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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

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

Name of foundation
BLESSING FOR LIFE FOUNDATION INC

Number and street (or P O box number if mail is not delivered to street address) | Room/ suite
1127 SOMERSET AVENUE

City or town, state, and ZIP code
LAKEWOOD, NJ 08701

A Employer identification number
06-1602006

B Telephone number (see page 10 of the instructions)
(732) 730-2800

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 14,383

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	390,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	3	3	3	
	4	Dividends and interest from securities	88	88	88	
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-103,873			
	b	Gross sales price for all assets on line 6a 351				
	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 or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	286,218	91	91	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,100			2,100
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see page 14 of the instructions)	148			148
	19	Depreciation (attach schedule) and depletion	168			
	20	Occupancy				
	21	Travel, conferences, and meetings	1,275			1,275
	22	Printing and publications				
	23	Other expenses (attach schedule)	758			758
	24	**Total operating and administrative expenses.** Add lines 13 through 23	4,449	0		4,281
	25	Contributions, gifts, grants paid	400,537			400,537
	26	**Total expenses and disbursements.** Add lines 24 and 25	404,986	0		404,818
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-118,768			
	b	**Net investment income** (if negative, enter -0-)		91		
	c	**Adjusted net income** (if negative, enter -0-)			91	

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	Cash—non-interest-bearing	28,760	14,383	14,383
	2	Savings and temporary cash investments			
	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 page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 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)	104,223		
	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 ▶ 4,900 Less accumulated depreciation (attach schedule) ▶ 4,900	168		
	15	Other assets (describe ▶ _____)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	133,151	14,383	14,383
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	**Total liabilities** (add lines 17 through 22)		0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	133,151	14,383	
	30	**Total net assets or fund balances** (see page 17 of the instructions)	133,151	14,383	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	133,151	14,383	

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	133,151
2	Enter amount from Part I, line 27a	2	-118,768
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	14,383
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	14,383

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 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	SPANSION	P	2006-01-25	2009-11-10
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	351		104,224	-103,873
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				-103,873
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	-103,873
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 pages 13 and 17 of 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 page 18 of 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 (col (b) divided by col (c))
2008	539,559	62,513	8 631149
2007	438,670	173,353	2 530501
2006	319,860	322,043	0 993221
2005	176,853	465,025	0 380309
2004	315,162	553,816	0 569073

2	**Total** of line 1, column (d)	2	13 104253
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	2 620851
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	40,518
5	Multiply line 4 by line 3	5	106,192
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1
7	Add lines 5 and 6	7	106,193
8	Enter qualifying distributions from Part XII, line 4	8	404,818

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 on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	1
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	1
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a		
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	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ 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	1
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid.** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 0 **Refunded** ▶	11	

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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ _____			
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.*	8b	Yes	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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 page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ BLIMI LEMBERG Telephone no ▶ (732) 730-2800

Located at ▶ 40 AIRPORT ROAD LAKEWOOD NJ ZIP+4 ▶ 08701

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
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? . . . . . ☐ Yes ☑ 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). . . . . ☐ Yes ☑ 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 page 20 of the instructions)? . . .	1b		
	Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . . ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 page 20 of 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 ▶ 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? . . . . . ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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 2009.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2009?	4b		No

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 page 22 of the 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 page 22 of the 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**		**No**
	If "Yes" to 6b, 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**		

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 page 22 of the 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
DANIEL LEMBERG 1127 SOMERSET AVE LAKEWOOD, NJ 08701	PRESIDENT 5 00	0	0	0
BLIMY LEMBERG 1127 SOMERSET AVE LAKEWOOD, NJ 08701	VICE PRESIDE 10 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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 ▶

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 page 23 of the 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. . . . . ▶

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	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 23 of the 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 page 24 of the instructions	
3	

Total. Add lines 1 through 3. . . . . ▶

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	350
b	Average of monthly cash balances	1b	40,785
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	41,135
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	2	
3	Subtract line 2 from line 1d	3	41,135
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	617
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	40,518
6	**Minimum investment return.** Enter 5% of line 5	6	2,026

