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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 (77)

*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** 9/01, **2008, and ending** 8/31, **2009**

**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.**  
**THE LAZAR AND SOFIA STEIN MEMORIAL FOUNDATION**  
**469 SEVENTH AVE. - SUITE 1300**  
**NEW YORK, NY 10018**

**A** Employer identification number  
13-4119091

**B** Telephone number (see the instructions)  
(212) 594-2020

**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

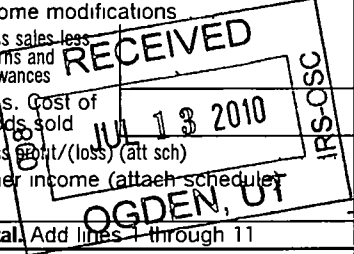
**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**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, column (c), line 16)  
**\$ 21,069.**

**J** Accounting method.  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
*(Part I, column (d) must be on cash basis.)*

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)</i>		<b>(a) Revenue and expenses per books</b>	<b>(b) Net investment income</b>	<b>(c) Adjusted net income</b>	<b>(d) Disbursements for charitable purposes (cash basis only)</b>
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, etc., received (att sch)	677,000.			
	<b>2</b> <input type="checkbox"/> <b>Ck</b> if the foundn is not req to att Sch B				
	<b>3</b> Interest on savings and temporary cash investments	561.	561.	N/A	
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain/(loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)				
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
<b>ADMINISTRATIVE AND EXPENSES</b>	<b>10a</b> Gross sales less returns and allowances				
	<b>b</b> Less. Cost of goods sold				
	<b>c</b> Gross profit/(loss) (att sch)				
	<b>11</b> Other income (attach schedule)				
	<b>12 Total.</b> Add lines 1 through 11	677,561.	561.		
	<b>13</b> Compensation of officers, directors, trustees, etc	0.			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach sch) SEE ST 1	16,000.			
	<b>c</b> Other prof fees (attach sch)				
<b>17</b> Interest					
<b>18</b> Taxes (attach schedule) SEE STMT 2	25.				
<b>19</b> Depreciation (attach sch) and depletion					
<b>20</b> Occupancy					
<b>21</b> Travel, conferences, and meetings					
<b>22</b> Printing and publications					
<b>23</b> Other expenses (attach schedule) SEE STATEMENT 3	89.				
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	16,114.				
<b>25</b> Contributions, gifts, grants paid PART XV	649,461.			649,461.	
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	665,575.	0.		649,461.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a Excess of revenue over expenses and disbursements</b>	11,986.				
<b>b Net investment income</b> (if negative, enter -0-)		561.			
<b>c Adjusted net income</b> (if negative, enter -0-)					



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end of year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
ASSETS	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	9,083.	21,069.	21,069.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch.)			
		Less allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment, basis			
	Less accumulated depreciation (attach schedule)				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment, basis				
	Less accumulated depreciation (attach schedule)				
15	Other assets (describe )				
16	<b>Total assets</b> (to be completed by all filers – see instructions. Also, see page 1, item I)	9,083.	21,069.	21,069.	
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	<b>Total liabilities</b> (add lines 17 through 22)	0.	0.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	9,083.	21,069.	
30	<b>Total net assets or fund balances</b> (see the instructions)	9,083.	21,069.		
31	<b>Total liabilities and net assets/fund balances</b> (see the instructions)	9,083.	21,069.		

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	9,083.
2	Enter amount from Part I, line 27a	2	11,986.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	21,069.
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	21,069.

**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)
1a	N/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				(l) 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). <span style="float:right">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>		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 <span style="float:right">]</span>		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	615,789.	87,998.	6.997761
2006	732,401.	88,526.	8.273287
2005	555,125.	96,638.	5.744376
2004	500,731.	102,176.	4.900671
2003	544,091.	155,396.	3.501319
2	Total of line 1, column (d)		29.417414
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		5.883483
4	Enter the net value of noncharitable-use assets for 2008 from Part X, line 5		117,626.
5	Multiply line 4 by line 3		692,051.
6	Enter 1% of net investment income (1% of Part I, line 27b)		6.
7	Add lines 5 and 6		692,057.
8	Enter qualifying distributions from Part XII, line 4		649,461.

