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

2008

Department of the Treasury
Internal Revenue Service

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

For calendar year 2008, or tax year beginning

, 2008, 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 STANLEY and SUSAN ROSENBLATT FAMILY FOUNDATION			A Employer identification number	65-6355846	
	Number and street (or P O box number if mail is not delivered to street address)	201 SOUTH BISCAYNE BOULEVARD		Room/suite	B Telephone number (see the instructions)	(305) 374-6131	
	City or town	MIAMI	State	ZIP code	C If exemption application is pending, check here ►	► <input type="checkbox"/>	
H Check type of organization:	<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			D 1 Foreign organizations, check here	► <input type="checkbox"/>		
I Fair market value of all assets at end of year (from Part II, column (c), line 16)	J Accounting method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			E If private foundation status was terminated under section 507(b)(1)(A), check here	► <input type="checkbox"/>	
► \$ 2,943,680.	(Part I, column (d) must be on cash basis)			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	► <input type="checkbox"/>		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
R E V E N U E	1 Contributions, gifts, grants, etc, received (att sch)						
	2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B						
	3 Interest on savings and temporary cash investments						
	4 Dividends and interest from securities	62,632.	62,632.	62,632.			
	5a Gross rents						
	b Net rental income or (loss)						
	6a Net gain/(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						
	10a Gross sales less returns and allowances						
b Less Cost of goods sold							
c Gross profit/(loss) (att sch)							
11 Other income (attach schedule)							
12 Total. Add lines 1 through 11	62,632.	62,632.	62,632.				
A D M I N I S T R A T U R E O P E R A T I V E A N D E X P E N S E S S E N C E	13 Compensation of officers, directors, trustees and	RECEIVED	62,632.	62,632.			
	14 Other employee salaries and wages						
	15 Pension plans, employee benefits	MAR 03 2010	IRS-OSC				
	16a Legal fees (attach schedule)						
	b Accounting fees (attach sch)						
	c Other prof fees (attach sch)						
	17 Interest						
	18 Taxes (attach schedule) See Line 18 Stmt	2,500.	2,500.	2,500.	2,500.		
	19 Depreciation (attach sch) and depletion						
	20 Occupancy						
	21 Travel, conferences, and meetings						
	22 Printing and publications						
	23 Other expenses (attach schedule)						
	BANK CHARGES	11,728.	11,728.	11,728.	11,728.		
24 Total operating and administrative expenses. Add lines 13 through 23	14,228.	14,228.	14,228.	14,228.			
25 Contributions, gifts, grants paid	200,806.			200,806.			
26 Total expenses and disbursements. Add lines 24 and 25	215,034.	14,228.	14,228.	215,034.			
27 Subtract line 26 from line 12:							
a Excess of revenue over expenses and disbursements	-152,402.						
b Net investment income (if negative, enter -0-)		48,404.					
c Adjusted net income (if negative, enter -0-)			48,404.				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	1 Cash – non-interest-bearing			
	2	2 Savings and temporary cash investments	3,096,082.	2,943,680.	2,943,680.
	3	3 Accounts receivable			
		Less: allowance for doubtful accounts			
	4	4 Pledges receivable			
		Less: allowance for doubtful accounts			
	5	5 Grants receivable			
	6	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	7 Other notes and loans receivable (attach sch)			
		Less allowance for doubtful accounts			
	8	8 Inventories for sale or use			
	9	9 Prepaid expenses and deferred charges			
	10a	10a Investments – U S and state government obligations (attach schedule)			
	b	b Investments – corporate stock (attach schedule)			
	c	c Investments – corporate bonds (attach schedule)			
	11	11 Investments – land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)				
12	12 Investments – mortgage loans				
13	13 Investments – other (attach schedule)				
14	14 Land, buildings, and equipment basis				
	Less: accumulated depreciation (attach schedule)				
15	15 Other assets (describe)				
16	16 Total assets (to be completed by all filers – see instructions Also, see page 1, item I)	3,096,082.	2,943,680.	2,943,680.	
LIABILITIES	17	17 Accounts payable and accrued expenses	0.	0.	
	18	18 Grants payable			
	19	19 Deferred revenue			
	20	20 Loans from officers, directors, trustees, & other disqualified persons			
	21	21 Mortgages and other notes payable (attach schedule)			
	22	22 Other liabilities (describe)			
	23	23 Total liabilities (add lines 17 through 22)	0.	0.	
NET ASSETS	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		<input type="checkbox"/>		
	24	24 Unrestricted			
	25	25 Temporarily restricted			
	26	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		<input checked="" type="checkbox"/>		
	27	27 Capital stock, trust principal, or current funds	3,096,082.	2,943,680.	
	28	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29	29 Retained earnings, accumulated income, endowment, or other funds ..			
	30	30 Total net assets or fund balances (see the instructions)	3,096,082.	2,943,680.	
	31	31 Total liabilities and net assets/fund balances (see the instructions)	3,096,082.	2,943,680.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,096,082.
2	Enter amount from Part I, line 27a	2	-152,402.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3 ..	4	2,943,680.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	2,943,680.

