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

OMB No 1545-0052

Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For c	alenda	ar year 2010, or tax year beginning $10/01/10$ , a	nd ending $09/3$	0/1	1				
G C	heck a	Il that apply. Initial return Initial ret	urn of a former public c	harity		[	Final return		
		Amended return Addi	ess change		Name	change			
Nar	ne of fo	undation				•	oyer Identification num - 2593954	ber	
		R CAPITA CHARITABLE FOUNDATI				B Telephone number (see page 10 of the instructions) 973-299-6793			
		d street (or P O box number if mail is not delivered to street address  MERONI 88 PASSAIC VALLEY ROAD	' I	om/suit			mption application is pend	ng check here	
		n, state, and ZIP code	<del></del>				reign organizations, check	. =	
		JILLE NJ 07045					reign organizations meetir	ب ـ	
		/pe of organization. X Section 501(c)(3) exempt private	foundation				% test, check here and att	. —	
	-		e private foundation			E If priv	ate foundation status was	terminated under	
		ket value of all assets at J Accounting method.	X Cash Accr	ual		section	on 507(b)(1)(A), check here	▶ ∐	
		ear (from Part II, col. (c), Other (specify)				F If the	foundation is in a 60-mont	h termination	
	e 16) 🕨		e on cash basis)			under	section 507(b)(1)(B), che	k here	
Pa	rt l	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 books	(b)	Net inv	estment me	(c) Adjusted net income	for charitable purposes	
		the amounts in column (a) (see page 11 of the instructions) )						(cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)							
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B							
~	3	Interest on savings and temporary cash investments	2			2			
5	4	Dividends and interest from securities	42,932			42,932			
7	5a	Gross rents							
~) 63	b	Net rental income or (loss)					<del></del>	·····	
- E	6a	Net gain or (loss) from safe of assets not on line 10							
SCANNED REVENUES 2012	_6 \	Gross spies price for bit assets on line 6a				0			
	7 \	Capital gain net income (from Partily, line 2)					0		
	8 9	Net short treim capillal gain							
ş	10a	Glossisales less returns & allowances							
<b>A</b>	b	Less Opsignation	,		*****	******	· · · · · · · · · · · · · · · · · · ·		
ပ္က	c	Gioss profit or (loss) (attach schedule)							
•	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	42,934			42,934	0		
	13	Compensation of officers, directors, trustees, etc	0						
Sec	14	Other employee salanes and wages _				<del></del>			
sesuec	15	Pension plans, employee benefits		_					
	16a	Legal fees (attach schedule)							
ė	b	Accounting fees (attach schedule) STMT 1	1,250				_		
īţi	C	Other professional fees (attach schedule)		ļ	-				
ij	17	Interest 2	777				· · · · · · · · · · · · · · · · · · ·		
n. Si	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 2	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
Ξ	19	Depreciation (attach schedule) and depletion Occupancy							
Αd	21	Travel, conferences, and meetings		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·			
pu	22	Printing and publications					<del></del>		
Operating and Administrative Ex	23	Other expenses (att sch ) STMT 3	25						
ing	24	Total operating and administrative expenses.							
rat		Add lines 13 through 23	2,052			0	0	0	
)pe	25	Contributions, gifts, grants paid	42,000					42,000	
0	26	Total expenses and disbursements. Add lines 24 and 25	44,052			0	0	42,000	
	27	Subtract line 26 from line 12.							
	а	Excess of revenue over expenses and disbursements	-1,118	<u> </u>					
	b	Net investment income (if negative, enter -0-)		<b></b> ,		42,934			
	С	Adjusted net income (if negative, enter -0-)	L	<u> </u>			0	<u></u>	

