

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-P.F

Department of the Treasury Internal Revenue Service

# Return of Private Foundation

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

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

r	or c	aı	endar year 2011 or tax year beginning	12/1/2011 , an	nd ending	11.	/30/2012		
-	lame	e 01	foundation			A E	mployer identification nu	mber	_
N	ΙΑΧ	Al	ND LILLIAN RAPPAPORT FOUNDATION FOR TH	E TREATMENT			22-3410	986	
-	luml	oer	and street (or P O box number if mail is not delivered to street add	iress)	Room/suite	ВТ	elephone number (see inst	ructions)	
1	74 [	DE	LAWANNA AVENUE				(973) 778-	1208	
_	City o	or to	own, state, and ZIP code	-	-	C If	exemption application is pe		$\cdot \overline{\Box}$
С	LIF	TC	ON .	NJ (	07014			J.	
G	С	he		I return of a former p		D 1.	Foreign organizations, che	ck here	. [
			Final return Ame	nded return	·	,	Foreign organizations mee	ting the 85% test	
			Address change Nam	e change		2.	check here and attach con	_	. $\square$
_	<del>1</del> C	he	eck type of organization: X Section 501(c)(3) exe	mpt private foundatio	n	<b>-</b>			
Г			ction 4947(a)(1) nonexempt charitable trust	• •			private foundation status wi ider section 507(b)(1)(A), c		. [
ຸ –			market value of all assets at end J Accounting r	<u>.</u>	Accrual		the foundation is in a 60-mo		
•	٠,	fν	ear (from Part II, col (c),	ecify)	Accidai	-	nder section 507(b)(1)(B), c		. [
			16) ▶ \$ 1,229 (Part I, column (c	d) must be on cash basi	s.)		, , , , ,		
් ලි	art	1		(a) Revenue and				(d) Disbursements	s
-			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable	
Ē —	_		the amounts in column (a) (see instructions) )	books	income		income	purposes (cash basis only)	,
		1	Contributions, gifts, grants, etc , received (attach schedule)	34,000					
į	1	2	Check ▶ if the foundation is not required to attach Sch B						
		3	Interest on savings and temporary cash investments	0		0	0		
3		4	Dividends and interest from securities	0		0	0		
ζ		5	a Gross rents .	0		0	0		j
ก	a l		b Net rental income or (loss)0						
	Kevenue	6	a Net gain or (loss) from sale of assets not on line 10	0					
	اچ		<b>b</b> Gross sales price for all assets on line 6a0						
(	킫	7	Capital gain net income (from Part IV, line 2) .			0			
	-	8	Net short-term capital gain .				0		
	Ι.	9	Income modifications				0		
	1		a Gross sales less returns and allowances 0						
	1		b Less: Cost of goods sold 0						
			C Gross profit or (loss) (attach schedule)	0			0		
	- 1	1	Other income (attach schedule)	-		0			
_	+		Total. Add lines 1 through 11	34,000		<u> </u>	<del></del>		<u> </u>
	à١١	3	Compensation of officers, directors, trustees, etc	0		0	<del> </del>		0
	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	4	Other employee salaries and wages	0		<u>0</u> 0			<u>0</u> 0
	핅,	5  6	Pension plans, employee benefits	0		0			0
		0	a Legal fees (attach schedule)  b Accounting fees (attach schedule)	0		0			<del>-</del>
_	Administrative E		c Ôther professional fees (attach(schedule)	0		0			<del>-</del> 0
•	밁	7		0		0		•	0
•	<b>S</b>   1	8	interest//AY 2 1 2013 O O O O O O O O O O O O O O O O O O O	o		0			_ <u>ŏ</u>
:	≣I ₁	9	Depreciation (attach-schedule) and depletion	0		0			Ť
		20	' " " " " " " " " " " " " " " " " " " "	0	= -	0			0
		21	Travel, conferences, and meetings	0		0			0
•	and	22	Printing and publications	0		0	0		0
		23	Other expenses (attach schedule) .	3,063		0	0	3,0	063
	Operating	24							
ľ	<u>ē</u>		Add lines 13 through 23	3,063		0	0		<u>063</u>
	<u>ଅ</u> 2	25	Contributions, gifts, grants paid	30,000				30,0	000
_	2 2	26	Total expenses and disbursements. Add lines 24 and 25	33,063		0	0	33,0	063
	1	27	Subtract line 26 from line 12						
			a Excess of revenue over expenses and disbursements	937					
			<b>b Net investment income</b> (if negative, enter -0-)			0			
_			c Adjusted net income (if negative, enter -0-)				0		

