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

2010

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2010, or tax year beginning 10/01, 2010, and ending 9/30, 2011

G Check all that apply:  Initial return  Initial Return of a former public charity  Final return  
 Amended return  Address change  Name change

THE SCHLANGER FAMILY FOUNDATION, INC.  
19685 OAKBROOK CIRCLE  
BOCA RATON, FL 33434-3203

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation  
I Fair market value of all assets at end of year (from Part II, column (c), line 16) **► \$ 4,186,231.** J Accounting method.  Cash  Accrual  
 Other (specify) **-----** (Part I, column (d) must be on cash basis)

**Part I Analysis of Revenue and Expenses**

**(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))**

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
R E V E N U E	1 Contributions, gifts, grants, etc, received (att sch)	350,000.			
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments				N/A
	4 Dividends and interest from securities	127,066.	127,066.		
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain/(loss) from sale of assets not on line 10	-15,423.			
	b Gross sales price for all assets on line 6a	631,610.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
<b>RECEIVED</b>					
12 Total. Add lines 1 through 10	461,643.	127,066.			
A D M I N I S T R A T I V E O P E R A T I N G A N D E X P E N S E S	13 Compensation of officers, directors, trustees, etc	0.			
	14 b Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)	2,000.	1,000.		1,000.
	b Accounting fees (attach sch) See St 1				
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule) (see instr) See Stm 2	5,490.	5,490.		2,745.
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) See Statement 3	1,543.	1,450.		771.
	24 Total operating and administrative expenses. Add lines 13 through 23	9,033.	7,940.		4,516.
25 Contributions, gifts, grants paid Stmt 4	182,600.			182,600.	
26 Total expenses and disbursements. Add lines 24 and 25	191,633.	7,940.		187,116.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	270,010.				
b Net investment income (if negative, enter -0-)		119,126.			
c Adjusted net income (if negative, enter -0-)					

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>ASSETS</b>	1	7,804.	12,314.	12,314.	
	2	717,007.	901,160.	901,160.	
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10a				
	b	1,242,673.	1,184,698.	1,176,089.	
	c	1,191,083.	1,141,871.	1,189,635.	
	11				
	12				
	13	827,528.	1,016,062.	907,033.	
	14				
15					
16	3,986,095.	4,256,105.	4,186,231.		
<b>LIABILITIES</b>	17				
	18				
	19				
	20				
	21				
	22				
	23	0.	0.		
<b>NET FUNDS</b>	24				
	25				
	26				
	27	2,428,074.	2,428,074.		
	28				
	29	1,558,021.	1,828,031.		
	30	3,986,095.	4,256,105.		
	31	3,986,095.	4,256,105.		
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<input type="checkbox"/>			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	<input checked="" type="checkbox"/>			

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,986,095.
2	Enter amount from Part I, line 27a	2	270,010.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3 ..	4	4,256,105.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 .	6	4,256,105.

**Part IV Capital Gains and Losses for Tax on Investment Income**

<ul style="list-style-type: none"> <li>(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)</li> </ul>			(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
<b>1a See Statement 8</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))</b>		
<b>(i) Fair Market Value as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of column (i) over column (j), if any</b>			
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2 Capital gain net income or (net capital loss).</b>	[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]		<b>2</b>	<b>-15,423.</b>	
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)</b>	[ If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8 ]		<b>3</b>	<b>5,173.</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes       No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

<b>(a) Base period years Calendar year (or tax year beginning in)</b>	<b>(b) Adjusted qualifying distributions</b>	<b>(c) Net value of noncharitable-use assets</b>	<b>(d) Distribution ratio (column (b) divided by column (c))</b>
2009	161,507.	3,802,248.	0.042477
2008	149,434.	3,330,198.	0.044872
2007	155,755.	3,702,138.	0.042072
2006	219,135.	3,191,132.	0.068670
2005	89,534.	2,616,639.	0.034217

<b>2 Total of line 1, column (d)</b>	<b>2</b>	<b>0.232308</b>
<b>3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years</b>	<b>3</b>	<b>0.046462</b>
<b>4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5</b>	<b>4</b>	<b>4,265,858.</b>
<b>5 Multiply line 4 by line 3</b>	<b>5</b>	<b>198,200.</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>	<b>6</b>	<b>1,191.</b>
<b>7 Add lines 5 and 6</b>	<b>7</b>	<b>199,391.</b>
<b>8 Enter qualifying distributions from Part XII, line 4</b>	<b>8</b>	<b>187,116.</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1	
Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instr.)		
1	2,383.	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> 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, column (b)	
2	0.	
3	2,383.	
4	0.	
5	2,383.	
6	Credits/Payments:	
6a	2,800.	
6b		
6c		
6d		
7	2,800.	
8		
9	0.	
10	417.	
11	0.	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax ► 417.   Refunded		