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2007	200,443.	3,078,868.	0.065103
2006	182,600.	3,132,483.	0.058292
2005	190,647.	3,211,660.	0.059361
2004	177,261.	3,342,490.	0.053033
2003	219,780.	3,510,078.	0.062614

2 Total of line 1, column (d)	2	0.298403
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.059681
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	2,974,574.
5 Multiply line 4 by line 3	5	177,526.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	484.
7 Add lines 5 and 6	7	178,010.
8 Enter qualifying distributions from Part XII, line 4	8	215,034.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1	1	484.
Date of ruling letter (attach copy of ruling letter if necessary – see instructions)	2	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	3	484.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	4	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	5	484.
3 Add lines 1 and 2		
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		
6 Credits/Payments:		
a 2008 estimated tax pmts and 2007 overpayment credited to 2008	6a	4,197.
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	4,197.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	3,713.
11 Enter the amount of line 10 to be Credited to 2009 estimated tax ► 3,713. Refunded	11	

Part VII-A Statements Regarding Activities

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

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?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year
 (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
If 'Yes,' attach a detailed description of the activities

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If 'Yes,' attach the statement required by General Instruction T.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either
 • By language in the governing instrument, or
 • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XV*

8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ► _____
FL - Florida

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If 'No,' attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*

10 Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses.*

	Yes	No
1a	X	
1b	X	
1c	X	
2	X	
3	X	
4a	X	
4b		
5	X	
6	X	
7	X	
8b	X	
9	X	
10	X	

Part VII-A Statements Regarding Activities Continued

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(3)? If 'Yes', attach schedule (see instructions) 11 X

12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 X

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 13 X

14 The books are in care of ► SUSAN ROSENBLATT, ESQ. Telephone no ► (305) 374-6131
Located at ► 201 S. BISCAYNE BLVD. STE 1318, MIAMI, FL ZIP + 4 ► 33131

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

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.

	Yes	No
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> 1b		
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 2008? 1c <input checked="" type="checkbox"/> X		
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years ► <u>20__ , 20__ , 20__ , 20__</u> 2b		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions) 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 ► <u>20__ , 20__ , 20__ , 20__</u> 3a		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b		
b If 'Yes,' did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008) 3b		
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input checked="" type="checkbox"/> X 4a		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? 4b <input checked="" type="checkbox"/> X		

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

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

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

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

Yes No

Yes No

Yes No

Yes No

Yes No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here ►

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If you answered 'Yes' to 6b, also file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

X

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STANLEY M. ROSENBLATT 201 S.BISCAYNE BLVD.	TRUSTEE			
MIAMI FL 33131	5.00	0.	0.	0.
SUSAN ROSENBLATT 201 S.BISCAYNE BLVD.	TRUSTEE			
MIAMI FL 33131	5.00	0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

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

►

None

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

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

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

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

None

Part IX-A Summary of Direct Charitable Activities

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

Expenses

1	<u>N/A</u>		
2	<u>N/A</u>		0.
3	<u>N/A</u>		0.
4	<u>N/A</u>		0.

