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# 990-PF

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Tr

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

Fo	For calendar year 2009, or tax year beginning , and ending										
G Check all that apply:   Initial return   Initial return of a fe					Initial return of a fo	rmer public cha	rity	Final re	etum		
				Amen	nded retum	Address change	· _ · _				
u	se	the IRS	Name of foundation					Α	Employer Identification no	ımber	
	la	bel.	LAWRENCE CH	ARITABLE	E FOUNDATION	1		'	31-1709		
(		erwise,				elivered to street address)	Room/suite	B Telephone number (see page 10 of the instruction			
	•	rint hrae	388 KENRIDGE			·			(516) 295	•	
S	or type.  See Specific City or town, state, and ZIP code				-	•	C t	f exemption application is p			
			LAWRENCE			NY	11559		1. Foreign organizations, ch	=	
H	Ch	eck typ	e of organization:	X Section	on 501(c)(3) exe	empt private foundat	on	1	2. Foreign organizations me		
	Se	ection 4	947(a)(1) nonexen	npt charita	ble trust 🔲 (	Other taxable private	foundation		check here and attach co	mputation	
ı	Fa	ir marke	et value of all asse	ts at end	J Accounting	method: X Cas	h	_	f private foundation status wunder section 507(b)(1)(A), o		
	of	year <i>(fr</i> c	om Part II, col. (c),		Other (si	pecify)	_		f the foundation is in a 60-m		
		e 16) 🕨	· \$	1,949,095	(Part I, column (	d) must be on cash ba	sis.)	ι	under section 507(b)(1)(B), o	check here .	
Pa	rt l	Anal	ysis of Revenue	and Expe	nses (The total of	(a) Revenue and	(b) Not revealed	4	(-) Adv	(d) Disbursements	
			nts in columns (b), (c), a			expenses per	(b) Net investm income	ent	(c) Adjusted net income	for charitable purposes	
		the an	nounts in column (a) (se	e page 11 or	tne instructions) )	books				(cash basis only)	
	1		butions, gifts, grants, et		•	988,900					
	2		if the foundation								
	3		est on savings and te	-		6,765	1	,76	<del></del>	<del></del>	
	4		ends and interest fro			2,876		,876			
	Э		s rents				1		0	<u> </u>	
en.	6		ental income or (loss ain or (loss) from sa		not on line 10	<u> </u>					
en	•		sales price for all asset								
Revenue	7		al gain net income (f						0		
IL.	8		hort-term capital gail		•				0		
	9		ne modifications .								
	10		sales less returns and a	1	l o						
		<b>b</b> Less	Cost of goods sold		0						
		c Gross	s profit or (loss) (atta	ch schedule	9)	0					
	11		income (attach scho	•		0	_	(	0 0		
	12		. Add lines 1 throug	<u>h 11 </u>		998,541	9	,641	9,641		
S S	13	•	ensation of officers,		=	0					
xpenses	14		employee salaries a	•			 				
be	15		on plans, employee								
Ã	16		fees (attach schedu			0			0 0	<del></del>	
8			unting fees (attach se professional fees (a			600	<del>-</del>	600	0 600 0 0	600	
ä	17	Intere	-		· · · · · ·						
St	18		(attach schedule) (see p			250	RECE	250	250	250	
를	19		ciation (attach sche			- 6				<u> </u>	
뺭	20		pancy		•			20	010 191		
<b>≪</b>	21		I, conferences, and				<u> </u>				
, <u>=</u>	22		ng and publications					7	107		
<u></u>	23		expenses (attach so			<u> </u>	OGDE	170,	0	0	
CANNE - Operating and Administrative E	24		operating and adm		•						
15 P			nes 13 through 23			850		850	0 850		
ୂମ	25		butions, gifts, grants			615,608				615,608	
	26		expenses and disburse		lines 24 and 25	616,458		850	850	616,458	
¥∣	27		act line 26 from line								
≥			s of revenue over expe			382,083		70	41		
₹			nvestment income (	-	•		8	,791	<del>1 -                                   </del>		
لڭ		C Adjus	ted net income (if r	icyalive, en			<u></u>		8,791	<u>                                     </u>	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
	<u> </u>	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	1,530,412	1,912,495	1,912,495
	3	Accounts receivable   0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable   0			
		Less: allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			_
	_	instructions)	0	0	<u>0</u>
	7	Other notes and loans receivable (attach schedule)			
Assets	_	Less allowance for doubtful accounts	0	. 0	0
Š	8	Inventories for sale or use			
۲	9	Prepaid expenses and deferred charges			
	10 a	I Investments—U S and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	C	Investments—corporate bonds (attach schedule)	0_	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	36,600	36,600	36,600
	14	Land, buildings, and equipment basis ▶0			
		Less accumulated depreciation (attach schedule)	0	0	0
- 1	15	Other assets (describe )	0	0	0
ľ	16	Total assets (to be completed by all filers—see the			
	_	instructions Also, see page 1, item I)	1,567,012	1,949,095	1,949,095
	17	Accounts payable and accrued expenses			
ام	18	Grants payable			
Liabilities	19	Deferred revenue			
ا≢	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ם	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe )	0		
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
တ္တ		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted			
量	25	Temporarily restricted			
ã	26	Permanently restricted			
or Fund Bala		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
7	27	Capital stock, trust principal, or current funds	1,567,012	1,949,095	
9	28	Paid-in or capital surplus, or land, bldg, and equipment fund	, , , , , , , , , , , , , , , , , , , ,	,= :=,=	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
ŝ	30	Total net assets or fund balances (see page 17 of the			
눑		instructions)	1,567,012	1,949,095	
ž	31	Total liabilities and net assets/fund balances (see page 17	· · · · ·		
		of the instructions)	1,567,012	1,949,095	
Par	1111	Analysis of Changes in Net Assets or Fund Balances			
1	Total r	net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
(	end-of	f-year figure reported on prior year's return)		<u>1</u>	1,567,012
2	Enter a	amount from Part I, line 27a		2	382,083
3 (	Other	increases not included in line 2 (itemize)		3	0
4	Add lir	nes 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·		1,949,095
5	_	ases not included in line 2 (itemize) ▶			
•	Decre	ases not included in line 2 (itemize)		5	0

