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Form **990-PF**

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number THE SERENBETZ FAMILY FOUNDATION, INC. 13-3993644 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 695 WEST STREET (914) 698-2251 City or town, state, and ZIP code C If exemption application is pending, check here HARRISON, NY 10528 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Professional 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization; Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here J Accounting method: I Fair market value of all assets at end of year X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 6,503,995. (Part I, column (d) must be on cash basis ▶\$ Part I Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (d) Disbursements or charitable purposes (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 310,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 1,020 1,020. STATEMENT 204,339 STATEMENT 204,339 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <221,076 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 546,052. 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 3,197 3,197 STATEMENT 11 Other income 297,480 208,556 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 69 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 9,180 7,180 2,000. STMT 4 **b** Accounting fees c Other professional fees and Administrative 17 Interest 0. 3,671 2,038 STMT 5 19 200 Occupancy RSEOS Travel) Confe@n@es2ant2meet Printing and publications 23 Other expenses SITMT 6 1,306 622 684. <u>2,684</u>. expenses Add lines 13 through 23 14,157 9,840 300,000 300,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 314,157 9,840 302,684. 27 Subtract line 26 from line 12: <16,677. 3 Excess of revenue over expenses and disbursements 198,716 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form 990-P.F 123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

2011.04000 THE SERENBETZ FAMILY FOUNDA'SRNBTZF

For	m 99	00-PF(2011) THE SERENBETZ FAMILY FOU		13-	3993644 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
<u>.</u>	ui t	Colonia strong of for the or year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	824,748.	1,093,051.	<u> 1,093,051.</u>
	3	Accounts receivable ►		,,,	t =
		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			· · · · · · · · · · · · · · · · · · ·
	7	Other notes and loans receivable	•	1	
		Less; allowance for doubtful accounts ▶	<u> </u>		<u> </u>
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations STMT 7	310,073.	<u>255,919.</u>	277,305.
	b	Investments - corporate stock STMT 8	354,977.	346,181.	344,125.
	C	Investments - corporate bonds STMT 9	614,550.	799,596.	835,310.
	11	Investments - land, buildings, and equipment basis		k L	e =
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	4,406,459.	3,999,383.	3,954,204.
	14	Land, buildings, and equipment: basis ▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		r •
		Less accumulated depreciation		.=.	
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	6,510,807.	6,494,130.	6,503,995.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			,
jab	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			•
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			· ·
w		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			•
alar	25	Temporarily restricted			I
Ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			,
ᄔ		and complete lines 27 through 31.			•
ts	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	·
Ë	29	Retained earnings, accumulated income, endowment, or other funds	6,510,807.	6,494,130.	
ž	30	Total net assets or fund balances	6,510,807.	6,494,130.	,
			6 510 005	6 404 120	,
	31	Total liabilities and net assets/fund balances	6,510,807.	6,494,130.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
=			20		
1		I net assets or fund balances at beginning of year - Part II, column (a), line (OU .		£ £10 007
_	•	st agree with end-of-year figure reported on prior year's return)			6,510,807. <16,677.>
		r amount from Part I, line 27a		2	<16,6//.>
		r increases not included in line 2 (itemize)		3	6,494,130.
		lines 1, 2, and 3		4	0,494,130.
-		eases not included in line 2 (itemize)	luma (h) luca 20	5	6,494,130.
<u>6</u> _	l ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumii (0), iiile 30	6	Form 990-PF (2011)
					101111 000 = 1 (2011)

See the Part VI instructions.

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.

	1990-PF (2011) THE SERENBETZ FAMILY FOUNDATION, INC. 13-3993 rt VI . Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i			Page 4
	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 X and enter 1%		1,9	87.
	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).			Į
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		1,9	87.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,9	<u>87.</u>
6	Credits/Payments:	*		;
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 2,100.			
b	Exempt foreign organizations - tax withheld at source 6b			ı
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d		2,1	00.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			<u>5.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		_ 1	08.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax			0.
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	16		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			1
	distributed by the foundation in connection with the activities.	,		
C	c Did the foundation file Form 1120-POL for this year?			
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	, ,		
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			t.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			*
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities		ļ	
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		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	<u>'</u>	~	ĺ
	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_	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7_	X	
	If "Yes," complete Part II, col. (c), and Part XV	,		-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NY, NJ			j '
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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	'		,
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	ļ	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 11	10	X	L
	For	m 990	-PF ((2011)