Attached schedules and amounts in the description column  Beginning of year			End of	year	
P	art li	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
Т	1	Cash—non-interest-bearing	24,403	1,298	1,301
1		Savings and temporary cash investments	11,351	32,138	32,138
		Accounts receivable			, , , , , , , , , , , , , , , , , , , ,
	•	Less allowance for doubtful accounts		Ĭ	
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts	ĺ		
	5	Grants receivable			
1	-	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
ı		instructions)	<u> </u>		
	7	Other notes and loans receivable (att. schedule)			
	•	Less allowance for doubtful accounts   0			
,	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
Ž	-	Investments—U S and state government obligations (attach schedule) STMT 4	1,357,545	1,358,745	1,483,908
1	ь	Investments—corporate stock (attach schedule)			
١	c	Investments—corporate bonds (attach schedule)			
1	11	Investments—land, buildings, and equipment basis			
	••	Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
1	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers—see the			
١		instructions Also, see page 1, item I)	1,393,299	1,392,181	1,517,347
T	17	Accounts payable and accrued expenses			
اي	18	Grants payable			
apilities	19	Deferred revenue			
<u></u>	20	Loans from officers, directors, trustees, and other disqualified persons			
ē	21	Mortgages and other notes payable (attach schedule)			
~	22	Other liabilities (describe ▶ )			
$\perp$	23	Total liabilities (add lines 17 through 22)	0	0	
-		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.	1		
띩	24	Unrestricted			
<u></u>	25	Temporarily restricted			
	26	Permanently restricted  Foundations that do not follow SFAS 117, check here ▶     X			
Net Assets or Fund Balanc		Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31.		1	
딘	27	Capital stock, trust principal, or current funds			
	27 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
뜅	26 29	Retained earnings, accumulated income, endowment, or other funds	1,393,299	1,392,181	
SS	30	Total net assets or fund balances (see page 17 of the			
ايد	30	instructions)	1,393,299	1,392,181	
Ž	31	Total liabilities and net assets/fund balances (see page 17			
ı	•	of the instructions)	1,393,299	1,392,181	
	Part				
		I 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)		1	1,393,299
2	Ente	r amount from Part I, line 27a		2	-1,118
3	Othe	er increases not included in line 2 (itemize)		3_	
4	Add	lines 1, 2, and 3		4	1,392,181
5		reases not included in line 2 (itemize)		5	1 202 101
_6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)	, line 30		1,392,181 Form 990-PF (2010)
					70m JJUTE (2010)

Form 990-PF (2010)	EMIL F	CAPITA	CHARITABLE	FOUNDATION	22-2593954	
D- 40/ 0-			fan Tarran Innes	A		

	art iv Capital Gains al	nd Losses for Tax on Inves	emiant mcol	1116	(5) II		<del></del>		
	2-story brick ware	be the kind(s) of property sold (e.g., real e ehouse, or common stock, 200 shs. MLC		(b) How acquired P—Purchase D—Donation		ate acquired , day, yr )	(d) Date sold (mo , day, yr )		
1a	N/A								
b									
С									
d									
8									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper			(h) Gain or (loss) (e) plus (f) minus (g)		
a							·		
b									
С							<u> </u>	<del></del>	
d	<u> </u>								
е			<u>l</u>						
	Complete only for assets showing	gain in column (h) and owned by the	he foundation on	12/31/69			(I) Gains (Col	(h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess	s of col (i) (j), if any		col (k), but not less than -0-) or Losses (from col (h))		
а		<u> </u>							
b	)								
С									
d									
9									
2	Capital gain net income or (net ca	2							
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6)	_	ĺ				
	If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of	f the instructions	a) 7					
	If (loss), enter -0- in Part I, line 8			` <b>_</b>		3			
F		nder Section 4940(e) for Re	educed Tax	on Net Ir	vestment Incor	ne			
(Fo		foundations subject to the section 4							
	•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
If S	ection 4940(d)(2) applies, leave th	is part blank							
		tion 4942 tax on the distributable am	* -		e period?			Yes X No	
	<del></del>	lify under section 4940(e). Do not co each column for each year, see page			re making any entries				
	(a)		e 10 Of the man	Jelions Delo		, T		(d)	
	Base period years  Calendar year (or tax year beginning	g in) Adjusted qualifying dis		Net value	(c) of noncharitable-use ass	<del></del> -		bution ratio vided by col. (c))	
	2009		49,000		1,441,			0.033989	
	2008		53,000		1,404,			0.037744	
_	2007		33,000		1,356,			0.024330	
	2006		60,000		1,301,			0.046093	
	2005		20,000		1,293,	972		0.015456	
2	Total of line 1, column (d)						2	0.157612	
3	Average distribution ratio for the	5-year base period—divide the total	on line 2 by 5, 0	r by the					
	number of years the foundation h	nas been in existence if less than 5 y	/ears			-	3	0.031522	
4	Enter the net value of noncharita	ble-use assets for 2010 from Part X	, line 5			}	4	0	
5	Multiply line 4 by line 3					-	5		
6	Enter 1% of net investment incor	me (1% of Part I, line 27b)				-	6	429	
7	Add lines 5 and 6					}_	7	429	
8	Enter qualifying distributions from	n Part XII, line 4 n line 7, check the box in Part VI, lin	e 1b, and compl	ete that par	t using a 1% tax rate	See the	8	42,000	
	Part VI instructions on page 18				<del></del>			000 DE	