Part XI **Distributable Amount** (see page 25 of the 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	2,026
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	1
3	Distributable amount before adjustments Subtract line 2c from line 1			3	2,025
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	2,025
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	2,025

Part XII **Qualifying Distributions** (see page 25 of the 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	404,818
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	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	404,818
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 page 26 of the instructions)	5	1
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	404,817

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				2,025
2 Undistributed income, if any, as of the end of 2008				
a Enter amount for 2008 only				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2009				
a From 2004 287,939				
b From 2005 154,199				
c From 2006 303,818				
d From 2007 430,018				
e From 2008 536,709				
f **Total** of lines 3a through e	1,712,683			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 404,818				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				2,025
e Remaining amount distributed out of corpus	402,793			
5 Excess distributions carryover applied to 2009				
(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	2,115,476			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	287,939			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,827,537			
10 Analysis of line 9				
a Excess from 2005 154,199				
b Excess from 2006 303,818				
c Excess from 2007 430,018				
d Excess from 2008 536,709				
e Excess from 2009 402,793				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	**(a)** 2009	**(b)** 2008	**(c)** 2007	**(d)** 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see page 27 of the 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))

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

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 page 28 of the 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

DANIEL LEMBERG
1127 SOMERSET AVE
LAKEWOOD, NJ 08701
(732) 886-1432

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

LETTER WITH DETAILS OF REQUEST

c Any submission deadlines

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

MOST CONFORM TO FOUNDATION CHARTER- NO OTHER RESTRICTION OR LIMITATION

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* See Additional Data Table				
Total . . . . . ▶ **3a**				400,537
b *Approved for future payment*				
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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
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			14	3	
4 Dividends and interest from securities			14	88	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					-103,873
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)				91	-103,873
13 **Total.** Add line 12, columns (b), (d), and (e)				13	-103,782

(See worksheet in line 13 instructions on page 28 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)

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

			Yes	No
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	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Sign Here

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

****** | 2010-11-02 | ******

Signature of officer or trustee | Date | Title

Paid Preparer's Use Only

Preparer's Signature ▶ GERSHON BIEGELEISEN	Date 2010-11-02	Check if self-employed ▶ ☑	Preparer's identifying number (see **Signature** on page 30 of the instructions)
Firm's name (or yours if self-employed), address, and ZIP code ▶ GERSHON BIEGELEISEN & CO CPA 3443 US HIGHWAY 9 FREEHOLD, NJ 077289153		EIN ▶ Phone no (732) 577-8844	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319001430

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of organization
BLESSING FOR LIFE FOUNDATION INC

Employer identification number
06-1602006

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
BLESSING FOR LIFE FOUNDATION INC

Employer identification number
06-1602006

Part I **Contributors** (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DANIEL LEMBERG 1127 SOMERSET AVENUE LAKEWOOD, NJ 08701	$ 390,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II if there is a noncash contribution)

Name of organization
BLESSING FOR LIFE FOUNDATION INC

Employer identification number
06-1602006

Part II **Noncash Property** (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
BLESSING FOR LIFE FOUNDATION INC

Employer identification number
06-1602006

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 columns **(a)** through **(e) and** the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID: 09000034
Software Version: 09540951
EIN: 06-1602006
Name: BLESSING FOR LIFE FOUNDATION INC