Form 990-PF (2011) THE SERENBE	TZ FAMILY FOU	NDATION, INC.		<u>13-39936</u>	44	Page 6
Part VII-B Statements Regarding A	ctivities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur ar	y amount to:			T	1,	T^{-}
(1) Carry on propaganda, or otherwise attempt to	o influence legislation (section	า 4945(e))?	Ye	es 🗶 No 📗		
(2) Influence the outcome of any specific public	election (see section 4955); o	r to carry on, directly or indir	ectly,	_	ļ	ļ
any voter registration drive?				s X No	,	,
(3) Provide a grant to an individual for travel, stu	dy, or other similar purposes	?	Ye	s X No		, 1
(4) Provide a grant to an organization other than	a charitable, etc., organizatio	n described in section	_		()	
509(a)(1), (2), or (3), or section 4940(d)(2)?			Ye	s X No		
(5) Provide for any purpose other than religious,	charitable, scientific, literary,	or educational purposes, or t		1	i	
the prevention of cruelty to children or anima	ls?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the t	transactions fail to qualify und	der the exceptions described	ın Regulations			} '
section 53.4945 or in a current notice regarding d	isaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regardin	g disaster assistance check h	ere		▶□ ∤	٠	,
c If the answer is "Yes" to question 5a(4), does the f	oundation claim exemption fi	rom the tax because it mainta	ined			
expenditure responsibility for the grant?		Ŋ	I/A 🗀 Ye	s 🔲 No		
If "Yes," attach the statement required by Re	egulations section 53.494	5-5 <i>(d)</i>				;
6a Did the foundation, during the year, receive any fu	nds, directly or indirectly, to	pay premiums on				
a personal benefit contract?			Ye	es 🗓 No	_	
b Did the foundation, during the year, pay premium:	s, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870					-	
7a At any time during the tax year, was the foundatio	n a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds of					7b	<u> </u>
Part VIII Information About Office Paid Employees, and Co	rs, Directors, Trust ntractors	ees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, foundat	ion managers and their	compensation.				
4.5 No. 10. 11. 11. 11.		(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	xpense nt, other
(a) Name and address		to position	(If not paid, enter -0-)	and deferred compensation		ances
SEE STATEMENT 12			0.	0.		<u> 0 </u>
	·					
	- · · ·					
			<u> </u>			
2 Compensation of five highest-paid employe	ees (other than those inc		enter "NONE."	(d) Contributions to	(-) <u>[</u>	
(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	accour allow	xpense nt, other vances
NONE						
					L	
			<u> </u>	L		
Cotal number of other employees paid over \$50,000						Ω

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	-	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (c) Compei	nsation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities	·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 NONE		
		•
		0.
2	 	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
	Form 990-PF	

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	5,597,065.
b	Average of monthly cash balances	1b	1,071,917.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	6,668,982.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,668,982.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	100,035.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,568,947.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	328,447.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	328,447.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 1,987.	-	
b	Income tax for 2011. (This does not include the tax from Part VI.)	., '	
C	Add lines 2a and 2b	2c	1,987.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	326,460.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	326,460.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	326,460.
P	art XII Qualifying Distributions (see 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	302,684.
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 (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	302,684.
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	5	1,987.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	300,697.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of	ualifies fo	or the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				326,460.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only	·		295,582.	<u> </u>
b Total for prior years:		_		*
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010	0			1
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from			,	
Part XII, line 4: ►\$ 302,684.			205 502	
a Applied to 2010, but not more than line 2a			295,582.	
b Applied to undistributed income of prior	,	0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U.			7,102.
d Applied to 2011 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2011 (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	0.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<u> </u>	
amount - see instructions		0.		<u></u>
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.	<u> </u>		0.	<u> </u>
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2012				319,358.
7 Amounts treated as distributions out of				1
corpus to satisfy requirements imposed by	_ [·	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	_ [ĺ		1
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.			·	1
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				,
a Excess from 2007		,		
b Excess from 2008		ł		
c Excess from 2009				
d Excess from 2010	1			
e Excess from 2011				Form 990-PF (2011)