Part IV Capital Gains a	nd Losses for Tax on Inv	<u>estment In</u>	come		
- (a) List and describe a 2-story brick wareho	state,	(b) How acquired P—Purchase D—Donation	(c) Date acqui	, , ,	
1a				1	
b					
С					
d					
e					
(e) Gross sales price	e) Gross sales price (f) Depreciation allowed (or allowable)		est or other basis expense of sale		h) Gain or (loss) plus (f) minus (g)
a	O C			0	
	0	+		0	(
<del></del>	0 0	<del> </del>		0	
<del></del>		91		0	
<u>e                                      </u>	0	<u> </u>		0	
Complete only for assets sho	wing gain in column (h) and owne	ed by the found	lation on 12/31/69	_	ns (Col. (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis	1	xcess of col (i)	1	but not less than -0-) or
<u> </u>	as of 12/31/69 over col (j), if any		<del></del>	sses (from col (h))	
		+	_	0	
		<del></del>		0	(
		+		0	
<del></del>		1		0  0	(
<u>e</u>	-1	also enter in	Part I, line 7	<u> </u>	
<ul><li>2 Capital gain net income o</li><li>3 Net short-term capital gain</li></ul>		, enter -0- in	Part I, line 7	2	
If gain, also enter in Part	, line 8, column (c) (see page er -0- in Part I, line 8	s 13 and 17	of the )		(
	der Section 4940(e) for R				
"Yes," the foundation does  1 Enter the appropriate an	the section 4942 tax on the di not qualify under section 4940 nount in each column for each	(e). Do not o	omplete this part.		naking any entries.
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ons Net va	(c) lue of nonchantable-use	assets	(d) Distribution ratio of (b) divided by col. (c))
2008		4,459	98	37,477	0.642505
2007					0.00000
2006					0.00000
2005					0.00000
2004					0.00000
					0.64250
	for the 5-year base period—di oundation has been in existen				0.64250
4 Enter the net value of non	chantable-use assets for 2009	9 from Part X	, line 5	4	
5 Multiply line 4 by line 3 .				. 5	
6 Enter 1% of net investmen	nt income (1% of Part I, line 2	7b)		. 6	
<b>7</b> Add lines 5 and 6				. 7	
	ns from Part XII, line 4 Iter than line 7, check the box				g a 1% tax rate. See
the Part VI instructions on			io 12, and complet	o that part doing	g a 170 tax rate. 000