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	<u>N/A</u>	----- ----- 0.
2	<u>N/A</u>	----- ----- 0.

All other program-related investments See instructions.

3 N/A _____
_____ 0.
Total. Add lines 1 through 3 ► None

Total. Add lines 1 through 3

None

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

1a	
1b	3,019,872.
1c	
1d	3,019,872.
2	
3	3,019,872.
4	45,298.
5	2,974,574.
6	148,729.

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

- 1 Minimum investment return from Part X, line 6
- 2a Tax on investment income for 2008 from Part VI, line 5
- b Income tax for 2008 (This does not include the tax from Part VI)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments. Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 **Distributable amount as adjusted** Subtract line 6 from line 5. Enter here and on Part XIII, line 1

1	
2a	
2b	
2c	
3	
4	
5	
6	
7	

Part XII Qualifying Distributions (see instructions)

- 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes
 - a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26
 - b Program-related investments – total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the
 - a Suitability test (prior IRS approval required)
 - b Cash distribution test (attach the required schedule)
- 4 **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4
- 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income
Enter 1% of Part I, line 27b (see instructions)
- 6 **Adjusted qualifying distributions.** Subtract line 5 from line 4

1a	215,034.
1b	0.
2	
3a	
3b	
4	215,034.
5	484.
6	214,550.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2008				
a From 2003 219,780.				
b From 2004 177,261.				
c From 2005 190,647.				
d From 2006 182,600.				
e From 2007 201,718.				
f Total of lines 3a through e 972,006.				
4 Qualifying distributions for 2008 from Part XII, line 4 ► \$ 215,034.				
a Applied to 2007, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2008 distributable amount				
e Remaining amount distributed out of corpus 215,034.				
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 1,187,040.				
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				
d Subtract line 6c from line 6b Taxable amount – see instructions 0.				
e Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount – see instructions 0.				
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2009 0.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2003 not applied on line 5 or line 7 (see instructions) 219,780.				
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a 967,260.				
10 Analysis of line 9:				
a Excess from 2004 177,261.				
b Excess from 2005 190,647.				
c Excess from 2006 182,600.				
d Excess from 2007 201,718.				
e Excess from 2008 215,034.				

BAA

Form 990-PF (2008)

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

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

1. Information Regarding Foundation Managers:

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

STANLEY M. ROSENBLATT

SUSAN ROSENBLATT

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

N/A

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

N/A

• Any submission deadlines

N/A

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

N/A

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
ROFEH, INC. 1710 BEACON ST BROOKLINE MA 02445	N/A	PUBLIC CHARITY	see attached C	12,000.
EZRAS TORAH FUND, INC. 235 E. BROADWAY NEW YORK NY 10002	N/A	P.C.	see attached E	1,650.
Marion Ctr Svcs Developmnt Handicapped 15701 NW 37 AVE. MIAMI FL 33054	N/A	P.C.	see attached B	15,500.
BETH ISRAEL CONGREGATION 770 W. 40ST. MIAMI BEACH FL 33140	N/A	P.C.	see attached F	9,454.
YESHIVAS BAIS YISROEL 268A E. BROADWAY NEW YORK NY 10002	N/A	P.C.	see attached D	5,000.
TORAH SCHOOLS FOR ISRAEL 40 EXCHANGE PL. NEW YORK NY 10005	N/A	P.C.	see attached D	8,000.
BoysTownJerusalemFoundAmerica, Inc 12 W. 31ST Ste 300 NEW YORK NY 10001	N/A	P.C.	see attached D	10,000.
GIRLS TOWN-OR CHADASH 4101 PINE TREE DRIVE Miami Beach FL 33140	N/A	P.C.	see attached D	16,000.
GIRLS TOWN JERUSALEM 1362 E 21 ST STREET Brooklyn NY 11210	N/A	P.C.	see attached D	17,000.
See Line 3a statement				106,202.
Total			► 3a	200,806.
<i>b Approved for future payment</i>				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				41	
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