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Form 990-PF (2011) THE SER	<u>ENBETZ FAMI</u>	LY FOUNDAT:	ION, INC.		993644 Page 10
Part XIV, Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	2011, enter the date of t	he ruling	▶ ∟		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	_
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
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					1
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:					1
a "Assets" alternative test - enter: (1) Value of all assets			1		
` '			 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return				Ì	
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				1	
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 Infor	mation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during th					
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total con	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 13					
b List any managers of the foundation who			(or an equally large port	tion of the ownership of a p	partnership or
other entity) of which the foundation has	a 10% or greater interes	ŧ.			
NONE					- <u>-</u>
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation or					
the foundation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations i	under other conditions, o	complete items 2a, b, c, an	d d.
a The name, address, and telephone numb	er of the person to whor	n applications should be	addressed;		
b The form in which applications should be	submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	such as by geographica	l areas, charitable fields	, kınds of ınstitutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC CHARITY EDUCATION- STUDENTS IN AMA-OPERATION ENTERPRISE NONE 1601 BROADWAY NEED 5,000. NEW YORK, NY 10019 CARVER COMMUNITY CENTER NONE PUBLIC CHARITY FAMILY COMMUNITY 7 ACADEMY STREET CENTERS NORWALK CT 06850 25,000, FAMILY AND CHILDREN'S AGENCY INC NONE PUBLIC CHARITY FAMILY PROGRAMS AND CHILDCARE 9 MOTT AVENUE 25,000. NORWALK CT 06850 HORIZONS STUDENT ENRICHMENT PROGRAM NONE PUBLIC CHARITY EDUCATION- LOW INCOME FAMILIES 545 PONUS RIDGE 60 000. NEW CANAAN CT 06840 PUBLIC CHARITY NONE REACH PREP EDUCATION-CHILDREN 2777 SUMMER STREET STAMFORD CT 06905 60 000 CONTINUATION SHEET(S) SEE **≥** 3a Total 300 000 b Approved for future payment NONE Total

Part XVI:A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-		\vdash		
b	-				
C	-				
d			 	···	
e			\vdash		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash			 		
investments			14	1.020	
4 Dividends and interest from securities		····	14	204,339.	
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	523920	3,197.			
8 Gain or (loss) from sales of assets other					
than inventory			18	<221,076.>	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			l		
1 Other revenue:	1				
a	· -				
b	1				
<u> </u>	ſ	····			
d	· 	· ·- ·	 		
2 Subtotal. Add columns (b), (d), and (e)	·	3,197.	 	<15,717.>	0
13 Total . Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>

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 foundation's exempt purposes (other than by providing funds for such purposes).
-	
123621 12-02-11	Form 990-PF (20

ins	ection 501(c) of the Code (other than section 501(c)(3)) or ii	n section 527?		Yes	X No
b If "Y	res," complete the following schedule.				
	(a) Name of organization	(b) Type of organization	(c) De	escription of relationship	
	N/A				
Sign Here	Under penalties of perjury, I declare that I have examined this return, in and belief this true, correct, and complete. Declaration of preparer (oth Signature of officer or trostee				preparer
Paid	DONALD J. ERCOLE	er's signature	10/08/12	employed P014012	
Prepa Use (<u> </u>	Firn	n's EIN ▶ 13-361444	.7
	, 100 VIIII KOM	•			

NEW ROCHELLE, NY 10804

123622 12-02-11 Phone no.

(914) 632-2939

Form **990-PF** (2011)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

13-3993644 THE SERENBETZ FAMILY FOUNDATION, INC. Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (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, total 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 total 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, chantable, 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 on line H of its Form 990-EZ or on Part I, 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

THE SERENBETZ FAMILY FOUNDATION, INC.

13-3993644

TUE 2	ERENBETZ FAMILY FOUNDATION, INC.		-3993644
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARTIN TUCHMAN 633 PROSPECT AVENUE PRINCETON, NJ 08540	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAUL SERENBETZ 12 HOWARD AVENUE NEW HAVEN, CT 06519	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STUART & JEAN SERENBETZ 6 HICKORY DRIVE STAMFORD, CT 06902	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THELMA SERENBETZ 695 WEST STREET HARRISON, NY 10528	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WARREN L. SERENBETZ 695 WEST STREET HARRISON, NY 10528	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WARREN L. SERENBETZ, JR. 165 SIGNAL HILL ROAD WILTON, CT 06897	\$ 20,000.	Person X Payroll

Employer identification number

THE	SERENBETZ	FAMILY	FOUNDATION,	INC.