Pa	4 II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End o	f year
га	ш	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	292	1,229	1,229
	2	Savings and temporary cash investments	0	0	0
	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	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	o	o	0
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts		0	0
က္က	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges .	0	0	0
AS	10 a	a 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	o	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ► 0	<del></del>		
		Less accumulated depreciation (attach schedule) ▶ 0		0	0
	15		0	0	0
	16	Other assets (describe Total assets (to be completed by all filers—see the			
	10	instructions Also, see page 1, item I)	292	1,229	1,229
	17		0	1,229	1,220
	18		0	0	
Liabilities	19	Grants payable	0	0	
Ξ	20		o o		
졅	21	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Ë	22	Mortgages and other notes payable (attach schedule)	0	<u> </u>	
	23	Other liabilities (describe  Total liabilities (add lines 17 through 22)	ol ol		
	23		U		
Ś		Foundations that follow SFAS 117, check here.			
ည		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
Ba	25	· · · · · · · · · · · · · · · · · · ·			
0	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0	.0	
ş	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds	292	1,229	
Ä	30	Total net assets or fund balances (see instructions)	292	1,229	
ē	31	Total liabilities and net assets/fund balances (see			
_		ınstructions)	292	1,229	
Pa	t III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
		of-year figure reported on prior year's return)		1	292
2		r amount from Part I, line 27a		2	937
		r increases not included in line 2 (itemize)		3	0
		lines 1, 2, and 3	,	4	1,229
5		eases not included in line 2 (itemize) ▶		5	0
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, o		6	1 229

Capital Gains ar	id Losses for lax on inve	<u>stment inco</u>	me				
(a) List and describe th 2-story brick warehou		ate acquired , day, yr)	(d) Date sold (mo , day, yr )				
1a			D—Donation				
b							
С							
d							
<u>e</u>			<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	or other basis ense of sale			or (loss) ) minus (g)	
<u>a</u> 0			0			0	
<u>b</u> 0			0		<del></del>	0	
<u>c</u> 0			0			0	
<u>d</u> 0	†		0			0	
Complete only for accets show	0	d bu the ferredet	0			<u>_</u>	
(I) F M V as of 12/31/69	wing gain in column (h) and owned  (j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) bit (j), if any		col (k), but not	(h) gain minus less than -0-) or om col (h))	
<b>a</b> 0			0	· -	0		
b 0	<del>-</del>	<del></del>	0		<u></u> 0		
	0 0 0					<u>C</u>	
	0 0 0					C	
	0 0 0					C	
(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							
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):							
<del>-</del>	line 8, column (c) (see instruc		· · · · · · · · · · · · · · · · · · ·	3		C	
	der Section 4940(e) for Re			ent Inc	ome		
If "Yes," the foundation does r	he section 4942 tax on the dis not qualify under section 4940(	(e) Do not cor	nplete this part				
	ount in each column for each	year; see the	instructions before	makin	g any entrie	·· - · · · · · · · · · · · · · · · · ·	
(a)  Base penod years  Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ns Net value	(c) of nonchantable-use a	ssets		(d) inbution ratio divided by col. (c))	
2010	10	0,053		807			
2009	<u> </u>	9,780		2,694			
2008		0,531		2,355		4.471762	
2007		9,727		,251		31.756195	
2006		5,753		2,719		5 793674	
					2	58.109170	
	for the 5-year base period—div bundation has been in existenc				3	11.621834	
4 Enter the net value of non	charitable-use assets for 2011	from Part X, I	ine 5		4	750	
5 Multiply line 4 by line 3 .					5	8,716	
6 Enter 1% of net investmen	nt income (1% of Part I, line 27	'b)			6	(	
7 Add lines 5 and 6					7	8,716	
	ns from Part XII, line 4 ter than line 7, check the box i				8 art using a 1	33,063 % tax rate. See	

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

. .

.

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

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

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

complete Part XIV . . . . .

their names and addresses

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,"

. . .

