Form **990-PF**

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service
Note The foundation may be able to use a copy of this is

sable to use a copy of this return to estich state reporting requirements

OMB No 1545-0052

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		idar year 2009, or tax yea			, and ending		
G (check	all that apply:	Initial return		ormer public charity	Final return	
			Amended return	Address chan	ge	Name change	
Use	the	IRS Name of foundation				A Employer identification	number
	abel.	• 1		HARITABLE TR	UST	1000-00	
	erwi	· 	ACY FROMM &			52-1932589	
	print r tunc		O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number	
	r type Sper	NEC COO VALUE				973-472-62	
	ructio	nne City or town, state, ai				C If exemption application is p	
			NJ 07013			D 1 Foreign organizations	eting the 85% test
H (_		X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation -
<u> </u>		ction 4947(a)(1) nonexem		Other taxable private founda		E If private foundation sta-	
		arket value of all assets at e	· 1 —	-	Accrual	under section 507(b)(1)	(A), check here
		Part II, col (c), line 16)		her (specify)	h	F If the foundation is in a	
	·\$	Analysis of Revenue an	J , 8 / Z . ((Part I, COIU	mn (d) must be on cash i		under section 507(b)(1)	
Pa	ını	(The total of amounts in colu	mns (b), (c) and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	Γ.	necessarily equal the amoun			HIGOING	modilio	(cash basis only)
	1	Contributions, gifts, grant		100,000.		ļ ————	
	2	Interest on savings and tempor	•	10 573	10 573	 	OMA MENERAL 1
	3	cash investments	·	10,573.	10,573.	 	STATEMENT 1
	4	Dividends and interest fro	om securities	<u> </u>	 	 	
	١	Gross rents					
	ĺ _	Net rental income or (loss)					- 0
θn	Ι.	Net gain or (loss) from sale of Gross sales price for all	assets not on line 10				ECFIVEN
Revenue	_b	assets on line 6a				199	
æ	1	Capital gain net income (from	•		0.	AI SI AI	IG 1 7 2010
	8	Net short-term capital gai	ın	ļ ————————————————————————————————————			JG 1 7 2010 6
	9	Income modifications Gross sales less returns	I			1-1-	100
	10a	and anomalous				1 1 0G	DENI TIT
		Cross profit or (loss)	<u></u>		<u> </u>		Y LIV, U
	1	Gross profit or (loss) Other income				 	
	11	Total. Add lines 1 throug	h 11	110,573.	10,573.	0.	
_	13	Compensation of officers dire		0.	10,573.	0.	0
	14	Other employee salaries a			<u> </u>	·	
	15	Pension plans, employee	-				
es es	1	Legal tees	5511,4110				
S L G	ı	Accounting fees	STMT 2	1,362.	681.	0.	681
Ехрепѕеѕ	Į	Other professional fees	51111 2	1,302.	- 551.	·	
	17	Interest					
aţ	18	Taxes	STMT 3	402.	0.	0.	0
and Administrative	19	Depreciation and depletio			<u>.</u>		<u> </u>
; <u>E</u>	20	Occupancy				 	
} ₫	21	Travel, conferences, and	meetings				
밑	22	Printing and publications	-				
Ď.	1	Other expenses				\	
aţi.	24	Total operating and adm	unistrative				
Operating	1	expenses Add lines 13 t		1,764.	681.	0.	681
ŏ	25	Contributions, gifts, gran	ŭ	70,250.			681 70,250
	26	Total expenses and disb	•				
		Add lines 24 and 25		72,014.	681.	0.	70,931
-	27		12;				
	1	Excess of revenue over expen		38,559.			,
	1	Net investment income (9,892	,	
	ŀ	Adjusted net income (if n				0.	
9235							

Form **990-PF** (2009)

