

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



Form **990-PF**

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

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

DAA

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

For	calen	dar year 2010, or tax year beginning $10/01/10^{\circ}$,	and ending 09/3	0/11			
			turn of a former public	charity		Final return	
		Amended return Add	Iress change	Name	change		
N	ame of f	foundation				loyer identification nun -5956181	ber
		YMOUS FOUNDATION INC.			B Telep	hone number (see page 1	0 of the instructions)
		and street (or PO box number if mail is not delivered to street addrest $CORREST\ RIDGE\ ROAD$	ess) Ro	com/suite		1-236-9124	-
					1	mption application is pend	
	-	vn, state, and ZIP code R_SADDLERIVERNJ 07458			D 1. Fo	reign organizations, chec	k here
		type of organization X Section 501(c)(3) exempt private	foundation		1	preign organizations meeti 5% test, check here and at	•
			le private foundation		[·	
		rket value of all assets at J Accounting method:	X Cash Acc	rual	4 '	rate foundation status was on 507(b)(1)(A), check her	. 1
		rear (from Part II, col (c), Other (specify)	ET Casii	iuui	1	foundation is in a 60-mon	
	ne 16)		be on cash basis)			r section 507(b)(1)(B), che	L []
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	Inco	ome	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check \blacktriangleright X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	26,569		26,569	26,569	
	4	Dividends and interest from securities	2,432		2,432	2,432	
	5a	Gross rents		,			·
E	b	Net rental income or (loss)					4
en	6a	Net gain or (loss) from sale of assets not on line 10	50				····
Revenue	b	Gross sales price for all assets on line 6a 105, 050			<u> </u>	······································	·····
	7	Capital gain net income (from Part IV, line 2)			50		
	8 9	Net short-term capital gain Income modifications				0	
	10a	Gross sales less returns & allowances					·
	Ь	Less. Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	·			TE3 U 1 2012	
	12	Total. Add lines 1 through 11	29,051		29,051	29,001	. (
S	13	Compensation of officers, directors, trustees, etc.	0		1	, /	<u> </u>
penses	14	Other employee salaries and wages				- U U	
ē	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					
è	b	Accounting fees (attach schedule) STMT 1	3,350		3,350		
·⋛	C	Other professional fees (attach schedule)		<u> </u>			
Operating and Administrative Ex	17	Interest	<u> </u>				
nis	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 2	604	ļ	604		
Ξ	19	Depreciation (attach schedule) and depletion	 	<u> </u>			,
¥	20	Occupancy Travel, conferences, and meetings	ļ	<u> </u>			
п	22	Printing and publications				·	
g a	23	Other expenses (att sch) STMT 3	309		309		
ţi	24	Total operating and administrative expenses.	309		309		
ia	1	Add lines 13 through 23	4,263		4,263	o	0
ğ	25	Contributions, gifts, grants paid	188,080		/		188,080
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	192,343		4,263	0	188,080
	27	Subtract line 26 from line 12.					
	а	Excess of revenue over expenses and disbursements	-163,292				
	Ь	Net Investment Income (if negative, enter -0-)			24,788		, , , , , , , , , , , , , , , , , , , ,
	<u> </u>	Adjusted net Income (if negative, enter -0-)				29,001	
For	Papen	work Reduction Act Notice, see page 30 of the instruction	ons.				Form 990-PF (2010)

	.,. orm 990	., PF (2010) ANONYMOUS FOUNDATION INC.	20-595618	:1	Page 2
			Beginning of year	End o	
_	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	16,347	10,102	10,102
	3	Accounts receivable		1	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶	<u> </u>		
	5	Grants receivable		· · · ·	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
	Ì	Less: allowance for doubtful accounts ▶	L		
ţ	8	Inventories for sale or use			<u></u>
Assets	9	Prepaid expenses and deferred charges		·	<u> </u>
Ä	10a	Investments—U.S and state government obligations (attach schedule)	<u> </u>		
	ь	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule) SEE STMT 4	477,554	419,507	432,893
	11	Investments—land, buildings, and equipment basis			
	1	Less accumulated depreciation (attach sch.)	<u> </u>		
	12	Investments—mortgage loans .			
	13	Investments—other (attach schedule) SEE STATEMENT 5	249,000	150,000	145,930
	14	Land, buildings, and equipment. basis			
	ł	Less. accumulated depreciation (attach sch.)			
	15	Other assets (describe ► .)	<u> </u>		
	16	Total assets (to be completed by all filers—see the	ļ	:	
_		instructions Also, see page 1, item I)	742,901	579,609	588,925
	17	Accounts payable and accrued expenses	,		:
Š	18	Grants payable	ļ		
≝	19	Deferred revenue	ļ		
3	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	9	. 0	
ın	}	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ä		· -	ļ		
an	24	Unrestricted	 	·	
쬞	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted Foundations that do not follow SFAS 117, check here ▶ X			
5	1	Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31.			_
Ŧ	27				
0	28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	 		
ä	29	Retained earnings, accumulated income, endowment, or other funds	742,901	579,609	
155	30	Total net assets or fund balances (see page 17 of the	742,301	375,005	
7	30	instructions)	742,901	579,609	
ž	31	Total liabilities and net assets/fund balances (see page 17	172/302	3137003	
	"	of the instructions)	742,901	579,609	
	Part I		1 142/201	3,5,009	
_		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		
•		of-year figure reported on prior year's return)	3.00	1	742,901
2		amount from Part I, line 27a		2	-163,292
		increases not included in line 2 (itemize)		3	
		ines 1, 2, and 3		4	579,609
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)	, line 30	6	579,609
		The state of the s	· <u> </u>	<u></u>	Form 990-PF (2010)