7

8b

Х

Forr	n 990-PF (2011) MAX AND LILLIAN RAPPAPO	ORT FOUNDATION	FOR THE TREAT!	MENT	22-341098	6 Page <b>6</b>		
Pa	rt VII-B · Statements Regarding Activitie	es for Which Form	n 4720 May Be R	equired (continued)				
5a	During the year did the foundation pay or incur any	amount to			_			
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (	section 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public	election (see section 4	955); or to carry					
	on, directly or indirectly, any voter registration drive? Yes X No							
	(3) Provide a grant to an individual for travel, stu	dv. or other similar nur	noses?	Yes	X No	1		
	(4) Provide a grant to an organization other than				=·	1   '		
	in section 509(a)(1), (2), or (3), or section 494			Yes 7	X No			
	(5) Provide for any purpose other than religious,							
	educational purposes, or for the prevention o		• •	Yes 7	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	<u>-</u>			<u></u>			
-	Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? 5b N/A							
	Organizations relying on a current notice regarding disaster assistance check here							
C If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the								
tax because it maintained expenditure responsibility for the grant?								
If "Yes," attach the statement required by Regulations section 53 4945–5(d)								
62					ľ			
-	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No							
h								
_	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
7a								
	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . Yes X No b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?							
	art VIII Information About Officers,	•						
	and Contractors	Direction, made	oo, i oundunon	a.iagoro, riigiiiy r	u.u =p.o	<b>,</b> 000,		
1	List all officers, directors, trustees, found	ation managers an	d their compensa	tion (see instructions).		-		
_		(b) Title, and average	(c) Compensation	(d) Contributions to		ense account,		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other	allowances		
So	ndra Rappaport	Trustee/Director	• • • • • • • • • • • • • • • • • • • •					
	Rockledge Road Saddle River NJ 07458	5.00	l o		o	0		
	/ Pasternack	Trustee						
	66 Clifton Avenue Clifton NJ 07013	.50	l o		o	0		
	even Landau	Trustee						
10	35 Route 46 East Clifton NJ 07013	.50	0		0	0		
		.00	0		0	0		
2	Compensation of five highest-paid employ	yees (other than th	ose included on l	ine 1—see instructions	s). If none,			
	enter "NONE."							
		(b) Title, and aver	age	(d) Contributions to	(a) Eve	ense account,		
(a	) Name and address of each employee paid more than \$50,			on employee benefit plans and deferred		allowances		
		devoted to positi	on	compensation				
ЙČ	NE							
				-				
	••••		1					
						<u>.                                    </u>		
Ta	tal number of other employees paid over \$50,	 		. <u></u>				
. 0	mi mamper of other employees hair over \$00,			<u> </u>	<u> </u>	0		

MIAX AND LILLIAN RAPPAPORT FOUNDATION FOR		22-34 10966 Page 1
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		_0
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant the number of organizations and other beneficiaries served, conferences convened, research p		Expenses
1 Contributions paid directly to a nonprofit 501(C)(3) organization for ass of social trauma treatment programs	istance with funding	30,000
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2	Amount
1 N/A - none		•
2		
All other program-related investments See instructions		
3		
		0

Total. Add lines 1 through 3

Form 990-PF (2011)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	foundatio	ns,
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	0
b	Average of monthly cash balances	1b	761
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	761
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	761
4	Cash deemed held for chantable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	11
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	750
6	Minimum investment return. Enter 5% of line 5	6	38
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here  and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	38
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)	5	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	38
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	38
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	38
Par	t XII Qualifying Distributions (see instructions)		
r ai	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	33,063
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<del></del> -
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	33,063
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,063
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	

e Excess from 2011

o

33.025

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

c Any submission deadlines.

factors:

22-3410986

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

The state of the s	c rour or Approvou		. aymont	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Name and address (home or business)  a Paid duning the year  The Skill Building Center - Yeshiva Eitz Chaim 15 Widman Court Spring Valley NY 10977		recipient 501(c)(3)	Trauma treatment programs	30,000
Total  Description:  Total			▶ 3a	

Form 990-P			R THE TREAT	MEN I	22-341	0986 Page 12
Part XV	-A Analysis of Income-Producing Activ	vities		-		
Enter ara	ss amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	am service revenue.					`
	A - none		0		0	0
b			0		0	
_			0		0	
d			0		0	
e	· ··· · · · · · · · · · · · · · · · ·		0		0	
f _			0		0	<u>C</u>
_	es and contracts from government agencies	<del></del>				
	ership dues and assessments					
	st on savings and temporary cash investments .					
	ends and interest from securities .					
	ental income or (loss) from real estate					
	ebt-financed property		<del>.</del>		<u> </u>	
	ot debt-financed property					ļ <u></u>
	ental income or (loss) from personal property					
	investment income					
8 Gain	or (loss) from sales of assets other than inventory		<del></del>		0	
	come or (loss) from special events .				ļ	
	profit or (loss) from sales of inventory .					- <del></del>
11 Other	revenue. a		0	<del></del>	0	
b			0		0	<del>\</del>
_			0		0	+
d	<del>,,,</del>		0	<del>                                     </del>	0	
e			0	<del></del>	0	<del></del>
12 Subto	tal Add columns (b), (d), and (e)		_0	<u> </u>	<u> </u>	<del></del>
	. Add line 12, columns (b), (d), and (e)				13	
	sheet in line 13 instructions to verify calculations )					
Part XV	I-B Relationship of Activities to the Ac					
Line No. ▼	Explain below how each activity for which incom the accomplishment of the foundation's exempt					uctions)
1	N/A - none	· · · · · · · · · · · · · · · · · · ·	<del></del>		·	
	14/A - Hone					
	-				····	
						•
						•
			···	<del></del>	··	<del></del>
			-	-	<del></del>	
				•	<del></del>	
		-				
		·				
						•
				<u> </u>		
		·		· · · · · · · · · · · · · · · · · · ·	<del></del>	
					······································	
	· · · · · · · · · · · · · · · · · · ·					· · · · ·
	<del></del>					
-						<del></del>
•						