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions



D. GREENBERG FAMILY CHARITABLE TRUST

Page 2

Fo	rm 99	0-PF (2009) C/O SAX MACY FROMM & CO.		<u>52-1</u>	L932589 Page 2
F	Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	85,810.	114,710.	114,710.
	2	Savings and temporary cash investments	416,503.	426,162.	426,162.
	3	Accounts receivable -			
	1	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	
	1	Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	Ì		
		Less accumulated depreciation			
	12	Investments - mortgage loans			_ _
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			
	1	Less accumulated depreciation			
	15	Other assets (describe)			
	1				
_	16	Total assets (to be completed by all filers)	502,313.	540,872.	<u>540,872.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
98	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other habilities (describe >)			
			_		
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s	1	and complete lines 24 through 28 and lines 30 and 31.		,	
ances	24	Unrestricted			
	25	Temporarily restricted			
Net Assets or Fund Ba	26	Permanently restricted			
Š	1	Foundations that do not follow SFAS 117, check here			
논		and complete lines 27 through 31.			
ţs	27	Capital stock, trust principal, or current funds	0.	0.	
888	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥ ¥	29	Retained earnings, accumulated income, endowment, or other funds	502,313.	540,872.	
ž	30	Total net assets or fund balances	502,313.	540,872.	
			500 010	F40 070	
_	31	Total liabilities and net assets/fund balances	502,313.	540,872.	
F	Part	III Analysis of Changes in Net Assets or Fund Ba	alances		
-	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3			
١			5 0	1.1	502,313.
2		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		2	38,559.
3		r increases not included in line 2 (itemize)		3	30,339.
4		lines 1, 2, and 3		3 4	540,872.
5		eases not included in line 2 (itemize)		5	340,872.
ß		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 30	6	540,872.
<u>-</u>	. Ju	The state of the s	ν. γ. μ ο ο		Form 990-PF (2009)

Form 990-PF (2009)

D. GREENBERG FAMILY CHARITABLE TRUST

		ACY FROMM						<u>52-193</u>	2589	Page 3
	~	es for Tax on In		Income						
		s) of property sold (e g. ommon stock, 200 shs			P-P	w acquired urchase lonation		acquired day, yr.)	(d) Dar (mo , d	
1a					L					
b NOI	NE				ļ					
С					<u> </u>					
d					<u> </u>					
				· · · · · · · · · · · · · · · · · · ·	<u></u>					
(e) Gross sales price		eciation allowed rallowable)		t or other basis xpense of sale				Gain or (loss us (f) minus (
a										
b										
<u>c</u>										
<u>d</u>										
Complete only for exects showing	a ann in ach	imp (h) and award by	the foundation	on 10/01/60						
Complete only for assets showin			·					Col (h) gain not less thai		
(i) F M V. as of 12/31/69		djusted basis of 12/31/69		cess of col (1) col (j), if any				s (from col (
8										
<u>b</u>					-+-					
d d		· · · · · · · · · · · · · · · · · · ·	 							
e .								 ·		
		<i>(''</i>	L		$\overline{}$					
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	r in Part I, line - in Part I, line	7 7	<u>}</u>	2				
3 Net short-term capital gain or (los	,	ın sections 1222(5) an	ıd (6)							
If gain, also enter in Part I, line 8,	column (c)					_				
Part V Qualification U	nder Sec	tion 4940(e) for	Reduced	Tay on Net	Inves	tment in	come			
						Julione III	COINC			
(For optional use by domestic private	riounganons	subject to the section a	4940(a) tax on	net investment ir	icome)					
f section 4940(d)(2) applies, leave th	ns part blank.									
Was the foundation hable for the sect	tion 4042 tay	on the distributable am	nount of any ve	ar in the bace on	nod2				□ Vac	X No
If "Yes," the foundation does not qual				•	nou,				163	LAS. NO
1 Enter the appropriate amount in e					es.					
(a)		(b)		<u>~</u>	(c)			Dutul	(d) oution ratio	
Base period years Calendar year (or tax year beginnir	ng In)	Adjusted qualifying dis	tributions	Net value of no		ble-use asset	ts	(col (b) div	ration ratio	(c))
2008		6	2,748.			518,05	2.		.1	21123
2007			3,147.			199,08				66416
2006			2,978.			376,58				67237
2005		6	2,323.			327,49	5.			90302
2004	`	5	8,097.			<u>332,99</u>	4.		.1	74469
								1		
2 Total of line 1, column (d)							2	<u> </u>	<u>.7</u>	19547
3 Average distribution ratio for the 5	5-year base p	eriod - divide the total (on line 2 by 5,	or by the number	of years	;		1		
the foundation has been in exister	nce if less tha	n 5 years					3	ļ	1	<u>43909</u>
								1		
4 Enter the net value of noncharitab	le-use assets	for 2009 from Part X,	line 5				4		<u>513</u>	<u>,769.</u>
5 Multiply line 4 by line 3							5	 	<u>73</u>	<u>,936.</u>
a = 4 40/ 1							_	1		~ ~
B Enter 1% of net investment incom	те (1% of Par	t I, line 27b)					6	 	 _	99.
9 A.(4)							_	[025
7 Add lines 5 and 6							7	 	74	<u>,035</u> ,
D. Parton annalities and a second	. D. 1500 1) _		70	021
8 Enter qualifying distributions from	,						8			<u>,931</u> .
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 usin	ig a 1%	tax rate				
									orm 990-	DE (0000
923521 02-02-10								F	01111 320-	F F (2009