Form 990PF Part XV Line 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*				
KOLLEL OF GREATER BOSTON74 COREY ROAD BRIGHTON,MA 02135	NONE	EXEMPT	CHARITABLE	500
MIVTACH OZRABBI CHAIM EPSTEIN 1608 46TH STREET BROOKLYN,NY 11204	NONE	EXEMPT	CHARITABLE	18
SHAAR HATALMUD2229 85TH STREET BROOKLYN,NY 11214	NONE	EXEMPT	CHARITABLE	25
BETH OLOTH704 EAST 3RD STREET BROOKLYN,NY 11218	NONE	EXEMPT	CHARITABLE	36
YESHIVA SHAAR HATALMUD2229 85TH STREET BROOKLYN,NY 11214	NONE	EXEMPT	CHARITABLE	36
NITRA YESHIVA194 DIVISION AVE BROOKLYN,NY 11211	NONE	EXEMPT	CHARITABLE	50
OHR DAVID OUTREACH326 KINGSTON AVE BROOKLYN,NY 11213	NONE	EXEMPT	CHARITABLE	72
BNAI AHARON1516 E 24TH STREET BROOKLYN,NY 11210	NONE	EXEMPT	CHARITABLE	100
KNESSET YEHUDA848 E 13TH STREET BROOKLYN,NY 11230	NONE	EXEMPT	CHARITABLE	180
MIRRER YESHIVA CENTRAL I1791 OCEAN PARKWAY BROOKLYN,NY 11223	NONE	EXEMPT	CHARITABLE	180
ZICHRON MOSHEC/O RABBI SHMUEL BERENBAU 1795 EAST 7TH STREET BROOKLYN,NY 11223	NONE	EXEMPT	CHARITABLE	180
CONG BAIS ISAAC ZVI1019 46TH STREET BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	180
TZIVOS HASHEM792 EASTERN PARKWAY BROOKLYN,NY 11213	NONE	EXEMPT	CHARITABLE	180
YESHIVA GEDOLA BAIS YISR2002 AVENUE J BROOKLYN,NY 11210	NONE	EXEMPT	CHARITABLE	180
AMERICAN FREINDS OF LEVU1860 OCEAN PARKWAY SUITE BROOKLYN,NY 11223	NONE	EXEMPT	CHARITABLE	200
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
YESHIVA KOLLEL TAL TOR1240 43RD STREET BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	250
CONG KIRUV KROVIM2066 EAST 9TH STREET BROOKLYN,NY 11223	NONE	EXEMPT	CHARITABLE	360
CONG KAHAL YIREI HASHEM1556 53RD STREET BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	500
EZRAS YISROELC/O RABBI SHMUEL BERENBAU 1795 EAST 7TH STREET BROOKLYN,NY 11223	NONE	EXEMPT	CHARITABLE	506
YESHIVA ZICHRON MEILECH510 DAHILL ROAD BROOKLYN,NY 11218	NONE	EXEMPT	CHARITABLE	1,450
CHESED L'AVRAHAM1320 53RD STREET BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	1,800
SORO B'OHELC/O STERN 161 SOUTH 9TH STREET BROOKLYN,NY 11211	NONE	EXEMPT	CHARITABLE	1,800
KOLLEL RASHBI1260 48TH ST BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	2,500
AMERICAN FREINDS OF BAIS1078 EAST 18TH ST BROOKLYN,NY 11230	NONE	EXEMPT	CHARITABLE	3,180
BAIS HATALMUD2127 82ND STREET BROOKLYN,NY 11214	NONE	EXEMPT	CHARITABLE	3,472
NEVEI HACHESED5402 18TH AVE BROOKLYN,NY 11204	NONE	EXEMPT	CHARITABLE	4,333
BETH HATALMUD2127 82ND ST BROOKLYN,NY 11214	NONE	EXEMPT	CHARITABLE	5,000
FRIENDS OF TIFERES ZION860 EAST 27TH STREET BROOKLYN,NY 11210	NONE	EXEMPT	CHARITABLE	5,000
LEV LACHIM1034 E 12TH ST BROOKLYN,NY 11230	NONE	EXEMPT	CHARITABLE	5,054
YESHIVAS MIR YERUSHALAYI5114 13TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	6,000
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
TZEDAKA V'CHESED1329 44TH ST BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	7,355
AMERICAN FREINDS OF RAMO2229 85TH ST BROOKLYN,NY 112143363	NONE	EXEMPT	CHARITABLE	18,800
NECHOMOS YISROEL1338 41ST STREET BROOKLYN,NY 11218	NONE	EXEMPT	CHARITABLE	23,500
AHAVAS TZEDAKA V'CHESED1347 42ND STREET BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	33,585
MESIVTA OF GREATER LOS A25115 MUREAU ROAD CALABASAS,CA 91302	NONE	EXEMPT	CHARITABLE	180
BAIS YAAKOV HIGH SCHOOL3333 WEST PETERSON AVENUE CHICAGO,IL 60659	NONE	EXEMPT	CHARITABLE	36
YAGDIL TORAHPO BOX 327 DEAL,NJ 07723	NONE	EXEMPT	CHARITABLE	100
YESHIVA OHR SIMCHA101 W FOREST AVENUE ENGLEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
NEVE ZION68-01 MAIN STREET FLUSHING,NY 11367	NONE	EXEMPT	CHARITABLE	500
NITZAPO BOX 292 TELZ STONE HAREI YEHUDA ISRAEL,KIRYAT YEARIM IS	NONE	EXEMPT	CHARITABLE	100
ETZ HADATH22 LOPIYAN ST RAMAT SHLOMO JERUSALEM,JERUSALEM IS	NONE	EXEMPT	CHARITABLE	360
BETH ABA TRUST27 OHR HACHAIM ST KIRYAT SEFER,DN YEHUDA IS	NONE	EXEMPT	CHARITABLE	500
CHABAD OF STONY BROOK821 HAWKINS AVENUE LAKE GROVE,NY 11755	NONE	EXEMPT	CHARITABLE	500
BAIS FAIGA350 COURTNEY LAKEWOD,NJ 08701	NONE	EXEMPT	CHARITABLE	3,500
BIRCAS MORDECHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	10
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
FRIENDS OF AMAL HABRAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	10
FRIENDS OF TORAH INSTITUC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	10
K'HAL B'NEI TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	10
RATI DEGANIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	10
YESHIVA SHAGAS ARYEHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	10
AOMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
BELMARC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
BNOS MELECH OF LAKEWOODC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
CCAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
CHASDEI DOVIDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
CHASDEI SHALOMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
CONG YATEV LEVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
CONGREGATION BAIS HATFILC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
GIVAT SHAULC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
KEREN ARI HAKODOSHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
KESER MALCHUSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
MESIVTA OF LONG BEACHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
MESIVTA TORAH V'EMUNAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
MIDRASH OHR HAJAINC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
MOSDOSYACHAD YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
MOSDOT BOTOSHANC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
OHEL MORDECHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
OHR ELCHONON805 CROSS STREET SUITE 1 LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
RACHMASTRIVKAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
TIKVAH LAYELED FOUNDATIOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
VAAD L'HATZOLAS NIDCHEIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
VAYECHI YITZCHOKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
YAD YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
YESHIVA GEDOLAH OF BAYONC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