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. Date of ruling letter. _____ (attach copy of ruling letter if necessary – see instructions)		
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		11.
3	Add lines 1 and 2		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		11.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0.
6	Credits/Payments		
	a 2008 estimated tax pmts and 2007 overpayment credited to 2008	6a	22.
	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		22.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		11.
11	Enter the amount of line 10 to be Credited to 2009 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11.   0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions) NY		
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? <i>If 'No,' attach explanation</i>	X	
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)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i>		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)(13)? 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 <span style="float:right">▶ N/A</span>	13	X	
14	The books are in care of ▶ <u>MARTIN STEIN</u> Telephone no ▶ <u>(212) 594-2020</u> Located at ▶ <u>921 OCEAN PARKWAY BROOKLYN NY</u> ZIP + 4 ▶ <u>11230-3404</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">▶ 15</span>		N/A	▶ <input type="checkbox"/> 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.

		Yes	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? <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 <span style="float:right">▶ <input type="checkbox"/></span>	1b	N/A
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	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 ▶ 20__ , 20__ , 20__ , 20__		
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20__ , 20__ , 20__ , 20__		
3a	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		
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	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

**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))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (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)  Yes  No
- (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

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 N/A

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?

N/A  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

6b X

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

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

7b N/A

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

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

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

(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
MARTIN STEIN 921 OCEAN PARKWAY BROOKLYN, NY 11230-3404	PRESIDENT 2.00	0.	0.	0.
ARLYNE STEIN 921 OCEAN PARKWAY BROOKLYN, NY 11230-3404	SECRETARY 1.00	0.	0.	0.
STEVEN N. STEIN 1031 EAST 7TH STREET BROOKLYN, NY 11230-3501	TREASURER 1.00	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				

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

0

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

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

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

**Total** number of others receiving over \$50,000 for professional services ▶ 0

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
1 N/A	
-----	
2	
-----	
3	
-----	
4	
-----	

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

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

	Amount
1 N/A	
-----	
2	
-----	
All other program-related investments. See instructions.	
3	
-----	

**Total.** Add lines 1 through 3 ▶ 0.

BAA

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	119,417.
c	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	119,417.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	119,417.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,791.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	117,626.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	5,881.

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

1	Minimum investment return from Part X, line 6	1	5,881.
2a	Tax on investment income for 2008 from Part VI, line 5	2a	11.
b	Income tax for 2008. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	11.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,870.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,870.
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	5,870.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	649,461.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	649,461.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	649,461.

**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				5,870.
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___		0.		
3 Excess distributions carryover, if any, to 2008				
a From 2003	536,341.			
b From 2004	495,624.			
c From 2005	550,295.			
d From 2006	727,979.			
e From 2007	611,395.			
f Total of lines 3a through e	2,921,634.			
4 Qualifying distributions for 2008 from Part XII, line 4. ▶ \$ 649,461.				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2008 distributable amount				5,870.
e Remaining amount distributed out of corpus	643,591.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,565,225.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 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)	0.			
8 Excess distributions carryover from 2003 not applied on line 5 or line 7 (see instructions)	536,341.			
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	3,028,884.			
10 Analysis of line 9:				
a Excess from 2004	495,624.			
b Excess from 2005	550,295.			
c Excess from 2006	727,979.			
d Excess from 2007	611,395.			
e Excess from 2008	643,591.			

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

**1** a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon.					
<b>a</b> 'Assets' alternative test — enter.					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> 'Support' alternative test — enter.					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**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) )  
 MARTIN STEIN

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
 NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

**c** Any submission deadlines.

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

**Part XV Supplementary Information** (continued)

**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 recipient	Purpose of grant or contribution	Amount
a Paid during the year SCHEDULE ATTACHED			CHARITABLE	649,461.
<b>Total</b>			▶ 3a	649,461.
b Approved for future payment				
<b>Total</b>			▶ 3b	





**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 and 990-PF**  
▶ **See separate instructions.**

OMB No 1545-0047

**2008**

Name of the organization **THE LAZAR AND SOFIA STEIN  
MEMORIAL FOUNDATION**

Employer identification number  
**13-4119091**

**Organization type** (check one).

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)(\_\_\_\_) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE LAZAR AND SOFIA STEIN

13-4119091

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARTIN STEIN ----- 921 OCEAN PARKWAY ----- BROOKLYN, NY 11230-3404 -----	\$ 677,000. -----	Person <input 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.)



