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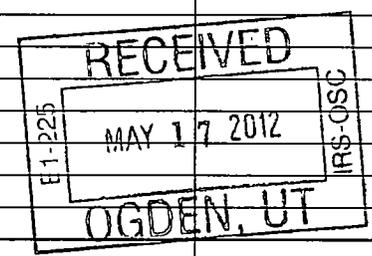
Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

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

For calendar year 2011 or tax year beginning , 2011, and ending , 20

Name of foundation THE SCHECHTER FOUNDATION		A Employer identification number 13-3157311
Number and street (or P O box number if mail is not delivered to street address) C/O SHIRLEY SCHECHTER 33 GARDEN ROAD		B Telephone number (see instructions) (914) 725-3086
Room/suite		
City or town, state, and ZIP code SCARSDALE, NY 10583		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		D 1 Foreign organizations check here <input type="checkbox"/>
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust		2 Foreign organizations meeting the 85% test check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 408,550.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<input type="checkbox"/> Other (specify) _____		
(Part I, column (d) must be on cash basis)		

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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 instructions))				
Revenue				
1 Contributions, gifts, grants etc received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	74.	74.		ATCH 1
4 Dividends and interest from securities	12,114.	12,114.		ATCH 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	20,531.			
b Gross sales price for all assets on line 6a 195,000.				
7 Capital gain net income (from Part IV, line 2)		20,531.		
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 or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	32,719.	32,719.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) ATCH 3	3,525.			3,525.
c Other professional fees (attach schedule)				
17 Interest ATTACHMENT 4	361.	361.		
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy	85,365.	12,805.		
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 5	11,432.	1,719.		100.
24 Total operating and administrative expenses. Add lines 13 through 23	100,683.	14,885.		3,625.
25 Contributions, gifts, grants paid	1,550.			1,550.
26 Total expenses and disbursements Add lines 24 and 25	102,233.	14,885.	0	5,175.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-69,514.			
b Net investment income (if negative, enter -0-)		17,834.		
c Adjusted net income (if negative, enter -0-)				



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Part II Balance Sheets		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		
Assets	1	Cash - non-interest-bearing		63,471.	17,699.	17,699.
	2	Savings and temporary cash investments		94,746.	131,573.	131,573.
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U S and state government obligations (attach schedule),**		92,154.	92,154.	94,268.
	b	Investments - corporate stock (attach schedule) ATCH 7		67,739.	67,739.	53,800.
	c	Investments - corporate bonds (attach schedule) ATCH 8		174,469.	110,000.	107,310.
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)				
15	Other assets (describe ▶ ATCH 9)			3,900.	3,900.	
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		492,579.	423,065.	408,550.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)		0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds		492,579.	423,065.	
30	Total net assets or fund balances (see instructions)		492,579.	423,065.		
31	Total liabilities and net assets/fund balances (see instructions)		492,579.	423,065.		

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	492,579.
2	Enter amount from Part I, line 27a	2	-69,514.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	423,065.
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	423,065.

** ATCH 6

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	20,531.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	0	

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	16,988.	559,447.	0.030366
2009	22,758.	653,947.	0.034801
2008	29,140.	756,046.	0.038543
2007	41,172.	860,208.	0.047863
2006	85,601.	962,413.	0.088944
2 Total of line 1, column (d)			2 0.240517
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			3 0.048103
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 461,232.
5 Multiply line 4 by line 3			5 22,187.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 178.
7 Add lines 5 and 6			7 22,365.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.			8 5,175.

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and total tax due. Total tax due is 357.00, with 810.00 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, unrelated business income, and substantial contributors.

Part 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 instructions)
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address N/A
14 The books are in care of SHIRLEY SCHECHTER Telephone no
Located at 33 GARDEN ROAD SCARSDALE, NY ZIP + 4 10583
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15
16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-221 If "Yes," enter the name of the foreign country

Part 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.

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(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).
b 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here
c 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 2011?
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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2011 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 2011)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption... 6a Did the foundation, during the year, receive any funds... 6b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

Table with 5 columns: (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. Row 1: ATTACHMENT 10, 0, 0, 0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

Table with 5 columns: (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. Row 1: NONE.

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

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 ▶

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 NOT APPLICABLE	
2	
All other program-related investments. See instructions	
3 NONE	
Total. Add lines 1 through 3 ▶	

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	270,070.
b	Average of monthly cash balances	1b	198,186.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	468,256.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	468,256.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,024.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	461,232.
6	Minimum investment return. Enter 5% of line 5	6	23,062.