	990-PF (2010) EMIL R CAPITA CHARITABLE FOUNDATION 22-2593954  rt VI Excise Tax-Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		Р	age 4
	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			429
	here ► X and enter 1% of Part I, line 27b			
С	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			429
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-			429
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,000			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d		_	
7	Total credits and payments. Add lines 6a through 6d		Τ,	000
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<del></del>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>571</u>
11	Enter the amount of line 10 to be Credited to 2011 estimated tax > 571 Refunded > 11			
	rt VII-A Statements Regarding Activities	T	V	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	40	Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1b		x
	of the instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10		
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		x
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
<u> </u>	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	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		х
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	_ <u>X</u> _	<u> </u>
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	X	<b> </b>
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► NONE			
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	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		;	İ
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	_		₩.
40	27)? If "Yes," complete Part XIV	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		x

<u>Form</u>	990-PF(2010) EMIL R CAPITA CHARITABLE FOUNDATION 22-2593954	<u> </u>				P:	age 5
<u>Pa</u>	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 section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)				_11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before						İ
	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 ▶ DENISE MERONI Telep	hone no	). ▶				
	88 PASSAIC VALLEY ROAD						
	Located at ▶ MONTVILLE NJ	ZIP+4	4 ▶ (	7045			
15	Section 4947(a)(1) nonexempt chantable 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	<b>&gt;</b>	15	<u> </u>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority					Yes	No
	over a bank, 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						
<u>Pa</u>	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required						
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.					Yes	No
1a	During the year did the foundation (either directly or indirectly)		_	_ !			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Ye	s X	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			_			
	disqualified person?	Ye	s X s X	No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Ye	s X	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Ye	s K	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)?	∐ Ye	K 2	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		(=:	=7			
	termination of government service, if terminating within 90 days)	Ye	s X	No No			
þ	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			▶ ∐			
С	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?			N/A	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private						
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).						
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and		( <del>-</del>	<b>.</b>			
	6e, Part XIII) for tax year(s) beginning before 2010?	Ye	s Z	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20						
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)						
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			37 / 3			•
	all years listed, answer "No" and attach statement—see page 22 of the instructions )			N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here						
-	► 20 , 20 , 20 , 20 Pod the formula to the control of the contro						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	□ v <sub>-</sub>	[50	7			
<b>L</b>	at any time during the year?  If "Yes " did it have expect business heldings in 2010 as a result of (1) any purchase by the foundation or	Ye	s Z	No			
þ	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or						
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the						
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of						
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			N/A	2⊾		
40	foundation had excess business holdings in 2010.)  Did the foundation invest during the year any amount in a mapper that would repaid the charitable purposes?			74 / <del>1</del>	3b_		x
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?				4a		-
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	2			a L		v