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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		
1c	Did the foundation file Form 1120-POL for this year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
(1)	On the foundation ► \$ 0.	(2) On foundation managers ► \$ 0.
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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?		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	FL
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	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part VII-A Statements Regarding Activities (Continued)**

11		X
12		X
13	X	
Website address ► <b>N/A</b>		
14	Telephone no. ► 212-668-8700	Located at ► 40 WALL STREET - SUITE 1704 NEW YORK NY ZIP + 4 ► 10005-1325
15	N/A	► 15 N/A
16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country ►		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	N/A	
1c 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?		X
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)).		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__ .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 <b>all</b> years listed, answer 'No' and attach statement – see the instructions)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20__ , 20__ , 20__ , 20__ .		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, 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)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes  No Yes  No Yes  No Yes  No Yes  No**b** If any answer is 'Yes' to 5a(1)-(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 instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here ► **c** 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?N/A  Yes  No

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? Yes  No**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? Yes  No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**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 instructions).**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NORMAN SCHLANGER 19685 OAKBROOK CIRCLE BOCA RATON, FL 33434	President/Tr 0	0.	0.	0.
JILL SCHLANGER 467 LINKS DRIVE SOUTH ROSLYN, NY 11576	Vice Preside 0	0.	0.	0.
CRAIG SCHLANGER 260 FIFTH AVENUE NEW YORK, NY 10001	Vice Preside 0	0.	0.	0.
DARREN SCHLANGER 10 PEACOCK DRIVE ROSLYN, NY 11576	Vice Preside 0	0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). 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
None				

Total number of other employees paid over \$50,000

►

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

**Total number of others receiving over \$50,000 for professional services**

1

0

## **Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

1	N/A	
2		
3		
4		

**Part IX-B Summary of Program-Related Investments (see instructions)**

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 instructions.

**3** \_\_\_\_\_  
\_\_\_\_\_

**Total.** Add lines 1 through 3 ▶ 0.

BAA

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**Form 990-PF (2010)**

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a Average monthly fair market value of securities	1a	4,319,446.
b Average of monthly cash balances	1b	11,374.
c Fair market value of all other assets (see instructions)	1c	
d <b>Total</b> (add lines 1a, b, and c)	1d	4,330,820.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	4,330,820.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	64,962.
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,265,858.
6 <b>Minimum investment return.</b> Enter 5% of line 5.	6	213,293.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	213,293.
2a Tax on investment income for 2010 from Part VI, line 5	2a	2,383.
b Income tax for 2010. (This does not include the tax from Part VI )	2b	
c Add lines 2a and 2b	2c	2,383.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	210,910.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	210,910.
6 Deduction from distributable amount (see instructions)	6	
7 <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	210,910.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.	1a	187,116.
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1b	
b Program-related investments – total from Part IX-B	2	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	3a	
3 Amounts set aside for specific charitable projects that satisfy the:	3b	
a Suitability test (prior IRS approval required)	4	187,116.
b Cash distribution test (attach the required schedule)	5	
4 <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	6	187,116.
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 instructions)		
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4		

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				210,910.
2 Undistributed income, if any, as of the end of 2010			0.	
a Enter amount for 2009 only		0.		
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006	40,551.			
c From 2007				
d From 2008	18,143.			
e From 2009				
f Total of lines 3a through e	58,694.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 187,116.			0.	
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2010 distributable amount				187,116.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	23,794.			23,794.
6 Enter the net total of each column as indicated below:	34,900.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see instructions			0.	
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 170(b)(1)(F) or 4942(g)(3) (see instructions) ..	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	34,900.			
10 Analysis of line 9				
a Excess from 2006	16,757.			
b Excess from 2007				
c Excess from 2008	18,143.			
d Excess from 2009				
e Excess from 2010				

**Part XIV** **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

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 foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
b	85% of line 2a				
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon.				
a	'Assets' alternative test – enter:				
(1)	Value of all assets				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
c	'Support' alternative test – enter:				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)				
(3)	Largest amount of support from an exempt organization				
(4)	Gross investment income				

**Part XV** **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

## NORMAN SCHLANGER

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ▶  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed:

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

**c Any submission deadlines:**

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

**Part XV : Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
<b>Total</b>				► 3a
<i>b Approved for future payment</i>				
<b>Total</b>				► 3b

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

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				127,066.	-15,423.
13 Total Add line 12, columns (b), (d), and (e)				127,066.	111,643.