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	23,062.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	357.
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	357.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,705.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	22,705.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	22,705.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,175.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,175.
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)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,175.

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 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				22,705.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20 09, 20 08, 20 07				
3 Excess distributions carryover, if any, to 2011				
a From 2006 38,334.				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	38,334.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 5,175.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				5,175.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 17,530.	17,530.			17,530.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,804.			
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				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	20,804.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a		0		
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

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

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2011, (b) 2010, (c) 2009, (d) 2008, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c), 2e (Qualifying distributions made directly for active conduct), 3 (Alternative tests: Assets, Endowment, Support).

Part XV Supplementary Information (Complete this part only if the foundation 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))

SHIRLEY SCHECHTER

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

N/A

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.

ATTACHMENT 11

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

SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines

SEE COPY OF APPLICATION ATTACHED

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

SEE COPY OF APPLICATION ATTACHED

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)				
<p>a Paid during the year</p> <p>ATTACHMENT 12</p>				
Total ▶ 3a				1,550.
b Approved for future payment				
Total ▶ 3b				

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's 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
d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

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?
b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here: 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) is based on all information of which preparer has any knowledge.
Signature of officer or trustee: Shelley Schechter
Date: 5/13/2012
Title: President

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name: MYLES SCHUMER; Preparer's signature: MYLES SCHUMER; Date: 05/02/2012; Check self-employed; PTIN: P01346926; Firm's name: CORNICK, GARBER & SANDLER, LLP; Firm's EIN: 13-2620561; Firm's address: 825 THIRD AVENUE, 4TH FL, NEW YORK, NY; Phone no: 212-557-3900

**FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
85,000.		850 SHS. - GOLDMAN SACHS GROUP INC. PROPERTY TYPE: SECURITIES 84,469.				P	11/20/2008 531.	01/18/2011
110,000.		1,000 SHS. - GENERAL ELECTRIC CAPITAL CO PROPERTY TYPE: SECURITIES 90,000.				P	10/02/2008 20,000.	08/26/2011
TOTAL GAIN (LOSS)							<u>20,531.</u>	

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
JANNEY MONTGOMERY SCOTT - MONEY MKT.	74.	74.
TOTAL	<u>74.</u>	<u>74.</u>

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
GOLDMAN SACHS GROUP, INC.	2,922.	2,922.
GENERAL ELECTRIC CAPITAL CORP.	6,488.	6,488.
GENERAL MOTORS ACCEPTANCE CORP.	2,704.	2,704.
TOTAL	<u>12,114.</u>	<u>12,114.</u>

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
CORNICK, GARBER & SANDLER, LLP	3,525.			3,525.
TOTALS	<u>3,525.</u>			<u>3,525.</u>

ATTACHMENT 4

FORM 990PF, PART I - INTEREST EXPENSE

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
ACCRUED INTEREST PAID	361.	361.
TOTALS	<u>361.</u>	<u>361.</u>

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
FILING FEES	100.		100.
OFFICE EXPENSES	3,256.	488.	
BANK CHARGES	23.	23.	
RELOCATION COSTS	8,053.	1,208.	
TOTALS	<u>11,432.</u>	<u>1,719.</u>	<u>100.</u>

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ATTACHMENT 6

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOVERNMENT TR CTFS	92,154.	92,154.	94,268.
US OBLIGATIONS TOTAL	<u>92,154.</u>	<u>92,154.</u>	<u>94,268.</u>

ATTACHMENT 7

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FORD MOTOR COMPANY	67,739.	67,739.	53,800.
TOTALS	<u>67,739.</u>	<u>67,739.</u>	<u>53,800.</u>

ATTACHMENT 8

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOLDMAN SACHS GROUP INC.	84,469.		
GENERAL ELECTRIC CAP CORP.	90,000.	110,000.	107,310.
GENERAL MOTORS ACCEPTANCE CORP			
TOTALS	<u>174,469.</u>	<u>110,000.</u>	<u>107,310.</u>

ATTACHMENT 9

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SECURITY DEPOSIT		3,900.	3,900.
TOTALS		<u>3,900.</u>	<u>3,900.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
SHIRLEY SCHECHTER 33 GARDEN ROAD SCARSDALE, NY 10583	PRESIDENT 2.00	0	0	0
CLAUDIA SCHECHTER 33 GARDEN ROAD SCARSDALE, NY 10583	DIRECTOR 1.00	0	0	0
ROBERT SCHECHTER 33 GARDEN ROAD SCARSDALE, NY 10583	DIRECTOR 1.00	0	0	0
<u>GRAND TOTALS</u>		<u>0</u>	<u>0</u>	<u>0</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