Name of organization

THE LAZAR AND SOFIA STEIN

Employer identification number

13-4119091

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once – see instructions) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- 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 corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE LAZAR AND SOFIA STEIN MEMORIAL FOUNDATION</b>	Employer identification number <b>13-4119091</b>
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions <b>469 SEVENTH AVE. - SUITE 1300</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NEW YORK, NY 10018</b>	

**Check type of return to be filed** (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ MARTIN STEIN -----

Telephone No. ▶ (212) 594-2020 ----- FAX No ▶ (212) 629-0293 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check 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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 9/01, 20 08, and ending 8/31, 20 09.

**2** If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>3a</b>	\$ <b>22.</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$ <b>22.</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**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.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE LAZAR AND SOFIA STEIN MEMORIAL FOUNDATION</b>	Employer identification number <b>13-4119091</b>
	Number, street, and room or suite number. If a P O box, see instructions. <b>THE RESNICK DRUCKMAN GROUP LLC 25-1907248</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

**Check type of return to be filed** (File a separate application for each return).

- |                                      |  |                                      |                                    |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-PF                      | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in care of **MARTIN STEIN**

Telephone No. **(212) 594-2020** FAX No. **(212) 629-0293**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check 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 is for

**4** I request an additional 3-month extension of time until 7/15, 20 10.

**5** For calendar year \_\_\_\_\_, or other tax year beginning 9/01, 20 08, and ending 8/31, 20 09.

**6** If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$ 0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$ 22.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FEDERAL STATEMENTS**  
**THE LAZAR AND SOFIA STEIN**  
**MEMORIAL FOUNDATION**

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
THE RESNICK DRUCKMAN GROUP LLC	\$ 16,000.			
TOTAL	\$ 16,000.	\$ 0.		\$ 0.

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	\$ 25.			
TOTAL	\$ 25.	\$ 0.		\$ 0.

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	\$ 64.			
NYS FILING FEES	25.			
TOTAL	\$ 89.	\$ 0.		\$ 0.

THE LAZAR AND SOFIA STEIN MEMORIAL FOUNDATION      13-4119091  
SUPPORTING SCHEDULE FOR FORM 990-PF, PART XV, ITEM 3a  
YEAR ENDED AUGUST 31, 2009

