Forn	9	90-PF				-	f Private				OMB No 1545-0052
		•		C	or Sectio	n 4947(a	)(1) Nonex	empt Cha	aritable T	rust	2000
		t of the Treasury venue Service	N	lote. The four			as a Privat			rting requirements	2009
	_	idar year 2009,			idution may			and e			
-		all that apply:		Initial return			tial return of a fo			Final return	,, , , , , , , , , , , , , , ,
		_		Amended ret	turn		Address chan	-	·····, 🖂	Name change	
Use	the	IBS Name of fo	oundation							A Employer identification	number
	abel										
Oth		se, The S						ation	1	20-6920719	
•	print r type		•	O box number i		elivered to stree	et address)		Room/suite	B Telephone number	~ ~
	Spe			<u>ut Str</u>	reet					201-816-12	
Inst	ructio	Engle		nd ZIP code	07631					C if exemption application is p D 1. Foreign organizations	
H (	Check	type of organiz		X Section		empt private	e foundation			2 Foreign organizations me check here and attach co	eting the 85% test,
	_	ction 4947(a)(1					e private founda	ation		1	
I Fa	air ma	arket value of all	assets at e	end of year	J Accounti		X Cash	Acci	ual	E If private foundation stat under section 507(b)(1)	
		Part II, col (c),			01	ther (specify	)			F If the foundation is in a (	50-month termination
	•\$ •	Annal and D			Part I, colu	mn (d) mus	t be on cash	basıs )		under section 507(b)(1)	
Pa	art l	The total of amount	ounts in colu	mns (b), (c), and	(d) may not		venue and es per books		ivestment ome	(c) Adjusted net	(d) Disbursements for charitable purposes
	4	necessarily equa				coperio	79858.		2016	N/A	(cash basis only)
	2						19000.		••••	N/A	
	3	Interest on saving	is and tempo				86.		86.		Statement 1
	4	Dividends and		om securities		<u> </u>	198.		198.		Statement 2
C	5a	Gross rents									
2019	b	Net rental income	or (loss)								
<u> </u>	6a	Net gain or (loss) Gross sales price		assets not on lir	ne 10						
) Je	_b	assets on line 6a									
N UV V V		Capital gain net in Net short-term							0.		·
N	9	Income modifi									
$\Omega$		Gross sales less i and allowances									
N N	I .	Less Cost of goo	ds sold								
SCANNED	c	Gross profit or	(loss)			. <u> </u>					
S.	· ·	Other income									
0))	12	Total Add line			•••		80142.		284.		
	13	Compensation of Other employed			etc		0.		0.	· · ·	0
		Pension plans,		-	_		· · · · ·				
ses				and the second data was not a second data wa						· · · · · · · · · · · · · · · · · · ·	
Expenses	b	Accounting fee	RECE	IVED	10						
	C	Other profession	onal fees		10						
Administrative	17	Interesto	OCT 1	8 2010	in						
stra	18	laxes o	-		ntre		20.		0.		0.
ini	19 20	Depreciation an Occupancy		EN, UT							
Adn	20	Travel, confere	TCPS and	meetings							
and	22	Printing and pu		-				·			
)g a		Other expenses			nt 4		136.		0.		0
Operating	24	Total operating									
ber		expenses Add		-			156.		0.	ļ	0
0	25	Contributions,				i	114274.			· · · · · · · · · · · · · · · · · · ·	114274
	26	Total expenses		ursements.		.	114470		^		111004
	27	Add lines 24 ar Subtract line 20		10.			114430.		0.	<u>├</u> ────────────────────────────────────	114274
		SUDTRACT IIINE 20 Excess of revenue			amorto	.	-34288.				
		Net investmen					532001		284.		·
		Adjusted net in		-						N/A	

6-146

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions Form 990-PF (2009) 11

		00-PF (2009) The Sarna Family Charita	ble Foundatio	n <u>20-6</u> End of	5920719 Page 2 vear
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	17194.		7626.
		Savings and temporary cash investments	25330.	411.	411.
		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			
	7	Other notes and loans receivable			
	ļ	Less: allowance for doubtful accounts		·····	
ŝts	-	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
٩		Investments - U.S. and state government obligations			
	1	Investments - corporate stock Stmt 5	26354.	26553.	14579.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe  )			
	16	Total assets (to be completed by all filers)	68878.	34590.	22616.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lab	21	Mortgages and other notes payable			
-	22	Other liabilities (describe 🕨)			
	22	Total liabilities (add lines 17 through 22)	0.	ο.	
_	23	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
anc	25	Temporarily restricted			
Bali	26	Permanently restricted		· ·	
or Fund Balances	1	Foundations that do not follow SFAS 117, check here <b>X</b>			
-Ĵ		and complete lines 27 through 31.			
» د	27	Capital stock, trust principal, or current funds	63322.	63322.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	5556.	-28732.	
Net Assets	30	Total net assets or fund balances	68878.	34590.	
			60070	24500	
	31		68878.	34590.	
_	Part		······································	<u> </u>	
1		al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		C0080
		st agree with end-of-year figure reported on prior year's return)		1	68878.
2		er amount from Part I, line 27a		2	-34288.
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	34590.
5		reases not included in line 2 (itemize)		5	0.
<u>6</u>	lota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (d), iine 30	6	34590. Form 990-PF (2009)