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

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

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

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

- (1) Cash
- (2) Other assets

b Other transactions:

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

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

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

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

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

Yes No

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

► Stanley M. Raetz
Signature of officer or trustee

1 02/28/10

► TRUSTEE

Title

Paid Pre- parer's Use Only	Preparer's signature	► <i>M J Randell, EA</i>	Date	Check if self- employed	Preparer's Identifying number (See Signature in the instrs)
	Firm's name (or yours if self- employed), address, and ZIP code	► MARVIN J. RANDELL, EA ► 17036 NW 15TH ST PEMBROKE PINES	02/26/10	► <input checked="" type="checkbox"/>	P00084348
			EIN	►	
			Phone no	►	(954) 430-9457

BAA

Form 990-PF (2008)

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
2008 ESTIMATED TAX	2,500.	2,500.	2,500.	2,500.
Total	2,500.	2,500.	2,500.	2,500.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>AM Frnds Childrens Town Israel, Inc</u> 120 W. 31 ST. NEW YORK NY 10001	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 7,800.
<u>HELPING HAND FOUNDATION, Inc</u> 120 W. 31ST ST NEW YORK NY 10001	N/A	P.C.	see attached E	Person or Business <input checked="" type="checkbox"/> 10,600.
<u>SOCIETY FOR EDUCATION RUSSIAN JEWS</u> 122 W. 76 TH ST. NEW YORK NY 10023	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 1,850.
<u>FRIENDS of NETIV OHR, INC</u> 1648 47TH ST. Brooklyn NY 11204	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 9,600.
<u>Hebrew Academy Greater Miami</u> 2400 Pine Tree Dr. MIAMI BEACH FL 33140	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 5,000.
<u>YESHIVA CHAIM BERLIN</u> 1585 Coney Island Av. BROOKLYN NY 11230	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 360.
<u>Anshei Lubavitch Greater Miami</u> 1436 Alton Road Miami Beach FL 33239	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 1,800.
<u>BETH MEDROSH Govoha of America</u> 6063 Drexel Rd. Philadelphia PA 19131	N/A	P.C.	see attached F	Person or Business <input checked="" type="checkbox"/> 272.
<u>University of Miami School of Law</u> 1311 Miller Rd. Miami FL 33146	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 3,500.
<u>NIR COLLEGE FOR JUDAIC STUDIES</u> PO Box 1444 Kirya Arba Hebron, Israel IL 90100	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 13,000.
<u>YESHIVAS MIR YERUSHALAYIM</u> 5114 13th Av., Brooklyn NY 11219	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 1,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>NOAM SHABBOS</u> <u>18 Ezra St.</u> <u>Jerusalem IL 91052</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>E</u>	Person or Business <input checked="" type="checkbox"/> 154.
<u>CHAI LIFELINE</u> <u>1140 NE 163rd St.</u> <u>North Miami Beach FL 33162</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>C</u>	Person or Business <input checked="" type="checkbox"/> 6,000.
<u>MESIVTHA TIFERETH JERUSALEM</u> <u>145 E. BROADWAY</u> <u>NEW YORK NY 10002</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 136.