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII • Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of.

- (1) Cash
- (2) Other assets

**b Other transactions:**

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.**

	Yes	No
1a (1)		X
1a (2)		X
1b (1)		X
1b (2)		X
1b (3)		X
1b (4)		X
1b (5)		X
1b (6)		X
1c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If 'Yes,' complete the following schedule

<b>(a) Name of organization</b>	<b>(b) Type of organization</b>	<b>(c) Description of relationship</b>
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

**Sign  
Here**

*Norm Schlayer*  
ture of officer or trustee  
Print/Type preparer's name

1 2/2/12

→ President

Signature of officer or trustee		Date	Date
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date
	GARY GETTENBERG	GARY GETTENBERG	2-1-12
	Check if <input type="checkbox"/> if self-employed		PTIN
Firm's name ► ACCOUNTING & COMPLIANCE INTERNATIONAL		Firm's EIN ► N/A	
Firm's address ► 40 WALL ST FL 34		Phone no (212) 668-8700	
NEW YORK, NY 10005-1325			

**BAA**

**Form 990-PF (2010)**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Schedule of Contributors**

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

**2010**

Name of the organization

THE SCHLANGER FAMILY FOUNDATION, INC.

Employer identification number

26-0854652

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( \_\_\_\_ ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II )

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc, contributions of \$5,000 or more during the year

► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990,  
990EZ, or 990-PF.

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

THE SCHLANGER FAMILY FOUNDATION, INC.

Employer identification number

26-0854652

**Part I** **Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NORMAN SCHLANGER 19385 OAKBROOK CIRCLE BOCA RATON, FL 33434	\$ 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE SCHLANGER FAMILY FOUNDATION, INC.

Employer identification number

26-0854652

**Part II Noncash Property** (see instructions)

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

BAA

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**Name of organization**

**Employer identification number**

THE SCHLANGER FAMILY FOUNDATION, INC.

26-0854652

**Part III** Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)

5

N/A

## THE SCHLANGER FAMILY FOUNDATION, INC.

26-0854652

**Statement 1**  
**Form 990-PF, Part I, Line 16b**  
**Accounting Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACI	\$ 2,000.	\$ 1,000.		\$ 1,000.
Total	<u>\$ 2,000.</u>	<u>\$ 1,000.</u>		<u>\$ 1,000.</u>

**Statement 2**  
**Form 990-PF, Part I, Line 18**  
**Taxes**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAX	\$ 5,490.	\$ 5,490.		\$ 2,745.
Total	<u>\$ 5,490.</u>	<u>\$ 5,490.</u>		<u>\$ 2,745.</u>

**Statement 3**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FILING FEES	\$ 187.	\$ 94.		\$ 93.
INVESTMENT EXPENSES	\$ 1,356.	\$ 1,356.		\$ 678.
Total	<u>\$ 1,543.</u>	<u>\$ 1,450.</u>		<u>\$ 771.</u>

**Statement 4**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Cash Grants and Allocations

## Class of Activity:

Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

BOCA WEST CANCER RESEARCH  
ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,

UNRELATED.

\$ 1,000.

## Class of Activity:

Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

BOCA RATON COMMUNITY HOSPITAL  
ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,

UNRELATED.

10,000.

## THE SCHLANGER FAMILY FOUNDATION, INC.

26-0854652

**Statement 4 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

## Class of Activity:

Donee's Name: VILLAGE COMMUNITY SCHOOL  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,  
UNRELATED.Relationship of Donee: 501(c) (3)  
Organizational Status of Donee:  
Amount Given:

\$ 6,000.

## Class of Activity:

Donee's Name: BOCA RATON REGIONAL HOSPITAL  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,  
UNRELATED.Relationship of Donee: 501(c) (3)  
Organizational Status of Donee:  
Amount Given:

20,000.