YESHIVAS TIFERES AVIGDORC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	18
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
KEREN ARIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	20
ATERES ZVIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
CONG ANSHE FALLSBURGC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
GZZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
HAMACHNE HACHAREIDIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
KOLLEL ZICHRON MENACHEMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
SPECIAL ED FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
TORAH TEMIMAH OF LAKEWOOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
YESHIVA BIRCHAS SHMUELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
YESHIVA KOL TORAH1406 14TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
ZMM FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	25
AMERICAN FREINDS OF TZIRC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
BAIS CHAIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
BAIS ESTERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
BNEI YOSEFC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
CHASDEI BINYOMINC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
CHASDEI TOVIM MEOROSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
CHAYEI OLAMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
DIASPORAYESHIVAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
EMUNAS YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
K'HAL KIRYAT SEFERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
KCSEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
KEDUSHAS PINCHASC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
NER ELIEZERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
OHR CHODOSHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
OISAH CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
PENEI YEHOSHUAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
STUDENT AID FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
TOLDOS AHARONC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
UTA800 PRINCETON AVENUE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	36
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
AMERICAN INSTITUTE FOR CC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	43
BAYIS NE'EMAN B'YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
BNOS YAAKOV OF LAKEWOODC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
CAMP SILVER LAKEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
CHERNOBYL YESHIVAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
CHESED TZEDAKA HELP FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
CONG EMUNAS YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
CONG TALMUD TORAH BRESLC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
EZER YOLDITC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
MANN HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
MERCAZ JERUSALEMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
OHEL SIMCHA SUPER FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
OHOLEY YAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
SARA LEVINEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
TAT PHILADELPHIAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
YESHIVA GEDOLA OF BRICKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
YESHIVAS BRESLOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
YESHIVAS OHR YITZCHOKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
YESHIVAS TORAS CHAIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
ZERA SHLOMOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
KEREN CHESED SHEL EMESC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	54
CHASDEI MORDECHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	60
LEV ROCHEL BIKUR CHOLIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	61
BINYAN YIRUSHALAYIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	72
CHESED YESHUAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	72
HAMERCAZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	72
MINYAN AVREICHIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	72
VAAD HACHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	72
ZICHRON ELIYAHUC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	72
TORAH TEMIMAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	75
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
ATERES BNOS YERUSHALAYIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
ATERETH YESHAYAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
AVOS U'VANIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
BAIS HALEVYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
BETH MEDRASH OF ARLINGTOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
BROOKHILL SHULC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CENTER FOR RETURNC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CHASAM SOFERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CHESED YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CLIFTON COMMERCIALC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONG ADAS YEREIM TZEDAKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONG CHATEAU PARKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONG CHAYA SARAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONG CHESED L'AVRAHAMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONG RAV CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
CONG TREE OF LIFEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONG ZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
CONGREGATION ZLATIPOLC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
EMES COMMUNICATIONSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
EZRAL ACHUMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
FREINDS OF EYON HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
HACHAL HABROCHAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
HEMSHECH203 MURRAY STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