E	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see	page	<u> </u>	e insi	ructi	ons)
1	a 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)		ļ.,			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			176	
	here  and enter 1% of Part I, line 27b					
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%  of Part I, line 12, col. (b)	-	<del> </del>			
2		2			٥	ļ
3		3	1		176	<del> </del>
4		4	<del>                                     </del>		170	<del>                                     </del>
5		5	<del> </del>		176	
6		Ť				
	a 2009 estimated tax payments and 2008 overpayment credited to 2009   6a   0					
	b Exempt foreign organizations—tax withheld at source	1				
	c Tax paid with application for extension of time to file (Form 8868)	]				
	d Backup withholding erroneously withheld	]	<u> </u>			
7	Total credits and payments Add lines 6a through 6d	7			0	
8		8			0	
9		9	<u> </u>		176	<del></del> -
10		10	<u> </u>		0	
11	<u> </u>	11		1	0	
	art VII-A Statements Regarding Activities			1		
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			<u>1a</u>		
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					١.,
	instructions for definition)?			1b		X
	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.					
	•			4-		Х
	c Did the foundation file Form 1120-POL for this year?	•		1c		-
	(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 > \$			ŀ		
2	<u> </u>			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			1		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
	<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	,,			5_		ļ
_	If "Yes," attach the statement required by General Instruction T.					
6	,					
	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 romain in the government instrument?			-		X
7	that conflict with the state law remain in the governing instrument?		ort VI/	7	Х	<del>  ^-</del>
	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	and P	art AV .	<b>-</b>	<del>  ^</del>	
•	instructions) ► NY					
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
				8b	X	
9	·		- • •		<u> </u>	
-	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 2	7)?				1
	If "Yes," complete Part XIV			9		X
10						
	their names and addresses			10		X

Form	990-PF (2009) LAWRENCE CHARITABLE FOUNDATION 31-17	709120	P	age <b>5</b>
Pari	t 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		_X_
	Website address ► N/A			
14	The books are in care of   ▶ DR. GARY GETTENBERG   Telephone no. ▶ (516) 295-	5350		
	Located at ► 388 KENRIDGE ROAD LAWRENCE NY ZIP+4 ► 11559			<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. •	• LJ
	and enter the amount of tax-exempt interest received or accrued during the year			
Pai	t 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	i i	i	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
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	N/A	
С	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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?			
	If "Yes," list the years   ▶ 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	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
<b>.</b> -	20 , 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?			
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	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
þ	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? .