THE SCHECHTER FOUNDATION
PO BOX 4822
NEW YORK, NY 10185

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 12

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CONGREGATION KOL AMI 252 SOUNDVIEW AVENUE WHITE PLAINS, NY 10606	NONE EXEMPT	CHARITABLE	250.
WHITE PLAINS HOSPITAL CENTER 41 EAST POST ROAD WHITE PLAINS, NY 10601	NONE EXEMPT	CHARITABLE	500.
SCARSDALE POLICE BENEVOLENT ASSOCIATION 50 TOMKINS ROAD SCARSDALE, NY 10583	NONE EXEMPT	CHARITABLE	25
SCARSDALE VOLUNTEER AMBULANCE CORPS 5 WEAVER STREET SCARSDALE, NY 10583	NONE EXEMPT	CHARITABLE	25.
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE EXEMPT	CHARITABLE	250.
PECONIC BAY MEDICAL CENTER 1300 ROANOKE ROAD RIVERHEAD, NY 11901	NONE EXEMPT	CHARITABLE	500.
TOTAL CONTRIBUTIONS PAID			<u>1,550</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2011

Name of estate or trust

THE SCHECHTER FOUNDATION

Employer identification number

13-3157311

Note: Form 5227 filers need to complete only Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	20,531.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	12	20,531.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		20,531.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		20,531.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000	16	()
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Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20 If zero or less, enter -0-	22		
23	Subtract line 22 from line 17 If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)			30
31	Figure the tax on the amount on line 23 Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			31
32	Add lines 30 and 31			32
33	Figure the tax on the amount on line 17 Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			33
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)			34

THE SCHECHTER FOUNDATION

Post Office Box 4822
New York, NY 10185-4822

So that we may evaluate your request for scholarship aid, we have enclosed the required application materials and we ask that you complete them as follows:

1. Fill in and return the application form by _____
2. Include with your application:
 - a) A statement of your vocational goal
 - b) Your photograph or snapshot
 - c) Please submit a copy of your parents' Income Tax Return if they are responsible for your support. If you receive no financial support from parents and are not claimed as an exemption on their last income tax return, please submit a copy of your own (and your spouse's , if married) latest income tax return.
- 3 Please request the Registrar at the college or university you are attending to forward an official updated transcript of your grades.
- 4 Please give the Academic Evaluation form to a dean or academic advisor who is best qualified to comment on your most recent academic performance so that the Foundation may have a basis for judging whether you are eligible for consideration.
5. : Please give the Financial Aid form to the appropriate school official at the school you are attending or hope to attend. Should information regarding financial aid not be available at this time, ask the financial aid officer to base his/her evaluation on the most recent completed academic year.

In accordance with the Family Rights and Privacy Act of 1974, please sign the Student Release of information section of each of these two forms before passing them on to the designated school officials.

Encl.

WORK HISTORY

Have you had jobs of any kind? If so, please give names and complete addresses of the last three employers to whom we may refer.

Name of Company or Employer	Your Job Title	Address Street, City, State, Zip Code	Name of Supervisor	Dates of Employment

FINANCIAL INFORMATION

1. Please explain how you are currently financing your education.

<u>Source</u>	<u>Amount</u>		<u>Source</u>	<u>Amount</u>

2. The Foundation expects you to apply for financial aid to your school and all other sources available to you. Please list all sources to which you have applied or expect to apply and amounts requested or expected. Include any state or federal grants for which you are eligible.

<u>Source</u>	<u>Amount</u>		<u>Source</u>	<u>Amount</u>

3. What are your summer plans? _____

BIOGRAPHICAL INFORMATION

Marital Status: Single _____ Engaged _____ Married _____ Divorced _____ Separated _____

Name of Spouse _____ Occupation _____

Number of your dependents, if any _____ Ages _____ Relationship to you _____

Your Father's Name _____ If deceased, give year of death _____

Home address, if different from yours _____

What is your father's occupation? (If retired or deceased, give former occupation) _____

Graduate of what college if any? _____

Your Mother's Name _____ If deceased, give year of death _____

Home address, if different from yours _____

What is your mother's occupation? (If retired or deceased, give former occupation) _____

Graduate of what college, if any? _____

If someone other than your father or mother supports you, give the following information:

Name _____

Address _____

Relationship to you _____ Occupation _____

List below names and ages of your brothers and sisters. Please state whether at school or earning.