	Sarna Family Ch	<u>aritab</u>	<u>le Found</u>	lat:	ion	2	0-692	07 <u>19</u>	Page 3
	Ind Losses for Tax on In		Income	(h) L	low acquired				·····
(a) List and descri 2-story brick war	be the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs	, real estate, . MLC Co.)			low acquired - Purchase - Donation	(c) Date (mo.,	acquired day, yr.)	(d) Dat (mo., da	
		-							
NON	NE								
				-					
				<u> </u>				-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			( <b>h)</b> ( (e) plu	Gain or (loss) is (f) minus (	) (g)	
							<b>.</b>	<del></del>	
			_						
			10/04/000						
Complete only for assets showing	g gain in column (h) and owned by t						Col. (h) gain		
(1) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any 			Losse:	not less that s (from col. (	h))	
· · · · · · · · · · · · · · · · · · ·		·····							
		· ···							
Capital gain net income or (net cap	pital loss)	in Part I, line - in Part I, line	7 7	}	2				
	s) as defined in sections 1222(5) an	ıd (6):		~					
If gain, also enter in Part I, line 8, o	column (c).								
If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	Deduced	T		3				
.1	• •								
or optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment i	ncome	9.)				
section 4940(d)(2) applies, leave th	us part blank.								
	ion 4942 tax on the distributable am	•••	•	eriod?					X No
	fy under section 4940(e). Do not co								
	ach column for each year; see instri	uctions before	making any entr	ies.				(4)	
(a) Base period years	(b)	tabutiona	Not volue of p	(C)	ritable-use asse	to	Distrit	(d) oution ratio	
Calendar year (or tax year beginnin			Net value of ne	oncna	nable-use asse		(col. (b) div		
2008		05282.				0.			00000
2007		82267.				0.		.0	00000
2006									
2005									
2004									
Total of line 1, column (d)						_2		.0	00000
Average distribution ratio for the 5	i-year base period - divide the total o	on line 2 by 5,	or by the numbe	r of ye	ars				
the foundation has been in existen	ice if less than 5 years					3		0	00000
Enter the net value of noncharitable	le-use assets for 2009 from Part X,	line 5				4			
	,								
Multiply line 4 by line 3						5			0.
Enter 1% of net investment incom	e (1% of Part I. line 27b)					6			3.
Add lines 5 and 6						7			3.
						<del>  '</del>	1	• •	
Enter qualifying distributions from	Part XII, line 4					8		11	4274.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part usi	ng a 1	% tax rate.				

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Form 990-PF (2009) The Sarna Family Charitable Foundation 20 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>-69207</u> 3 - see in		ctio
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1		<u> </u>	
of Part I, line 27b			
, , , , , , , , , , , , , , , , , , ,			
6 Credits/Payments:			
	1		
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			Yes
any political campaign?		1a	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b	
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			
c Did the foundation file Form 1120-POL for this year?		1c	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. <b>S</b> 0. (2) On foundation managers. <b>S</b> 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	F	2	
	F		
	NT/A		<u> </u>
	"/A		
	F	5	
			-
		ء	
	F		x
	F		- 22
NJ			
	tomestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 1 and 2 (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 d on investment income. Subtract line 4 from line 3. If zero or less, enter -0- ymments: mated tax payments and 2008 overpayment credited to 2009 6a reign organizations - tax withheld at source 6b 6c 6c 6c 6c 7 penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 10 10 2 31 4 5 5 9 9 10 1 1 1		Y
	, ŀ	00	_A
a is the foundation claiming status as a private operating roundation within the meaning of section 4342())(5) of 4342())(5) for Calenda			
		<b>0</b>	