## Class of Activity:

Donee's Name: NORTH SHORE AUTISM CIRCLE  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,  
UNRELATED.Relationship of Donee: 501(C) (3)  
Organizational Status of Donee:  
Amount Given:

5,500.

## Class of Activity:

Donee's Name: JACOB'S CURE  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,  
UNRELATED.Relationship of Donee: 501(c) (3)  
Organizational Status of Donee:  
Amount Given:

2,500.

## Class of Activity:

Donee's Name: JEWISH FEDERATION OF S PALM BEACH  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,  
UNRELATED.Relationship of Donee: 501(c) (3)  
Organizational Status of Donee:  
Amount Given:

5,600.

## Class of Activity:

Donee's Name: CASCADE CANCER RESEARCH  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,  
UNRELATED.Relationship of Donee: 501(C) (3)  
Organizational Status of Donee:  
Amount Given:

2,500.

## Class of Activity:

Donee's Name: NORTH SHORE LIJ  
Donee's Address: ADDRESS ON FILE AND AVAILABLE  
UPON REQUEST,Relationship of Donee: UNRELATED.  
Organizational Status of Donee:  
Amount Given:

52,000.

## Class of Activity:

## THE SCHLANGER FAMILY FOUNDATION, INC.

26-0854652

**Statement 4 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Donee's Name:	RAYMOND F KRAVIS CENTER
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	\$ 1,000.
Class of Activity:	
Donee's Name:	JOAN DANCY AND PALS FOUNDATION
Donee's Address:	ADDRESS ON FILE AND UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	5,000.
Class of Activity:	
Donee's Name:	NORTH SHORE HEALTH FORUM
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	5,000.
Class of Activity:	
Donee's Name:	HOME SAFE
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	25,000.
Class of Activity:	
Donee's Name:	ANTI DEFAMATION LEAGUE
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	6,000.
Class of Activity:	
Donee's Name:	DUKE UNIVERSITY
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	3,000.
Class of Activity:	
Donee's Name:	WOMEN IN THE VISUAL ARTS
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST, UNRELATED.
Relationship of Donee:	501(C) (3)
Organizational Status of Donee:	
Amount Given:	2,500.
Class of Activity:	
Donee's Name:	COOKIES FOR KIDS CANCER

## THE SCHLANGER FAMILY FOUNDATION, INC.

26-0854652

**Statement 4 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST,
Relationship of Donee:	UNRELATED.
Organizational Status of Donee:	501(C) (3)
Amount Given:	\$ 5,000.
Class of Activity:	
Donee's Name:	LONG BEACH MEDICAL CENTER
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST,
Relationship of Donee:	UNRELATED.
Organizational Status of Donee:	501(C) (3)
Amount Given:	5,000.
Class of Activity:	
Donee's Name:	METZAD CONGREGATION
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST,
Relationship of Donee:	UNRELATED.
Organizational Status of Donee:	501(C) (3)
Amount Given:	4,000.
Class of Activity:	
Donee's Name:	MADISON SQUARE PARK
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST,
Relationship of Donee:	UNRELATED.
Organizational Status of Donee:	501(C) (3)
Amount Given:	10,000.
Class of Activity:	
Donee's Name:	MULTIPLE SCLEROSIS
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST,
Relationship of Donee:	UNRELATED.
Organizational Status of Donee:	501(C) (3)
Amount Given:	1,000.
Class of Activity:	
Donee's Name:	MESILLAH
Donee's Address:	ADDRESS ON FILE AND AVAILABLE UPON REQUEST,
Relationship of Donee:	UNRELATED.
Organizational Status of Donee:	501(C) (3)
Amount Given:	5,000.

Total \$ 182,600.