ITTKRC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KEAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KADIMA OF YESHIVA RADINC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KAHAL KIRYAT SEFERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KCYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KEREM GEMILAS CHASODIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KEREN CHAIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
KEREN YAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KETER TORAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KHAL YIREIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KOLEL BNEI TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KOLLEL KAMENITZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KOLLEL KODSHIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
KOLLEL OHAVAI TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
L'MAHN ACHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
LEV TAHORC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
LIVINGSTON COMMUNITY KOLC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
MIFAL TOV VECHESSED OF LC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
MIKVA TIKVAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
MOSAD ADAR GBYRC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
NCSYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
OHR SIMCHAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
PIRCHEI SHOSHANIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
POSEACH ES YODECHAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
RODEF CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
SONS OF YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
TIFERES MORDECHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
TIFERETH ACHIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
TOMCHEI CHESSED FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
VAAD LEEZER YEHUDIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
YESHIVA KEREN HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
ZEICHER YITZCHOKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
ZICHRON MENACHEMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
ZLOTOPOLC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
BIRKAS RIFKA1340 PRINCETON AVENUE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	110
KEREN ELIEZER FOUNDATIONC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	118
KEREN HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	118
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
MIPHAL CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	118
BAIS YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	125
CONG BAIS YOSEFC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	125
CONG OHEL ISRAELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	125
KOLLEL EVEN YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	125
NACHLAS YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	125
YESHIVA KESSER TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	125
TEAM LIFE LINEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	130
YESHIVA CHAYEI OLAMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	145
KOLLEL ZICHRON MORDCHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	150
MECHON TIFERES BACHURIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	150
CONG OHR SHEVAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	172
KAHAL CHASIDIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	172
NEIR TZADEKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	172
REVACH V'HATZOLAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	172
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
KNESSET MORDECHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	175
AF OF NESIVOS ARONC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
AF OF INSTITUTE OF TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
AMERICAN FREINDS OF YESHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
AMERICAN FREINDS OF YESHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BAIS MEDRASH KOL SHIMSHOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BAIS OHAVAI TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BAIS REUVEN KAMINETZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BAIS VAADC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BAIS YOSEFC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BE'ER AVROHOMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BENSALEM COMMUNITY KOLLEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BETH JECHIEL MEIR TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BLEV ECHUDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BNEI YAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
CCKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
CHASDEI SHLOMEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
CONG ANSHE TOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
CONG CHAIM V'CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
CONG NACHLAS MOSHEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
ETZ CHAIM TORAH CENTERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
GEMACH ABGC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
HAKOLELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
HALACHA L'MOSHEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
ICHUD MOSDOS HACHINUCH OC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
JEWISH LEARNING CENTERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
K'HAL BAIS TEFILLAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
KOLLEL BOCKERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
KOLLEL ZECHER YITZCHOKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
LAKEWOOD FOR YAVNAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
LEV YEHUDITHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
MACHZIKEI TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
MARBEH TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
MOSDOS KASHOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
NOAM HATORAH218 6TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
OHR SHMUELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
OHR YAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
OUNCSYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
RELIEFC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
SHALOM CHESED FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
SHEMEN L'MISHCHAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
SHVILIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
STAM GEMILAS CHESED FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
TIFERES NAFTOLIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
YESHIVA BAIS HATORAH1815 SWARTHMORE AVENUE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
YESHIVA MIKOR CHAIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
YESHIVAS RADINC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
ZICHRON SHNEIERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
ZICHRON YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
ZICHRON YOSEFC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
ZICHRON YOSEF ARYEHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
AHAVAS CHAVEIRIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	186
EOM FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	186
AF OF GATESHEAD YESHIVAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
CONG BAIS AARONC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
EITZ CHAIM CENTERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
GZZ FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
MERCAZ HATORAH OF BELLEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
NER ELIYAHUC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
YAD ELIEZERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
YESHIVA MEOR HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	200
BIKUR CHOLIM OF LAKEWOOD93 PROSPECT STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	210
EOMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	216
FOLLMANC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	225
TORAH UMESORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	230
BMG STUDENT AID617 6TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	236
AMERICAN FRIENDS OF HALLC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
BMG RYT617 6TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
CHAI AVROHOMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
KEHILLAS YAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
LIFEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
MIRRER MINYANC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
YESHIVA GEDOLA OF LAKEWOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
ZICHRON YAAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	250
FREEHOLD KOLLELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	252
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
ATERETH AVROHOM TZVIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	275
EIN OD MILVADOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	280
ZICHRON SHLOMO YOHNAHSON C/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	280
KALLAH FUND1421 OAKWOOD AVENUE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	300
TZEDAKA V'CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	303
CHILD LIFE SOCIETYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	305
NO NAMEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	329
KEREN EVEN HABOCHENPO BOX 47 LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	350
AF OF YESHIVA MEAH SHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
AGUDATH YISROEL OF LONGC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
AMERICAN FRIENDS OF ZERAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
BESSAAROS TEIMANC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
BNOS DEVORAH30 COMMONWEALTH DRIVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
BNOS YAAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
CONG AMALEI TORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
CONG ATERES YESHAYAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
CONG BETH TEFILLAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
CONG NACHLAS YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
CONG SHAHREI RACHAMIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
CONGREGATION NACHLAS JOSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
CONGREGATION SHEMEN L'MIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
EDUCATIONAL ENDOWMENT FUC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
KARLIN STOLIN JERUSALEMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
KAV L'KAVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
KEREN ZECHUSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
KHAL YESHUAS DOVIDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
MATEH AHRONC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
NEFESH HACHAIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
NETZACH YISROELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
OHEL AVRAHAMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
OHR NOSSON40 12TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
YESHIVA EMEK HATALMUDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
YESHIVA GEDOLA OF GREATC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
YESHIVA NESIVOS OHRC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
OROS BAIS YAAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	380
YESHIVA BAIS AHARON905 PARK AVENUE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	385
RAV CHASEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	386
BAIS MEDRASH L'AVOS UBANC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	400
CSDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	400
KTYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	450
TIFERES BAIS YAAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	475
CHEVRAI KOLLELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	480
BATYAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
CONG SHAAREI SHLOMO41 HENRY STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
CONG TIFERES TZVIC/O PIRUTINSKY 11 12TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
CONGREGATION GORLITZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
