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Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2012 or tax year beginning , and ending A Employer identification number Name of foundation 20-1824284 JOSH & DEENA BERNSTEIN FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 516-239-6127 69 SUTTON PLACE City or town, state, and ZIP code C If exemption application is pending, check here LAWRENCE, NY 11559 3 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here AUG Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: 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 X Cash I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 347,864. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (d) Disbursements for charitable purposes Part I (b) Net investment (a) Revenue and (c) Adjusted net (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) 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 5 5 5.STATEMENT 8,671 8,671.STATEMENT 8,671 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 17,040 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 216,502. 17,040 Capital gain net income (from Part IV, line 2) N/A8 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) 11 Other income 25,716 716 8,676 12 Total. Add imes (Hinrough 1) 7 71 13 Compensation of officers, directors, trusta ٠0. Out er employee salaries and wages Engsion plans, employée benefits of · V & 1 14 15 3.115 16a Legal fees b Accoumante EN. UT S 47 13 c Other professional fees 17 Interest 20 STMT 3 20. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 5,659. 5,659 0. STMT 4 0. 23 Other expenses 24 Total operating and administrative <u>5,679</u> 5,679 0 expenses. Add lines 13 through 23 0. 14,850 14,850. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 20,529 5,679 0 14,850. Add lines 24 and 25 27 Subtract line 26 from line 12: 5,187 2 Excess of revenue over expenses and disbursements 20,037 b Net investment income (if negative, enter -0-) 8,676 c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	00-PF (2012) JOSH & DEENA BERNSTEIN	FOUNDATION	20-1	824284 Page 2
_		Attached enhancing and amounts in the description	Beginning of year	End of y	ear
LP	art	balance Streets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	3,612.	512.	512.
	2	Savings and temporary cash investments	4,702.	4,779.	4,779.
		Accounts receivable	4,1021	= 1,7,5	
	3				
	١.	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			
		Less; allowance for doubtful accounts			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1 -	Investments - corporate bonds			
		Investments - land, buildings, and equipment, basis		* * * * * * * * * * * * * * * * * * * *	 -
	''				
	40	Less accumulated depreciation			
	12	Investments - mortgage loans	207 202	215 222	242 572
	13	Investments - other STMT 5	307,382.	315,232.	342,573.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	İ				
	16	Total assets (to be completed by all filers)	315,696.	320,523.	347,864.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
L:a	1	Other liabilities (describe			
	22	Other Hadringes (describe			
		Table Unit Ultra / add base 47 Abreviah 00)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	0.		
		Foundations that follow SFAS 117, check here			
Ø		and complete lines 24 through 26 and lines 30 and 31.			
ည	24	Unrestricted			
<u>alar</u>	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	315,696.	320,523.	
Net Assets or Fund Balances	30	Total net assets or fund balances	315,696.	320,523.	
Z	"	Total not 20000 of famo balanco	020,000		
	31	Total liabilities and net assets/fund balances	315,696.	320,523.	
_				340,3434	······································
F	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)	1	315,696.	
2	Ente	r amount from Part I, line 27a		2	5,187.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	 	4	320,883.
		reases not included in line 2 (itemize) FEDERAL TAXES		5_	360.