<u>Name</u>	<u>Age</u>	<u>School or Earning</u>	<u>Name</u>	<u>Age</u>	<u>School or Earning</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List below any other members of the family who reside at the home address and their relationship to you.

PARENT-GUARDIAN INFORMATION

FOLLOWING TO BE COMPLETED BY PARENT OR PERSON RESPONSIBLE FOR APPLICANT'S SUPPORT:

Annual income (net after income taxes) \$ _____

Please indicate if there are any family resources not shown in the above.

Specify source and amount _____ \$ _____
Source

Has applicant any independent resources other than savings on page 4? _____ If yes, Amount \$ _____

Total amount of family debts, if any, excluding applicant's debts. \$ _____

I have read all the statements on this Application Form including those completed by the applicant. To the best of my knowledge and belief they are correct. The budget, as presented on page 4, is a true picture of the applicant's financial status and in my opinion the applicant meets the requirements of eligibility as set forth in the Foundation brochure.

Date..... Signature of parent or guardian.....

SCHOOL _____ DEGREE EXPECTED _____ DATE OF GRADUATION _____

Before completing this budget we recommend you consult with a school counselor so that the financial data you give represents your best estimate of tuition and living costs based on fact and experience. If the figures vary with that of the school please explain on separate sheet.

A. EXPENDITURES (Estimated)

- 1. School Expenses:
 - a. Tuition..... \$ _____
 - b. Fees..... _____
 - c. Room (If not living at home) Campus Housing Off campus _____
 - d. Board (If not living at home) Campus meal plan Independent _____
 - e. Books and course supplies _____
 - f. Microscope (only rental charges considered)..... _____
 - Total School Expenses..... \$ _____
- 2. Travel to and from college or university. No. of round trips _____
- 3. Personal Expenses:
 - a. Clothing..... _____
 - b. Medical, dental _____
 - c. Local transportation _____
 - d. Recreation _____
 - e. Other - itemize _____
 - Total Personal Expenses _____
 - Total Expenditures (Estimated) 1 plus 2 plus 3 above..... _____

B. RECEIPTS (Estimated)

- 1. From Parents _____
- 2. From spouse, relatives or friends _____
- 3. Other scholarships: (specify sources & amounts)
 - Already assured _____
 - _____
 - Anticipated..... _____
 - _____
- 4. Loans expected (specify sources and amounts)..... _____
- _____
- 5. Estimated Earnings:
 - a. During vacation-net..... _____
 - b. During School Year..... _____
- 6. Other Income or Resources (specify sources and amounts)..... _____
- _____
- _____
- 7. Savings: Amount to be applied this year _____
- Total Receipts (Estimated) 1 - 7 above _____

C. Indicated Deficit, A minus B above \$ _____

D. Amount Requested of Foundation \$ _____
 (If amount C exceeds amount D please explain on a separate sheet of paper how you expect to balance your budget).

Please show your estimated savings and debts as of the end of the school year for which this application is made.

Applicant's estimated savings (deduct sum shown in B. 7)..... \$ _____
 Applicant's debts to date (do NOT include sum shown in B.4)..... \$ _____
 When are debts payable, before or after college? _____
 Lender: Friend \$ _____ Relative \$ _____ Institutions (banks, college) \$ _____

APPLICANT'S STATEMENT: I affirm that the foregoing information is correct, to the best of my knowledge. On the basis of this statement, I hereby apply for an award from the Schechter Foundation for the above academic period.

Date Signature of Applicant.....

THE SCHECHTER FOUNDATION

POST OFFICE BOX 4822
NEW YORK, NY 10185-4822

FINANCIAL AID EVALUATION FORM
FOR ACADEMIC YEAR FROM *September,* to *June,*

SECTION A (To be completed by the student)

Please sign the consent statement below and give this form to the financial aid officer of the school you will attend during the above academic year, THE INFORMATION WE ARE ASKING YOUR SCHOOL TO PROVIDE UNDER SECTION B, #5, OF THIS FORM SHOULD REFLECT THE FIGURES YOU SUBMIT ON PAGE 4, SECTION 1, OF OUR APPLICATION.

STUDENT CONSENT TO THE RELEASE OF INFORMATION

I hereby consent that _____
School

furnish to The Schechter Foundation the information and evaluation requested below. In this connection I hereby waive my rights of access to said evaluation in accordance with the Family Educational Rights and Privacy Act of 1974.