DATE	CK #	RECIPIENT	AMOUNT
9/18/08	1001	MOSHE BEN MAIMAN SYNAGOGUE	\$ 101
9/18/08	1002	NEVE SHIKMAL RISHON LESION	\$ 101
9/18/08	1003	CONGREGATION BEIT AHARON	\$ 301
9/18/08	1004	CONGREGATION SHAARE RAHAMIM	\$ 20,000
9/18/08	1005	TZEDAKAH VACHESED	\$ 300
9/19/08	1006	MAZKELET HALFON	\$ 301
9/23/08	1007	AMERICAN FRIENDS OF BIMAD	\$ 613
9/23/08	1008	AMERICAN FRIENDS OF YAD ELIEZER INC.	\$ 500
9/23/08	1009	AHI EZER YESHIVA	\$ 3,601
9/23/08	1010	BARKAI YESHIVAH	\$ 6,000
9/23/08	1011	CONGREGATION BETH ISRAEL OF BORO PARK	\$ 72
9/23/08	1012	CHMOL	\$ 36
9/23/08	1013	CONGREGATION BETH TORAH	\$ 882
9/23/08	1014	CONGREGATION BETH TORAH	\$ 3,907
9/23/08	1015	EDMOND J. SAFRA SYNAGOGUE OF DEAL, NJ	\$ 500
9/23/08	1016	CONGREGATION EDMOND J. SAFRA	\$ 301
9/23/08	1017	DEAL FIRE COMPANY NO. 2	\$ 100
9/23/08	1018	DEAL P.B.A. LOCAL 101	\$ 100
9/23/08	1019	DEAL FIRST AID AND EMERGENCY SQUAD	\$ 100
9/23/08	1020	LADIES AUXILIARY DEAL FIRE CO. NO. 2	\$ 100
9/23/08	1021	ECHO	\$ 2,000
9/23/08	1022	FOUNDATION FOR SEPHARDIC STUDIES	\$ 1,001
9/23/08	1023	FOUNDATION FOR SEPHARDIC STUDIES	\$ 147
9/23/08	1024	FRIENDS OF THE IDF	\$ 500
9/23/08	1025	GESHER YEHUDA	\$ 500
9/23/08	1026	GESHER YEHUDA	\$ 10,000
9/26/08	1027	A TIME	\$ 100
9/26/08	1028	A TIME	\$ 200
9/26/08	1029	CHAI LIFELINE CAMP SIMCHA	\$ 201
9/26/08	1030	HATZOLAH VOLUNTEER EMS	\$ 2,600
9/26/08	1031	HATZOLAH VOLUNTEER EMS	\$ 1,000
9/26/08	1032	BIKUR CHOLIM OF BORO PARK	\$ 500
9/26/08	1033	HATZOLAH VOLUNTEER EMS	\$ 500
9/26/08	1034	IMAGINE	\$ 1,900
9/26/08	1035	JUST ONE LIFE	\$ 520
9/26/08	1036	JCC OF GREATER MONMOUTH COUNTY	\$ 501
9/26/08	1037	MIRRER YESHIVA CENTRAL INSTITUTE	\$ 1,000
9/26/08	1039	MARY TAWIL FOUNDATION	\$ 50
9/26/08	1040	MASKEEL EL DAL SOCIETY	\$ 501
9/26/08	1041	MESIVTA YESHIVA RABBI CHAIM BERLIN	\$ 36
9/26/08	1042	MAGEN DAVID YESHIVAH	\$ 1,000
9/26/08	1043	MDA	\$ 100
9/26/08	1044	MATTAN BASSETER	\$ 10,000
9/26/08	1045	OHEL YAACOB CONGREGATION	\$ 2,501
9/26/08	1046	ROFEH CHOLIM CANCER SOCIETY	\$ 1,800
9/26/08	1047	REACH FOR THE STARS LEARNING CENTER	\$ 26,000
9/26/08	1048	REFUAH YESHUAH	\$ 10
9/26/08	1049	SHEVES ACHIM INTERNATIONAL	\$ 180
9/26/08	1050	LECHEM ANEYIM SOCIETY OF CONG.	\$ 100
9/26/08	1051	SEPHARDIC COMMUNITY CENTER	\$ 650
9/26/08	1052	SEPHARDIC FOOD FUND	\$ 7,200

THE LAZAR AND SOFIA STEIN MEMORIAL FOUNDATION      13-4119091  
 SUPPORTING SCHEDULE FOR FORM 990-PF, PART XV, ITEM 3a  
 YEAR ENDED AUGUST 31, 2009