13-3993644

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	CLAY R. SERENBETZ 774 MAYS BLVD # 10, PMB318 ONCLINE VILLAGE, NV 89451	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
!			Person Payroll Noncash (Complete Part II if there is a noncash contribution)		

Employer identification number

THE SERENBETZ FAMILY FOUNDATION INC.

13-3993644

art II No	encash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. rom 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

ame or orga	in a distribution		Employer Identification number
CHE SEI Part III	year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.,	ual contributions to section 501(c) following line entry. For organization contributions of \$1,000 or less for	[7], (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once)
(a) No	Use duplicate copies of Part III if additional	space is needed.	
(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
-	Transferee's name, address, and	(e) Transfer of gift	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
-			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
-			

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 1a CERT OF DEPOSIT-BUILDERS BANK 07/10/0901/18/11 P b FNR 2006-53 JB 7-25-31 01/30/0701/25/11 P c GNMA 03-8 VE 4-16-25 P 11/24/0801/16/11 d FNR 2006-53 JB 7-25-31 P 01/30/07|02/25/11 e GNMA 03-8 VE 4-16-25 P 11/24/0802/16/11 f FNR 2006-53 JB 7-25-31 P 01/30/0703/25/11 g GNMA 03-8 VE 4-16-25 P 11/24/0803/<u>16/1</u>1 07/10/0904/18/11 h CERT OF DEPOSIT-FIRST CHICAGO P FNR 2006-53 JB 7-25-31 P 01/30/0704/25/11 GNMA 03-8 VE 4-16-25 P 11/24/0804/16/11 k 25,000 SUNOCO BDS P 02/28/0804/01/13 I FNR 2006-53 JB 7-25-31 P 01/30/0705/25/11 m GNMA 03-8 VE 4-16-25 P 11/24/0805/16/11 n FNR 2006-53 JB 7-25-31 P |01/30/07|06/25/11 o GNMA 03-8 VE 4-16-25 P 11/24/0806/16/11 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 0. 95,000. 95.000 a 956. <11.> 945. b 0. 751 751 C 1,765. ,745. <20.> ď 754 754. 0. е 953 975. <22.> 758. 0. 758 150,000. 0. 150,000. h 2,076. 2,053 <23.> 761. 761. 0. 0. 25,000 25,000. 1,622. 1,604. <18.> 0. 765 765 m 471 455 п <16.> 768. 768 0. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 0. а <11.> b 0. С <20.> ď 0. е <22.> f 0. g 0. h <23.> 1 0. 0. <18.> 0. m <16.> n 0. 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) (If (loss), enter "-0-" in Part I, line 7 2 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). If (loss), enter "-0-" in Part I, line 8

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 1a 25000 ALCOA BDS 04/07/1106/28/11 P 01/30/07|07/25/11 b FNR 2006-53 JB 7-25-31 P c GNMA 03-8 VE 4-16-25 P 11/24/0807/16/11 d FNR 2006-53 JB 7-25-31 P 01/30/0708/25/11 e GNMA 03-8 VE 4-16-25 P 11/24/0808/16/11 f FNR 2006-53 JB 7-25-31 P |01/30/07|09/25/11 g GNMA 03-8 VE 4-16-25 P 11/24/0809/16/11 h FNR 2006-53 JB 7-25-31 01/30/0710/25/11 P GNMA 03-8 VE 4-16-25 P /24/08/10/16/11 12366/139 SHS COHEN&STEERS INTL REALTY C P VARIOUS |11/17/11 25,000 EMPIRE DEVEL BDS P 01/09/09|11/17/11 FNR 2006-53 JB 7-25-31 P 01/30/07|11/25/11 m GNMA 03-8 VE 4-16-25 P 11/24/0811/16/11 n 389 SHS PA RL EST INVT TR P VARIOUS 11/17/11 P 03/17/1111/04/11 30,000 FORTUNE BRANDS BDS (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale <u> 26,8</u>73. 26,484 389. а 1,604. 1,622. <18.> b 0. 772 772. C 1,400. 1,415. <15.> ď 775. 775. 0. е 595 613. <18.> 779. 0. 779 g 1,592. <18.> 1,574. h 0. 782. 782. 227,000. 111,172. <115,828.> 0<u>.</u> 25,000. 25,000 1,892. 1,871. <21.> 786. 0. 786. m 3,520. 8,217. <4,697.> n 30,437. 30,315 122. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (i) (j) Adjusted basis (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 389. a <18.> b 0. C <15.> d 0. е <18.> f 0. g <18.> h 0. <115,828.> 0. <<u>21.</u>> 0. m <**4**,697.> n 122. 0 If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 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). If (loss), enter "-0-" in Part I, line 8

THE

SERENBETZ FAMILY FOUNDATION, INC.