<u>MIAMI RESCUE MISSION</u> <u>2020 NW 1ST AV.</u> <u>MIAMI FL 33127</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>E</u>	Person or Business <input checked="" type="checkbox"/> 225.
<u>SALVATION ARMY</u> <u>P O BOX 350370</u> <u>MIAMI FL 33135</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>E</u>	Person or Business <input checked="" type="checkbox"/> 275.
<u>TELSHE YESHIVA</u> <u>28400 EUCLID AV.</u> <u>WICKLIFFE OH 44092</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 175.
<u>YESHIVA BETH MOSHE</u> <u>930 HICKORY ST.</u> <u>SCRANTON PA 18505</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>F</u>	Person or Business <input checked="" type="checkbox"/> 236.
<u>AGUDATH ISRAEL OF AMERICA</u> <u>42 Broadway</u> <u>New York NY 10275</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>AM FRIENDS OF L'MAAN DAAT</u> <u>3072 Brighton St</u> <u>Brooklyn NY 11235</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 600.
<u>DISKIN ORPHAN HOME</u> <u>P.O.BOX 191041</u> <u>Brooklyn NY 11219</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 236.
<u>GEN. ISRAEL ORPHANS HOME GIRLS</u> <u>132 Nassau St.</u> <u>NEW YORK NY 10038</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 108.
<u>GREAT CHARITY OF JERUSALEM</u> <u>5 Beekman St.</u> <u>NEW YORK NY 10273</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 90.
<u>HACHNOSSOS KALLAH GRT MIAMI</u> <u>1400 Lenox Av.</u> <u>Miami Beach FL 33139</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 180.
<u>HARRY ROSENBERG CHESED FUND</u> <u>4101 Pine Tree Dr.</u> <u>Miami Beach FL 33140</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 180.
<u>HEICHAL MORDECAI</u> <u>8379 Hatzivoni ST.</u> <u>Jerusalem IL 91052</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 1,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>HOME OF THE SAGES OF ISRAEL</u> <u>25 Willett St,</u> <u>NEW YORK NY 10002</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 172.
<u>MESIVTA OF LONG BEACH</u> <u>205 W BEECH ST,</u> <u>Long Beach NY 11561</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 104.
<u>MIAMI BEACH COMMUNITY KOLLEL</u> <u>3767 Chase Av,</u> <u>Miami Beach FL 33140</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 800.
<u>TIFERET SHLOMO ORPHAN HOME</u> <u>PO BOX 379</u> <u>Jerusalem IL 91052</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 254.
<u>UNITED CHARITY INSTITUTE JERUSALEM</u> <u>207 E. Broadway,</u> <u>NEW YORK NY 10002</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 208.
<u>YESHIVA CHASAN SOFER</u> <u>RECHOV HALPRIN #8, BNEI BRAK,</u> <u>BNEI BRAK IL 90100</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 360.
<u>YESHIVA DERECH CHAIM</u> <u>866 6TH AVE.,</u> <u>NEW YORK NY 10001</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 200.
<u>YESHIVA TORAS EMAS</u> <u>1904 AVE. N,</u> <u>Brooklyn, NY 11230</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 180.
<u>AISH HATORAH</u> <u>400 South Lake Drive,</u> <u>Lakewood, NJ 08701</u>	N/A	P.C.	<u>see attached</u> F	Person or Business <input checked="" type="checkbox"/> 100.
<u>BELZ INSTITUTIONS IN ISRAEL</u> <u>4303 15th Avenue,</u> <u>Brooklyn, NY 11219</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 372.
<u>BENJAMIN N CARDZOZO School of Law</u> <u>55 Fifth Avenue,</u> <u>New York, NY 10003</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 4,000.
<u>BETH MEDRASH LAKEWORTH YESHIVA</u> <u>601 PRIVATE WAY</u> <u>LAKEWOOD, NJ 08701</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 5,000.