**Statement 5**  
**Form 990-PF, Part II, Line 10b**  
**Investments - Corporate Stocks**

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Book Value</u>	<u>Fair Market Value</u>
BANK OF AMERICA CORP	Cost	\$ 108,425.	\$ 15,300.
EL PASO CORP.	Cost	123,500.	34,960.
JOHNSON & JOHNSON	Cost	366,938.	484,044.
MEDCO HEALTH	Cost	8,129.	22,601.
PFIZER, INC.	Cost	97,340.	61,880.
PG& E CORP. HOLDING CO.	Cost	50,446.	74,956.
CONOCO PHILLIPS	Cost	134,269.	158,300.
CITIGROUP	Cost	53,200.	5,123.
PATRIOT COAL CORP	Cost	0.	1,692.
PROCTOR AND GAMBLE	Cost	66,590.	63,180.
WELLS FARGO CAPITAL 8.625% 9/15/13	Cost	0.	0.
ENERGY TRANSFER EQUITY	Cost	24,914.	34,780.
ENTERPRISE PRODUCTS LP	Cost	23,321.	40,150.
NUSTAR ENERGY	Cost	32,904.	36,596.
ONEOK PARTNERS LP	Cost	31,065.	65,268.
PLAINS ALL AMERICAN PIPELINE	Cost	29,144.	41,244.
SOUTHERN COMPANY	Cost	34,513.	36,015.
	Total	<u>\$ 1,184,698.</u>	<u>\$ 1,176,089.</u>

**Statement 6**  
**Form 990-PF, Part II, Line 10c**  
**Investments - Corporate Bonds**

<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Book Value</u>	<u>Fair Market Value</u>
SEARS ROEBUCK ACC CORP 6.75% DUE 8/15/11	Cost	\$ 0.	\$ 0.
SEARS ROEBUCK ACC CORP 7% DUE 2/1/11	Cost	0.	0.
OMEGA HEALTH CARE 7% DUE 4/1/14	Cost	0.	0.
ABBOTT LABS 5.875% DUE 5/15/16	Cost	100,678.	117,719.
AMERICAN EXPRESS CREDIT 7.3% 8/20/13	Cost	200,802.	218,924.
NY TEL CO 6.7% DUE 11/1/23	Cost	100,404.	104,697.
SLM CORP 5.05% 11/14/14	Cost	90,484.	96,492.
HSBC FINANCE 5.6% 9/15/12	Cost	50,065.	50,694.
HSBC FINANCE 5% 7/15/14	Cost	50,000.	50,760.
BANK OF AMERICA CORP 5.45% 5/15/16	Cost	100,000.	93,503.
FPL GROUP 2.55% DUE 11/15/2013	Cost	99,934.	101,746.
GENL ELEC CAP CORP 4.1% DUE 10/15/2015	Cost	100,000.	103,355.
ROWAN COMPANIES 5% DUE 9/1/2017	Cost	99,504.	103,623.
CITIGROUP 1.136% DUE 2/15/2013	Cost	100,000.	98,590.
FORD MOTOR CREDIT 3.25% DUE 5/20/2014	Cost	50,000.	49,532.
	Total	<u>\$ 1,141,871.</u>	<u>\$ 1,189,635.</u>

## THE SCHLANGER FAMILY FOUNDATION, INC.

26-0854652

**Statement 7**  
**Form 990-PF, Part II, Line 13**  
**Investments - Other**

	Valuation Method	Book Value	Fair Market Value
<u>Other Publicly Traded Securities</u>			
NEUBERGER & BERMAN GUARDIAN FUND	Cost	\$ 52,952.	\$ 36,436.
NEUBERGER & BERMAN PARTNERS FUND	Cost	112,404.	94,423.
CSFB CAPITAL APPRECIATION FUND	Cost	0.	0.
ISHARES MSCI INDEX FUND	Cost	70,948.	47,780.
AMEX SPDRS	Cost	127,767.	124,465.
FINANCIAL SELECT SECTOR SPDR	Cost	36,225.	29,525.
CITIGROUP FUNDING 2/27/12	Cost	100,000.	101,100.
JP MORGAN STRATEGIC INCOME OPPORTUNITIES	Cost	103,276.	100,135.
CITIGROUP FUNDING 2 YR 95% PPN FX BASKET	Cost	150,000.	142,035.
CURRENCYSHARES SWEDISH KRONA	Cost	49,588.	46,506.
CURRENCYSHARES SWISS FRANC	Cost	25,016.	26,172.
FIRST TR EXCH TRADED FD AMEX BIOTECH	Cost	20,612.	16,530.
FIRST TR EXCH TRADED FD DOW JONES INTER	Cost	26,709.	26,910.
FIRST RUST CONSUMER DISCRETIONARY	Cost	24,131.	21,522.
FIRST TRUST CARE ALPHADEX FUND	Cost	24,307.	20,488.
FIRST TRUST MATERIAL ALPHADEX FUND	Cost	25,755.	18,983.
FIRST TRUST NASDAQ-100 TECH	Cost	28,212.	22,524.
MARKET VECTORS ETF TR AGRIBUSINESS	Cost	27,751.	21,615.
POWERSHARES DB PRECIOUS METALS	Cost	10,409.	9,884.
		Total \$ 1,016,062.	\$ 907,033.