Part IV Capital Gains and	Losses for Tax on investmen	t Income				
	he kınd(s) of property sold (e g , real estate, use, or common stock, 200 shs. MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a MS BANK CD			P	12/10	0/08	12/20/10
b DISCOVER BANK CD			P	05/15	80\0	09/16/11
С						
. ө			<u> </u>			L
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale	i		or (loss)) minus (g)
a 95,000			95,000			
b 10,050			10,000			50
_ C						
_d						
<u> </u>		10/04/0				
Complete only for assets showing g	ain in column (h) and owned by the foun					(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ss of col (i)			less than -0-) or om col (h))
<u>a</u>						<u> </u>
ь						50
С						
d		 				
θ		-d line 7 7		 -		
2 Capital gain net income or (net capital	ital loss) If gain, also enter in Pri	•		2		50
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and (6):	art 1, mile /				
· • • · · ·	olumn (c) (see pages 13 and 17 of the in	etructione)				
If (loss), enter -0- in Part I, line 8	ordinin (c) (see pages 15 and 17 or the in	structions)		3		
· · · · · · · · · · · · · · · · · · ·	ler Section 4940(e) for Reduce	d Tax on Net	Investment Inco	me		
	undations subject to the section 4940(a)					
If section 4940(d)(2) applies, leave this	•		,			
ii section 4540(d)(2) applies, leave this	part blank.					
Was the foundation liable for the section	л 4942 tax on the distributable amount o	f any year in the b	ase period?			Yes X No
If "Yes," the foundation does not qualify	under section 4940(e) Do not complete	this part				
1 Enter the appropriate amount in each	ch column for each year; see page 18 of	the instructions b	efore making any entr	ies	,	
(a) Base period years	(b)	l	(c)		Dist	(d) nbution ratio
Calendar year (or tax year beginning in	` 		of nonchantable-use as			livided by col (c))
2009		760	<u>770,</u>			0.084100
2008	211,		854,			0.247607
2007	161,		960,			0.168376
2006		418	998,	321		0.020452
2005	<u></u>				T	
					1	0 520525
2 Total of line 1, column (d)				2_	 	0.520535
	year base period—divide the total on line	2 by 5, or by the				0 130134
number of years the foundation has	s been in existence if less than 5 years			3	 	0.130134
A Patarata anti-alia afaranaharitahir						683,142
4 Enter the net value or nonchantable	e-use assets for 2010 from Part X, line 5			4		005,142
E Multiply line & but time 2					1	88,900
5 Multiply line 4 by line 3				5	 	00,900
6 Enter 19/ of not investment income	(49/ of Dod L line 27h)					248
6 Enter 1% of net investment income	(1% 01 Pait i, iiiie 27b)	•	• •	6	 	
7 Add lines 5 and 5				7		89,148
7 Add lines 5 and 6					 	09,140
8 Enter qualifying distributions from F	Part XII. line 4			8	-	188,080
	rart All, lille 4 ine 7, check the box in Part VI, line 1b, a	nd complete that r	nart using a 1% tay ra			100,000
Part VI instructions on page 18.		complete that)				

<u>Form</u>	990-PF (2010) ANONYMOUS FOUNDATION INC. 20-5956181		Р	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions	3)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1			
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			248
	here ► X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b)			
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			248
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-			248
6	Credits/Payments.			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
đ	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
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			248
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 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) j		,
	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	f 1		
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:] }		
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	1 1		
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1 !		•
	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	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?			 ,,-
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	[Ī
	By language in the governing instrument, or	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1	v	Ī
_	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 XV	7		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	ļ '		1
L	Instructions) ▶ DE			ł
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	Х	i
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1		Ì
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			X
40	27)? If "Yes," complete Part XIV	9_		 ^-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		X
	names and addresses	- 10 - 99	n DE	