Foņ	990-PF (2009) LAWRENCE CHARITABLE I	OUNDATION			<u>31-1709120</u>	Page 6
Pa	art VII-B Statements Regarding Activiti	es for Which Fort	n 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any	y amount to			_   _	
	<ul><li>(1) Carry on propaganda, or otherwise attempt (</li><li>(2) Influence the outcome of any specific public</li></ul>	<del>-</del>		Yes X	No	
	on, directly or indirectly, any voter registration	· · · · · · · · · · · · · · · · · · ·		Yes X	No	
	(3) Provide a grant to an individual for travel, stu	• •	-		≒ I	
	(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49			· · · · · · · · · Yes · X	No I	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	•	• '	· · · · · · · · Yes X	No I	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qua	lify under the exception			
	Regulations section 53.4945 or in a current notice	•	-		5b	N/A
	Organizations relying on a current notice regarding	-		· ·	7	
C	If the answer is "Yes" to question 5a(4), does the f	oundation claim exemp	otion from the		_	
	tax because it maintained expenditure responsibility for the grant?					
6a	Did the foundation, during the year, receive any fu	nds, directly or indirect	y, to pay			
	premiums on a personal benefit contract?			Yes X	No	
b	Did the foundation, during the year, pay premiums if "Yes" to 6b, file Form 8870	, directly or indirectly, o	on a personal benefit	contract?	6b	Х
7a	At any time during the tax year, was the foundation	a party to a prohibited	I tax shelter transaction	on? Yes X	No	
b	If yes, did the foundation receive any proceeds or	have any net income a	ttributable to the trans		. 7b	X
Р	art VIII Information About Officers	Directors, Truste	es, Foundation	Managers, Highly Pa	id Employ	ees.
	and Contractors					
4	List all afficers discretes tweeters found	-4:		! / 00 -£4b-	inetruction	
<u> </u>	List all officers, directors, trustees, found	ation managers and	a their compensat	ion (see page 22 of the	msuucuoi	15 <i>)</i> .
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account, lowances
GA	(a) Name and address RY GETTENBERG	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances
GA 388	(a) Name and address RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559	(b) Title, and average hours per week devoted to position TRUSTEE 3.00	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expenother all	se account,
GA 388 LY!	(a) Name and address RY GETTENBERG	(b) Title, and average hours per week devoted to position TRUSTEE 3.00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances
GA 388 LY!	(a) Name and address  RY GETTENBERG  3 KENRIDGE ROAD LAWRENCE NY 11559 NN GETTENBERG	(b) Title, and average hours per week devoted to position TRUSTEE 3.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances
GA 388 LY!	(a) Name and address  RY GETTENBERG  3 KENRIDGE ROAD LAWRENCE NY 11559 NN GETTENBERG	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances 0
GA 388 LY!	(a) Name and address  RY GETTENBERG  3 KENRIDGE ROAD LAWRENCE NY 11559 NN GETTENBERG	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances 0
GA 388 LY! 388	(a) Name and address  RY GETTENBERG  3 KENRIDGE ROAD LAWRENCE NY 11559 NN GETTENBERG	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00	(c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances  0  0  0
GA 388 LY! 388	(a) Name and address  RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559 NN GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559 Compensation of five highest-paid employers	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00 .00 .ees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se account, lowances  0  0  0
GA 388 LY! 388	(a) Name and address  RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  NN GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  Compensation of five highest-paid employer in the compensation of five highest-paid employer and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit	(e) Expenother all	o o o o o o o o o o o o o o o o o o o
GA 388 LY! 388 2	(a) Name and address  RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  NN GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  Compensation of five highest-paid employer in the compensation of five highest-paid employer and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	o o o o o o o o o o o o o o o o o o o
GA 388 LY! 388 2	(a) Name and address  RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  NN GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  Compensation of five highest-paid employer in the compensation of five highest-paid employer and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	o o o o o o o o o o o o o o o o o o o
GA 388 LY! 388 2	(a) Name and address  RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  NN GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  Compensation of five highest-paid employer in the compensation of five highest-paid employer and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	o o o o o o o o o o o o o o o o o o o
GA 388 LY! 388 2	(a) Name and address  RY GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  NN GETTENBERG B KENRIDGE ROAD LAWRENCE NY 11559  Compensation of five highest-paid employer in the compensation of five highest-paid employer and address of each employee paid more than \$50,	(b) Title, and average hours per week devoted to position TRUSTEE 3.00 TRUSTEE 2.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	o o o o o o o o o o o o o o o o o o o

For	rm 990-PF (2009)	LAWRENCE CHARITABLE FOUNDATION		31-1709120	Page 7
	Part VIII	Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Highly Pai	d Employees	<del></del>
	Five highes	t-paid independent contractors for professional services (s	see page 23 of the instructions). If none, ente	er "NONE."	
		ame and address of each person paid more than \$50,000	(b) Type of service	(c) Compens	sation
NO	ONE				0
					0
			,		0
					0
				<u> </u>	0
То	tal number of	f others receiving over \$50,000 for professional services		<u> ▶                             </u>	1
	Part IX-A	Summary of Direct Charitable Activities			
	ist the foundation's ne number of orga	Expenses			
	AID TO MAN NEEDY	Y NEEDY CHARITABLE INSTITUTIONS THEY WERE I	PROVIDED WITH GRANTS TO AID TH		850
2					030
3		;			
4					
P	Part IX-B Su	ummary of Program-Related Investments (see page 1)	ge 24 of the instructions)		
De	escribe the two lar	gest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amoun	t
1					
2					
					-
АII <b>3</b>		elated investments. See page 24 of the instructions			

Form **990-PF** (2009)