DATE	CK #	RECIPIENT	AMOUNT
9/26/08	1053	SAFE	\$ 600
9/26/08	1054	SEPHARDIC RENAISSANCE	\$ 101
9/26/08	1055	SEPHARDIC BIKUR HOLIM	\$ 28,450
9/26/08	1056	YESHIVAH OF FLATBUSH	\$ 5,200
9/26/08	1057	SPECIAL CHILDREN'S CENTER	\$ 3,600
9/26/08	1058	VAAD HARABBANIM	\$ 180
9/26/08	1059	UNITED STATES HOLOCAUST MEMORIAL MUSEUM	\$ 100
9/26/08	1061	USO	\$ 100
9/26/08	1062	YESHIVAT OHEL TORAH	\$ 500
9/29/08	1063	BNAI RAPHAEL CHESED ORG.	\$ 18
9/29/08	1064	MAIMONIDES FERTILITY FUND	\$ 1,000
9/29/08	1065	FRIENDS OF REFUGEES OF EASTERN EUROPE	\$ 18
9/29/08	1067	MAZKELET HALFON	\$ 201
10/10/08	1068	AHABA VE AHVA	\$ 15,000
10/10/08	1069	TZEDAKAH VACHESED	\$ 301
10/31/08	1070	YESHIVAH SHAARE TORAH	\$ 500
11/3/08	1071	AHABA VE AHVA OF OCEAN PARKWAY	\$ 5,600
11/7/08	1072	CONGREGATION SHAARE RAHAMIM	\$ 5,000
11/7/08	1073	CONGREGATION SHAARE RAHAMIM	\$ 390
11/24/08	1074	CONGREGATION SHAARE MORDECHAI	\$ 5,200
12/1/08	1075	AHABA VE AHVA	\$ 2,500
12/2/08	1076	MAGEN DAVID YESHIVAH	\$ 50,000
12/2/08	1078	JAHF	\$ 5,000
12/5/08	1080	BAIS HASTAM	\$ 2,088
12/10/08	1081	HACHNASSAT KALLAH	\$ 52
12/10/08	1082	COLEL RABBI ELIEZER HAGADOL	\$ 5
12/10/08	1083	AHABA VE AHVA	\$ 18
12/10/08	1084	ELIYAHU ELKAYAM	\$ 5
12/10/08	1085	MAGEN ISRAEL	\$ 18
12/10/08	1086	ZION ORPHANAGE	\$ 12,000
12/10/08	1087	TISHMAH	\$ 5,200
12/10/08	1088	MAGEN ISRAEL TRUST	\$ 1,800
12/12/08	1091	MAZKELET HALFON	\$ 5,000
12/15/08	1092	AHABA VE AHVA	\$ 2,500
12/29/08	1095	TZEDAKAH VACHESED	\$ 1,001
12/29/08	1096	MAGEN ISRAEL	\$ 1,001
12/30/08	1097	YESHIVAH OF FLATBUSH	\$ 500
1/5/09	1098	AHABA VE AHVA	\$ 2,000
1/7/09	1099	T.A.B.	\$ 9,000
1/7/09	1100	CONGREGATION SHAARE RAHAMIM	\$ 5,000
1/7/09	1101	CONGREGATION Z.Y.C.	\$ 2,500
1/7/09	1102	MAGEN ISRAEL	\$ 1,800
1/7/09	1104	SIMCHA LAISH	\$ 201
1/20/09	1106	BNOT RACHEL HIGH SCHOOL	\$ 600
1/20/09	1107	CONGREAGATION BETH TORAH	\$ 38,566
1/20/09	1108	CHAI LIFELINE	\$ 1,600
1/20/09	1109	CHMOL	\$ 36
1/20/09	1110	EDMOND J. SAFRA SYNAGOGUE OF DEAL, NJ	\$ 16,000
1/20/09	1112	HILLEL YESHIVAH	\$ 2,600
1/20/09	1113	HATZOLAH	\$ 18
1/20/09	1114	HIAS	\$ 500