(3) Provide a grant to an organization development of any specific public election (see section 4945(s))? (3) Provide a grant to an organization other time a charitable, etc. organization described in section 506(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) (5) Provide or grant to an organization other time a charitable, etc. organization described in section 506(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scientific, filterary, or deviational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, filterary, or deviational purposes, or for the prevention of cruelty to children or animals? (7) Provide a grant to an organization of the filter than the section 53 (4), 50	orm 990-PF (2010) ANONYMOUS			956181			Page 6
(1) Carry on propagands, or otherwes attempt to influence legislation (section 445/60)/7	Part VII-B Statements Rega	rding Activities for Which Form	4720 May Be R	equired (cont	inued)		·
(2) Influence the outcome of any specific public election (sees section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an ancividual for travel, study, or other similar purposes? (4) Provide a grant to an organization cher than a charitable, etc. organization described in section 509(4); (2), or section 4940(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, etc. organization described in section 596(4); (3), or section 4940(2)? (see page 22 of the instructions) b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to quality under the exceptions described in purposes, or for the prevention of cruetly to chiefer or animalism escion 53 4945 or an a current notice regarding disaster assistance check here c if the answer is "Yes" to Sa(1)-(6), did any of the transactions fall to quality under the exceptions described in Regulations section 53 4945 or an a current notice regarding disaster assistance check here c if the answer is "Yes" to Sa(1)-(6), did any of the fransactions fall to quality under the exceptions described in Regulations section 53 4945 or a current notice regarding disaster assistance check here c if the answer is "Yes" to Sa(1)-(6), did any of the fransaction 53 4945 or a current notice regarding disaster assistance check here c if the answer is "Yes" to Sa(1)-(6), did any of the grant? If Yes, "attach the statement required by Regulations section 53 4945 or indirectly, to pay premiums on a personal benefit contract? If Yes, and the foundation, during the year, receive any flunds, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? B Did the foundation, during the year, pay the foundation and year to a current place	5a During the year did the foundation pa	y or incur any amount to:			·	1	
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)f1, (2), or (3), or section 494(0)(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, sicentific, iterap, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, sicentific, iterap, or educational purposes, or for the prevention of cruelty to children or animals? (7) If any answer is "Yes" to 521-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? (8) If any answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (9) If Yes, and a breath of the statement required by Regulations section 53 4945-(6) (9) Bit the foundation, during the year, perpentimes, directly or indirectly, to pay premiums on a personal benefit contract? (9) If Yes, did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (1) If Yes, did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums (9) If Yes, did the foundation expense any proceeds or heve any net moome attributable to the transaction? (1) If Yes, did the foundation expense any proceeds or heve any net moome attributable to the transaction? (1) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (1) If Yes, and the provide the part of the foundation of the information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Individual Paid and Paid States of the Interview of the Inte	(1) Carry on propaganda, or otherwis	se attempt to influence legislation (section	4945(e))?	Y	'es X No	. 1	ł
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 596(a)(1), (2), or (3), or section 494(0)((2)) (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, etc. organization described in section 596(a)(1), (2), or (3), or section 494(0)((2)) (see page 22 of the instructions) b If any answer is Yes' to 5a(1)–(5), did any of the transactions fail to quality under the exceptions described in Regulations section 54(4) does the regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? If Yes in the statement required by Regulations section 53 4945-5(d) ab Did the foundation, during the year, receive any finds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes in the statement required by Regulations section 53 4945-5(d) ab Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes is 66, file Form 8670. At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes is No If Yes, did the foundation receive any proceeds or have any net noome attributable to the transaction? Part VIII in Information About Officers, Directors, Trusteès, Foundation Managers, Highly Paid Employees, and Contractors Latal all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). LAWRENCE ERLBAUM UPPER SADDLE RIVER (b) Iffi. and average (c) Compensation (for page page and defined on the page page 23 of the Instructions). (c) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the Instructions). (d) Name and address of each employee pad more than \$50,000 (b) Iffi. and average (c) Compensation co	(2) Influence the outcome of any spe	cific public election (see section 4955); or	to carry on,	_		.]	ŧ
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 508(s)(1), (2), or (3), or section 4940(d(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scientific, iterany, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, iterany, or educational purposes, or for the prevention of cruelty to children or animals? (7) If any answer is "Yes" to Sq.10, did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organization relying on a current notice regarding disaster assistance (see page 22 of the instructions)? If we hanked the subtement required by Regulations section 53 4945-5(d) Bib Did the foundation, during the year, resolve any tunds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to Sin, file Form 870. To At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes \(\) No If Yes, did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to Sin, file Form 870. If I stat all officers, directors, trustees, foundation a party to a prohibited tax sheller transaction? Yes \(\) No If Yes, did the foundation during the year, pay premiums, directly or indirectly, to a prohibited tax sheller transaction? If I stat all officers, directors, trustees, foundation managers and their compensation (see page 22 of the Instructions). (a) Name and address (b) Tim, and average (c) Compensation (d) Contributions to proposition of the page of the foundation of the instructions of the instructions. (c) Compensation of the highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter	directly or indirectly, any voter reg	gistration drive?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1
section 509(a)(1), (2), or (3), or section 494(0)(2)(2) (see page 22 of the instructions)	(3) Provide a grant to an individual for	or travel, study, or other similar purposes?		Y	'es X No	1	
(5) Provide for any purposes other than religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals? b If any answer is "Yes" to 56(1)—(5), did any of the transactions fait oqualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Criganizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? If "Yes are to question 54(4), does the foundation dame exemption from the tax because it mantained expenditure responsibility for the grant? If "Yes are not a comparison to the foundation dame exemption from the tax because it mantained expenditure responsibility for the grant? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a personal benefit contract? If "Yes are not a comparison to a compar	(4) Provide a grant to an organization	n other than a charitable, etc , organization	described in				