D. GREENBERG FAMILY CHARITABL	E TRUST				
Form 990-PF (2009) C/O SAX MACY FROMM & CO., PC		<u>52-1</u>	<u>932589</u>		Page 4
Part VI Excise Tax Based on Investment Income (Section 494		1948 - s	ee instru	ction	1S)
1a Exempt operating foundations described in section 4940(d)(2), check here and	l l				
Date of ruling or determination letter: (attach copy of letter if ne					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		1	<u>98.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	, , , , -	1 1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. (Others enter -0-)	2			<u>0.</u>
3 Add lines 1 and 2		3		1	98.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	4			0. 98.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1	98.
6 Credits/Payments					
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 100.	.]			
b Exempt foreign organizations - tax withheld at source	6b] [
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d	}			
7 Total credits and payments. Add lines 6a through 6d		7		1	00.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			98.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	Refunded >	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or interven-	e in		Yes	No
any political campaign?			1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpi	oses (see instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	•	ed or			
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			10	, 1	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear.				
(1) On the foundation > \$ 0 . (2) On foundation manager	•				
e Enter the reimbursement (if any) paid by the foundation during the year for political expension		<u>-</u>			1
managers > \$ 0.	siture lax imposod on roundation				1
2 Has the foundation engaged in any activities that have not previously been reported to the	IDC2		2		х
If "Yes," attach a detailed description of the activities	ino.			-	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument articles of incorporation	۰,	1	. 1	l
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	· · · · ·	01	3		х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ve			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	ai ·	N/.		-	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	2	147.	5		X
If "Yes," attach the statement required by General Instruction T.	•				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	adhar:				1
By language in the governing instrument, or	anner.				ł
By state legislation that effectively amends the governing instrument so that no mandato	and directions that conflict with the state	o love			1
, , , , , , , , , , , , , , , , , , , ,	rry directions that connect with the stat	ө ш м			v
remain in the governing instrument?			6	v	X
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
If "Yes," complete Part II, col. (c), and Part XV.	one) NONE				1
8a Enter the states to which the foundation reports or with which it is registered (see instructi	ons) NONE		-		(
h If the annuar is "Ver" to line 7 has the foundation furnished a securit form 000 DE 1.	Attornou Conord (or documents)				1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the		(ENT	A	, 1	v
of each state as required by General Instruction G? If "No," attach explanation	SEE STATEM		4 8b	 	X
9 Is the foundation claiming status as a private operating foundation within the meaning of s	,	BUGAL	1		v
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,"	•		9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	tule listing their names and addresses		Form 990		
			FULLI 330	-L L (,2009)

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D. GREENBERG FAMILY CHARITABLE TRUST Form 990-PF (2009) C/O SAX MACY FROMM & CO. PC	FO 102		Dogo F
Part VII-A Statements Regarding Activities (continued)	52-1932	2589	Page 5
		1-1	
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)		1	
		11	X _
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12	\ \v_
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			$\frac{X}{X}$
Website address > N/A		10	Δ]
	ne no ▶9973-4	172-6	250
Located at > 855 VALLEY ROAD, CLIFTON, NJ	ZIP+4 ▶ 0		250
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<u> </u>	
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N/	A
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.		Y	es No
1a During the year did the foundation (either directly or indirectly)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		-
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1 1	1
a disqualified person?	Yes X No	1 1	ĺ
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No]
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	1 1	
(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)?	Yes X No	1 1	1
(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 1	-
termination of government service, if terminating within 90 days)	Yes X No		-
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1 1	1
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b	
Organizations relying on a current notice regarding disaster assistance check here	ightharpoons		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not correct	red		
before the first day of the tax year beginning in 2009?		1c	x
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foun	dation		
defined in section 4942(j)(3) or 4942(j)(5))			
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) b	<u> </u>	1 1	
before 2009?	Yes X No		
If "Yes," list the years ►		1 1	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to in	correct		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and			-
statement - see instructions)	N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1 1	
-			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	Yes X No		
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified pers			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(Į
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sche	•		
Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	anna a sa	48	<u> </u>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable p	urpose that		
had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4bt	F (2009)
	FOI	11 220-I	• (ZUUS)

