH STREET NEW YORK, NY 10022	\$10,000.	Person X Payroll
(a) N o.	(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	В	(Form	990	990-F7	Ωr	990-PF	1/20	101
COLICOLIC	·	0.01111	880,	990-LZ,	•	990-i i	,,,,,,	,

Page

of Part II

Name of organization

FRACTURE SERVICE FUND, INC.
C/O WALTER, BERLINGO AND COMPANY

13-3713480

Employer identification number

of

Part II Noncash Property (see instructions)

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

Schedule B (For	m 990, 990-EZ, or 990-PF) (2010)		Page of of Part III				
Name of orga	anization		Employer identification number				
	RE SERVICE FUND, INC.						
C/O WA	LTER, BERLINGO AND COM	IPANY	13-3713480				
Part III	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi \$1,000 or less for the year. (Enter this in	te columns (a) through (e) and the fo ous, chantable, etc, contributions of					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
}-		(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti -							
-							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				

				/EX 11		
		i describe the kind(s) of property sole rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a 1,700 SHS CALIPER LIFE SCIENCES INC.						
				P	07/06/09	
b 100 SHS CORE LABORATORIES c 100 SHS CARBO CERAMICS INC				P P	07/08/05 03/26/07	
	d 2,300 SHS DELIA					03/30/11 $03/29/11$
	e 300 SHS GREATBATCH INC.				03/27/07	
		PROCESSING SERVI	CEC INC	P P		$\frac{04/20/11}{12/14/10}$
	150 SHS NIKO R		CES INC	P	09/29/04	
y -	N ONTH CITE OCL	ESCORCES DID		<u>F</u>	03/23/04	04/00/11
- <u>''</u> -				·-·		
<u> </u>						
k						
ì		-				
m						
п				····		
0						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a	13,680.	, , , , , , , , , , , , , , , , , , , ,	2,509.	(0) F	(-) /////	11,171.
<u>a</u> b	11,156.		1,380.			9,776.
c	16,316.		4,671.		· · · · · · · · · · · · · · · · · · ·	11,645.
ď	4,117.		5,865.			$\frac{11,043.}{<1,748.>}$
e	7,751.		7,881.			<130.>
f	1,304.		7,001.			1,304.
g	14,430.		4,764.			9,666.
h	<u> </u>			·· ·		3,000.
1				· · · · · ·		·
1						
k	u					
1						
m						-
n						
0						
	Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ı), ıf any	Gains (excess e but n	of col. (h) gain over ot less than "-0-")	col. (k),
a						11,171.
b						9,776.
С						11,645.
d						<1,748.>
e						<130.>
f						1,304.
g						9,666.
h						
J						
i						
k						
1						
m						
n						<u> </u>
0				1		
2 Ca	apital gain net income or (net ca	apıtal loss) - { If gaın, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	2		41,684.
3 Na	et short-term capital dain or (lo:	ss) as defined in sections 1222(5) an	_ 1			
lf	gain, also enter in Part I, line 8,	column (c).	- (-)			
If	(loss), enter "-0-" in Part I, line (8	J	3	N/A	

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BREAN MURRAY CARRET CITIBANK, N.A.						12. 83.
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	OLUMN A		:	1	95.
FORM 990-PF DIVIDENT	DS AND INTE	REST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
BREAN MURRAY CARRET VASH IN LIEU		3,970.		0.	3,9	70. 28.
TOTAL TO FM 990-PF, PART I,	LN 4	3,998.		0.	3,9	98.
FORM 990-PF	TA	XES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
FEDERAL TAXES PAID	1,471	•	0.			0.
TO FORM 990-PF, PG 1, LN 18	1,471		0.			0.
FORM 990-PF	OTHER	EXPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
INVESTMENT FEES BANK CHARGES FOREIGN TAX WITHHELD SPECIAL EVENTS FOR HSS	4,568 5 310	•	,568. 0. 310.			0. 5. 0.
RESIDENTS STATE REGISTRATION FEES	2,505 110		0. 0.		2,5 1	05. 10.
TO FORM 990-PF, PG 1, LN 23	7,498	. 4	,878.		2,6	20.

ORM 990-PF CORPORATE STOCK			STATEMENT	5
DESCRIPTION BREAN MURRAY INVESTMENT ACCOUNT		BOOK VALUE		
TOTAL TO FORM 990-PF, PART II, LIN	NE 10B	286,992.		
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS	- "		
DAVID RICHARDS	P.O. BOX 4080 DARIEN, CT 06			
JOHN WEINBURG FOUNDATION	70 FIELD POINT CIRCLE GREENWICH, CT 06830			
LINDA RIZK	302 WATER VIE FRANKLIN LAKE			
HERMAN LISSNER FOUNDATION	135 EAST 55TH NEW YORK, NY			
CALLIOPE AND MANUEL KULUKUNDIS FOUNDATION	74 TRINITY PL	ACE		
	NEW YORK, NY	10006		