by If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? If "Yes "I of the instruction 54(4), does the foundation fam exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes" at the statement required by Regulations section 53 4945-5(d) Bit Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (b) Trustees, Foundation Managers, Highly Paid Employees, and Contractors (b) Tits, and exempt (c) Compensation (c) Compensation (d) Combinions b engineering (c) Compensation (e) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) N3 07458 (b) Tits, and exempt (c) Compensation (c) Compensation (d) Combinions b engineering (c) Compensation (e) Expense according to the file provise to the instructions). (e) Expense according to the file provise to the instructions). (f) Tits, and exempt (c) Compensation (d) Combinions (e) Expense according to the file provise to the file provise to the propose to the instructions).	section 509(a)(1), (2), or (3), or s	ection 4940(d)(2)? (see page 22 of the inst	ructions)	\ \ \ \	res 🗓 No		
b If any answer is "Yes" to Sa(1)—(5), did any of the transactions fail to quality under the exceptions described in Regulations section \$3 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see the recovery organizations relying on a current notice regarding disaster assistance (see the recovery organizations relying on a current notice regarding disaster assistance (see the recovery organization organization) and the state of the state of the state of the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 5b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 5b Did the foundation during the year, asy premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 5b Did the foundation during the year, asy premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 5c Did the foundation during the year, asy premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 5c Did the foundation during the year, asy premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 5c Did the foundation during the year, ask by the statement required by the statement required by	(5) Provide for any purpose other that	an religious, charitable, scientific, literary, o	r educational			1	
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here or if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. The "Yes" to 6b, file Form 8870. The "Yes" to 6b, file Form 8870. If "Yes" to 6b, file Form 8870. The "Yes" to 6b, file Form 8870. If It Yes, did the foundation during the tax year, was the foundation a party to a prohibited tax sheller transaction? If "Yes at any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If It Yes, did the foundation treeve any proceeds or have any net moone attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) file, and average to file formers. (c) Compensation (d) Commissions to play the party of the instructions to propose tensit, play the party of the instructions to propose tensit, play the party of the party of the party of the instructions of the party of the party of the party of the party of the instructions of the party of t	purposes, or for the prevention o	f cruelty to children or animals?		\	res X No	.	
Organizations relying on a current notice regarding disaster assistance check here c If the answer is "fe's to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "res," attach the statement required by Regulations section 53 4945-5(d) 8 Did the foundation, during the year, receive any funds, directly, to pay premiums on a personal benefit contract? If "res," attach the statement required by Regulations section 53 4945-5(d) 8 Did the foundation, during the year, receive any funds, directly, to pay premiums on a personal benefit contract? If "res," ob, file Form 887. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Viii Information About Officers, Directors, Trusteès, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Tits, and average (c) Compensation (c) Compensation (d) Compe	b If any answer is "Yes" to 5a(1)-(5), di	d any of the transactions fail to qualify und	er the exceptions de	scribed in			
the answer is "fes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) Bo Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 8b, file Form 8570. Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 8b, file Form 8570. A fainty time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No N/A 7b NA 7b Part VIII Information About Officers, Directors, Trusteès, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title and awargs from the file of the file of the transaction? (a) Name and address (b) Title and awargs from the file of the file	Regulations section 53 4945 or in a d	current notice regarding disaster assistance	(see page 22 of the	instructions)?	N/A	5b	
because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$5 4945-5(d) Bo Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes is bo, file form 870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If It'se, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the Instructions). (a) Name and address (b) Tite, and werage of the instructions of the problem of the pro	Organizations relying on a current no	tice regarding disaster assistance check he	ere		▶ 🗍		- 1
If "Yes," attach the statement required by Regulations section \$3.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Tife, and average hours per week devoid to poston for the party of the advenous services and their compensation (see page 22 of the instructions). LAWRENCE ERLBAUM UPPER SADDLE RIVER PRES/TREAS Q, 50 Q 0 Q 0 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (d) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (d) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (d) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (e) Expense account for none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	om the tax			1	
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to Bb, file Form 8870. A try time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes" to Bb, file Form 8870. A try time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Tife, and warrage (c) Compensations (d) Contributions to place and selection of the page of the instructions. LAWRENCE ERLBAUM UPPER SADDLE RIVER PRES/TRESS O, 50 O O SYLVIA ERLBAUM UPPER SADDLE RIVER PRES/TRESS O, 50 O O O O O O O O O O O O O				N/A 🗍 Y	res No		ł
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to Bb, file Form 8870. A try time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes" to Bb, file Form 8870. A try time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Tife, and warrage (c) Compensations (d) Contributions to place and selection of the page of the instructions. LAWRENCE ERLBAUM UPPER SADDLE RIVER PRES/TRESS O, 50 O O SYLVIA ERLBAUM UPPER SADDLE RIVER PRES/TRESS O, 50 O O O O O O O O O O O O O	If "Yes," attach the statement require	d by Regulations section 53 4945-5(d)	•	_			
on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" No b, file Form 8870. 72 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 73 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 74 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 75 Att any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 76 Att vitil Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (a) Name and address (b) Tills, and average hours per week devoted to position for the highest-paid employees (other than those included on line 1 — see page 23 of the instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (c) Compensation (d) Contributions to encryptive benefit find paid, enter devoted to position for the highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (d) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (e) Expense account from the instructions of the instructions of the advances of each employee paid more than \$50,000 (b) Tills, and average hours per week devoted to position (c) Compensation (d) Contributions to part years and othered on the advances of each employee paid more than \$50,000 (c) Compensation (e) Compensation (d) Contributions to part years and othered devoted to position of the instructions).	-	• -	ay premiums				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes' to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes, did the foundation receive any proceeds or have any not income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and even of the paid, enter divide the paid of the instructions of the paid of the instructions. (c) Compensation (In or paid, enter divide position of the paid, enter divide divide to position of the paid, enter divide divide divide to position of the paid, enter divide divided on line 1—see page 23 of the Instructions). 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the Instructions). (a) Name and address of each employee paid more than \$50,000 (b) Title, and even of the instructions of the instruction of the instruct		• • •			∕es X No		