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	<u> </u>	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,003,250
С	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,003,250
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,003,250
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25		<u> </u>
	of the instructions)	4	15,049
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	988,201
6	Minimum investment return. Enter 5% of line 5	6	49,410
Pai	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of foundations and certain foreign organizations check here	pperating	
1	Minimum investment return from Part X, line 6	1	49,410
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	176
3	Distributable amount before adjustments Subtract line 2c from line 1	3	49,234
4	Recoveries of amounts treated as qualifying distributions	4	,
5	Add lines 3 and 4	5	49,234
6	Deduction from distributable amount (see page 25 of the instructions)	6	,201
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	•	
•	line 1	7	49,234
_			-10,201
Par	t XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	616,458
b	Program-related investments—total from Part IX-B	1b	0
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 (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	616,458
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	<del>   </del>	310,400
-	income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	616,458
_	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	<u> </u>	010,400
	qualifies for the section 4940(e) reduction of tax in those years.	aallon	

1			(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7					49,234
2	Undistributed income, if any, as	of the end of 2009				
а	Enter amount for 2008 only .				0	
b	Total for prior years: 20	20, 20		0		
3	Excess distributions carryover,					
а	From 2004	233,055				
b	From 2005	406,456				
С	From 2006	402,796				
d	From 2007	640,172				
е	From 2008	585,662	}			
f	Total of lines 3a through e		2,268,141			
4	Qualifying distributions for 2009					
		616,458			j	
а	Applied to 2008, but not more ti	<del></del> :			0	
	Applied to undistributed income					
_	(Election required—see page 20	' '		o		
C	Treated as distributions out of c	, ⊢				
·	required—see page 26 of the in	' '	o		-	
d	Applied to 2009 distributable an	·				49,234
	• •	<b>}</b>	567,224			49,234
е 5	Remaining amount distributed of	· · · · · · · · · · · · · · · · · · ·	307,224			0
5	Excess distributions carryover a		U		-	U
	(If an amount appears in column same amount must be shown in	• • •				
6	Enter the net total of each col					
U	indicated below:	uiiii as				
_		- Cubtract line E	2,835,365			
	Corpus Add lines 3f, 4c, and 4e		2,000,000		+	
D	Prior years' undistributed incom	Į.				
				0		
С	Enter the amount of prior years'	i				
	income for which a notice of de	· · · · · · · · · · · · · · · · · · ·				
	been issued, or on which the se	' ' l				
	tax has been previously assess	_				
d	Subtract line 6c from line 6b. Ta					
	amount-see page 27 of the ins	structions		0		
е	Undistributed income for 2008	Subtract line				
	4a from line 2a. Taxable amoun	t—see page 27 of the	i			
	instructions				0	
f	Undistributed income for 2009	Subtract	1			
	lines 4d and 5 from line 1. This	amount must				
	be distributed in 2010					0
7	Amounts treated as distributions	s out of				
	corpus to satisfy requirements in	mposed by				
	section 170(b)(1)(F) or 4942(g)(	· · · · · · · · · · · · · · · · · · ·				
	the instructions)	· · · · · ·			ŀ	
8	Excess distributions carryover fi	rom 2004	-			
	not applied on line 5 or line 7 (se		ļ			
	instructions)		233,055			
9	Excess distributions carryove			,		
-	Subtract lines 7 and 8 from line		2,602,310		İ	
0	Analysis of line 9.	<b>~</b> · · · · ·	2,002,010			<del></del>
	Excess from 2005	406,456				
	·	400,436				
	Excess from 2006		1			
	Excess from 2007	640,172				
	Excess from 2008	585,662				
е	Excess from 2009	567,224	- 1		· ·	

## Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approved fo	r Future Pa	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year			AID TO THE NEEDY	
AHAVAT CHESED NY			AID TO THE NEEDY	10,000
ALL 4 ISRAEL			AID TO THE NEEDY	10,000
NY				7,500
AMERICAN FRIENDS OF MIGUL NY			AID TO THE NEEDY	5,050
AMERICAN FRIENDS OF NET			AID TO THE NEEDY	5,050
NY				7,500
AT EASE FOUNDATION NY	İ	! 	AID TO THE NEEDY	2.000
BROWN THE COMMUNITY ORTHO			AID TO THE NEEDY	2,800
NY				1,500
CONGREGATION A T V			AID TO THE NEEDY	
NY CENTRAL FUND FOR ISRAEL			AID TO THE NEEDY	15,000
NY			AID TO THE NEEDT	6,000
CHABAD OF FIVE TOWNS			AID TO THE NEEDY	
NY CHESED L'YISRAEL			AID TO THE NEEDY	1,000
NY			AID TO THE NEEDT	1,000
CHEVRA GEMACH		<u> </u>	AID TO THE NEEDY	
NY			AID TO THE NEEDY	4,000
CHILD LIFE SOCIETY NY			AID TO THE NEEDY	1,500
CKI SPECIAL "E" FUND			AID TO THE NEEDY	1,000
NY				1,000
CONGREGATION AHAVAS CHESED NY			AID TO THE NEEDY	30,000
CONGREGATION BEIS HAMEDRASH TEFER			AID TO THE NEEDY	30,000
NY				2,500
CONGREGATION BETH SHOLOM NY			AID TO THE NEEDY	7.506
NI				7,596
Total See Attached Statement			▶ 3a	615,608
b Approved for future payment				
				0
				Ū
		:		0
				0
				U
				0
				•
				0
				0
				0
				0
Total	<u> </u>	<u> </u>		0
Total	<del> </del>		<u> ▶ 3b</u>	0

Part XV	I-A Analysis of Income-Producing Activ					0120 . age 12
_		T	siness income	Excluded by section 512, 513, or 514 (e)		
-	oss amounts unless otherwise indicated. am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a			0		0	0
b			0		0	0
c _			0		0	0
d			0		0	0
			0		0	0
f —			0		0	0
g Fe	ees and contracts from government agencies				•	
_	pership dues and assessments					
	est on savings and temporary cash investments		6,765			
	4 Dividends and interest from securities		2,876			
	ental income or (loss) from real estate:					
	ebt-financed property					
	ot debt-financed property					
	ental income or (loss) from personal property					
	, , , , , , , , , , , , , , , , , , , ,					
	or (loss) from sales of assets other than inventory	<u> </u>			0	
	come or (loss) from special events					
	s profit or (loss) from sales of inventory		_		_	_
11 Other	revenue a		0		0	
			0		0	
c			0		0	
d			0		0	
е			0		0	
	tal. Add columns (b), (d), and (e)		9,641		0	0
13 Total.	Add line 12, columns (b), (d), and (e)				. 13	9,641
	sheet in line 13 instructions on page 28 to verify calcu					
Part XV	I-B Relationship of Activities to the Acc	omplishment	of Exempt Po	urposes		
Line No. ▼	Explain below how each activity for which income the accomplishment of the foundation's exempt p page 28 of the instructions)					
	ADDITONAL INCOME SET ASIDE FOR CHAR	ITABLE PURPO	SES			
			_			
				·	·	
			_			
	<u> </u>					
					<del>-</del>	
					-	
			•			