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

D٥	_	۵	
ra	u	н	

P	art IV Capital Gains	and Losses for Tax on I	<u>nvestment</u>	Income					
	(a) List and desci 2-story brick wa	ribe the kind(s) of property sold (e.grehouse; or common stock, 200 sh	g., real estate, is. MLC Co.)		P	low acquired - Purchase - Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a SHORT TERM CAPITAL GAINS						P			
	LONG TERM CAPI	TAL GAINS				<u>P</u>			
	CASH IN LIEU	2				P			
	CAPITAL GAINS	DIVIDENDS							
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed		st or other basis	! 			ain or (loss s (f) minus	
	100 550	(or allowable)	pius e	<u> </u>	_		(e) plus	5 (1) 111111113	
_ <u>a</u>			<u>-</u>	107,20 92,25					1,564. 15,230.
<u>_b</u>	107,484. 30.		 	94,43	4.				30.
<u>c</u>	216.								216.
e	2200		<u> </u>						
Ť	Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C	col. (h) gaın	minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		С	ol. (k), but i Losses	not less tha (from col. (.n -0-) or (h))
a									1,564.
b									15,230.
									30.
<u>d</u>									216.
<u>e</u>									
2	Capital gain net income or (net ca	apital loss) { If gain, also enti-	er in Part I, line 0- in Part I, line	7 7	}	2			17,040.
3	Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	and (6):						
	If gain, also enter in Part I, line 8,					_			1 564
	If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) fo	r Doducod	l Tay on Not	Inv	actment in	come		1,564.
_				•					
(FC	or optional use by domestic private	e foundations subject to the section	1 4940(a) lax Uii	i ilet ilivestillelit ili	COM	5.)			
lf s	ection 4940(d)(2) applies, leave t	his part blank.							
Wa	as the foundation liable for the sec	tion 4942 tax on the distributable a	mount of any ye	ear in the base per	riod?				Yes X No
	Yes," the foundation does not qua	lify under section 4940(e). Do not o	complete this pa	art.					
1		each column for each year, see the	instructions be	fore making any e	ntries	5.			(4)
	(a) Base period years Calendar year (or tax year beginni	ing in) Adjusted qualifying di		Net value of no	(c) nchai	rıtable-use asse	ts	Distri (col. (b) di	(d) bution ratio vided by col. (c))
_	2011		16,550.			345,25			.047935
	2010		<u> 18,857.</u>			349,76			.053914
_	2009		16,210.			<u>316,66</u>			.051190
_	2008		6,000.			<u>271,25</u>			.022120
	2007		14,110.			254,06	3.	1	.055537
	Total of line 1, column (d)						2		.230696
3	Average distribution ratio for the the foundation has been in existe	5-year base period - divide the tota ince if less than 5 years	I on line 2 by 5,	or by the number	of ye	ars	3_		.046139
4	Enter the net value of noncharitat	ble-use assets for 2012 from Part X	K, line 5				4		337,916.
5	Multiply line 4 by line 3						5		15,591.
	Enter 1% of net investment incor	ne (1% of Part I. line 27h)					6		200.
		(170 or t art is mio Erb)							15,791.
	Add lines 5 and 6						7		
8	Enter qualifying distributions from						8	I	14,850.
	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, lir	ne 1b, and comp	plete that part usin	ıg a 1	% tax rate.			

	990-PF	F (2012) JOSH & DEENA BERNSTEIN FOUNDAT Excise Tax Based on Investment Income (Section 4940)	'ION D(a), 4940(b), 4940(e), oi	20- 4948	-1824 - see i	284 nstru	ctio	Page 4
		t operating foundations described in section 4940(d)(2), check here and en			T			
		fruling or determination letter: (attach copy of letter if nec						
		stic foundations that meet the section 4940(e) requirements in Part V, check here		1_1			4	01.
		I, line 27b						
		er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).					
		der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other		2				0.
		ies 1 and 2	,	3			4	01.
4	Subtitle	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	4				0.
		sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	·	5			4	01.
		s/Payments:						
		stimated tax payments and 2011 overpayment credited to 2012	6a 180					
		t foreign organizations - tax withheld at source	6b					
		id with application for extension of time to file (Form 8868)	6c					
	•	o withholding erroneously withheld	6d					
		redits and payments. Add lines 6a through 6d		7			1	80.
		iny penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched	8	†			
		e. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	- 9	 			21.
		ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	•	he amount of line 10 to be: Credited to 2013 estimated tax	Refunded	11	1			
		-A Statements Regarding Activities		1				
		the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or did it participate or interve	ne in			Yes	No
	_	litical campaign?				1a		X
		spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions for definition)	?		1b		X
		answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	· · · · · · · · · · · · · · · · · · ·					
		outed by the foundation in connection with the activities.						
		e foundation file Form 1120-POL for this year?				1c		x
		he amount (if any) of tax on political expenditures (section 4955) imposed during the	vear*					
		in the foundation. \blacktriangleright \$ 0. (2) On foundation managers.						
		he reimbursement (if any) paid by the foundation during the year for political expendit						
		ers. > \$	io i da impossa en residaden					
	-	e foundation engaged in any activities that have not previously been reported to the IR	35?			2		х
		s," attach a detailed description of the activities.				-		
		e foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles of incorporation	n or				
		s, or other similar instruments? If "Yes," attach a conformed copy of the change		.,		3		X
		e foundation have unrelated business gross income of \$1,000 or more during the year				4a		X
		" has it filed a tax return on Form 990-T for this year?		IN	I/A	4b		
	-	nere a liquidation, termination, dissolution, or substantial contraction during the year?		_	•,	5		X
		s," attach the statement required by General Instruction T.				Ť	_	
		e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ther:					
		anguage in the governing instrument, or						
	•	tate legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the st	ate law				
	-	ain in the governing instrument?				6		X
7		e foundation have at least \$5,000 in assets at any time during the year?				7	X	
		s," complete Part II, col. (c), and Part XV.						
		he states to which the foundation reports or with which it is registered (see instruction	ns) ►					
J u	NY	States to in the recircular reports of this minut a lo region to (obe included)						
h		inswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)					
		a state as required by General Instruction G? If "No," attach explanation	normaly denoted (or designate)			8b	х	
		foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(i)(3) or 4942(i)(5) for a	alendar		-00	-43	
		Old or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," ca		arorruai		9		X
		y persons become substantial contributors during the tax year? If "Yes," attach a schedul				10		X
	_ · · · · u ii y	, persons asserted between the contributions during the tax years in rest, attach a schedul	nowing tries, traines arid addresses		Forr		-PF (
							- 1	,