If Yes' to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part Vill Information About Officers, Directors, Trusteès, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average foundation for paid, enter of the paid of the paid, enter	•	pay premiums, directly or indirectly, on a pe	rsonal benefit contra	ct?		6b	X
If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b						[
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). Compensation (see page 22 of the instructions).	7a At any time during the tax year, was t	he foundation a party to a prohibited tax sh	elter transaction?		res X No		
Information About Officers, Directors, Trusteès, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). Compensation of the highest-paid employees (other than those included on line 1 — see page 23 of the instructions). Compensation of the highest-paid employee paid more than \$50,000 Compensation of the instructions of the instruct		• •		n?	N/A	7b	
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the Instructions). (a) Name and address (b) Tile, and average hours per week devoted to position (c) Compensation of managers and their compensation (see page 22 of the Instructions). (c) Compensation of managers and deferred compensation (see page 22 of the Instructions). (d) Contributions to employee benefit plans and deferred compensation of the highest-paid employees (other than those included on line 1 — see page 23 of the Instructions). (a) Name and address of each employee paid more than \$50,000 NONE (b) Tile, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (e) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation. (e) Expense account of the instructions). (for Compensation of the instructions).					Paid Employ	ees,	
(a) Name and address (b) Title, and average hours per week devoted to poston (If not paid, enter on the paid of the poston of the paid of the poston of the paid	_						
(a) Name and address but the following per week devoted to position (b) Fixeness account of the allowances of the instructions). LAWRENCE ERLBAUM UPPER SADDLE RIVER PRESTREAS 0.50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 List all officers, directors, trustees, f	oundation managers and their compens	ation (see page 22	of the instruction	ns).		
(a) Name and address before the devoted to position (but paid, enter of devoted to position of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). 2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (a) Name and address of each employee paid more than \$50,000 (b) Tills, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the allowances. (a) Name and address of each employee paid more than \$50,000 (b) Tills, and average hours per week devoted to position (e) Compensation of the allowances. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the allowances. (e) Expense account of the instructions.			(b) Title, and average	(c) Compensation		(0) [
LAWRENCE ERLBAUM UPPER SADDLE RIVER 22 FOREST RIDGE RD. NJ 07458 0.50 0 0 SYLVIA ERLBAUM UPPER SADDLE RIVER SECRETARY 22 FOREST RIDGE RD. NJ 07458 0.50 0 0 COMPENSATION OF THE INSTRUCTIONS. (a) Name and address of each employee paid more than \$50,000 (b) Tille, and average hours per week devoted to position (c) Compensation of the employee benefit plans and defined compensation. NONE (b) Tille, and average hours per week devoted to position (c) Compensation (e) Expense account other allowances of each employee paid more than \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid where the properties are the properties of the employee paid the position of the employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances of each employee paid over \$50,000 (c) Compensation (e) Expense account other allowances (e) Expense account other allowances (e) Expense account other allowances (e) Expense account other employees (e) Expe	(a) Name	and address	hours per week	(If not paid, enter			
22 FOREST RIDGE RD. SYLVIA ERLBAUM UPPER SADDLE RIVER 22 FOREST RIDGE RD NJ 07458 0.50 0 0 0 2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours pre week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (other allowances) (other allowances) (other allowances)			devoted to position	-0-)	compensation	<u> </u>	
SYLVIA ERLBAUM 22 FOREST RIDGE RD NJ 07458 0.50 0.0 0.0 2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation of the imployee benefit plans and deferred compensation other allowances (a) Contributions to employee paid more than \$50,000 NONE (c) Compensation (c) Compensation other allowances (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account other allowances (f) Expense account other allowances (e) Compensation of the remployees paid over \$50,000	LAWRENCE ERLBAUM	UPPER SADDLE RIVER	PRES/TREAS	1			
22 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense accourtice than those included on line 1 — see page 23 of the instructions).	22 FOREST RIDGE RD.	NJ 07458	0.50	0	0	 	
2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tille, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (e) Expense accourties of the instructions of the instructions in the instructions of the instructions in the instructions of the instructions of the instructions in the instructions of the	SYLVIA ERLBAUM	UPPER SADDLE RIVER	SECRETARY	•	ļ	1	
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (or compensation)	22 FOREST RIDGE RD	NJ 07458	0.50	0		<u> </u>	
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (or compensation) (or compensation)						1	
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (o) Compensation (o) Compensation (o) Compensation (o) Compensation (o) Compensation (o) Expense account other allowances (o) Expense account other allowances (o) Compensation			 	 	<u> </u>	└	
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (or compensation) (or compensation)				ļ			
If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (or compensation)		1		- 22 -5 àle lester			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (o) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (f) Compensation (ii) Compensation (iii) Contributions to employee benefit plans and deferred compensation (iii) Compensation (iii) Compensation (iii) Compensation (iii) Compensation (iii) Contributions to employee benefit plans and deferred compensation (iii) Comp		employees (other than those included o	on line 1 — see pag	e 23 or the instru	cuons).		
(a) Name and address of each employee paid more than \$50,000 NONE (b) Iter, and versely hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowances (e) Expense account other allowances (for the plans and deferred compensation) (ii) Iter, and versely hours per week devoted to position (iii) Iter, and versely hours per week devoted to position (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plans and deferred compensation (iii) Iter, and versely to the plant and versely to the plans and deferred compensation (iii) Iter, and versely to the plant and versely	THOTO, OHOT HOTE.			1	(d) Contributions to	T	
NONE devoted to position District an under compensation devoted to position District an under compensation District an un	(a) Name and address of each	employee paid more than \$50,000		(c) Compensation	employee benefit		
NONE Cotal number of other employees paid over \$50,000	(a) Name and address of cash	Simpleyor paid more than 400,000		(0) 00		other a	illowances
otal number of other employees paid over \$50,000	NONE					 	
otal number of other employees paid over \$50,000	NONE		Ì		1		
otal number of other employees paid over \$50,000	·					 	
otal number of other employees paid over \$50,000		•		1			
otal number of other employees paid over \$50,000				 		 	
otal number of other employees paid over \$50,000	•	•			1		
otal number of other employees paid over \$50,000				 		 	
otal number of other employees paid over \$50,000							
otal number of other employees paid over \$50,000			1	<u> </u>		†	
	• • •	•			1		
	otal number of other employees paid ove	r \$50.000				<u> </u>	
	The same of the sa			· · · · · · · · · · · · · · · · · ·	Fo	m 990	