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D. GREENBERG FAMILY CHA	RITABLE TRUST				
orm 990-PF (2009) C/O SAX MACY FROMM & CO	•, PC		52-19325	89	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	s X No		1.
(2) Influence the outcome of any specific public election (see section 4955).	or to carry on, directly or indire	ectly,		1	-
any voter registration drive?		Ye	s X No		1
(3) Provide a grant to an individual for travel, study, or other similar purpose	98?	Ye	s X No		1
(4) Provide a grant to an organization other than a charitable, etc., organizat	on described in section				1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	1	1.
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or t	for			
the prevention of cruelty to children or animals?		Ye	s X No	Ì	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described i	ın Regulations		- }	İ
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	<u> </u>
Organizations relying on a current notice regarding disaster assistance check	here				1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined		Ì	
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		Ì.
If "Yes," attach the statement required by Regulations section 53 49	4 5-5(d)				1
8a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on			ļ	ļ
a personal benefit contract?		Ye	s X No	- 1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870				·	-
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	s X No		1
b If yes, did the foundation receive any proceeds or have any net income attrib			<u> </u>	7b	Т
1					
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	inagers, Highly	<i>'</i>		
Paid Employees, and Contractors		inagers, Highly	/ 		
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the	r compensation.			(e) E	CDense
Paid Employees, and Contractors	r compensation. (b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E:	opense
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the	r compensation. (b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exaccour accour allow	cpense nt, other rances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG	r compensation. (b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E: accour allow	kpense nt, other rances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) E: accoun allow	ances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E: accour allow	kpense nt, other rances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) E: accour allow	ances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) E: accour allow	ances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) E: accour allow	ances
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) E: accour allow	ances
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Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) E accoui allow	ances
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) E: accour allow	ances
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024 2 Compensation of five highest-paid employees (other than those in	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00	(c) Compensation (if not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation O.	allow	O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) E:	O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024 2 Compensation of five highest-paid employees (other than those in	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00 cluded on line 1). If none, hours per week	(c) Compensation (if not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation O . (d) Contributions to employee benefit plans and deferred	(e) E:	O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00 cluded on line 1). If none, hours per week	(c) Compensation (if not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation O . (d) Contributions to employee benefit plans and deferred	(e) E:	O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00 cluded on line 1). If none, hours per week	(c) Compensation (if not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation O . (d) Contributions to employee benefit plans and deferred	(e) E:	O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00 cluded on line 1). If none, hours per week	(c) Compensation (if not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation O . (d) Contributions to employee benefit plans and deferred	(e) E:	O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the (a) Name and address DAVID S. GREENBERG 3 HORIZON ROAD - #PH3 FORT LEE, NJ 07024 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	r compensation. (b) Title, and average hours per week devoted to position TRUSTEE 0.00 cluded on line 1). If none, hours per week	(c) Compensation (if not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation O . (d) Contributions to employee benefit plans and deferred	(e) E:	O.

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

D. GREENBERG FAMILY CHARITABLE T Orm 990-PF (2009) C/O_SAX_MACY_FROMM & CO., PC		1932589 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	İ
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 statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	ucal information such as the luced, etc.	Expenses
1N/A		
3		
1		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A		
2		
All other program related programming. Con potentials		
All other program-related investments. See instructions		

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Total. Add lines 1 through 3