**Statement 8**  
**Form 990-PF, Part IV, Line 1**  
**Capital Gains and Losses for Tax on Investment Income**

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
1	493 CURRENCY SHARES AUSTRALIAN DOLLARS	Purchased	12/28/2010	1/27/2011
2	11 ENERGY TRANSFER PARTNERS	Purchased	7/21/2009	5/17/2011
3	100000 FHLB 2.25% DUE 9/29/2017	Purchased	3/16/2011	6/29/2011
4	.5604 ENERGY TRANSFER PARTNERS	Purchased	7/21/2009	5/17/2011
5	13.3757 ENERGY TRANSFER PARTNERS	Purchased	7/21/2009	5/17/2011
6	240 CURRENCY SHARES SWISS FRANCE	Purchased	12/28/2010	8/11/2011
7	75000 OMEGA HEALTH CARE 7% DUE 4/1/2014	Purchased	7/20/2006	12/16/2010
8	50000 SEARS ROEBUCK ACCEPT CORP 7% DUE 2/1/11	Purchased	1/18/2006	2/01/2011
9	50000 WELLS FARGO CAPITAL 8.625% DUE 9/15/2013	Purchased	8/12/2008	3/24/2011
10	465 ENERGY TRANSFER PARTNERS	Purchased	4/30/2009	5/17/2011
11	235 ENERGY TRANSFER PARTNERS	Purchased	7/21/2009	5/17/2011
12	74000 SEARS ROEBUCK ACCEPT CORP 6.75% DUE 2011	Purchased	7/28/2005	8/15/2011
13	CAP GAIN DIVIDEND	Purchased	Various	12/31/2010
14	400 POWERSHARES PRECIOUS METALS	Purchased	12/31/2010	2/09/2011
15	1430 FIRST TRUST FIN ALPHADEX FD	Purchased	12/31/2010	3/24/2011
16	604 POWERSHARES DB AGRICULTURE FUND	Purchased	2/09/2011	4/26/2011
17	415 POWERSHARES DB SILVER UFND	Purchased	12/31/2010	5/16/2011
18	485 FIRST TRUST GLOBAL COPPER INDEX FD	Purchased	3/24/2011	6/17/2011
19	22 CGMI	Purchased	3/31/2011	6/17/2011

## Statement 8 (continued)

## Form 990-PF, Part IV, Line 1

## Capital Gains and Losses for Tax on Investment Income

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
20	175 PWEERSHARES PRECIOUS METALS FUND	Purchased	4/27/2011	8/11/2011
21	136.027 CSFB LARGE CAP BLEND FUND	Purchased	10/06/2010	9/19/2011
22	4141.126 CSFB LARGE CAP BLEND FUND	Purchased	3/09/2000	9/19/2011

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
1	49,056.		49,993.	-937.				\$ -937.
2	521.		595.	-74.				-74.
3	100,000.		100,144.	-144.				-144.
4	0.		30.	-30.				-30.
5	656.		636.	20.				20.
6	31,415.		25,016.	6,399.				6,399.
7	76,750.		74,255.	2,495.				2,495.
8	50,000.		50,000.	0.				0.
9	54,557.		50,000.	4,557.				4,557.
10	22,037.		18,722.	3,315.				3,315.
11	11,137.		8,302.	2,835.				2,835.
12	74,000.		74,000.	0.				0.
13	99.		0.	99.				99.
14	19,916.		20,312.	-396.				-396.
15	21,555.		21,666.	-111.				-111.
16	20,687.		20,904.	-217.				-217.
17	24,551.		22,237.	2,314.				2,314.
18	18,642.		21,009.	-2,367.				-2,367.
19	846.		960.	-114.				-114.
20	11,130.		10,409.	721.				721.
21	1,401.		1,376.	25.				25.
22	42,654.		76,467.	-33,813.				-33,813.
							Total \$	<u>-15,423.</u>

2010

**Federal Supplemental Information**

**Page 1**

**THE SCHLANGER FAMILY FOUNDATION, INC.**

**26-0854652**

The Schlanger Family Foundation Inc. (NY) (EIN # 13-3986709) was merged into the Schlanger Family Foundation, Inc. Florida on February 5, 2009.