I further consent that a copy of any award notification I may receive from The Schechter Foundation be sent to the financial aid officer of the school I will attend.

Student Signature

SECTION B (to be completed by a Financial Aid Officer)

The Schechter Foundation will make a limited number of annual grants for study at accredited schools, colleges or universities to applicants who prove acceptable after thorough investigation of their credentials.

Applicants are considered on the basis of (1) character, (2) scholastic ability, (3) educational goal and (4) financial need. Competition for grants is strong because of the large number of applicants in relation to available funds.

The Foundation appreciates the role of the Financial Aid Officer and places much emphasis on the information supplied by that individual when reviewing applications. We are concerned that the budget form we request our applicants to fill out reflects realistic costs of attending your institution. In particular we would appreciate your viewpoint on personal expense items as well as official institutional cost estimates for tuition, room, board, books and course supplies for the academic year (SHOULD THOSE ESTIMATES NOT BE AVAILABLE AT THIS DATE, PLEASE PROVIDE COMMENSURATE INFORMATION BASED ON THIS CURRENT ACADEMIC YEAR.)

If you have any other pertinent information regarding the financial aid policies of your school or of the student in question we would be pleased to have you give it.

Will you be good enough to use page two of this form to respond to our questions.

PLEASE RETURN TO THE FOUNDATION NO LATER THAN _____

SEE PAGE 2

THE SCHECHTER FOUNDATION

POST OFFICE BOX 4822
NEW YORK, NY 10185-4822

ACADEMIC EVALUATION FORM

SECTION A (to be completed by the student)
Please sign the consent statement below and give this form to the dean or academic advisor best qualified to comment.

STUDENT CONSENT TO THE RELEASE OF INFORMATION

I hereby consent that _____
(school)
furnish to The Schechter Foundation the information and evaluation requested below. In this connection I hereby waive my right of access to said evaluation in accordance with the Family Educational Rights and Privacy Act of 1974.

Student Signature

SECTION B (to be completed by dean or academic advisor)

The Schechter Foundation will make a limited number of annual grants for study at accredited schools, colleges or universities to applicants who prove acceptable after thorough investigation of their credentials.

Applicants are considered on the basis of (1) character, (2) scholastic ability, (3) educational goal and (4) financial need. Competition for grants is strong because of the large number of applicants in relation to available funds.

Will you please be good enough to use the second page of this form to comment on the above first three criteria (a separate financial evaluation form is being sent to the appropriate school official) as well as giving any other facts or judgements pertinent to the applicant which might aid the Foundation to reach a decision. Since your evaluation will be a major factor in deciding whether or not the applicant is qualified, the Foundation will not consider an application without an evaluation. Please comment as fully as possible. The completed form should be mailed directly to the Foundation.

PLEASE RETURN TO THE FOUNDATION NO LATER THAN _____

(OVER)

SECTION B (Continued)

RE: _____

The following is my considered appraisal of the above student's application for aid from The Schechter Foundation.

Signature and Title

School

SECTION B (continued)

RE: _____

PLEASE BE SURE TO READ SECTION B ON PAGE 1 BEFORE COMPLETING THE QUESTIONS BELOW.

- 1. Has this student filed a financial aid application with your institution? _____
Yes No
- 2. Has this student also filed an application with the College Scholarship Service, ACT or any other needs analysis system acceptable to your institution? _____
Yes No
- 3. Based on your evaluation of the above materials and your institution's costs, has this student demonstrated a financial need? _____
Yes No
- 4. Given the financial strength of the family, what, in your opinion, would be:
 - a. a realistic parental contribution \$ _____
 - b. if student is not dependent on parents, a realistic student contribution? \$ _____

5. PLEASE NOTE THAT WE HAVE ADVISED THE STUDENT APPLICANT TO CONSULT WITH YOU SO THAT THE BUDGET INFORMATION SUBMITTED TO US BY THE STUDENT REFLECTS THE DATA LISTED BELOW. IF FINAL FIGURES FOR THE COMING SCHOOL YEAR ARE NOT AVAILABLE PLEASE INDICATE *CURRENT* COSTS AND ANY EXPECTATION OF INCREASE OR DECREASE IN THEM.

Please indicate your school's cost estimates for the budget items listed below – for

Tuition and Fees	\$ _____
Room & Board	_____
Books & Supplies	_____
Personal Expenses	_____
Any other items included in your institution's financial aid budget	_____

TOTAL:	_____

6 COMMENTS:

Signature-Financial Aid Officer

School