	990-PF (2010) EMIL R CAPI						Page 6
		ding Activities for Which Fo	rm 4/20 May Be Re	equirea (contir	iuea)		
5a	During the year did the foundation pay		4045(-)\\2		es X No		
	(1) Carry on propaganda, or otherwise			. Цт	es X No		1
	(2) Influence the outcome of any speci		or to carry on,	$\sqcap$	es 🗓 No		
	directly or indirectly, any voter regis		-2	<b>├</b> ──-{	es X No		
	(3) Provide a grant to an individual for			U '	es A NO		
	(4) Provide a grant to an organization				es X No		
		ction 4940(d)(2)? (see page 22 of the i			95 <u>21</u> NO		
	(5) Provide for any purpose other than	•	, or educational	$\sqcap$	es X No		
_	purposes, or for the prevention of o	•	inder the executions desc		es T NO		1
ь	If any answer is "Yes" to 5a(1)–(5), did				N/A	5b	İ
	Regulations section 53 4945 or in a cui			Structions);		30	
	Organizations relying on a current notic	=					
С	If the answer is "Yes" to question 5a(4)		i iioiii tile tax	N/A 🖂 Y	es No		1
	because it maintained expenditure resp			14/11	95   NO		
6-	If "Yes," attach the statement required	• •	a nav promitime				
6a	Did the foundation, during the year, rec	eive any lunds, directly or indirectly, to	pay premiums	$\Box$	es X No		
_	on a personal benefit contract?	was a summer of specific or undergother on a	personal benefit contract		es A NO	6ъ	x
р	Did the foundation, during the year, pay	/ premiums, directly or indirectly, on a	personar benefit contract			00	
<b>-</b> -	If "Yes" to 6b, file Form 8870.	a formulation a party to a prohibited toy	chaltar transaction?	$\sqcap$ ,	es X No		
/a	At any time during the tax year, was the If Yes, did the foundation receive any p				N/A	7b	1
- <del>D</del>		Officers, Directors, Trustees					
F-6	and Contractors	Jincers, Directors, Trustees	, i odiladioli mana	gers, riiginiy r	aid Employe	,	
1	ist all officers, directors, trustees, fo	undation managers and their comp	ensation (see page 22 o	f the instructions	).		
<u> </u>	an officers, anothers, tradition, to	211000101111111111111111111111111111111			(d) Contributions to		· <u>-</u>
	(a) Name a	and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense account,
	(-)		devoted to position	-0-)	plans and deferred compensation	Onei	allowances
DI	NISE MERONI	MONTVILLE	PRES/TREAS				
	PASSAIC VALLEY ROAD	NJ 07045	0.00	o	0		0
	UL MERONI	MONTVILLE	SECRETARY				
	PASSAIC VALLEY ROAD	NJ 07045	0.00	О	o		0
	ICE MERONI	MONTVILLE	VICE PRES				
	PASSAIC VALLEY ROAD	NJ 07045	0.00	o	o		C
		• •					
2	Compensation of five highest-paid	employees (other than those include	ed on line 1 — see page	23 of the instruc	tions).	•	
	If none, enter "NONE."						
			(b) Title, and average		(d) Contributions to		
	(a) Name and address of each en	nployee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position		compensation	Outer	
N	ONE						
	<u> </u>					<u> </u>	
	·						
	•						
	• •	•		<u> </u>	<u> </u>		
Tota	I number of other employees paid over	\$50,000				<b>•</b>	0

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions	
3	}
Total. Add lines 1 through 3	

Form 990-PF (2010)

42,000

41,571

3b

4

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

	rt XIII Undistributed Income			N 22-2333	<del></del>	Page 3
_ <u>r</u> a	Olidistributed Income	(see page 20 of the		(b)	(6)	(4)
1	Distributable amount for 2010 from Part XI		(a) Corpus	Years pnor to 2009	(c) 2009	(d) 2010
•		<b>'</b>		, , , , , , , , , , , , , , , , , , ,		0
-	line 7	-4.2010:		<del></del>	<del></del>	<del> </del>
2 _	Undistributed income, if any, as of the end	01 20 10				
	Enter amount for 2009 only	20		<u></u>		<del> </del>
	Total for prior years 20, 20					
3	Excess distributions carryover, if any, to 20	110.				
a	From 2005					
Þ	From 2006					
C	From 2007		1			
d	i i	<del></del>				
	From 2009					
	Total of lines 3a through e					<del> </del>
4	Qualifying distributions for 2010 from Part	XII,				
	line 4 ▶ \$ 42,000	İ				1
	Applied to 2009, but not more than line 2a	i		<del></del>		
ь	Applied to undistributed income of prior ye		1			1
	(Election required—see page 26 of the ins	· · · · · · · · · · · · · · · · · · ·				
C	Treated as distributions out of corpus (Ele		ĺ			
	required—see page 26 of the instructions)					
d	Applied to 2010 distributable amount					
0	Remaining amount distributed out of corpu	ıs .	42,000			
5	Excess distributions carryover applied to 2	2010	<del></del>			
	(If an amount appears in column (d), the s	ame				
	amount must be shown in column (a))				[	
6	Enter the net total of each column as				ĺ	
	indicated below:					1
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	42,000			
b	Prior years' undistributed income Subtrac	t		:		
	line 4b from line 2b					
С	Enter the amount of prior years' undistribu	ted				
	income for which a notice of deficiency ha	s				1
	been issued, or on which the section 4942	?(a)				
	tax has been previously assessed				<u> </u>	
d	Subtract line 6c from line 6b. Taxable					
	amount—see page 27 of the instructions					
9	Undistributed income for 2009 Subtract In	ne				
	4a from line 2a Taxable amount—see pa	ge				1
	27 of the instructions					
f	Undistributed income for 2010 Subtract li	nes				
	4d and 5 from line 1. This amount must be	9				
	distributed in 2011				,	0
7	Amounts treated as distributions out of co	rpus	-			
	to satisfy requirements imposed by section	-			]	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of					
	instructions)					1
8	Excess distributions carryover from 2005	not				
•	applied on line 5 or line 7 (see page 27 of					1
	instructions)	<del></del>				1
9	Excess distributions carryover to 2011		<u> </u>			
J	Subtract lines 7 and 8 from line 6a	•	42,000			
10	Analysis of line 9.		12,000		····	
	Excess from 2006	I				
a	Excess from 2006  Excess from 2007	<del> </del>			1	1
0	Excess from 2008	<del> </del>				
ت نہ		<del> </del>				1
d	Excess from 2009	42 000				1
e	Excess from 2010	42,000	I	L	L	1