1,

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Part X Minimur	m Investment Return (All domestic four	ndations must complete this part	Foreign toun	idations, see	e instructions)
1 Fair market value of as	sets not used (or held for use) directly in carrying o	ut chantable, etc., purposes:			
a Average monthly fair r	narket value of securities			1a	0.
b Average of monthly ca	sh balances			1b	0. 521,593.
c Fair market value of all	other assets		Ī	1c	
d Total (add lines 1a, b,	and c)		[1d	521,593.
e Reduction claimed for	blockage or other factors reported on lines 1a and				
1c (attach detailed exp	lanation)	1e	0.		
2 Acquisition indebtedne	ess applicable to line 1 assets			2	0.
3 Subtract line 2 from lir	ue 1d		· ·	3	521,593.
4 Cash deemed held for	charitable activities. Enter 1 1/2% of line 3 (for grea	ter amount, see instructions)		4	7,824.
5 Net value of noncharr	table-use assets Subtract line 4 from line 3. Enter l	here and on Part V, line 4	-	5	513,769.
6 Minimum investment	return Enter 5% of line 5	· 	Ī	6	25,688.
	table Amount (see instructions) (Section 4) inizations check here and do not complete		oundations and	d certain	
1 Minimum investment i	eturn from Part X, line 6			1	25,688.
2a Tax on investment inc	ome for 2009 from Part VI, line 5	2a	198.		
b Income tax for 2009. (This does not include the tax from Part VI.)	2b		1	
c Add lines 2a and 2b				2c	198.
3 Distributable amount t	efore adjustments. Subtract line 2c from line. 1		[3	25,490.
4 Recoveries of amounts	s treated as qualifying distributions		[4	0.
5 Add lines 3 and 4			-	5	25,490.
6 Deduction from distrib	utable amount (see instructions)		[6	0.
7 Distributable amount	as adjusted Subtract line 6 from line 5. Enter here a	ind on Part XIII, line 1		7	25,490.
Part XII Qualifyii	ng Distributions (see instructions)				
1 Amounts paid (includi	ng administrative expenses) to accomplish charitabl	e, etc , purposes.	-		
•	is, gifts, etc total from Part I, column (d), line 26			18	70,931.
b Program-related inves	tments - total from Part IX-B			1b	0.
2 Amounts paid to acqui	re 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 IF	lS approval required)			3a	
b Cash distribution test	attach the required schedule)		<u> </u>	3b	
4 Qualifying distribution	s. Add lines 1a through 3b Enter here and on Part	V, line 8, and Part XIII, line 4		4	70,931.
5 Foundations that quali	ly under section 4940(e) for the reduced rate of tax	on net investment			
income Enter 1% of P	art I, line 27b			5	0.
β Adjusted qualifying di	stributions Subtract line 5 from line 4		Į	6	70,931.
	line 6 will be used in Part V, column (b), in subsequ on of tax in those years	ent years when calculating whether the	foundation q	ualifies for the	esection

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Part XIII Undistributed Income (see instructions) (b) (d) (c) Corpus Years prior to 2008 2008 2009 1 Distributable amount for 2009 from Part XI. 25,490. 2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only 0. b Total for prior years 0. 3 Excess distributions carryover, if any, to 2009 41,657. a From 2004 b From 2005 46,160. 44,403. c From 2006 8,506. d From 2007 e From 2008 37,145. f Total of lines 3a through e 177,871 4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 70.931. a Applied to 2008, but not more than line 2a 0 b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 25,490. d Applied to 2009 distributable amount 45,441 e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2009 0 (if an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below 223,312. & Corpus Add lines 3f 4c and 4e Subtract line 5 b Prior years' undistributed income Subtract 0. 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 0. assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2008, Subtract line 0 4a from line 2a Taxable amount see instr f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2010 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0. section 170(b)(1)(F) or 4942(q)(3) 8 Excess distributions carryover from 2004 41,657 not applied on line 5 or line 7 Excess distributions carryover to 2010. 181,655 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. 46,160. a Excess from 2005 44,403. b Excess from 2006 8,506. c Excess from 2007 37,145. d Excess from 2008 45,441. e Excess from 2009 Form 990-PF (2009)

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

C/O SAX MACY FROMM & CO., PC, 973-472-6250

855 VALLEY ROAD, CLIFTON, NJ 07013

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

LETTER REQUEST DESCRIBING CHARITABLE PURPOSE

c Any submission deadlines

NONE

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

LIMITED ONLY BY THE PROVISION OF THE INTERNAL REVENUE CODE AS AMENDED FROM

1

TIME TO TIME.

