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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2007

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

For calendar year 2007, or tax year beginning , 2007, and ending

G Check all that apply Initial return Final return Amended return Address change Name change

Use the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

THE GOTTLIEB FAMILY CHARITABLE TRUST

Number and street (or P.O. box number if mail is not delivered to street address)

C/O MR HERSHEL GOTTLIEB

8 OPATUT COURT

City or town, state, and ZIP code

EDISON, NJ 08817

A Employer identification number

22-6617209

B Telephone number (see page 10 of the instructions)

- C If exemption application is pending, check here ☐
- D 1 Foreign organizations, check here ☐
- 2 Foreign organizations meeting the 85% test, check here and attach computation ☐
- E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
- F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end

of year (from Part II, col (c), line

16) \$ 331,337.

J Accounting method ☒ Cash ☐ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	244,350.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	54.	54.		STMT 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10 a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	244,404.	54.		
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 Total operating and administrative expenses. Add lines 13 through 23	NONE			
25 Contributions, gifts, grants paid	23,250.			23,250.
26 Total expenses and disbursements. Add lines 24 and 25	23,250.			23,250.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	221,154.			
b Net investment income (if negative, enter -0-)		54.		
c Adjusted net income (if negative, enter -0-)			-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2007)

JSA
7E1410 3 000

47004E F482 05/08/2008 13:23:02 V07-5.5

11
Insert (D)

Name of organization THE GOTTLIEB FAMILY CHARITABLE TRUST

Employer identification number

22-6617209

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MR HERSEL GOTTLIEB 20 EDMONT ROAD EDISON, NJ 08817	\$ 235,850.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	MR. DAVID GOTTLIEB 20 PARTCH PLACE EDISON, NJ 08817	\$ 8,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Department of the Treasury
Internal Revenue Service

year beginning

and ending

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See back of form and separate instructions

► See back of form and separate instructions.

A Corporation's employer identification number

22-2743824

B Corporation's name address city state and ZIP code

OAKLAND CARE CENTER, INC
C/O ARNOLD WALTER NURSING HOME
622 SOUTH LAUREL AVE
HAZLET, NJ 07730

C IRS Center where corporation filed return

e file

D Shareholder's identifying number

096-38-2314

E Shareholder's name address city state and ZIP code

HERSHEL GOTTLIEB
8 OPATUT COURT
EDISON, NJ 08817

F Shareholder's percentage of stock

ownership for tax year	25.000000	%
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For IRS Use Only

Final K-1

Amended K-1

OMB No. 1545-0130

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	324,314.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
*	16,973.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	-1,577.
11	Section 179 deduction	16	Items affecting shareholder basis
	15,037.	C*	10.
12	Other deductions		
A*	715.		
		17	Other information
		A	16,973.

* See attached statement for additional information

For Paperwork Reduction Act Notice, see Instructions for Form 1120S

Schedule K-1 (Form 1120S) 2007

Department of the Treasury
Internal Revenue Service

2007

Final K-1 Amended K-1 OMB No 1545-0130

► See back of form and separate instructions.

For IRS Use Only

[illegible]

* See attached statement for additional information

Schedule K-1 (Form 1120S) 2007

Department of the Treasury
Internal Revenue Service

For calendar year 2006 or tax

year beginning 04/01/2006

and ending 03/31/2007

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See back of form and separate instructions

► See back of form and separate instructions

Part I Information About the Corporation

A Corporation's employer identification number

22-2082958

B Corporation's name address city state, and ZIP code

ROSEEN REALTY CORP.

ARNOLD WALTER NURSING HOME

622 S LAUREL AVE

HAZLET, NJ 07730

C	IRS Center where corporation filed return
---	---

efile

D Tax shelter registration number if any _____

E ☐ Check if Form 8271 is attached

Part II Information About the Shareholder

F	Shareholder's identifying number
---	----------------------------------

096-38-2314

G	Shareholder's name address city state and ZIP code
---	--

H GOTTLIEB

8 OPATUT COURT

EDISON, NJ 08817

H	Shareholder's percentage of stock ownership for tax year	42.600000	%
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For IRS Use Only

Amended K 1

OME No 1545-0130

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	-285,553.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
*	2,560.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	7,788.
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions	C*	16,982.
A*	53.		
		17	Other information
		A	2,560.