1a	If the foundation has received a ruling or d	etermination letter that	it is a private operating	]			_
	foundation, and the ruling is effective for 20	010, enter the date of t	he ruling			<del></del> -	
b	Check box to indicate whether the foundat	ion is a private operatii	ng foundation describe	d in section	4942(j)(3) or	4942(1)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<del></del>		(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 200	07	
	investment return from Part X for				l l	İ	
	each year listed				<u> </u>		
b	85% of line 2a						
С	Qualifying distributions from Part XII,						
	line 4 for each year listed	<del></del>			<u> </u>		
d	Amounts included in line 2c not used directly			}		ĺ	
	for active conduct of exempt activities						
е	Qualifying distributions made directly			[	ĺ	ĺ	
	for active conduct of exempt activities				1		
	Subtract line 2d from line 2c			<u></u>			
	Complete 3a, b, or c for the				ł		
	alternative test relied upon			}		ì	
а	"Assets" alternative test—enter:				1		
	(1) Value of all assets						
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)		<u> </u>	<u></u>			
b	"Endowment" alternative test—enter 2/3						
	of minimum investment return shown in		}			1	
	Part X, fine 6 for each year listed		l				
С	"Support" alternative test—enter						
	(1) Total support other than gross				- }	į	
	investment income (interest,						
	dividends, rents, payments on					İ	
	securities loans (section					ĺ	
	512(a)(5)), or royalties)		<del> </del>	<del> </del>	<del></del>		
	(2) Support from general public		ì		1	- 1	
	and 5 or more exempt organizations as provided in				ì		
	section 4942(j)(3)(B)(iii)				ļ	Ī	
	(3) Largest amount of support from			<u> </u>			
	an exempt organization					ļ	
	(4) Gross investment income						
P	art XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5.000 o	r more in a	ssets at
- '	any time during the ye	•	•		, 0,000		
1	Information Regarding Foundation Mai						<del></del>
а	List any managers of the foundation who l	•	than 2% of the total co	ntributions received b	v the foundation		
_	before the close of any tax year (but only						
	N/A	in they have contributed	,	, , , , , , , , , , , , , , , , , , , ,	,		
ь	List any managers of the foundation who	own 10% or more of th	e stock of a corporation	n (or an equally large	portion of the		
_	ownership of a partnership or other entity)			· · ·			
	N/A	Of Which the loandalit	ni ilas a 10 % oi gicate	i interest			
2	Information Regarding Contribution, G	rant Gift Loan Sch	plarship etc. Program	ns.			
_	Check here ► X if the foundation only				nos ant accont		
	unsolicited requests for funds. If the found		•	•	•		
				of the instructions) to t	nuividuais oi		
_	organizations under other conditions, com			bo addressed	<del></del> _	<del></del>	
а	The name, address, and telephone numb N/A	er of the person to who	om applications should	be addressed			
	N/A						
_	The face to the horse decided the	- 1 11-1-11-11-6		ales and a selection			
þ	The form in which applications should be	supmitted and informa	tion and materials they	snoula include			
_	N/A				<del></del>	···-	
С	Any submission deadlines						
_	N/A			a. 1a. #1			
d	Any restrictions or limitations on awards,	such as by geographic	ai areas, charitable field	as, kinas of institution:	s, or other		
	factors						
_	N/A						000 DE
٩A						For	ո 990-PF

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year COLUMBIA UNIVERSITY SECT 501(C) RESEARCH FOR THE HEARING IMPAIRED 42,000 116TH AND BROADWAY NEW YORK NY 10027 Total ▶ 3a 42,000 **b** Approved for future payment N/A Total 3b DAA