<u>BETH MEDROSH OF MONSEY</u> <u>26 Homestead Lane,</u> <u>Monsey, NY 10952</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 136.
<u>BETH TORAH</u> <u>20350 NE 26 Avenue, North Miami</u> <u>N. Miami Beach FL 33180</u>	N/A	P.C.	<u>see attached</u> F	Person or Business <input checked="" type="checkbox"/> 72.
<u>CAMILLUS HOUSE</u> <u>PO BOX 11829,</u> <u>Miami FL 33101-1829</u>	N/A	P.C.	<u>see attached</u> E	Person or Business <input checked="" type="checkbox"/> 200.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
CHILDRENS VILLAGE OF JERUSALEM 15 Beekman Street, New York NY 10038	N/A	P.C.	see attached B	Person or Business X 90.
DRUG FREE YOUTH IN TOWN 16201 SW 95th Avenue, Miami FL 33157	N/A	P.C.	see attached B	Person or Business X 1,000.
FEDERATED COUNCIL OF ISRAEL INSTITUTIONS 400 S LAKE DR, Lakewood NJ 08701	N/A	P.C.	see attached F	Person or Business X 300.
GREATER MIAMI JEWISH FEDERATION 4200 Biscayne Boulevard, Miami, FL 33137	N/A	P.C.	see attached E	Person or Business X 1,000.
KOLEL BET DAVID 53 W 36TH ST RM 603, New York NY 10018	N/A	P.C.	see attached D	Person or Business X 386.
KOLLEL BAIS AHARON ZVI 235 PENN ST, Brooklyn NY 11211-812	N/A	P.C.	see attached D	Person or Business X 154.
KOLLEL KABALLA HAKOTEL NEW YORK, NY NEW YORK NY 10018	N/A	P.C.	see attached D	Person or Business X 344.
MESORAH HERITAGE FOUNDATION 4401 Second Avenue, Brooklyn NY 11232	N/A	P.C.	see attached D	Person or Business X 54.
MISHKAN YAACOV 132 NASSAU ST, New York NY 10038	N/A	P.C.	see attached D	Person or Business X 344.
SHALOM TORAH CENTERS 9580 W. Sahara Ave., Suite 101, Las Vegas, NV 89117	N/A	P.C.	see attached D	Person or Business X 36.
SOUTHERN POVERTY LAW CENTER 400 Washington Avenue, Montgomery AL 36104	N/A	P.C.	see attached E	Person or Business X 125.
SPECIAL OLYMPICS FLORIDA 1133 19th Street NW, 12th Floor, Washington DC 20036	N/A	P.C.	see attached B	Person or Business X 100.
TORAS CHAIM 3110 Sterling Point Dr., Portsmouth, VA 23703	N/A	P.C.	see attached D	Person or Business X 250.
TZEDAKAH V'CHESSED 1329 44TH ST, Brooklyn NY 11219	N/A	P.C.	see attached D	Person or Business X 298.
American Friends of Hebron Univ. 1220 BROADWAY NEW YORK NY 10001	N/A	P.C.	see attached D	Person or Business X 236.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>Vaad Knesseth Israel</u> <u>1624 46 TH STREET</u> <u>BROOKLYN NY 11204</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 154.
<u>CHMOL</u> <u>1564 41ST ST</u> <u>BROOKLYN NY 11218</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 100.
<u>Congregation Magen Abraham</u> <u>479 MONMOUTH ROAD</u> <u>W. LONG BRANCH NJ 07740</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>Daughters of Israel, INC.</u> <u>2121 PONCE DeLEON BLVD.</u> <u>MIAMI FL 33131</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 180.
<u>Congregation Derech Chaim</u> <u>27 LENORE AVE.</u> <u>Monsey NY 10952</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 180.
<u>Friends of Kollel Ratzon Yehuda</u> <u>300 ROBIN RD.</u> <u>ENGLEWOOD NJ 07631</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 700.
<u>Friends of the Israeli Defense Forces</u> <u>350 FIFTH AVE. SUITE 2011</u> <u>NEW YORK NY 10118</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 200.
<u>Hillel of Florida</u> <u>1100 STANFORD DRIVE</u> <u>CORAL GABLES FL 33146</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 180.