* See attached statement for additional information

* See attached statement for additional information.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2008

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2007

For calendar year 2007, or tax
year beginning _____
and ending _____

**Shareholder's Share of Income, Deductions,
Credits, etc.** ▶ See back of form and separate instructions.

671107
OMB No. 1545-0130

☐ Final K-1 ☐ Amended K-1

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Corporation		1 Ordinary business income (loss) 13 Credits	
A Corporation's employer identification number 22-3450729		316,332.	
B Corporation's name, address, city, state, and ZIP code RIVERFRONT HEALTHCARE ASSOCIATES INC. 622 LAUREL AVE HAZLET, NJ 07730		2 Net rental real estate income (loss)	
C IRS Center where corporation filed return efile		3 Other net rental income (loss)	
Part II Information About the Shareholder		4 Interest income	
D Shareholder's identifying number 096-38-2314		5a Ordinary dividends	
E Shareholder's name, address, city, state, and ZIP code HESHY GOTTLIEB 20 EDMONT ROAD EDISON, NJ 08817		5b Qualified dividends 14 Foreign transactions	
F Shareholder's percentage of stock ownership for tax year 25.000000 %		6 Royalties	
		7 Net short-term capital gain (loss)	
		8a Net long-term capital gain (loss)	
		8b Collectibles (28%) gain (loss)	
		8c Unrecaptured section 1250 gain	
		9 Net section 1231 gain (loss)	
		10 Other income (loss) 15 Alternative minimum tax (AMT) items	
		A -617.	
		11 Section 179 deduction 16 Items affecting shareholder basis	
		9,817. C* 326.	
		12 Other deductions A* 252. D 150,000.	
		17 Other information	
		A 5,782.	
* See attached statement for additional information			

For Paperwork Reduction Act Notice, see Instructions for Form 1120S

Schedule K-1 (Form 1120S) 2007



Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

14

Page 1 of 5
Statement Period
12-06-06 through 01-05-07
B 03 0 1 P P I 3

0043999

Account Number: 0009 8612 7078



00005882 01 AV 0.293 13 06035 001 SCH999 I1

→ THE GOTTLIEB FAMILY CHARITABLE
TRUST
8 OPATUT CT
EDISON NJ 08817-2923

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

HESHY & OPHIRA GOTTLIEB
CASH CONTRIBUTIONS
12/31/2007

<u>DATE</u> <u>WRITTEN</u>	<u>CHECK #</u>	<u>PAYEE</u>	<u>AMOUNT</u> <u>50%</u>	<u>30%</u>	<u>CHECK</u> <u>REFERENCE</u>
01/30/07	7390	THE GOTTLIEB FAMILY CHARITABLE TRUST		7,000	(1)
04/30/07	6856	THE GOTTLIEB FAMILY CHARITABLE TRUST		12,000	(2)
06/12/07	6883	THE GOTTLIEB FAMILY CHARITABLE TRUST		350	(3)
07/31/07	6928	THE GOTTLIEB FAMILY CHARITABLE TRUST		10,000	(4)
10/30/07	6996	THE GOTTLIEB FAMILY CHARITABLE TRUST		11,500	(5)
12/19/07	7026	THE GOTTLIEB FAMILY CHARITABLE TRUST		13,000	(6)
12/21/07	7029	THE GOTTLIEB FAMILY CHARITABLE TRUST		7,000	(7)
12/24/07	7045	THE GOTTLIEB FAMILY CHARITABLE TRUST		175,000	(8)
TOTAL:			-	<u>235,850</u>	

Insert (C)