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

orm 990-PF (2012) JOSH & DEENA BERNSTEIN F Part VII-B Statements Regarding Activities for Which I	OUNDATION Form 4720 May Be F	Required (contin	20-18242	84 Page 6
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unis section 53.4945 or in a current notice regarding disaster assistance (see instruorganizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption f expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.494. 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? 	n 4945(e))? or to carry on, directly or indirectly or described in section der the exceptions described actions)? here from the tax because it mainta N 5-5(d).	ectly, Ye Ye for Ye in Regulations	es X No	5b
 b Did the foundation, during the year, pay premiums, directly or indirectly, on a part of the second of t	s X No	6b X		
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trust Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their	ees, Foundation Ma	nagers, Highl		<u>/B</u>
(a) Name and address SAMUEL J BERNSTEIN S9 SUTTON PLACE LAWRENCE, NY 11559 DEENA BERNSTEIN	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
59 SUTTON PLACE LAWRENCE, NY 11559	0.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000 NONE	cluded on line 1). If none, (b) Title, and average hours per week devoted to position	enter "NONE." (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
otal number of other employees paid over \$50,000				0

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Total. Add lines 1 through 3

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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:		
a	Average monthly fair market value of securities	1a 336	5,264.
b	Average of monthly cash balances	1b 6	,264. ,798.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 343	,062.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		0.
3	Subtract line 2 from line 1d	3 343	3,062.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,146.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 337	7,916.
6	Minimum investment return. Enter 5% of line 5		,896.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1 16	,896.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	401.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 16	,495.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 16	,495.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 16	,495.
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 14	<u>. 850.</u>
b	Program-related investments - total from Part IX-B	1b	<u> </u>
5	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	Surtability test (prior IRS approval required)	_3a	
þ	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 14	.850.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII	Undistributed Income (see instructions)
-----------	---

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				16 405
line 7				16,495.
2 Undistributed income, if any, as of the end of 2012			0.	
a Enter amount for 2011 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2012:		0.	<u></u>	
1, , , ,				
a From 2007				
b From 2008 c From 2009				
d From 2010 994.				
e From 2011				
f Total of lines 3a through e	994.			
4 Qualifying distributions for 2012 from	3,74.			<u> </u>
Part XII, line 4: ►\$ 14,850.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount			•	14,850.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012	994.			994.
(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		0.		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				651.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.		,	
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009	:			
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				- 000 BE :
				Form 990-PF (2012)

223601 12-05-12

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid duning the year				
AMERICAN FRIENDS OF YESHIVOT BNEI AKIVA 11 BROADWAY	NONE	OTHER PUBLIC	UNRESTRICTED CHARITABLE GRANT	
NEW YORK, NY 10004				1,000
AMERICAN FRIENDS OF MIR YERUSHALAYIM 5114 13TH AVENUE BROOKLYN, NY 11219	NONE	OTHER PUBLIC CHARITY	UNRESTRICTED CHARITABLE GRANT	1,000
HATZALA ROCKAWAYS & NASSAU COUNTY 621 BEACH 9TH STREET FAR ROCKAWAY, NY 11691	NONE	OTHER PUBLIC CHARITY	UNRESTRICTED CHARITABLE GRANT	500
CENTER FOR INITIATIVES IN JEWISH EDUCATION 1371 46TH STREET	NONE	OTHER PUBLIC CHARITY	UNRESTRICTED CHARITABLE GRANT	
BROOKLYN, NY 11219				3,000
KULANU 165 WEST END AVENUE NEW YORK, NY 10023	NONE	OTHER PUBLIC CHARITY	UNRESTRICTED CHARITABLE GRANT	500
·	NTINUATION SHEE	ET(S)	► 3a	14,850
NONE				
Total			▶ 3b	0