DAA

Part XVI-A	Analysis of Income-Producing Acti	<u>vities</u>			·	
nter gross amou	ints unless otherwise indicated.	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
Program serv				<del>                                     </del>		the instructions )
d				J		
θ				- <b> </b>		
f		<u></u>		<u> </u>		
_	contracts from government agencies		·	<del> </del>		<del></del>
	dues and assessments			<del>  -</del>		
	avings and temporary cash investments		<u> </u>	<del></del>		42.03
	d interest from securities			<del>- </del> -		42,932
	come or (loss) from real estate					
	anced property			+		
	-financed property			<del> </del>		
	come or (loss) from personal property		<del>                                     </del>	<del>- </del> -	-	
7 Other investr			<del></del> -	+		
	) from sales of assets other than inventory or (loss) from special events			<del> </del>		
	or (loss) from sales of inventory			+		
					<del>-</del>	
h	ue a			<del>                                     </del>		
		<del></del>	<del> </del>			
е				_		
	d columns (b), (d), and (e)			0	0	42,93
	ne 12, columns (b), (d), and (e)				13	42,93
	in line 13 instructions on page 29 to verify calculations	s)				
Part XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	s	<del></del>
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos instructions.)					ihe
N/A						<del></del>
						· <u>·</u>
<del></del> -						
				<del></del>		
		····				
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<del></del>						
		<del></del>				
					<del></del>	
		<del></del>				
<del></del>	<u> </u>					
	<u> </u>					
	į					

SCURA,

2125 CENTER AVENUE SUITE 105

07024

AUERBACH,

FORT LEE, NJ

COHEM &

orm 9	90-PF (2010	D) EMIL R CA	PITA C	HARITABLE_	FOUNDA'I	TON 22-25939	04	F	age 1
	t XVII		rding Tra			ns and Relationships	With Noncharitable		
1 (				in any of the following	ig with any othe	er organization described		Ye	s No
	_	•			-	on 527, relating to political			
	organizations	•			•	• •			
	•	m the reporting founda	tion to a none	charitable exempt or	ganization of				
	1) Cash	,		•	•		1a(	1)	_
	2) Other as	sets					1a(	- 1	X
	Other transa								1
	1) Sales of	assets to a noncharitat	ole exempt o	roanization			16(	1)	x
		es of assets from a nor	-	-			1b(		X
	•	f facilities, equipment, o		. •			16(		X
		sement arrangements	.,			•	16(		X
		r loan guarantees					1b(		X
		ance of services or mei	mbership or f	undraising solicitatio	ons		15(	_	X
		cilities, equipment, mai	•	_		•	10		X
	•	• •	-			(b) should always show the			
		•				e foundation received less th			
		•	_			e goods, other assets, or se			
	Line no	(b) Amount involved		of noncharitable exemp			ers, transactions, and sharing arrai	ngemen	ts
N/A									
,						· · · · · · · · · · · · · · · · · · ·			
	····	·					<del></del>		•
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	<del></del>		
						<del></del>			
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	<del></del>	<del></del>	<del></del>		<del></del>	<del>                                     </del>			
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			<del> </del>				<del></del>		
			<del> </del>						
							<del></del>		
	described in If "Yes," con	I ation directly or indirect i section 501(c) of the C inplete the following sch	code (other th	nan section 501(c)(3	)) or in section	527?		Yes	X No
		) Name of organization		(b) Type of or	janization	(c) (	escription of relationship		
	1/A				<del></del>		<del></del>	-	
							<del></del>		
				ļ		<u> </u>			
				<u></u>					
				<u> </u>		<u></u>			
Sign Here	belief, it i	enalties of perjury, I declare is true, correct, and comple when the correct of trustee	that I have exite Declaration	amined this return, inclu of preparer (other than	uding accompany taxpayer or fiduce	ciary) is based on all information of $\frac{2}{15}$	d to the best of my knowledge and f which preparer has any knowledg	e	<del></del>
Paid	Print/1	ype preparer's name			Preparer signs	en Con	Date V/1/2	Che self-	ck f
Prepa	arer JEFF	REY H. BAUM	<u> </u>	<i>X</i>	//4"				

201-461-4900 Form 990-PF (2010)