Form 990-PF (2010) ANONYMOUS FOUNDATION INC.	20-5956181	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou	Indation Managers, Highly Paid Em	ployees,
	and Contractors (continued)		
3 Five high	hest-paid independent contractors for professional services (see pag		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		j	
			-
		}	
			
	<u> </u>		
Total aumbas	f the second sec		
	of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	tion's four largest direct chantable activities during the tax year. Include relevant stat		
	and other beneficianes served, conferences convened, research papers produced, e	tc	Expenses
1 N/A			
2			
2	•		
	·		
3			
	, .		
			
4	••		
Part IX-B	Summary of Program-Related Investments (see pa	age 24 of the instructions)	
	wo largest program-related investments made by the foundation during the tax year o		Amount
1 N/A			
			
2			
	• •		
All other progr	am-related investments. See page 24 of the instructions		
3			
		.	

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore	eign 1	oundations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:	4.	666 650
a	Average monthly fair market value of securities	1a	666,659 26,886
b	Average of monthly cash balances	1b	20,000
C	Fair market value of all other assets (see page 25 of the instructions)	1c	693,545
đ	Total (add lines 1a, b, and c)	1d	693,343
е	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	602 545
3	Subtract line 2 from line 1d	3	693,545
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		10 400
	the instructions)	4	10,403
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5_	683,142
6	Minimum investment return. Enter 5% of line 5	6	34,157
P	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private o	peratir	ng
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	34,157
2a	Tax on investment income for 2010 from Part VI, line 5		
þ	Income tax for 2010. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	248
3	Distributable amount before adjustments Subtract line 2c from line 1	_3_	33,909
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	33,909
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 .	7	33,909
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	188,080
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	188,080
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	248
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	187,832
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat	on	
	gualities for the section 4040/o) reduction of tox in these years		

Pi	art XIII Undistributed Income (see page 26 of	the instructions)			
1		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	Distributable amount for 2010 from Part XI,	Colpus	Tears prior to 2008	2009	,
•	line 7	***************************************		К	33,909
2	Undistributed income, if any, as of the end of 2010.			,	
a	Enter amount for 2009 only				<u> </u>
þ	Total for prior years: 20 , 20 , 20 , 20 ,		;		<u> </u>
3	Excess distributions carryover, if any, to 2010		.,]	
a				1	
b	From 2006			ł	
C	From 2007 93, 499	,	,		
d	From 2008 169, 677			1	1
0	From 2009 26,850			1	
. 1	Total of lines 3a through e	290,026			
4	Qualifying distributions for 2010 from Part XII,		·		
	line 4 [.] ▶ \$188,080			1	
a			·	 	, , , , , , , , , , , , , , , , , , ,
Þ	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		,, , , , , , , , , , , , , , , , , , ,		
С	Treated as distributions out of corpus (Election		,		
	required—see page 26 of the instructions)		***************************************	<u> </u>	, <u>.</u>
	Applied to 2010 distributable amount			<u> </u>	33,909
_ e	Remaining amount distributed out of corpus	154 , 171	· 	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	Excess distributions carryover applied to 2010				
	(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	444,197		····	
a	Prior years' undistributed income Subtract				
_	line 4b from line 2b				ļ,,,,
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
a	tax has been previously assessed				
u	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
	Undistributed income for 2009 Subtract line			<u> </u>	
u	4a from line 2a Taxable amount—see page				1
	27 of the instructions				ł
f	Undistributed income for 2010. Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2011				0
7	Amounts treated as distributions out of corpus			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	to satisfy requirements imposed by section	<u> </u>		_	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				1
	instructions)	1	,		
8	Excess distributions carryover from 2005 not		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	applied on line 5 or line 7 (see page 27 of the)			
	instructions)	j	,		
9	Excess distributions carryover to 2011.			11	<u> </u>
	Subtract lines 7 and 8 from line 6a	444,197			
10	Analysis of line 9:				
а	Excess from 2006			`	1
b	Excess from 2007 93, 499				
C	Excess from 2008 169, 677				Ì '
d	Excess from 2009 26, 850				
0	Excess from 2010 154, 171		2		
					Transfer to the forest or a

DAA

956181	Page 10

Form	990-PF (2010) ANONYMOUS FO			20-59			Page 10		
Pa	rt XIV Private Operating Fou	indations (see pa	age 27 of the inst	ructions and	Part VII-A, que	stion 9)			
1a	If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for 2010, enter the date of the ruling								
b	Check box to indicate whether the founda	tion is a private operat	ting foundation describ	ed in section	4942(j)(3) or	4942	?(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 year	rs		(e) Total		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 200)7			
	investment return from Part X for								
	each year listed								
b	85% of line 2a			<u> </u>					
C	Qualifying distributions from Part XII,					1			
	line 4 for each year listed			<u> </u>					
d	Amounts included in line 2c not used directly			j	}	ļ			
	for active conduct of exempt activities	- 		 					
6	Qualifying distributions made directly			ł	1	l			
	for active conduct of exempt activities.			1	j	j			
	Subtract line 2d from line 2c			 					
3	Complete 3a, b, or c for the			ł		ł			
	alternative test relied upon:]			
а	"Assets" alternative test—enter:	,		[į .	1			
	(1) Value of all assets								
	(2) Value of assets qualifying under			1		İ			
_	section 4942(j)(3)(B)(i)			 					
b	"Endowment" alternative test—enter 2/3				Į	1			
	of minimum investment return shown in			1		ĺ			
	Part X, line 6 for each year listed			 					
С	"Support" alternative test—enter:			j	ļ	j			
	(1) Total support other than gross investment income (interest,								
	dividends, rents, payments on			1		ł			
	securities loans (section								
	512(a)(5)), or royalties)			<u> </u>					
	(2) Support from general public								
	and 5 or more exempt			1					
	organizations as provided in section 4942(j)(3)(B)(iii)			1]			
	(3) Largest amount of support from	· · · · · · · · · · · · · · · · · · ·							
	an exempt organization								
	(4) Gross investment income								
Pi	ert XV Supplementary Inform	nation (Complete	this part only if	the foundati	on had \$5,000	or more	in assets at		
	any time during the y				·				
1	Information Regarding Foundation Ma	nagers:							
а	List any managers of the foundation who	have contributed more	e than 2% of the total of	contributions rece	erved by the foundat	ion			
	before the close of any tax year (but only	if they have contribute	d more than \$5,000)	(See section 507	(d)(2).)				
	N/A				 				
b	List any managers of the foundation who		•		large portion of the				
	ownership of a partnership or other entity) of which the foundati	on has a 10% or great	ter interest.					
	N/A_								
2	Information Regarding Contribution, G		• • • • • •						
	Check here ► X if the foundation only					it			
	unsolicited requests for funds. If the foun	· -	-	of the instruction	ns) to individuals or				
	organizations under other conditions, cor			(d b dd					
а	The name, address, and telephone numb	er of the person to wh	om applications shoul	d be addressed:					
	N/A								
	The form in which applications should be	submitted and informa	ation and materials the	ey should include					
	N/A	······································							
C	Any submission deadlines.								
	N/A Any restrictions or limitations on awards,	such as by geographic	cal areas chantable fig	elds, kinds of inst	itutions, or other				
-	factors:	u, guugiupiiii							
	N/A								