D. GREENBERG FAMILY CHARITABLE TRUST

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Part XV Supplementary Information (continued) 52-1932589 Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
	or substantial contributor	recipient			
a Pad during the year SEE STATEMENT 5					
Total		·	▶ 3a	70,250.	
b Approved for future payment NONE Total			▶ 3b	0.	

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D. GREENBERG FAMILY CHARITABLE TRUST C/O SAX MACY FROMM & CO., PC 52-1932589 Page 12

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Part XVI-A An	alysis of	Income-Producing	Activities
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1 Program service revenue: Business Code	Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded b	y section 512 513, or 514	(e)
a b b c c c c c c c c c c c c c c c c c		Business		(c) Exclu- sion	(d)	Related or exempt
b c c c c c c c c c c c c c c c c c c c		Code	· · · · · · · · · · · · · · · · · · ·			
c d d d d d d d d d d d d d d d d d d d						
g Fees and contracts from government agencies 2 Membership dues and assessments Interest or savings and temporary cash investiments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate 4 Debt-financed property 5 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 sales of inventory 11 Other revenue 4 b 5 c 6 Cess profit or (loss) from sales of inventory 12 Subtotal. Add columns (b), (d), and (e) 7 See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which necome is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of		i i				
Personal contracts from government agencies Membership dues and assessments Intrest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate Dividends and interest from personal property Net rental income or (loss) from personal property Net rental income or (loss) from personal property Net rental income or (loss) from sales of assets other than inventory Net income or (loss) from sales of assets other than inventory Net mome or (loss) from sales of inventory In Other revenue Discussion of (loss) from sales of inventory In Other revenue Discussion of (loss) from sales of inventory In Other revenue Discussion of (loss) from sales of inventory The revenue Discussion of (loss) from sales of inventory In Other revenue Discussion of (loss) from sales of inventory The revenue Discussion of (loss) from sales of inventory In Other revenue Discussion of (loss) from sales of inventory The revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue Discussion of the revenue of the rev	•	1				
general contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash invastments 4 Dividends and interest from securities 5 Not rental income or (loss) from real estate a Debt-financed property b Not debt-financed property c Not rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 10 Not income or (loss) from sales of inventory 11 Other revenue a						
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Not income or (loss) from sales of inventory 11 Other revenue a b c d d	1					
3 Interest on savings and temporary cash investments 14 10,573. 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property 5 Not debt-financed property 6 Not rental income or (loss) from personal property 7 Cither investment income 8 Gain or (loss) from sales of assets other than inventory 9 Not income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue 12 Subtotal. Add columns (b), (d), and (e) 13 10,573. 2 Subtotal. Add columns (b), (d), and (e) 13 10,573. 2 Subtotal. Add columns (b), (d), and (e) 13 10,573. 3 Total Add line 12, columns (b), (d), and (e) 13 10,573. 3 Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	g Fees and contracts from government agencies					
Investments	2 Membership dues and assessments					
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property c 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 c d d e e e e e e e e e e e e e e e e	3 Interest on savings and temporary cash					_
5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory 11 Other revenue a b c d d loss from sales of inventory 12 Sublotal, Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations some is reported in column (e) of Part XVI-B Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	investments			14	10,573.	
a Debt-financed property b Not debt-financed property 6 Net rental income or (toss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory 11 Other revenue a b c d d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	4 Dividends and interest from securities					
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 sales of inventory 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b c d d d d d d d d d d d d d d d d d d	5 Net rental income or (loss) from real estate					
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) 13 10, 573. See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	Debt-financed property					
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Cother investment income Cother investment Cother investm	b Not debt-financed 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) 13 Total Add line 12, columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 13 Total Add line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	6 Net rental income or (loss) from personal	1				
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) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	property					
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) 13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	7 Other investment income			.		
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) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	8 Gain or (loss) from sales of assets other					
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) 13 Total Add line 12, columns (b), (d), and (e) 15 See worksheet in line 13 instructions to verify calculations) 16 Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	•	ļ		_		
10 Other revenue a b b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) 14 See worksheet in line 13 instructions to verify calculations) 15 Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of			· · · · · · · · · · · · · · · · · · ·	_		
a b c c d d d d d d d d d d d d d d d d d						
b c d d d d d d d d d d d d d d d d d d						
c d d d d d d d d d d d d d d d d d d d						
d e 22 Subtotal. Add columns (b), (d), and (e) 33 Total Add line 12, columns (b), (d), and (e) 35 Ese worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of	······································	1 1				
e						
22 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 3 See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of		-				
13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of		-		+ +	10 572	
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of		<u> </u>	0	<u>•1. 1.</u>		
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of					13	10,373.
Line No Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of						
	Part XVI-B Relationship of Activities	to the Accon	nplishment of t	=xempt P	urposes	
	Line No Explain below how each activity for which inc	ome is reported in	column (e) of Part XVI	-A contributed	importantly to the accom	plishment of
					• ,	•
					<u></u>	
						