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	n 990-PF (2009) The Sarna Family Charitable Foundation 20-( art VII-A Statements Regarding Activities (continued)	<u>6920719</u>	)1	Page 5
	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)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address  N/A			
14	The books are in care of ▶ taxpayer Telephone no. ▶ 201	<u>1-816-1</u>	200	
	Located at > 210 Chestnut St., Englewood, NJ ZIP+4	▶ <u>07631</u>	•	
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	<u> </u>	<u>I/A</u>	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year did the foundation (either directly or indirectly):			
	(-)	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	, İ		
	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?	] No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?	JNO		
	(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	1		
_	termination of government service, if terminating within 90 days.)	NO		
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
		/A 16		
	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 2009?	10		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 $4942(i)(3)$ or $4942(i)(5)$ :			
i	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	No		
	before 2009?	NO		
	If "Yes," list the years b,, ,,			
l	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		/A 2b		
	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.			
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0		No	L-	
·	during the year? <b>b</b> If Yes, did it have excess business holdings in 2009 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			1
	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,			1
		/A 36		1
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<b>'</b> "	-	- <b></b>
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		x
		Form <b>99</b>	0-PF	<u> </u>

Form 990-PF (2009) The Sarna Family Charita			<u>20-6920'</u>	<u>719</u>	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			_	1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		s X No		
(2) Influence the outcome of any specific public election (see section 4955); c	or to carry on, directly or indir				
any voter registration drive?			s 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	L Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		_		
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations	·		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere				
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	uned	_ 1		
expenditure responsibility for the grant?	1	I/A 🗌 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		_		
a personal benefit contract?			s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e	) Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	acc	lowances
Mark Sarna	Director				
210 Chestnut Street					
Englewood, NJ 07631	0.00	0.	0	•	0.
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	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	' acc	) Expense ount, other lowances
NONE				1	
	•				
				1	
	1				
				1	
	1				
· · · · · · ·					
	1				
Total number of other employees hard over \$50,000				_ <b>_</b>	0

Form 990-PF (2009) The Sarna Family Charitable Foundation	ation <u>20-6920719</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly

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Page 7

3 Five highest-paid independent contractors for professional services. If none, enter	er "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	]	• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	istical information such as the	Expenses
1  N/A		
2		
3		
4		
Part IX_B Current of Decement Deleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1  N/A		Anount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		Form <b>990-PF</b> (2009)

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### Form 990-PF (2009)

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# The Sarna Family Charitable Foundation

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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	0.
b Average of monthly cash balances	16	
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return Enter 5% of line 5	6	0.
Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating for foreign organizations check here       Image: Section 4942(1)(3) and (1)(5) private operating for section 4942(1)(3) and (1)(5) and	oundations and certain	
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2009 from Part VI, line 5	3.	
b Income tax for 2009. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	20	3.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	0.
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	0.
Part XII Qualifying Distributions (see instructions)		
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:</li> <li>a Expenses, contributions, gifts, etc total from Part I, column (d), line 26</li> </ul>	1a	114274.
<ul> <li>b Program-related investments - total from Part IX-B</li> </ul>	10	1142/4
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
<ul> <li>Amounts part to acquire assets used (or need to use) an early in earlying out charitable, etc., purposes</li> <li>Amounts set aside for specific charitable projects that satisfy the:</li> </ul>		
	3a	
<ul> <li>a Suitability test (prior IRS approval required)</li> <li>b Cash distribution test (attach the required schedule)</li> </ul>	36	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	114274.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	<b>4</b>	
income. Enter 1% of Part I, line 27b	5	3
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	114271
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
4940(e) reduction of tax in those years.		
		Form- <b>990-PF</b> (2009)

#### Form 990-PF (2009)

### The Sarna Family Charitable Foundation

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Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·	(a) Corpus	<b>(b)</b> Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only		· · · · · · · · · · · · · · · · · · ·	0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2009:		0.		<u> </u>
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008	0			
f Total of lines 3a through e	0.			· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2009 from				
Part XII, line 4: $\$$ <u>114274</u> .			0	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	114274.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	114274.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.		<u> </u>		
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	114274.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	ο.			
9 Excess distributions carryover to 2010		·····		
Subtract lines 7 and 8 from line 6a	ο.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Form 990-PF (2009) The Sar	<u>na Family C</u>	<u>haritable F</u>	oundatio	n	<u>20-692</u>	0719 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VI	A, question 9)	N/A		
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating				
foundation, and the ruling is effective for	2009, enter the date of t	he ruling	▶∟			
b Check box to indicate whether the found	ation is a private operatir	g foundation described i	n section	4942(j)(3) or	494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 20	06	(e) Total
investment return from Part X for						
each year listed						
<b>b</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(i)(3)(B)(i)						
<b>b</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)(iii)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info			if the founda	tion had \$5,00	0 or mo	re in assets
at any time during t	he year-see the	nstructions.)				
1 Information Regarding Foundation	-					
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received l	hy the foundation hef	ore the close	e of any tax