Pa	1 XVII	Information Reg		sfers To and T		nd Re	lationshine W	ith Noncharit		- 49	
		Exempt Organiz	_	ioicio io ana i			adonompo w	in Hononain	abic		
1	Did the	e organization directly		engage in any of the	ne following with	any of	ther organization	described	1	Yes	No
•		tion 501(c) of the Code								1.00	
		zations?	- (		g, -			, to pointed.			
_	-		foundation to			£					
а		fers from the reporting							4-(4)		~
	(1) Ca	ash				• •			1a(1)		<u> X</u>
_		transactions:				• •			1a(2)		X
U		ales of assets to a non	charitable ev	emnt organization					45/4	<u> </u>	~
		irchases of assets from							1b(1) 1b(2)		X
		ental of facilities, equip							1b(2)		X
	(4) Re	eimbursement arrange	ements						1b(4)		X
	(5) Lo	ans or loan guarantee	es .			• •			1b(5)		X
		erformance of services							1b(6)		X
С		g of facilities, equipme							1c		X
		enswer to any of the al								kot	,,
•	value o	of the goods, other as:	sets, or service	ces given by the re	porting foundat	ion. If t	he foundation red	ceived less tha	n fair n	narket	ł
	value i	n any transaction or s	haring arrang	ement, show in co	olumn (d) the va	lue of t	he goods, other	assets, or serv	ces re	ceive	d.
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exemp	t organization	(d) De	scription of transfers,	transactions, and sl	nanno an	angem	ents
		0	<del> </del>	•	<b>-</b>	(-7			<u>-</u>		
		0									
		0	<u> </u>					•			
		0					<del></del>				
		_ 0	)-				· · · ·	*			
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		0							_		
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		0									
		0	<del> </del>								
		0									
		0					<del>_</del> .				
2a	Is the 1	foundation directly or i	ndirectly affilia	ated with, or relate	ed to, one or mo	re tax-	exempt organiza		ر. ـ ا <del>بر</del>	l	
<b>L</b>		ped in section 501(c) on the section 501(c) on the section 501(c) or the section 501(c)		otner than section	501(c)(3)) or in	section	152/?	· · · · 🗀 `	res X	NO	
<u>.</u>	11 163		ing scriedule.	(h) T			1 (-) 0				
		(a) Name of organization		(a) Type	of organization		(c) Des	cription of relations	пр		
					<del></del> -			<u> </u>			
		<del></del>	<del> </del>				-			-	
		······································	<del></del>				<del></del>	<del></del>			
	Linde	r penalties of perjury, I decla	re that I have eva	mined this return inclus	ting accompanies	chodulos	and statements, and	to the best of muck		and .	
	belief	f, it is true, correct, and comp	dete Declaration	of preparer (other than	taxpayer or fiduciary	) is based	d on all information of	which preparer has	anv knov	e ano Medge.	
	,	$\mathcal{A}$	/./-,			/	/		•	·	
	$\mathbf{k} \times$	Khin M	ttenh	otag	1 4	//28	110	Trustee			
ere.	Sign	nature of officer or trustee			Da	<del>k</del>	Titl	e		•	
Ĭ			0 1	- AA.	Date	_	<u> </u>	Preparer's in	ientifiaec		
듰	ے م	$\mathcal{L}$	1/ //		-410		Check if	number (se		-	
Sign Here	교환	Preparer's	Vfull ()	1/ wow			self-employed ▶		-		
-,	Paid Preparer's Use Only	signature	<i>'</i>		4/28/201	0	<u></u>				
	£ 5	Firm's name (or yours if	RAPHAEI	L GROSSMAN CF	PA			EIN ▶			
		self-employed), address, and ZIP code		ST 9TH STREET,		Y 1123		Phone no (71)	3) 758	9424	
				<u></u>	J. CONLIN, IV			THORE NO (7 II	<i>,</i> , 50-	<u> </u>	

## 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 the organization		Employer identification number		
LAWRENCE CHARITABLE FOUNDATION		31-1709120		
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 for	ındation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion		
	501(c)(3) taxable private foundation			
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See		
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				
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supported 170(b)(1)(A)(vi), and received from any one contributor, during the yea, of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ,	ear, a contribution of the greater		
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.				
the year, contribution aggregate to more the year for an exclusivel applies to this organization.	7), (8), or (10) organization filing Form 990 or 990-EZ that received from s for use exclusively for religious, charitable, etc., purposes, but these an \$1,000. If this box is checked, enter here the total contributions that by religious, charitable, etc., purpose. Do not complete any of the parts that it is calculated an exclusively religious, charitable, etc., core in the contribution of the parts are the contributions.	contributions did not were received during the unless the <b>General Rule</b> stributions of \$5,000 or more		
Caution. An organization tha 990-EZ, or 990-PF), but it mu	at is not covered by the General Rule and/or the Special Rules does no ust answer "No" on Part IV, line 2 of its Form 990, or check the box on PF, to certify that it does not meet the filing requirements of Schedule B	t file Schedule B (Form 990, line H of its Form 990-EZ,		