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y 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	_		_ _		
b	_		_		
c	_				
d	_				
e	_				_
	_		 		
g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash					
investments					5
4 Dividends and interest from securities					8,671
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other			1 1		
than inventory					17,040
Net income or (loss) from special events		· 			
Gross profit or (loss) from sales of inventory					
Other revenue:					
<u>a</u>	-		- 		
b	1 1				
	, ,				
d	-		 		
2 Subtotal. Add columns (b), (d), and (e)	_	().	0.	25,716
B Total. Add line 12, columns (b), (d), and (e)	<u> </u>	`	· - ı	13	25,716
See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities		nlichment of	Evernt D	ILLUOCOC	

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).
	N/A
000004	<u></u>

Part XVII	Information Re Exempt Organ	egarding Transfers	To a	nd Transactions ar	nd Relations	nips With Noncha	ritable	•	
Did the c	_ 	ectly engage in any of the fol	llowing	with any other organization	described in secti	on 501(c) of	<u> </u>	Yes	No
		(3) organizations) or in secti				on 00 1(0) or			
		ation to a noncharitable exem							l
(1) Cas							1a(1)		_X_
(2) Othe							1a(2)		X
b Other tra	insactions:								
(1) Sale	s of assets to a noncharital	ble exempt organization					1b(1)		_X_
(2) Pur	chases of assets from a no	ncharitable exempt organizat	tion				1b(2)		X
(3) Ren	tal of facilities, equipment,	or other assets					1b(3)		X
(4) Reir	nbursement arrangements						1b(4)		X
(5) Loa	ns or loan guarantees						1b(5)		X
. ,		mbership or fundraising soli					1b(6)		X
_		iling lists, other assets, or pa					1c	ـــا	X
	-	"Yes," complete the following			-			ets,	
	• •	oundation. If the foundation r other assets, or services rece		u iess man fair market value	in any transaction	or snaring arrangement,	snow in		
1) Line no	(b) Amount involved	(c) Name of nonchar		exempt organization	(d) Description	of transfers, transactions, and	eharing an	oncome	——
2) 1110110	(b) / inodit involved	N/		oxompt organization	(a) Description	or transiers, transactions, and	Sharing an	angene	
			<u> </u>		 				
									
	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
-								***************************************	
					<u> </u>	 . 			
		<u> </u>							
									
				· · .	<u> </u>				
						 			
				· · · · · · · · · · · · · · · · · · ·					
ın sectio	<u>'</u>		•		·	c) Description of relations	Yes	x	No
		· · · · · · · · · · · · · · · · · · ·				···			
····		·							
		·						_	
Sign and I		that I have examined this return, in inplete Declaration of preparer (oth				has any knowledge ret	y the IRS courn with the bwn below Yes	prepare (see inst	his er ir)?
	Print/Type preparer's na	me Pxepare	er's sig			Check X if PTIN			
Paid	ALLAN TREU	1 (<i>b</i> 0	Van	////	4	self- employed			
Preparer	Firm's name ALL		ÇPA		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Firm's EIN ► 13-2	8390	33	
Jse Only			<u>F.</u>						
-	Firm's address ▶ 18	21 EAST 26TH	STI	REET					
	l .		1229			Phone no 718-	541-	331	3
				····			rm 990		

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

	JOSH & DEENA BERNSTEIN FOUNDATION	20-1824284					
Organization type (chec							
Filers of:	ers of: Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
_							
	on is covered by the General Rule or a Special Rule. I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions.					
General Rule							
-	ition filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in n	noney or property) from any one					
Special Rules							
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re- 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	-					
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one controls of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ecof cruelty to children or animals. Complete Parts I, II, and III.						
contributions fo If this box is ch purpose. Do no	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 <i>exclusively</i> 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 <i>exclusively</i> 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						
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part						

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) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

JOSH	& DEENA BERNSTEIN FOUNDATION		0-1824284
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
1	SAMUEL J BERNSTEIN 69 SUTTON PLACE LAWRENCE, NY 11559	\$	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 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 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 Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