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D. GREENBERG FAMILY CHARITABLE TRUST

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Part X	VII Information R	egarding Transf	ers To and Transactions a		
	Exempt Organ				The last the
			the following with any other organization		Yes No
	•		section 527, relating to political organi	zations?	
	sfers from the reporting found	ation to a noncharitable	exempt organization of		
(1)					1a(1) X 1a(2) X
• •	Other assets r transactions;				1a(2) X
	Sales of assets to a noncharita	ahla ayamat araanizatio	1		1b(1) X
	Purchases of assets from a no				1b(2) X
	Rental of facilities, equipment,	, ,			1b(3) X
• •	Reimbursement arrangements				1b(4) X
• •	Loans or loan guarantees				1b(5) X
(6)	Performance of services or me	embership or fundraisin	g solicitations		1b(6) X
c Shar	ing of facilities, equipment, ma	ailing lists, other assets,	or paid employees		1c X
d If the	answer to any of the above is	"Yes," complete the foll	owing schedule. Column (b) should alw	rays show the fair market value of the g	oods, other assets,
			ation received less than fair market value	e in any transaction or sharing arranger	nent, show in
	nn (d) the value of the goods,			1 (1)	
(a) Line no	(b) Amount involved	(c) Name of no	oncharitable exempt organization	(d) Description of transfers transaction	ns and sharing arrangements
		 	N/A		
		 			
				 	
		 			
		 			
		<u> </u>			
	<u> </u>	<u> </u>			
	ļ	ļ <u> </u>			
		<u> </u>			
		 			
		 		 	
- In 4h					
	ction 501(c) of the Code (othe	· ·	ated to, one or more tax-exempt organiz	ations described	Yes X No
	es," complete the following sch)) or iii 300 iiii 027 -		
	(a) Name of or		(b) Type of organization	(c) Description of re	lationship
	N/A				
			ncluding accompanying schedules and stateme) is based on all information of which preparer		ref, it is true, correct,
1.		.00	1. Stephen	1	
	ignature of officer or trustee		Data Straffo	- Remember tre	
Sign Here	Ignature of officer or trustee		Date	Title ate / Check if	Preparer's identifying number
igi s.≥	Preparer's signature			8/2/′0 self- employed ►	, ,
S Paid spare	SAY	MACY FROMM		EIN >	
Sign Paid Preparer's	firm s name (or yours SAX) if self-employed), 855	VALLEY ROA		Line	
-			013-2483	Phone no 9'	73-472-6250
					Form 990-PF (2009)

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 1545-004

2009

Name of the organization Employer identification number GREENBERG FAMILY CHARITABLE TRUST C/O SAX MACY FROMM & CO., PC 52-1932589 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990 PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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)

Schedule B (Form 990 990-EZ or 990-PF) (2009)	Page 1 of 1 of Part
Name of organization	Employer identification number
D. GREENBERG FAMILY CHARITABLE TRUST	
C/O SAX MACY FROMM & CO., PC	52-1932589

<u>C/O_S</u>	AX MACY FROMM & CO., PC		<u>1-1932589</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVID GREENBERG CHAR LEAD TR C/O SAX MACY FROMM & CO., PC 855 VALLEY ROAD CLIFTON, NJ 07013	\$100,000.	Person X Payroll Noncash (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) 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) 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) 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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH II	VESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
BANK OF AMERICA CHASE			-		659. 914.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	-	10,	573.
FORM 990-PF	ACCOUNTING FEES		STATEMENT	2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
SAX MACY FROMM & CO PC	1,362.	681.		0.	681.
TO FORM 990-PF, PG 1, LN 16B	1,362.	681.		0.	681.
FORM 990-PF	TAXES		STATEMENT	3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FEDERAL TAXES	402.	0.		0.	0.
TO FORM 990-PF, PG 1, LN 18	402.	0.		0.	0.
FORM 990-PF EXPLANATION CO	ONCERNING PA	RT VII-A, LIN	E 8B	STATEMENT	4