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 tag year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

#### None

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

#### None

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:

Recipient	show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	contribution	74110411
a Paid during the year				
See Statement 6				
Total			► 3a	114:
<b>b</b> Approved for future payment				
None		1		

#### Form 990-PF (2009) Form 990-PF (2009) The Sarna Family Charitable Foundation Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

20-6920719 Page 11

► 3b

## The Sarna Family Charitable Foundation

Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income
1 Program service revenue:	code		code		
a					
b					
с					
d					
e					
g Fees and contracts from government agencies					·
2 Membership dues and assessments		-			
3 Interest on savings and temporary cash					86.
Investments 4 Dividends and interest from securities	<u> </u>	······································			198.
5 Net rental income or (loss) from real estate:					190.
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)		0.	1	0.	284.
13 Total. Add line 12, columns (b), (d), and (e)				13	284.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	emp	t Purposes	
				-	
Line No. Explain below how each activity for which inco			contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than					mente end
These amounts are inter	rest an	<u>a aiviaenas</u>	ear	ned on invest	ments and
money market accounts.			<u> </u>		
	· · · · ·				
				<u> </u>	
- · · · · · · · · · · · · · · · · · · ·					· · · · · · ·
				· · · -	
				· · · ·	<u> </u>
					·
					<b>. .</b>
					<u> </u>
923621 02-02-10					Form <b>990-PF</b> (2009)

	n 990-PF (2009) The Sarna Family Charitable Foundation20-6920	719	Pa	ige 13
Pa	art XVII Information Regarding Transfers To and Transactions and Relationships With Nonchar Exempt Organizations	itable	•	
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	16(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	16(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A		
		tly affiliated with, or related to, one		
		r than section 501(c)(3)) or in sect	tion 527?	Yes X No
<u> </u>	es," complete the following sch			(a) Description of relationship
	(a) Name of org	Janization	(b) Type of organization	(c) Description of relationship
	N/A			
<u></u>				· _ · · · · · · · · · · · · · · · · · ·
<u> </u>				
		a than taxbayer or fiduciary) is based on		nts, and to the best of my knowledge and belief, it is true, correct, as any knowledge
	n' Mar	h la	in lumber	
	NY: Man	VIII - na		
Sign Here	ignature of officer or trustee		Date	Title
lug s	Preparer's	M MA	Da	r /   self-
Sigr Paid Preparer's	signature	11-1/20		
Paid Paid	Firm's name (or yours Lawr	ence H. Gersten	, CPA, LLC	
Prep 8		ora Lane		
	address, and ZIP code Ches	ter, NJ 07930		Phone no. (908) 879- <u>3993</u>

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

2009

Employer identification number

N	lame	of	the	organization
---	------	----	-----	--------------

T]	he Sarna Family Charitable Foundation	20-6920719
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule See instructions
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II	money or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one con- outions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is chec purpose Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one con- use <i>exclusively</i> for religious, chantable, etc., purposes, but these contributions did not a ked, enter here the total contributions that were received during the year for an <i>exclusiv</i> complete any of the parts unless the <b>General Rule</b> applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000 <i>vely</i> religious, charitable, etc ,
but it must answer "No" of	that is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

1	Lead Annuity Trust		Person X
	210 Chestnut St	\$	Payroll Noncash
	Englewood, NJ 07631		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Mania Sarna		Person X
	210 Chestnut St	\$	Payroll Noncash
	Englewood , NJ 07631		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Payroll On Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a)	(b) Name address and ZIP + 4	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution ) (d)
(a) No.	(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II if there is a noncash contribution )
		(c) Aggregate contributions	Payroll Noncash (Complete Part II if there is a noncash contribution ) (d) Type of contribution Person Payroll Noncash (Complete Part II if there

## The Sarna Family Charitable Foundation

(b)

Name, address, and ZIP + 4

## Part I Contributors (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

(a)

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

(Complete Part II if there is a noncash contribution)

<u>1 of</u> <u>1</u> of Part I

(d)

Type of contribution

Page

Employer identification number

20-6920719

(c)

Aggregate contributions

923452 02-01-10

Statement(s) 1, 2, 3, 4

0.