	•		
Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I
Name of o	organization	Employer identification number	
LAWRENCE CHARITABLE FOUNDATION			31-1709120
Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	NEVE SHAANAN IRREVOCABLE TRUST  388 KENRIDGE ROAD  LAWRENCE NY 11559  Forsign State or Province	\$ 300,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
	Foreign State or Province Foreign Country:		a noncash contribution y
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	GOTLIEB FAMILY TRUST  388 KENRIDGE ROAD  LAWRENCE NY 11599  Foreign State or Province: Foreign Country:	\$ 300,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	DISKIN TRUST  388 KENRIDGE ROAD  LAWRENCE NY 11599  Foreign State or Province Foreign Country	\$300,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
4	GARY & LYNN GETTENBERG  388 KENRIDGE ROAD  LAWRENCE NY 11599  Foreign State or Province: Foreign Country:	\$63,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5	BROOKLYN ENDOSCOPY & SURGERY CENTER  1630 EAST 14TH STREET  BROOKLYN NY 11229  Foreign State or Province: Foreign Country:	\$25,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6		\$0	Person Payroll Noncash
			(Complete Part II if there is

Foreign State or Province:

Foreign Country

a noncash contribution.)

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name **CONGREGATION HALACHA BARNERD** Person Business Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 1,500 Name **CONGREGATION KEREN HATZULAHS NEFOSH** Business Person Street City Zip code Foreign Country State NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 25,000 Name **CONGREGATION SHAARAY TEFILA** Person **Business** Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 10,850 Name CONGREGATION AHAVAS TZEDAKA V'CHESED Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 25,000 Name **ELIEZER PROJECT** Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 1,000 Name HARCHOUB HAROS Person Business Street City State Zip code Foreign Country NY Relationship **Foundation Status** Purpose of grant/contribution Amount 5,000 AID TO THE NEEDY

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Person HAZON YESHAYA Business Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 5,000 Name HEBREW ACADEMY OF LONG BEACH Person Business Street City Foreign Country State Zip code NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 20,000 Name KEREN HATZLAHS NEFOSITOS Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 30,000 Name **KOLLEL TORAS CHAIM** Person **Business** Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 15,000 Name **KUPAS BORO PARK** Person **Business** Street City State Zip code **Foreign Country** NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 30,000 Name MACCABI USA/SPORTS FOR ISRAEL Person Business Street City State Zip code Foreign Country NY Foundation Status Relationship Purpose of grant/contribution Amount 8,390 AID TO THE NEEDY

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name **MEI PEIROS CHARITY** Person Business Street City State Foreign Country Zip code Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 10,000 Name **PELE YOETZ** Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 30,000 Name SHEARITH HAPLETAH Person **Business** Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 2,500 Name **SMACH ZEVILIN** Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 5,000 Name TOLDOS AVROHOM YITZCHAK Person **Business** Street City State Zip code **Foreign Country** NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 25,000 Name TZEDOKA VCHESED Person Business Street City State Zip code **Foreign Country** NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 5,512

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name **UNITED COMMUNITY SERVICE** Person **Business** Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 20,000 Name **VAAD HARABANIM** Person Business Street City State |Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 95,000 Name YAD BATYA L'KALLAH Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 1,000 Name YESHIVA ORCHOS CHAIM Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount SCHOLARSHIPS TO THE NEEDY 1,000 Name YESHIVA TORAH ORE Business Person Street City State Zip code Foreign Country NY Relationship **Foundation Status** Purpose of grant/contribution Amount SCHOLARSHIPS TO THE NEEDY 2,000 Name YISMACH MOSHE INSTITUTE Person Business Street City State Zip code Foreign Country NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 79,000

#### Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name YOUNG ISRAEL OF LAWRENCE Person Business Street City State Zip code **Foreign Country** NY **Foundation Status** Relationship Purpose of grant/contribution Amount AID TO THE NEEDY 6,800 Name **DONATIONS TO CHARITABLE ORGANIZATIONS** Business Person City Foreign Country State Z<sub>I</sub>p code NY Relationship Foundation Status Purpose of grant/contribution Amount AID TO THE NEEDY 29,050 Name SCHOLARSHIPS TO EDUCATIONAL INSTITUTIONS Person **Business** Street City State Zip code Foreign Country NY Foundation Status Relationship Purpose of grant/contribution Amount **SCHOLARSHIPS TO THE NEEDY** 23,060 Name Person **Business** Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 0 Name Person Business Street City Foreign Country State Zip code Relationship Foundation Status Purpose of grant/contribution Amount 0 Name Business Person Street City State Zip code Foreign Country Relationship Foundation Status Purpose of grant/contribution Amount 0