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DATE	CK #	RECIPIENT	AMOUNT
1/20/09	1115	ILAN HIGH SCHOOL	\$ 500
1/20/09	1116	MAGEN DAVID YESHIVAH	\$ 3,600
1/20/09	1117	AMERICAN INSTITUTE FOR CANCER RESEARCH	\$ 100
1/20/09	1118	MIRRER YESHIVA CENTRAL INSTITUTE	\$ 1,000
1/20/09	1119	NCSY	\$ 36
1/20/09	1120	REFUAH YESHUAH	\$ 10
1/20/09	1121	SEPHARDIC COMMUNITY CENTER	\$ 10,000
1/20/09	1122	UJA-FEDERATION OF NEW YORK	\$ 15,000
1/20/09	1123	YIRGUN Y.R.A.	\$ 600
1/20/09	1124	YESHIVAT MIKDASH MELECH	\$ 360
1/20/09	1125	YESHIVA GEDOLAH BAIS YISROEL	\$ 500
2/4/09	1127	MAZKELET HALFON	\$ 1,000
2/6/09	1128	THE MARC S. ZEPLIN FOUNDATION	\$ 2,500
2/9/09	1129	MAZKELET HALFON	\$ 2,000
2/10/09	1130	SEPHARDIC MIKVA ISRAEL	\$ 75,000
2/13/09	1093	BNEI TZION - FLORIDA	\$ 2,500
2/13/09	1094	CONGREGATION BNEI ITZHAK	\$ 36,000
2/13/09	1131	HAZON YESHAYA	\$ 5,000
2/17/09	1132	SEPHARDIC FOOD FUND	\$ 10,000
2/26/09	1133	EMUNAT ISRAEL	\$ 300
2/26/09	1134	CHABAD LUBAVITCH OF PUERTO RICO	\$ 4,100
3/13/09	1135	CHABAD VOCATIONAL SCHOOL	\$ 1,800
3/19/09	1136	ALLIANCE FOR PROGRESS CHARTER SCHOOL	\$ 250
3/24/09	1137	MAZKELET HALFON	\$ 500
3/24/09	1138	RMBH KOL DITZRICH	\$ 8,000
3/24/09	1139	TZEDAKAH VACHESED	\$ 500
3/24/09	1140	MAGEN ISRAEL	\$ 500
3/24/09	1141	MAZKELET HALFON	\$ 200
3/27/09	1142	MATTAN BASSETER	\$ 1,000
3/30/09	1143	KEHILA YAAKOV	\$ 154
3/30/09	1144	TZEDAKAH VACHESED	\$ 200
3/30/09	1145	TZEDAKAH VACHESED	\$ 201
3/30/09	1146	TZEDAKAH VACHESED	\$ 201
3/30/09	1147	SHREE RACHMAN	\$ 301
4/7/09	1148	HOMECREST SYNAGOGUE	\$ 100
4/24/09	1149	MAGEN DAVID YESHIVAH	\$ 50,000
4/24/09	1150	NEFESH	\$ 3,600
4/24/09	1151	MAZKELET HALFON	\$ 1,000
4/30/09	1152	U.L.Y.	\$ 100
5/1/09	1153	SEPHARDIC BIKUR HOLIM	\$ 1,000
5/4/09	1154	MOSHE BEN MAIMAN SYNAGOGUE	\$ 101
5/4/09	1155	NEVE SHIKMAL RISHON LESION	\$ 101
5/5/09	1156	ROFEH CHOLIM CANCER SOCIETY	\$ 1,800
5/5/09	1157	YESHIVAH OF FLATBUSH	\$ 1,001
5/13/09	1158	JAGUARS'	\$ 301
5/19/09	1159	CHASDEY MORDECHAI AND YAMMAN	\$ 101
5/20/09	1160	MAGEN ISRAEL	\$ 501
5/22/09	1161	EIN OD MILVADO	\$ 52
5/26/09	1162	MAGEN DAVID YESHIVAH	\$ 20,000
6/16/09	1163	SEPHARDIC BIKUR HOLIM	\$ 1,800
6/16/09	1164	TZEDAKAH VACHESED	\$ 3,450

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DATE	CK #	RECIPIENT	AMOUNT
6/18/09	1165	MAZKELET HALFON	\$ 1,000
6/18/09	1166	MAZKELET HALFON	\$ 2,600
6/25/09	1167	BETH TORAH	\$ 1,000
6/29/09	1168	SEPHARDIC NURSING & REHABILITATION CENTER	\$ 5,200
6/30/09	1169	TZEDAKAH VACHESED	\$ 301
7/10/09	1170	JAHF	\$ 5,000
7/20/09	1172	MAZKELET HALFON	\$ 180
7/24/09	1173	CHABAD OF LONG BRANCH	\$ 3,600
8/6/09	1174	EZER MIZION	\$ 100
8/6/09	1175	YIELADIM SHEL HACHAIM	\$ 180
8/6/09	1176	TORAS EMMES	\$ 6,000
8/6/09	1177	CONGREGATION SHAARE RAHAMIM	\$ 5,000
8/6/09	1178	CONGREGATION BEIT AHARON	\$ 301
		PRIOR YEARS' CHECKS VOIDED IN CURRENT YEAR	\$ (2,304)

Total \$ 649,461