Well's Fargo Advisors							1.
Total to Form 990-PF, Part I	, line	3, Co	lumn A				86.
Form 990-PF Dividen	ds and	Intere	est from	Secur	tiies	Statement	2
Source		Gross	Amount		tal Gains vidends	Column () Amount	A)
Wachovia Securities	-		198.		0.		198.
Total to Fm 990-PF, Part I,	ln 4		198.	<u> </u>	0.		198.
	=	<u> </u>	<del></del>	<u></u>		<del>_;</del> ;	
Form 990-PF		Taxe	es			Statement	3
Description	Expe	a) nses Books	(b) Net Invo ment Ind		(c) Adjusted Net Incom		able
Tax		20.		0.			0.
To Form 990-PF, Pg 1, ln 18	<u> </u>	20.	·	0.			0.
Form 990-PF	0	ther E	xpenses			Statement	4
Description	Expe	a) nses Books	(b) Net Invo ment Inc	est-	(c) Adjusted Net Incom		able
Bank Fees	. <u>.</u>	136.		0.			0.
		100					

136.

The Sarna Family Charitable Foundation

Source

To Form 990-PF, Pg 1, ln 23

Wells Fargo Advisors

Form 990-PF Interest on Savings and Temporary Cash Investments Statement Amount PNC Bank Savings

20-6920719

1

85.

0.

1.

. The Sarna Family Charitable Foundation

#### 20-6920719

Form 990-PF C	Corporate Stock	_		State	ement	5	
escription Boo		Book Va	ook Value		Fair Marke Value		
Stock Portfolio at Cost	—	2	6553.	14!		579.	
Total to Form 990-PF, Part II, line 10b		26553.		14579		79.	
	and Contributions During the Year			State	ement	6	
Recipient Name and Address	Recipient Relat and Purpose of		Recir Sta	oient atus	Amour	nt	
Doctors without Borders 333 7th Ave New York, NY 10001	None Financial Suppor General use	t &			100	00.	
Boystown Jerusalem 1 Penn Plaza New York, NY 10119	None Financial Suppor General use	t &			Į	50.	
Congragation Ahavath Torah 240 Broad Avenue Englewood, NJ 07631	None Financial Suppor General use	t&			20	00.	
East Hill Synagogue 255 Walnut Street Englewood, NJ 07631	None Financial Suppor General use	t&			10	50.	
Folksbiene Yiddish Theatre 45 E 33rd St New York, NY 10016	None Financial Suppor General use	t &			472	25.	
Museum of Jewish Heritage 36 Battery Place New York, NY 10280	None Financial Suppor General use	t&			24	50.	

. The-Sarna Family Charitable Fou	Indation	20-6920719
Simon Wiesenthanl Center 1399 Şouth Roxbury Dr Los Angeles, CA 90035	None Financial Support & General use	10000.
US Holocaust Memorial Museum Raoul Wallenberg Pl Washington, DC 20024	None Financial Support & General use	87667.
Center for Advancement of Jewish Education 4200 Biscayne Blve Miami , FL 33137	None Financial Support & General use	5000.
Israel Cancer Research Fund 1290 Ave of the Americas New York, NY 10104	None Financial Support & General use	2500.
Ramapo College Center for Holocaust Studies 505 Ramapo Valley Rd Mahwah, NJ 07430	None Financial Support & General use	36.
Self Help Community Services 520 Eighth Ave New York, NY 10018	None Financial Support & General use	500.
Sarna Family Holocaust Remembrance fund 240 Broad Avenue Englewood, NJ 07631	None Financial Support & General use	36.
Total to Form 990-PF, Part XV, li	.ne 3a	114274.

- Form 8868 (Rev. 4-2009)		Page 2	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo</li> </ul>		► X	
Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed		8868	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies r	needed)	
Type or Name of Exempt Organization	Emp	loyer identification number	
print The Sarna Family Charitable Foundation	2	0-6920719	
File by the extended Number, street, and room or suite no. If a P O box, see instructions	For IRS use only		
due date for 210 Chestnut Street			
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions Englewood, NJ 07631			
Check type of return to be filed (File a separate application for each return)			
Form 990         Form 990-EZ         Form 990-T (sec. 401(a) or 408(a) trust)         Form 1041-A         Form 1041-A           Form 990-BL         X         Form 990-PF         Form 990-T (trust other than above)         Form 4720	=	orm 5227 Drm 6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.	
<ul> <li>taxpayer</li> <li>The books are in the care of ▶ 210 Chestnut St Englewood, NJ 07631 Telephone No ▶ 201-816-1200 FAX No ▶</li> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box ▶ and attach a list with the names and ElNs of all</li> <li>I request an additional 3-month extension of time until, and ending, and ending, and ending, and ending</li></ul>	memb	<b>U</b>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		<u> </u>	
tax payments made include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868.	8b	<b>s</b> 0.	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ 0.	
Signature and Verification			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowledge and belief,	
Signature  Title	Date		
	_	Form <b>8868</b> (Rev. 4-2009)	

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