<u>Kollel Beis Josef</u> <u>1648 47th STREET</u> <u>BROOKLYN NY 11204</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 180.
<u>Mesifta Beth Shraga</u> <u>PO BOX 412</u> <u>MONSEY NY 10952</u>	N/A	P.C.	<u>see attached</u> F	Person or Business <input checked="" type="checkbox"/> 272.
<u>Ponevez Yeshiva</u> <u>11533 BROADWAY</u> <u>NEW YORK NY 10010</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 350.
<u>Rabbi Mair Baal Haness Charity</u> <u>1473 44th STREET</u> <u>BROOKLYN NY 11219</u>	N/A	P.C.	<u>see attached</u> F	Person or Business <input checked="" type="checkbox"/> 54.
<u>The Collegiate Learning Experience</u> <u>4900 PINE TREE DR.</u> <u>MIAMI BEACH FL 33140</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 250.
<u>Toras Emes Academy of Miami</u> <u>1025 NE MIAMI GARDENS DR</u> <u>MIAMI FL 33179</u>	N/A	P.C.	<u>see attached</u> D	Person or Business <input checked="" type="checkbox"/> 180.
<u>United Tiberias Institutions</u> <u>P O Box 576</u> <u>NEW YORK NY 10002</u>	N/A	P.C.	<u>see attached</u> F	Person or Business <input checked="" type="checkbox"/> 36.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<i>a Paid during the year</i>				
<u>Yeshiva Beth Baran</u> <u>1648 47th STREET</u> <u>BROOKLYN NY 11204</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 180.
<u>AMIT</u> <u>817 BROADWAY</u> <u>NEW YORK NY 10003</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 5,200.
<u>American Assn Bikur Cholim Hosp</u> <u>156 5th Ave. # 11</u> <u>NEW YORK NY 10010</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>C</u>	Person or Business <input checked="" type="checkbox"/> 180.
<u>American Friends Kupat Ha'ir</u> <u>4415 14th Ave.</u> <u>Brooklyn NY 11219</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 250.
<u>Animal Haven</u> <u>251 Centre St.</u> <u>NEW YORK NY 11219</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>A</u>	Person or Business <input checked="" type="checkbox"/> 300.
<u>Arachim</u> <u>1521 51st Street</u> <u>Brooklyn NY 11219</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>F</u>	Person or Business <input checked="" type="checkbox"/> 180.
<u>Beth Jacob High School</u> <u>1110 NE 163 RD STREET</u> <u>N. MIAMI BEACH FL 33145</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 360.
<u>Chabad of Puerto Rico</u> <u>17 CALLE DALIA</u> <u>CAROLINA PR 00979</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 100.
<u>chofetz Chaim Heritage Foundation</u> <u>214 MASSACHUSETTS AV. NE</u> <u>WASHINGTON DC 20002</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 250.
<u>David Posnack J C C</u> <u>5850 S. PINE ISLAND RD</u> <u>DAVIE FL 33328</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 200.
<u>Emunah of America</u> <u>SEVEN PENN PLAZA</u> <u>NEW YORK NY 10001</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 250.
<u>Ezer Yoldat</u> <u>3 DIVREI CHAIM ST</u> <u>JERUSALEM IL 94454</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 316.
<u>Gomlei Chesed</u> <u>3054 BEDFORD AVE.</u> <u>BROOKLYN NY 11210</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 180.
<u>Hebrew Academy of Cleveland</u> <u>1860 S. TAYLOR RD.</u> <u>CLEVELAND OH 04118</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 54.
<u>Hechal Hatalmud</u> <u>247 E. BROADWAY FRONT</u> <u>NEW YORK NY 10002</u>	<u>N/A</u>	<u>P.C.</u>	<u>see attached</u> <u>D</u>	Person or Business <input checked="" type="checkbox"/> 54.