Dabura dalla Bila Cos	SCS TOT TAX OII HIVESTITICHE HICOHIC				
(a) List and 2-story bri	describe the kind(s) of property solock warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FNR 2006-53 JB			P		
		····		01/30/07	
b GNMA 03-8 VE 4-	-16-25		P	11/24/08	12/16/11
c V/G				 	44 14 = 14 4
	PINE DYNAMIC FU		<u> </u>	VARIOUS	
e 1319.049 SHS BI		(V/G)	P	VARIOUS	<u>11/17/11</u>
f CAPITAL GAINS I	DIVIDENDS			 	
9				 	
h					
				 	
				 	
k				 	
_m	<u> </u>			ļ	
n					
0				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e)	ı) Gaın or (loss) plus (f) mınus (g)	
a 1,891.		1,913.			<22.>
a 1,891. b 790.		790.			0.
С					0.
d 34,511.		125,000.			<90,489.>
e 14,391.		25,959.			<11,568.>
f 1,217.					1,217.
9					
h				· 	
"					
,					
k					
i i					
m					
n					
0					
	gain in column (h) and owned by t	he foundation on 12/31/69	(1)1.0	sses (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	Gains (excess	of col. (h) gain over not less than "-0-")	col. (k),
		Con Con ())			<22.>
a b					
					0.
<u>c</u>					<u><90,489.</u> >
<u>d</u>					<11,568.>
e f					$\frac{1,300.}{1,217.}$
					1,411.
9					
h					
<u>'</u>					
<u>.</u>					
<u>k</u>					
<u> </u>					
<u>m</u>					
<u>n</u>					
0					
2 Capital gain net income or (net cap	ital loss) { If gain, also enter If (loss), enter *-0	ın Part I, line 7 -" ın Part I, line 7	2	<	<u>221,076.</u> >
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and	d (6):	İ		
If gain, also enter in Part I, line 8, c If (loss), enter "-0-" in Part I, line 8	oiumn (c).	_	3	N/A	

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	STATEMENT 1
SOURCE	AMOUNT
MORGAN STANLEY BANK VANGUARD ADMIRAL TREASURY FUND VANGUARD PRIME MONEY MARKET FUND	903. 33. 84.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	1,020.

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ACCRUED INT PURCHASED THRU			
MORGAN STANLEY	<4,558.>	0.	<4,558.>
BOND AMORTIZATION-M/S	<7,847.>		<7,847.>
DIVIDENDS THROUGH MORGAN STANLEY	54,773.	4.	54,769.
INTEREST THROUGH MORGAN STANLEY OTHER PERIODIC	58,779.	0.	58,779.
INTEREST-REMIC(M/S)	12,192.	0.	12,192.
THROUGH VANGUARD BROKERAGE	26,196.	0.	26,196.
VANGUARD DEVELOPING MKTS INDEX			
FD	4,962.	0.	4,962.
VANGUARD EMERGING MKTS INDEX FD	5,449.	0.	5,449.
VANGUARD EQUITY INCOME FUND	18,173.	0.	18,173.
VANGUARD INTL VALUE FUND	8,311.	0.	8,311.
VANGUARD INTMD TERM BD FD-INV			
SHS	1,445.	385.	1,060.
VANGUARD REIT INDEX FUND	3,678.	0.	3,678.
VANGUARD SHORT TERM INV GR FD	9,869.	828.	9,041.
VANGUARD SMALL-CAP VAL INDEX FD	2,318.	0.	2,318.
VANGUARD TOTAL STK MKT IDX			
FD-INV SHS	2,049.	0.	2,049.
VANGUARD WELLINGTON ADMIRAL FD	9,767.	0.	9,767.
TOTAL TO FM 990-PF, PART I, LN 4	205,556.	1,217.	204,339.