Form 99	n-PF	(2011) MAY AND LIL		ADODT FOUNDATIO	N COD TUE	* <b>*</b> DE 4 1	FAITAIT	22-341	0006	Pag	e 13
		Information Regar		APORT FOUNDATION STATES TO AND TRAN						ray	
		Exempt Organizat		ororo ro una rran			acionompo ii				
1 Di	d th	e organization directly or		ngage in any of the f	ollowing with	any oth	er organization	described		Yes	No
		tion 501(c) of the Code (									
		izations?	•	.,,,	•						
a Tr	ans	fers from the reporting fo	undation to	a noncharitable exer	nnt organiza	tion of					
		ash							1a(1)		X
		ther assets							1a(2)		X
		transactions:					. ,				
(1	) S	ales of assets to a nonch	naritable exe	empt organization .					1b(1)		X
		urchases of assets from							1b(2)		X
	(3) Rental of facilities, equipment, or other assets										
									1b(4)		X
(5	(5) Loans or loan guarantees										
		erformance of services o							1b(6)		_X_
c S	harir	ng of facilities, equipmen	t, mailing lis	ts, other assets, or p	aid employe	es			1c		<u> X</u>
va	alue	answer to any of the abo of the goods, other asse in any transaction or sha	ts. or servic	es given by the repo	ting foundati	ion. If th	e foundation re	ceived less that	an fair m	arket	l
(a) Lin	e no	(b) Amount involved	(c) Name	of nonchantable exempt org	anization	(d) Des	cription of transfers,	transactions, and	shanng am	angem	ents
							<del> </del>				
		0									
		0									
		0									
		0		<del> </del>							
		0									
	_	0									
		0									
			·								
		0									
		0				<u></u>					
		0						•			
		0									
		0									
		0									
		foundation directly or inc						itions			
		ibed in section 501(c) of		ther than section 50	1(c)(3)) or in	section	527?	📙	Yes <u>X</u>	] No	
b If	"Ye	s," complete the following	g schedule.	Г							
		(a) Name of organization		(b) Type of o	organization		(c)	Description of rela	tionship		
					<del> </del>						
										•	
	Τ.	Index peoples of p.A I dealers the	t I have success = 3 :	hua sahum unaludan ananan	a achadulaa aad -4	atomonto ==	ed to the best of my limited	dodgo and halist it is a			
C:	، ا	Under penalties of perjury, I declare tha correct, and complete Declaration of pr									
Sign Here		And	29_		Trustee	My	13 2013	May the IRS with the pre instructions	parer show	n b <u>elov</u>	
	را	Signature of officer or trustee		Date	Title		7			_	

Preparer's signature

Steven Landau

Paid

Preparer

**Use Only** 

Print/Type preparer's name

Steven F. Landau CPA

Firm's address ► 1035 Route 46 East, Clifton, NJ 07013

P00680734

PTIN

(973) 773-8836

Firm's EIN > 22-2369271

Check X If

self-employed

Phone no

5/8/2013

### 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** 

MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT 22-3410986 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and 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, chantable, 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, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization **Employer identification number** MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT 22-3410986 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Sondra Rappaport ...1... Person 8 Rockledge Road **Payroll** Saddle River NJ 07458 Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** Noncash Foreign State or Province: (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_\_3\_\_ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution \_\_5\_\_ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution)

# Line 23 (990-PF) - Other Expenses

MAX AND LILLIAN RAPPAPORT FOUNDATION FOR THE TREATMENT

		3,063	0	0	3,063
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
_	Telephone expense	2,569	0	0	2,569
7	Filing fees	80	0	0	80
ဗ	Program supplies	414	0	0	414
4					
2					
9					
7					
8					
6					
I					

NAAV	ANDIH	LIANII		DODT	EOUND.	ATION FOR	THE TOE	ATRACAIT
IVIAA	AND LIL	LIAN I	KAPPA	PURI	FUUND	ATION FOR	KINE IKE	AINENI

22-3410986

•	
CLIDCLYVILVE	CONTRIBUTOR
SUDSTANTIAL	CUNITRIBUTOR

FORM 990-PF, PART VII-A, QUESTION #10, SUBSTANTIAL CONTRIBUTOR:

Dr. Sondra Rappaport, 8 Rockledge Road, Saddle River, NJ 07458 contributed \$34,000. Dr. Sondra Rappaport is the founder and trustee/director of the private foundation.