JOSH & DEENA BERNSTEIN FOUNDATION

20-1824284

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** 20-1824284 JOSH & DEENA BERNSTEIN FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor OTHER PUBLIC UNRESTRICTED OHEL CHILDREN'S HOME AND FAMILY NONE CHARITY CHARITABLE GRANT SERVICES 4510 16TH AVENUE BROOKLYN, NY_11204 600. PTACH NONE OTHER PUBLIC UNRESTRICTED CHARITY CHARITABLE GRANT 1428 36TH STREET BROOKLYN, NY 11218 750. OTHER PUBLIC RABBI JACOB JOSEPH SCHOOL NONE UNRESTRICTED CHARITY 400 CASWELL AVENUE CHARITABLE GRANT STATEN ISLAND, NY 10314 1,000. YESHIVA GEDOLAH OF WATERBURY NONE OTHER PUBLIC UNRESTRICTED 359 COOKE STREET CHARITY CHARITABLE GRANT WATERBURY CT 06710 1,000, NONE CONGREGATION OHEL MOSHE UNRESTRICTED 748 OCEAN PARKWAY CHARITABLE GRANT BROOKLYN, NY 11230 500, BAIS YAAKOV D'RAV HIRSCH NONE OTHER PUBLIC UNRESTRICTED CHARITY 235 NORTH MAIN STREET CHARITABLE GRANT SPRING VALLEY NY 10977 4 500 BRESLOV WORLD CENTER NONE OTHER PUBLIC UNRESTRICTED CHARITY CHARITABLE GRANT 160 SIMSBURY ROAD WEST HARTFORD, CT 06119 500. Total from continuation sheets 8.850.

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEM	PORARY C	ASH II	NVESTMENTS	STAT	EMENT	1
SOURCE						A	MOUNT	
ALLIANCE BERNSTEIN							<u></u>	5.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, CO	LUMN A					5.
FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STAT	EMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS		UMN (A MOUNT)
ALLIANCE BERNSTEIN	•		8,887.		216.		8,6	71.
TOTAL TO FM 990-PF, PART I, I	LN 4		8,887.		216.		8,6	71.
FORM 990-PF		TAX	ES			STAT	EMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		(D) HARITA PURPOS	
FOREIGN TAXES WITHHELD		20.		20.		0.		0.
TO FORM 990-PF, PG 1, LN 18 =		20.		20.		0.		0.
FORM 990-PF	0	THER E	XPENSES			STAT	EMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		(D) HARITA PURPOS:	
BROKER MANAGEMENT FEES		5,659.	5	,659.		0.		0.
TO FORM 990-PF, PG 1, LN 23		5,659.	5	,659.		0.	· · · · · · · · · · · · · · · · · · ·	0.

FORM 990-PF OTHER	INVESTMENTS	STATEMENT 5	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALLIANCE BERNSTEIN	COST	315,232.	342,573.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	315,232.	342,573.

Form 886	68 (Rev. 1-2013)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		> X
Note. On	aly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fil	led Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ded).
			Enter filer's	identifyir	ng number, s	ee instructions
Type or	ype or Name of exempt organization or other filer, see instructions					n number (EIN) or
print	1					
***/					20-182	24284
due date for filing your	ng vour					r (SSN)
return See instructions	69 SUTTON PLACE					
	City, town or post office, state, and ZIP code. For a for LAWRENCE, NY 11559	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 4
	The office of the folding that this approach.	,				
Applicat	ion	Return	1 ''			Return
ls For		Code	is For			Code
	O or Form 990-EZ	01		_		
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720		 	09
Form 990		04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
	O-T (trust other than above)	06	Form 8870		J.F 0000	12
<u> </u>	o not complete Part II if you were not already granted SAMUEL J BERNST		natic 3-month extension on a previ	lously lile	<u>:u roriii 8800</u>	<u>. </u>
• The b	ooks are in the care of > 69 SUTTON PLACE		AWRENCE NV 11559			
	none No. ► 516-239-6127		FAX No. ►			· · ·
	organization does not have an office or place of business	s in the Ur	· 			
	is for a Group Return, enter the organization's four digit				r the whole a	roup, check this
box ►	. If it is for part of the group, check this box	•			_	-
	equest an additional 3-month extension of time until					
	r calendar year 2012, or other tax year beginning		, and ending	2		
	he tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn	
	Change in accounting period					
7 Sta	ate in detail why you need the extension					
<u>II</u>	NFORMATION NEEDED TO FILE A	COMPL	ETE AND ACCURATE RI	ETURN	IS NO	r
<u>A</u> 7	VAILABLE AT THIS TIME.					
8a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069, e	nter the tentative tax, less any			
noi	nrefundable credits. See instructions	_		8a	\$	250.
b Iftl	his 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 all	owed as a	a credit and any amount paid			
pre	eviously with Form 8868			8b	\$	<u>250.</u>
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
Under pen	alties of perjury, I declare that I have examined this form, includ	ing accomp	st be completed for Part II o panying schedules and statements, and to	-	f my knowledg	e and belief,
it is true, c	correct, and complete, and that I am authorized to prepare this fo					
Signature	► Title ► I	PRESI	DENT	Date	<u> </u>	
					Form 88	368 (Rev. 1-2013)