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Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>Itka Lerner Bikur Cholim</u> <u>243 HEWES ST</u> <u>BROOKLYN NY 11211</u>	N/A		see attached D	Person or Business <input checked="" type="checkbox"/> 200.
<u>Keren Hatorah, Inc.</u> <u>199 LEE AVE. PMB 357</u> <u>BROOKLYN NY 11211</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 36.
<u>Keren Malki Foundation</u> <u>736 GRANGE ROAD</u> <u>TEANECK NJ 07666</u>	N/A		see attached D	Person or Business <input checked="" type="checkbox"/> 250.
<u>Keren Racheim-ezer L'refuah</u> <u>543 BEDFORD AVE. PMB 224</u> <u>BROOKLYN NY 11211</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 150.
<u>KinyatChinuch Lebonia</u> <u>111 BROADWAY ROOM 704</u> <u>NEW YORK NY 10006</u>	N/A		see attached D	Person or Business <input checked="" type="checkbox"/> 154.
<u>Kollel Toras Chaim</u> <u>99 GRIGGS AVE.</u> <u>TEANECK NJ 07666</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 180.
<u>Lel Ashmores Harboker</u> <u>3054 BEDFORD AVE</u> <u>BROOKLYN NY 11210</u>	N/A		see attached	Person or Business <input checked="" type="checkbox"/> 150.
<u>Metropolitan Council Jewish Poverty</u> <u>80 MAIDEN LANE</u> <u>NEW YORK NY 10006</u>	N/A	P.C.	see attached E	Person or Business <input checked="" type="checkbox"/> 180.
<u>Nachlas Shai Institute</u> <u>ONE MAY FAIR ROAD</u> <u>EAST CHESTER NY 10709</u>	N/A		see attached E	Person or Business <input checked="" type="checkbox"/> 250.
<u>National Museum of Civil War Medicine</u> <u>48 EAST PATRICK ST</u> <u>FREDERICK MD 21701</u>	N/A	P.C.	see attached C	Person or Business <input checked="" type="checkbox"/> 250.
<u>N Y Times Neediest Cases Fund</u> <u>620 EIGHTH AV. 16 FL.</u> <u>NEW YORK NY 10018</u>	N/A		see attached C	Person or Business <input checked="" type="checkbox"/> 200.
<u>Pancreatic Cancer Action Network</u> <u>48 GROVE ST SUITE 106</u> <u>SOMMERVILLE MA 02144</u>	N/A		see attached C	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>Rabbi Schwab Memorial Fund</u> <u>16 W. MAPLE AVE.</u> <u>MONSEY NY 10952</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 250.
<u>Sh'or Toshuv Institute</u> <u>1 CEDAR LAWN AVE.</u> <u>LAWRENCE NY 11559</u>	N/A		see attached D	Person or Business <input checked="" type="checkbox"/> 236.
<u>Shaare Zedek Medical</u> <u>49 W. 45TH ST. SUITE 1100</u> <u>NEW YORK NY 10036</u>	N/A	P.C.	see attached A	Person or Business <input checked="" type="checkbox"/> 180.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>S L J C W F</u> <u>199 LEE AVE</u> <u>BROOKLYN NY 11211</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>Telem Bet Yosef</u> <u>2901 STIRLIN RD. STE 203</u> <u>Ft. LAUDERDALE FL 33312</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 154.
<u>Telshe Yeshiva Chicago</u> <u>3535 W. FOSTER AVE.</u> <u>CHICAGO IL 60625</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 180.
<u>University of Michigan</u> <u>530 SOUTH STATE ST.</u> <u>ANN ARBOR MI</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 200.
<u>Vaad L'Hatzolas</u> <u>1566 CONEY ISLAND AVE</u> <u>BROOKLYN NY 11230</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 50.
<u>Voices for Childrens Foundation</u> <u>1500 NW 12TH AVE. STE1117</u> <u>MIAMI FL 33136</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 250.
<u>Yeshivat Mesilot Ha Tora</u> <u>17101 NE 19th AVE.</u> <u>MIAMI FL 33162</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 200.
<u>Yeshivat Rambam</u> <u>5300 PARK HEIGHTS AV</u> <u>BALTIMORE MD 21215</u>	P	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 5,000.
<u>Young Israel of Miami</u> <u>990 NE 171st STREET</u> <u>MIAMI FL 33162</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 180.
<u>Zichron Yaakov</u> <u>720 UNION ROAD</u> <u>SPRING VALLEY NY</u>	N/A	P.C.	see attached D	Person or Business <input checked="" type="checkbox"/> 1,000.

Total

106,202.