EXPLANATION

THE STATE OF NEW JERSEY, NEW JERSEY OFFICE OF THE ATTORNEY GENERAL NO LONGER REQUIRES A FOUNDATION WHICH RECEIVES CHARITABLE CONTRIBUTIONS ONLY FROM THE FOUNDER AND RELATED ENTITIES TO REGISTER. THEREFORE, NEW JERSEY DOES NOT REQUIRE THE SUBMISSION OF THE FEDERAL FORM 990-PF.

FORM 990-PF

STATEMENT 5

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN CANCER SOCIETY 1599 CLIFTON ROAD NE ATLANTA, GA 30329	N/A CHARITABLE	PUBLIC	500.
BROWARD COUNTY COUNCIL OF FIRE FIGHTERS 1126 S. FEDERAL HWY, SUITE 171 FT LAUDERDALE, FL 33316	N/A CHARITABLE	PUBLIC	250.
ENGLEWOOD HOSPITAL FOUNDATION 350 ENGLE STREET ENGLEWOOD, NJ 07631		PUBLIC	25,000.
HOLY CROSS HOSPITAL 4725 NO. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	N/A CHARITABLE	PUBLIC	1,000.
ORANGE COUNTY WILDLIFE FOUNDATION 6621 WESTMINISTER BOULEVARD WESTMINISTER, CA 92683	N/A CHARITABLE	PUBLIC	25,000.
RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVE. NEW BRUNSWICK, NJ 08901	N/A CHARITABLE	PUBLIC	5,000.
WORLD JEWISH CONGRESS 501 MADISON AVENUE - 17TH FLOOR NEW YORK, NY 10022	N/A CHARITABLE	PUBLIC	3,000.
WORLD MISSIONS ADVANCE NOELLE & TROY RHODES, 46 WOODLAND ROAD BLOOMFIELD, NJ 07003	N/A CHARITABLE	PUBLIC	10,000.

GRANTS AND CONTRIBUTIONS

D. GREENBERG FAMILY CHARITABLE TRUST C/O

BERGENFIELD OPTIMIST CLUB
N/A
PUBLIC
500.

28 REGENT STREET BERGENFIELD, CHARITABLE
NJ 07621

TOTAL TO FORM 990-PF, PART XV, LINE 3A

70,250.

Form **8868**

" p , " , p ,

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

-	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box				
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)			
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868					
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	nolete			
Part I on	· · ·		▶ □		
All other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time		
	ome tax returns				
noted be (not auto you mus	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or continuity the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ated Form 990-T. Instead,		
Type or	Name of Exempt Organization	Empl	loyer identification number		
print	D. CDUINDING DAVIEW CHARLES TO THE		0 1000000		
File by the	D. GREENBERG FAMILY CHARITABLE TRUST	<u> </u>	2-1932589		
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 3. HORIZON ROAD, NO. PH3				
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT LEE, NJ 07024				
Check to	/pe of return to be filed(file a separate application for each return).				
·		700			
	rm 990				
	rm 990-EZ Form 990-T (trust other than above) Form 60				
	rm 990-PF				
					
	DAVID S. GREENBERG	004			
	ooks are in the care of 3 HORIZON ROAD - #PH3 - FORT LEE, NJ 07				
•	none No ► 201-969-9966 FAX No ► 201-887-7249				
	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is fo	r the whole group, shock this		
box . If it is for part of the group, check this box . and attach a list with the names and EINs of all members the extension will cover					
and attach a list with the flattes of all the extension will cover					
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until					
AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension					
is for the organization's return for					
	calendar year 2009 or				
	tax year beginning, and ending		-		
2 If t	his tax year is for less than 12 months, check reason		Change in accounting period		
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
_	nrefundable credits. See instructions.	3a	s 0.		
	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated		. 100		
	payments made Include any prior year overpayment allowed as a credit.	3b	s 100.		
	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,				
	posit with FTD coupon or. if required, by using EFTPS (Electronic Federal Tax Payment System)	<u> </u>	s 0.		
Se	e instructions.	3c	\$ 0.		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)