FORM 990-PF OTHER	INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
AIP ABSOLUTE RETURN FUND STS	3,197.	3,197	•
TOTAL TO FORM 990-PF, PART I, LINE 11	3,197.	3,197	•

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX RETURN PREPARATION FEES	9,180.	7,180.		2,000.	
TO FORM 990-PF, PG 1, LN 16B	9,180.	7,180.		2,000.	

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAXES	1,633.	0.		0.	
FOREIGN TAXES IMPOSED ON DIVIDEND INCOME	2,038.	2,038.		0.	
TO FORM 990-PF, PG 1, LN 18	3,671.	2,038.		0.	

FORM 990-PF	OTHER E	XPENSES	S'	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE FILING FEES REGISTERED AGENTS FEES OFFICE EXPENSES BUSINESS MEETINGS	360. 149. 622. 175.	0. 0. 622. 0.		360. 149. 0. 175.
TO FORM 990-PF, PG 1, LN 23	1,306.	622.		684.

FORM 990-PF U.S. AND STATE/	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FNR 2006-53 NOTES GNMA 03-8 VE BONDS EMPIRE STATE NY DEVELOPMENT BDS	X X	x	19,883. 186,036. 50,000.	20,051. 204,947. 52,307.
TOTAL U.S. GOVERNMENT OBLIGATIONS		•	205,919.	224,998.
TOTAL STATE AND MUNICIPAL GOVERNME	NT OBLIG	SATIONS	50,000.	52,307.
TOTAL TO FORM 990-PF, PART II, LIN	E 10A	•	255,919.	277,305.

FORM 990-PF CORPORATE ST	POCK	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PENN REAL ESTATE TRUST FD	0.	0.
BRISTOL-MYERS SQUIBB CO	25,498.	35,240.
XCEL ENERGY INC	9,317.	13,820.
MFS INTER INC TRUST 1	130,318.	122,892.
ENERPLUS RESOURCES TRUST	71,732.	48,108.
J HANCOCK PATRIOT PREM DIV FUND(V/B)	20,487.	23,278.
J HANCOCK PATRIOT PREM DIV FUND(M/S)	88,829.	100,787.
TOTAL TO FORM 990-PF, PART II, LINE 10B	346,181.	344,125.

FORM 990-PF	CORPORATE BONDS	· · · · · · · · · · · · · · · · · · ·	STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
AMGEN BONDS		25,490.	28,750.
WALT DISNEY BONDS		25,842.	28,315.
GOLDMAN SACHS BONDS		22,380.	21,160.
JPMC BONDS		23,818.	25,094.
KRAFT FOODS BONDS		25,146.	25,544.
ORACLE BONDS		25,109.	28,867.
SUNOCO BONDS		0.	0.
TARGET BONDS		25,716.	30,459.
INTL BK FOR RECONSTRUCTION	BDS	23,940.	21,602.
EUROPEAN INVESTMENT BK BDS		24,867.	21,981.
AT & T BONDS		51,806.	55,121.
CATEPILLAR FINANCIAL BONDS		49,100.	55,359.
ALTRIA BONDS		53,062.	67,271.
RR DONNELY BONDS		25,182.	24,438.
WELLPOINT BONDS		26,271.	27,315.
TEXTRON BONDS		26,330.	26,837.
FORD MOTOR BONDS		53,412.	54,852.
KRAFT FOODS BONDS 2/9/2016		25,623.	27,143.
UNITED HEALTH BONDS		26,502.	28,675.
AMERICAN EXPRESS BONDS		26,129.	27,555.
MOTOROLA BONDS		51,788.	51,655.
KROGER BONDS		36,587.	36,506.
INTL BK FOR RECONSTRUCTION	BDS	29,182.	27,723.
GOLDMAN SACHS BONDS		31,624.	29,418.
PITNEY BOWES BONDS		31,347.	31,071.
ASSOCIATES CORP		33,343.	32,599.
TOTAL TO FORM 990-PF, PART	II, LINE 10C	799,596.	835,310.