GEMILAS CHESED FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
LEVUSH MALCHUTC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
NACHLAT NAFTALI FOUNDATIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
TASHBAR OF LAKEWOODC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
TORAH LIFE INSTITUTEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
UNITED INSTITUTIONS OF KC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
YESHIVAT HANEGEVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	500
YESHIVA HEICHEL HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	536
SHMIRAS SEDORIM405 YESHIVA PLAZA 19 B LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	540
KAHAL YESHUAS DOVID1151 SOMERSET AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	600
TIFERES SHOLOMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	600
RJXC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	620
ZICHRON AVOSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	620
SGCF HACHNOSAS KALLAH FUC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	680
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
AF OF YESHIVA AMALAH SC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	720
ATERES TZIPORAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	720
OHR L'AMI149 EAST 8TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	720
KEREN AVREICHEMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	825
CONG ZICHRON MOSHEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	900
AF OF MARGENITA D'AVROHOC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
AMERICAN FREINDS OF RCTC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
BEER YITZCHOKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
BMG OF ISRAELC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
BNOS BAIS YAAKOVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
CONG ETZ CHAIM OF KLETZC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
GEMACH MORDECHAI TZVIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
KHAL LEV AVRAHAMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
LIMUDEI DA'ASC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
MEIR YERUSHALAYIMC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
OHR SAMEACHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
REACH PARENTING PROGRAMSC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
TDL GEMACHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
YAD MOSHEC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
YESHIVA K'TANA OF LAKEWO120 2ND STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
YESHIVA MORESHES YEHOSHUC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
YK TUTORING FUNDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,000
AMERICAN FREINDS OF KOLLC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,036
AHAVAS CHESEDC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,063
CONG BETH MORDECHAIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,100
GTIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,100
CONG BNAI OSHERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,200
TORAS ZEVC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,200
YESHIVAT BE'ER HATORAHC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,250
KEREN YNYC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,260
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
TIFERES ACHIMC/O RABBI MALKIEL KOTLER 521 5TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,473
CHAVREI HAKOLEL82 CABINFIELD CIRCLE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,540
NER TZADOKC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,600
HAMAAYANC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,800
SCHIC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,800
TALMUDIC RESEARCH CENTERC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,800
KEREN HA'IR ZICHRON YISRC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	2,000
CONGREGATION MIKVA TAHAR 1101 MADSION AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	2,500
KEREN HACHESED48 AROSA HILL LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	2,500
TOMCHEI SHABBOS OF LAKEW212 SECOND ST SUITE 403 LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	2,536
YESHIVA BAIS PINCHOS1951 NEW CENTRAL AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	2,750
LECHEM LESOVAC/O ORG LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	2,800
LAKEWOOD CHEDER SCHOOL901 MADISON AVENUE POB 8 LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	3,000
SHAREI CHESED440 SQUANKUM LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	3,333
BAIS YAAKOV HIGH SCHOOLJAMES ST LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	3,900
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
YESHIVA ORCHOS CHAIMOBERLIN AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	4,000
CONG AHAVAS CHESED120 2ND STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	16,536
BMG OF LAKEWOOD617 6TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	16,630
TORAS CHESED421 6TH ST LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	86,780
BE'ER HAGOLAH INSTITUTEC/O RABBI YITZCHOK SCHREI 818 CENTRAL AVENUE LAWRENCE,NY 11559	NONE	EXEMPT	CHARITABLE	50
YESHIVA GEDOLAH OF LOS A5444 W OLYMPIC BLVD LOS ANGELES,CA 90099	NONE	EXEMPT	CHARITABLE	18
JEMM3453 NORTH 54TH STREET MILWAUKEE,WI 53216	NONE	EXEMPT	CHARITABLE	180
SHAAREI ARAZIM OF MONSEYPO BOX 523 MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	72
BNOS MELOCHIMPOB 853 MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	180
MACHON L'HOYROA168 MAPLE AVENUE MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	180
AMERICAN FREINDS OF BIRC15 HERSCHEL TERRACE MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	360
CONG KOLLEL BRESLOV20 ALBERT DRIVE MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	360
OHR SAMAYACH244 ROUTE 306 MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	2,800
YESHIVA ZICHRON MAYIR5 RONALD TAWIL WAY MOUNTAINDALE,NY 12763	NONE	EXEMPT	CHARITABLE	1,180
TALMUD TORAH MOSDOS SQUAN MAIN ST NEW SQUARE,NY 10977	NONE	EXEMPT	CHARITABLE	4,000
Total . . . . . ▶ **3a**				400,537