Total Total Approved for future payment N/A Total Approved for future payment N/A Total Approved for future payment N/A	Part XV Supplementary Information (co	ontinued)			
Name and address (home or business) a Paid during the year SEE STATEMENT 6 Total Approved for future payment N/A	3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Name and address (home or business) a Paid dump layer SEE STATEMENT 6 198, 080 198, 080 Total b Approved for future payment N/A		If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Total Approved for future payment N/A 188,080	Name and address (home or business)	or substantial contributor	recipient		
b Approved for future payment N/A	a Paid during the year				188,080
b Approved for future payment N/A					
b Approved for future payment N/A					
b Approved for future payment N/A					
b Approved for future payment N/A					
b Approved for future payment N/A	Total	I	<u> </u>	> 3a	188,080
Total > 3b	b Approved for future payment				
	Total	·	<u> </u>	▶ 3b	

F	art XVI-A	Analysis of Income-Producing Act	ivities				
		unts unless otherwise indicated.	T	d business income	Exclude	t 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 ser						the instructions)
			<u> </u>	<u> </u>	 		
					 		
							
	ө f			 	 		
		d contracts from government agencies					
2	_	dues and assessments					
	-	avings and temporary cash investments			14	26,569	
4		nd interest from securities			14	2,432	
5		come or (loss) from real estate:					
		anced property		<u> </u>			
		-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other investi	ment income					
8	Gain or (loss) from sales of assets other than inventory					50
9	Net income of	or (loss) from special events			<u> </u>		
		or (loss) from sales of inventory			ļ		
11	Other revenu	ue a		<u> </u>	 		
	b		ļ		 	<u> </u>	
			<u> </u>		 _		
	d				 		
	е			C		20 001	
		d columns (b), (d), and (e)	L	1	1	29,001	
		ne 12, columns (b), (d), and (e)	\	••		13	29,031
	Part XVI-B	in line 13 instructions on page 29 to verify calculation Relationship of Activities to the Activities		ent of Evernt P	urnosc		
_	Line No. ▼ N/A	Explain below how each activity for which income accomplishment of the foundation's exempt purpo instructions)	is reported in co	olumn (e) of Part XVI-A	contribu	ited importantly to the	of the
_	14/11						
_							
_		 					
				· · · · · · · · · · · · · · · · · · ·			
_							
_					······································		
_				·			
_							
_							
_							
_		 					
_		 	 				
_							
			_ 				
_							
_							
_							
_							
_							
DA	Α	L					Form 990-PF (2010)

orm 9 <u>90-</u>	PF (2010)	ANONYMOUS	FOUND	ATION INC	Ξ.	20-5	956181_		Pa	ge 13
Part X		rmation Regampt Organiza		ansfers To an	d Transactio	ns and Relation	onships Wit	th Noncharitable		
1 Did 1	the organizat	on directly or indi	rectly engag	e in any of the foll	owing with any of	her organization d	escribed	ŀ	Yes	No
in se		=		n 501(c)(3) organi	-	=		1		
_		a ramantina faccad	-tio to					F		ŧ
		e reporting rounds	ation to a no	ncharitable exemp	ot organization of			100		v
٠,	Cash					• •	•	. <u>1a(</u>		X
٠,	Other assets	•				•		1a(4)	
	er transaction	-						F	. [_ '	ĺ.,
(1)	Sales of asse	ets to a noncharita	ble exempt	organization				1b(X
(2)	Purchases of	assets from a no	nchantable (exempt organization	on			<u>1b(</u>	2)	X
(3)	Rental of faci	ilities, equipment,	or other ass	ets				1b(3)	X
(4)	Reimbursem	ent arrangements						1b(4)	X
(5)	Loans or loar	n guarantees						1b(5)	X
(6)	Performance	of services or me	mbership or	fundraising solicit	ations			1b(6)	X
c Sha	ring of facilitie	es, equipment, ma	uling lists, of	her assets, or paid	d employees			10		X
	-		-	plete the following		in (b) should alway	show the fair	market		
		-	-	ven by the reporter						
				nt, show in column	-					
(a) Line		Amount involved		of noncharitable exer				insactions, and sharing arra	ngements	 3
N/A	147		(0)			(1)		.		
1/21					 					
										
										
						ļ				
										
					:	ļ				
			<u> </u>							
						<u> </u>				
					_		·			
							 			
des	cribed in sect es," complete	ion 501(c) of the (the following sch	Code (other	with, or related to, than section 501(c	c)(3)) or in section	. •		. 0	Yes X	No
		e of organization		(b) Type of	organization	ļ	(c) Descript	tion of relationship		
N/A	<u> </u>			-		ļ				
				 				 		