FORM 990-PF OTHE	ER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD REIT INDEX FUND	FMV	81,762.	104,003.
VANGUARD SMALL-CAP VALUE IDX FD	FMV	91,849.	111,676.
CITIGROUP CAPITAL NOTES	FMV	24,912.	21,370.
JPMCHASE CAPITAL NOTES	FMV	25,000.	25,140.
OPPENHEIMER INTL BOND FD CLASS C	FMV	125,081.	131,418.
T R PRICE CAPITAL APP FUND(V/B)	FMV	200,070.	212,347.
VANGUARD INT'L VALUE FUND	FMV	350,000.	249,324.
VANGUARD INTMD TERM BOND INDEX FUND	FMV	25,000.	27,655.
VANGUARD SHORT TERM INVESTMENT	FMV	•	,,
GRADE FUND		300,000.	303,967.
VANGUARD TOTAL STOCK MARKET FUND	FMV	100,000.	107,076.
VANGUARD WELLINGTON ADVANTAGE FUND	FMV	325,000.	315,634.
BLACKROCK EUROFUND(V/B)	FMV	0.	0.
COHEN & STEERS INTL REALTY FUND	FMV	0.	0.
VANGUARD DEVELOPING MKTS INDEX FD	FMV	175,000.	128,768.
VANGUARD EMERGING MKTS INDEX FD	FMV	190,000.	202,685.
ALPINE DYNAMIC DIV FUND II(V/B)	FMV	0.	0.
ALTERNATIVE INVESTMENT PARTNERS	FMV		
ABSOLUTE RETURN FUND		218,405.	184,262.
VANGUARD EQUITY INCOME FUND	FMV	596,000.	633,519.
SELECT SECTOR SPDR TRUST(V/B)	FMV	309,180.	356,202.
BUILDERS BANK CD	FMV	0.	0.
FIRST CHICAGO BANK CD	FMV	0.	0.
LORD ABBOTT SHT DURATION TST	FMV	231,161.	231,662.
OPPENHEIMER INTL BOND FD CLASS A	FMV	330,000.	299,163.
T R PRICE EQUITY INCOME FUND(V/B)	FMV	100,000.	104,243.
RECEIVABLE FROM MORGAN STANLEY	FMV	1,438.	1,438.
RECEIVABLE FROM VANGUARD BROKERAGE	FMV	131.	131.
VANGUARD INFORMATION TECHNOLOGY	FMV	131.	131.
FUND	PHV	199,394.	202,521.
TOTAL TO FORM 990-PF, PART II, LINE	: 13	3,999,383.	3,954,204.
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STATEMENT 11

	SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10
NAME OF CONTRIBUTOR	ADDRESS
WARREN L. SERENBETZ	695 WEST STREET HARRISON, NY 10528
WARREN L. SERENBETZ, JR	165 SIGNAL HILL ROAD WILTON, CT 06897
STUART SERENBETZ	6 HICKORY DRIVE STAMFORD, CT 06902
PAUL SERENBETZ	12 HOWARD AVENUE NEW HAVEN, CT 06519
CLAY SERENBETZ	774 MAYS BLVD #10, PMB 318 INCLINE VILLAGE, NV 89451
MARTIN TUCHMAN	633 PROSPECT AVENUE PRINCETON, NJ 08540

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	LIST OF OFFICERS, AND FOUNDATION MAN		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
THELMA R. SERENBETZ 695 WEST STREET HARRISON, NY 10528	PRESIDENT & T	RUSTEE 0.	0.	0.
JEAN B. SERENBETZ 6 HICKORY DRIVE STAMFORD, CT 06902	SEC'Y/TREAS & 0.00	TRUSTEE 0.	0.	0.
WARREN L. SERENBETZ 695 WEST STREET HARRISON, NY 10528	TRUSTEE 0.00	0.	0.	0.
WARREN L. SERENBETZ JR. 165 SIGNAL HILL RD NORTH WILTON, CT 06897	TRUSTEE 0.00	0.	0.	0.
CYNTHIA L. SERENBETZ 165 SIGNAL HILL RD NORTH WILTON, CT 06897	VICE PRESIDEN	T AND TRUSTEI	0.	0.
PAUL SERENBETZ 12 HOWARD AVENUE NEW HAVEN, CT 06519	TRUSTEE 0.00	0.	0.	0.
STUART W. SERENBETZ 6 HICKORY DRIVE STAMFORD, CT 06902	TRUSTEE 0.00	0.	0.	0.
CLAY R. SERENBETZ 774 MAYS BLVD # 10,PMB318 INCLINE VILLAGE, NV 89451	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 13