P01436411

Firm's EIN > 22-3336000

PTIN

Phone no

Use Only

Firm's name

Firm's address ▶

# 222593954 EMIL R CAPITA CHARITABLE FOUNDATION 22-2593954 FYE: 9/30/2011

Charitable	\$ \$ \$		Charitable Purpose	\$ \$		Charitable Purpose	\$	\$
ounting Fees Adjusted Not	w w	Taxes	Adjusted	w w	r Expenses	Adjusted Net	<b>v</b> r	w.
F, Part I, Line 16b - Acco	\$ \$ \$	ent 2 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	w w	- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	<i>φ</i> .	<i>w</i>
Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	\$ 1,250 \$ 1,250	Statement 2 - Form	Total	\$ 777 \$	Statement 3 - Form 990-	Total	\$ 25	\$
; -	Description INDIRECT ACCOUNTING FEES TOTAL		Description	INCOME TAXES TOTAL		Description	EXPENSES & FEES	TOTAL

<del>1.</del>3

# 222593954 EMIL R CAPITA CHARITABLE FOUNDATION 22-2593954 FYE: 9/30/2011

t Investments
<b>Governmen</b>
S and State
Line 10a - L
PF, Part II,
- Form 990-P
Statement 4

Fair Market Value	\$ 1,483,908
Basis of Valuation	COST
End of Year	\$ 1,358,745 \$ 1,358,745
Beginning of Year	\$ 1,357,545 \$ 1,357,545
Description	TOTAL

(Rev January 2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	partment of the Treasury  File a separate application for each return.							
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						<del></del>	▶ X	
If you are f	iling for an Add	ditional (Not Automatic) 3-Month Exte	nsion, com	plete only Part II (on page 2 of this form	)			
Do not comple	ete Part II unic	ess you have already been granted an a	utomatic 3-m	nonth extension on a previously filed Fori	n 8868			
		can electronically file Form 8868 if you						
		Form 990-T), or an additional (not autom				m		
•		of time to file any of the forms listed in F		-				
		ted With Certain Personal Benefit Contra						
Part 1		s on the electronic filing of this form, visit c 3-Month Extension of Time.			oriproms			
		Form 990-T and requesting an automatic						
art I only								▶ □
•	rations (includi	ng 1120-C filers), partnerships, REMICs	, and trusts r	must use Form 7004 to request an exten	sion of tin	ne		
o file income t				· · · · · · · · · · · · · · · · · · ·				
Type or	Name of exe	empt organization			Employ	er iden	tification no	ımber
orint								
le by the	e EMIL R CAPITA CHARITABLE FOUNDATION					22-2593954		
due date for iling your		eet, and room or suite no If a P O box,						
eturn See		RONI 88 PASSAIC VAL						<del></del>
nstructions	•	post office, state, and ZIP code For a for	oreign addre 0 7 0 4 5					
	MONTVI	LLENO	07043					
Enter the Retu	m code for the	return that this application is for (file a s	eparate appl	lication for each return)				04
Application			Return	Application				Return
ls For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				08
Form 990-EZ		03	Form 4720				09	
Form 990-PF		04	Form 5227				10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T	(trust other tha		06	Form 8870			l	12
		DENISE MERONI 88 PASSAIC VALLEY ROA	n					
• The books	are in the care of		ш			N.	IJ 0704	15
The books are in the care of ► MONTVILLE  Telephone No ► FAX No ►					0/01	; •		
•		not have an office or place of business in						▶ □
-		urn, enter the organization's four digit Gro			his is			٠ ـ
	roup, check th	: <b>—</b>						
a list with the r	names and EIN	Is of all members the extension is for		_				
•		3-month (6 months for a corporation rec	•					
until 0	5/15/12	, to file the exempt organization return	for the orga	inization named above. The extension is				
	organization's r	eturn for:						
<b>.</b>	calendar year	or ining $10/01/10$ , and ending (	00/20/	1 1				
P X	tax year begin	ining IU/UI/IU, and ending	09/30/	11				
2 If this ta	x year entered	in line 1 is for less than 12 months, chec	ck reason	Initial return Final return				
c	hange in acco	unting period						
3a If this ar	onlication is for	Form 990-BL 990-PE 990-T 4720 or	6069 enter t	he tentative tax less any		Τ		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  3a \$						429		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
-	•	ts made Include any prior year overpayr	=		3b	\$		1,000
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFT								
(Electro	nic Federal Ta	x Payment System) See instructions			3c	\$		0
Caution. If yo	u are going to	make an electronic fund withdrawal with	this Form 88	368, see Form 8453-EO and Form 8879-I	EO for			