Mr. & Mrs. Heshy Gottlieb
2007

<u>CONTRIBUTIONS UNDER \$250</u>				<u>CHECK REFERENCE</u>
02/07/07	1811	YESHIVA ZICHRON MELECH	100	1
02/08/07	6801	NCSY	18	2
02/13/07	6808	CHMOL	18	3
02/20/07	6827	EDISON TOWNSHIP PBA	20	4
02/20/07	6828	KISHINEV JEWERY	10	5
02/22/07	6831	WFMU	54	6
03/24/07	6834	YAD SARAH	36	7
03/24/07	6835	ORCHOT CHAIM	18	8
03/03/07	7484	ISRAEL SOLIDARITY FUND	100	10
05/06/07	7524	CONG AGUDAS SHOMREI HADAS	200	11
05/08/07	6858	NCSY	36	12
05/08/07	6860	ISRAEL EMERGENCY CENTER	10	13
05/29/07	6876	EMA	72	14
06/07/07	6882	NJFOP	10	15
04/16/07	7474	FRIENDS OF ISRAEL FIRE & RESCUE SQUAD	36	16
7/15/2007	6897	JEC	50	17
06/09/07	7495	GREATER FEDERATION MIDDLESEX COUNTY	100	18
07/08/07	7601	CHASDEI SQUARE	18	19
07/21/07	6914	YESHIVA BAIS HATALMUD	50	20
07/24/07	7504	CHOFETZ CHAIM HERITAGE FOUNDATION	18	21
8/5/2007	6916	LANDFELD SYNAGOGUE	25	22
07/25/07	6917	YESHIVA OF MOUNTAINDALE	25	23
08/27/07	6950	CAMP L'MAN ACHAI	10	24
09/07/07	6956	YESHIVA OHR ELIEZER	10	25
09/05/07	6957	RJJ	100	26
07/25/07	6915	HATZOLA	72	28
09/10/07	6858	THE JEWISH CENTER FOR SPECIAL EDUCATION	18	29
08/07/07	7530	RJJ	25	30
09/16/07	7539	REFUAH V'YESHUAH	10	31
10/10/07	7547	OLOMEINU	12	32
09/08/07	6969	LANDFELD SYNAGOGUE	18	33
09/04/07	7533	JEC	35	34
11/15/07	1825	BAIS AVROHOM FOUNDATION	100	35
11/07/07	7004	MESIFTA TIFERES JERUSALEM	100	36
11/17/07	7005	YAD L'ACHIM	10	37
11/26/07	7009	RABBI JACOB JOSEPH SCHOOL	50	38
11/27/07	7012	KEREN ANIYIM	200	39
11/27/07	7018	JEWISH FEDERATION	36	40
10/01/07	7544	CHILDREN'S FUND	50	41
11/09/07	1924	EMUNA	25	42
12/22/07	1836	EMUNA WOMEN'S ORGANIZATION	100	43
			<u>2,005</u>	

** Original total was \$2,440. We removed check 7482 and check 1820 that were payable to Rabbi Luban for \$75 and \$360 respectively.

INSERT (A)



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
OFFICE OF CONSUMER PROTECTION
REGULATED BUSINESS SECTION
124 HALSEY STREET, 7TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

July 1, 1996

DEBORAH T. PORITZ
Attorney General
MARK S. HERR
Director

GOTTLIEB FAMILY CHARITABLE TRUST
HERSHEL GOTTLIEB
20 EDMONT RD
EDISON, NJ 08817

Mailing Address:
P.O. Box 45028
Newark NJ 07101
201-504-6370

Registration No.: CH0881200

To the President & Chief Fiscal Officer:

The information checked below has been omitted from, or in error on, your registration/renewal statement. In order to complete the registration/renewal for your organization, as required by the Charitable Registration & Investigation Act of 1994, the following information must be submitted for review:

_____ Additional fee in the amount of \$ _____. Please make check or money order payable to the NJ Division of Consumer Affairs.

X Please forward copies of the documents noted below:

X By-laws

X Federal EIN Number

X Articles of incorporation.

X IRS determination letter (501(c) status)

_____ Registration/renewal forms not signed (see enclosed Certification request).

X Note: Telephone number omitted.

Please submit the requested information, along with a copy of this letter, within fifteen (15) days or contact our office at (201) 504-6259.

Sincerely,

Morgan C. Faulkner

Morgan C. Faulkner, Registrations Clerk
Charities Registration & Investigation Section
FL#102