							 			
				<u> </u>		<u></u>				
Sign	Under penaltie belief, it is true	s of perjury, I declare, correct, and comple	e that I have e ete. Declaratio	xamined this return, in of preparer (other t	including accompar than taxpayer or fide	lying schedules and suciary) is based on al	I information of wh	o the best of my knowledge hich preparer has any know	edge	
lere				~ 		26/12	PRES	IDENT/TREASU	JRER	
	Signature	of officer or trustee			Date	,	Title			
Paid	Print/Type pr	reparer's name			Preparer's signa	ture	ſ	Date	Check	if mployed
reparer	HAROLD I	HYMAN, CPA			1 Hans	red Him	~ (·1	A. 12/22/1		,,
Jse Only	Firm's name		I AND	ASSOCIATES	S			PTIN P005		4
Joe Only	Firm's addre		YLVAN		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Firm's EIN ▶ 22-21		
	i min a addle			CLIFFS, N	J 07632-	-3116	li	Phone no 201-8		
		מת אות ביי	THEODE (ATTERN INC	0/034				· / <u>1</u>	, <u>, , , , , , , , , , , , , , , , , , </u>

201-871-0033 Form **990-PF** (2010)

ANO6181 ANONYMOUS FOUNDATION INC. 20-5956181

Federal Statements

FYE: 9/30/2011

	Charitable Purpose \$		Charitable Purpose		Charitable Purpose	0
Accounting Fees	t Adjusted Net Net 3,350 \$ \$ 0 3,350	18 - Taxes	Adjusted Net 604 \$ 604 \$	Other Expenses	Adjusted ent s	305 309 \$ 0
Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	Net	Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	Net	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Total Investment	305
13	Description INDIRECT ACCOUNTING FEES TOTAL		Description INDIRECT TAXES/LICENSES TOTAL		Description	EXPENSES FILING FEES BANK CHARGES TOTAL

S.
N N
ATIC
FOUND
FO
MOUS
Σ
ON O
31 A
3618
ž

Federal Statements

ANO6181 ANON 20-5956181 FYE: 9/30/2011

Statement 4 - Fo	orm 990-PI	orm 990-PF, Part II, Line 10c - Corporate Bond Investments	Oc - Corp	orate Bond Inv	estments		
Description	ш	Beginning of Year	!	End of Year	Basis of Valuation	щ	Fair Market Value
GOLDMAN SACHS GP PROTECTIVE LIFE JP MORGAN CHASE NATIONAL CITY CORP MORGAN STANLEY GOLDMAN SACHS GP TOTAL	, , , , , , , , , , , , , , , , , , ,	68,328 100,000 75,302 57,068 50,542 50,614 75,700	φ	68,175 100,000 75,265 50,288 50,456 75,323 419,507	COST COST COST COST COST	ν. ν.	70,098 103,204 82,005 50,912 50,635 76,039 432,893

হা	Basis of Fair Market Valuation Value	COST \$ 70,331 COST 75,599	\$ 145,930
Form 990-PF, Part II, Line 13 - Other Investmen	End of Year	\$ 70,000	\$ 150,000
<u>.</u>	Beginning of Year	\$ 74,000 80,000 95,000	\$ 249,000
Statement	Description	FLAGSTAR BANK DISCOVER BANK CD MORGAN STANLEY BANK CD TEMPLETON GLOBAL BOND FD C	TOTAL

_
~
\sim
_
v
-

_
₩
_
$\overline{}$
_
0
_
20
Ø
Ž
2/2
2/2
Ø
722/2
722/2
12212
12/22/2
722/2
12/22/2
12/22/2

ANO6181 ANONYMOUS FOUNDATION INC.

FYE: 9/30/2011 20-5956181

Federal Statements

Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

		Year		
Name	Address			
Address	Relationship	Status	Purpose	Amount
ASSN FOR PSYCHOLOGICAL SC 1	1133 15TH ST. NW		CHARTTARLE	000 50
	5455 WILSHIRE BLVD			000
LES CA 90036			CHARITABLE	1,000
	310 BOWERY			6
NEW YORK NY 10012	TS VERM MONTROLL ST		CHART TABLE	000 , 01
94105	Z		CHARITABLE	1,000
CENTURION MINISTRIES 2 PRINCETON NJ 08542	221 WITHERSPOON ST		CHARITABLE	2,800
FD	PO BOX 19047		1 10 40 40 40 40 40 40 40 40 40 40 40 40 40	
AKLINGTON TX /6019 FTHICAL CITTINE SOC OF RE 6	687 LARCH AVE		CHAKITABLE	7,000
]			CHARITABLE	009
α.	750 FIRST ST.			
WASHINGTON DC 20002			CHARITABLE	20,900
FND FOR GENDER SPEC MED 9	903 PARK AVE		CHARTHARITE	טטיב ר
SRAR	245 LAKE STREET			
			CHARITABLE	11,000
	9000 ROCKVILLE PIKE			
892	•		CHARITABLE	000'09
PLANNED PARENTHOOD NEW YORK NY 10001	434 WEST 33RD STREET		CUNDITE	C C 2
ICE	60 SOUTH FULLERTON AVE			
MONTCLAIR NJ 07042			CHARITABLE	1,000
SADDLE RIVER RESCUE SQUAD P	PO BOX 253		1 to the state of	5
SWIM FOR LIFE	100 WEST MAIN ST		CHARLIABLE	OCT
IN CA 92780	100		CHARITABLE	1,800
THIRTEEN NEW YORK NY 10001	450 WEST 33RD ST		CHARTTARIE	150
BULA	378 W SADDLE RIVER RD			
	W SANDLE RIVER		CHARITABLE	180
N C			CHARITABLE	200

ဖ

· ·		0101
1 1:44 PN		Amount 18, 000 188, 080
12/22/2011 1:44 PM		
ments	'Line 3a - Grants and Contributions Paid During the Year (continued)	Purpose
deral Statements	V, Line 3a - Grants Year (continued)	Status
JNDATION INC. Fed	Statement 6 - Form 990-PF, Part XV	Address Relationship 100 OVERLOOK DRIVE 677
ANO6181 ANONYMOUS FOUNDATION INC. 20-5956181 FYE: 9/30/2011	Staten	Address Address VALLEY CHABAD WOODCLIFF LAKE NJ 07677 TOTAL