Form 990PF Part XV Line 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*				
CHAI LIFELINE151 W 30TH STREET NEW YORK,NY 10001	NONE	EXEMPT	CHARITABLE	1,050
AGUDATH ISRAEL OF AMERIC42 BROADWAY NEW YORK,NY 10004	NONE	EXEMPT	CHARITABLE	3,503
PASSAIC TORAH INSTITUTE441 PASSAIC AVENUE PASSAIC,NJ 07055	NONE	EXEMPT	CHARITABLE	720
YESHIVA GEDOLA OF PATERS561 PARK AVENUE PATERSON,NJ 07504	NONE	EXEMPT	CHARITABLE	100
OHR HAMEIR141 FURNACE WOODS RD PEEKSKILL,NY 10566	NONE	EXEMPT	CHARITABLE	9,850
YESHIVA BETH MOSHE930 HICKORY STREET PO BOX 1141 SCRANTON,PA 18501	NONE	EXEMPT	CHARITABLE	100
YESHIVA BAIS BINYOMIN125 PROSPECT STREET 1E STAMFORD,CT 06901	NONE	EXEMPT	CHARITABLE	100
CHOFETZ CHAIM HERITAGE F361 SPOOK ROCK ROAD SUFFERN,NY 10901	NONE	EXEMPT	CHARITABLE	2,818
YESHIVA ATERES SHMUEL OF47 BUCKINGHAM ST WATERBURY,CT 06710	NONE	EXEMPT	CHARITABLE	360
Total . . . . . ▶ **3a**				400,537

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
BLESSING FOR LIFE FOUNDATION INC	INDIRECT DEPRECIATION	06-1602006

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	168
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	168
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2009 Accounting Fees Schedule

Name: BLESSING FOR LIFE FOUNDATION INC

EIN: 06-1602006

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	2,100			2,100

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TY 2009 Depreciation Schedule

Name: BLESSING FOR LIFE FOUNDATION INC

EIN: 06-1602006

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2004-12-31	4,900	4,732	200DB	5 0000	168			

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TY 2009 Investments Corporate Stock Schedule

Name: BLESSING FOR LIFE FOUNDATION INC

EIN: 06-1602006

Name of Stock	End of Year Book Value	End of Year Fair Market Value
3000 SAIFUN SEMICONDUCTORS		

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TY 2009 Land, Etc. Schedule

Name: BLESSING FOR LIFE FOUNDATION INC

EIN: 06-1602006

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	4,900	4,900		

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TY 2009 Other Expenses Schedule

Name: BLESSING FOR LIFE FOUNDATION INC

EIN: 06-1602006

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	703			703
FEES	55			55

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TY 2009 Taxes Schedule

Name: BLESSING FOR LIFE FOUNDATION INC

EIN: 06-1602006

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	148			148