NAME OF MANAGER

WARREN L. SERENBETZ WARREN L. SERENBETZ JR. PAUL SERENBETZ STUART W. SERENBETZ CLAY R. SERENBETZ

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Part XV **Supplementary Information** Grants.and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient ST VINCENT'S SERVICES/THE AMERICAN NONE PUBLIC CHARITY EDUCATIONAL AND CHILDCARE 66 BOERUM PLACE BROOKLYN NY 11201 25,000. THE HARLEM ACADEMY NONE PUBLIC CHARITY CULTURAL AND 1330 5TH AVE EDUCATIONAL PROGRAMS NEW YORK, NY 10026 25,000, WATERSIDE SCHOOL NONE PUBLIC CHARITY EDUCTION-CHILDREN 535 FAIRFIELD AVENUE 75,000. STAMFORD CT 06902 125 000. Total from continuation sheets

Form 8868 (Rev. 1-2012)
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 1). Part II
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II
Type or print The segment organization or other filer, see instructions Type or print The segment organization or other filer, see instructions THE SERENBETZ FAMILY FOUNDATION, INC. Number, street, and room or suite no. If a P O. box, see instructions.
Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print THE SERENBETZ FAMILY FOUNDATION, INC. X 13-3993644
THE SERENBETZ FAMILY FOUNDATION, INC. THE SERENBETZ FAMILY FOUNDATION, INC. Number, street, and room or suite no. If a P O. box, see instructions. 6 95 WEST STREET City, town or post office, state, and ZIP code For a foreign address, see instructions HARRISON, NY 10528 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 O1 Form 990-E Form 990-F O2 Form 1041-A O8 Form 990-F Form 990-F O4 Form 4720 O9 Form 990-F Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 THE SERENBETZ THE SERENBETZ FAMILY FOUNDATION, INC. X 13-3993644 X 13-399364 X 13-399364 X 13-399364 X 13-399364 X 13-399364 X 14-6996 X 15-696 X 15-696 X 10-696 X
File by the due date for the due date for due date for file your return See Instructions 695 WEST STREET City, town or post office, state, and ZIP code For a foreign address, see instructions Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990-BL Form 990-BL Form 990-F Form 990-F Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) The books are in the care of b 695 WEST STREET City, town or post office, state, and ZIP code For a foreign address, see instructions Return Application Return Code Form 1041-A 08 Form 990-F 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. STUART W. SERENBETZ Telephone No. 914-698-2251 FAX No. File the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this
Number, street, and room or suite no. If a P O. box, see instructions. Social security number (SSN)
Fining your return See instructions Solid Security Humber (SSN)
City, town or post office, state, and ZIP code For a foreign address, see instructions HARRISON, NY 10528
HARRISON , NY 10528 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Code Is For Code Is For Code
Application Is For Code Form 990 01 Form 990-BL Form 990-EZ 01 Form 990-Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. STUART W. SERENBETZ The books are in the care of ▶ 695 WEST STREET - HARRISON, NY 10528 Telephone No. ▶ 914-698-2251 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this
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Form 990 Form 990-BL Form 990-EZ O1 Form 4720 O9 Form 990-PF O4 Form 5227 O5 Form 6069 O6 Form 8870 STUART W. SERENBETZ The books are in the care of ▶ 695 WEST STREET - HARRISON, NY 10528 Telephone No. ▶ 914-698-2251 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this
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If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this
box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
4 I request an additional 3-month extension of time until NOVEMBER 15, 2012
5 For calendar year 2011, or other tax year beginning, and ending
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
Change in accounting period
7 State in detail why you need the extension <u>SEE STATEMENT 14</u>
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
4 055
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid
previously with Form 8868 \$ 2,100.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$ 0.
Signature and Verification must be completed for Part II only.
· · · · · · · · · · · · · · · · · · ·
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

123842 01-06-12 FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

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EXPLANATION

ONE OF THE FOUNDATION'S INVESTMENTS IS A PARTNERSHIP, WHICH HAS ADVISED THAT THE YEAR 2011 FORM K-1 WILL NOT BE ISSUED UNTIL SOMETIME IN SEPTEMBER 2012. THUS AN ACCURATE AND COMPLETE RETURN CANNOT NOW BE FILED.