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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

Open to Public Inspection

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

Fo	r ca	ıle	ndar year 2012 or tax year beginning		, a	nd ending				
N	me d	of f	oundation				Α	Employer identification nu	mber	
LA	WR	Εľ	NCE CHARITABLE FOUNDATION					31-1709	120	
N	ımbe	r a	nd street (or PO box number if mail is not delivered to street addr	ress)		Room/suite	В	Telephone number (see instr		
38	8 K	ΞΝ	RIDGE ROAD				l	(516) 295-	5350	
_			vn, state, and ZIP code				c	If exemption application is pe		$\overline{}$
ΙA	WR	F١	NCE	NY		11559	ľ	ii exempton application is pe	nully, check here	
$\overline{}$		_			of a former p	· · · · · · · · · · · · · · · · · · ·	۱,	Foreign organizations, che	al basa	
	•	-		ended re	•	delilo Gridinty	1			
				ne change				2. Foreign organizations mee	•	- □
_	<u></u>	_	<del>_</del>		<u> </u>		ł	check here and attach con	iputation	
			k type of organization X Section 501(c)(3) exer				E	If private foundation status wa	as terminated	. —
느					xable private f		1	under section 507(b)(1)(A), c	neck here	
1			narket value of all assets at end J Accounting i	method.	. 💢 Cash	Accrual	F	If the foundation is in a 60-mo		
			ar (from Part II, col (c),				1	under section 507(b)(1)(B), c	neck here	
			6) ► \$ 2,755,142 (Part I, column (	d) must I	be on cash bas	sis.)	<u>L</u>	<del>"1</del>		
Ρē	rt l	ŀ	Analysis of Revenue and Expenses (The total of		Revenue and	(b) Net investm	ent	(c) Adjusted net	(d) Disbursem for chantabl	
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	ex	penses per books	income		income	purposes	
			the dinounts in column (a) (see instructions) )						(cash basis oi	nly)
	1		Contributions, gifts, grants, etc., received (attach schedule)		675,000					
	2		Check ► if the foundation is not required to attach Sch B						<u> </u>	
	3		Interest on savings and temporary cash investments	ļ	1,305	-	1,30		ļ <u>.</u>	
e	4		Dividends and interest from securities		87			87 87		
	5	_	Gross rents							
	١.		Net rental income or (loss)							
Revenue	٥	_	Net gain or (loss) from sale of assets not on line 10							
Š	_		Gross sales price for all assets on line 6a							
Ř	7		Capital gain net income (from Part IV, line 2)			<u></u>				
	8		Net short-term capital gain	<u> </u>						
	9		Income modifications .	}						
	'0		Gross sales less returns and allowances					-	<del></del>	
			Gross profit or (loss) (attach schedute) ECEIVE	)						
	11		Other income (attach schedule)	78	<del> </del>					
	12		Total. Add lines 1 through 1 MAY 2 8 20	3 8	676 202		1 20	1 202	<del></del>	
	13		Compensation of officers, directors, trustees, etc	\ <u>a</u>	676,392		1,39	1,392		
cpenses	14			19	-					
Ĕ	15		Pension plans, employee benefits .OGDEN,	<del>ل ۱ ل</del> ا	1					
ğ	16		Legal fees (attach schedule)							
ш	١,٠		Accounting fees (attach schedule)							
and Administrative			Other professional fees (attach schedule)	<b>-</b>		· · -		<del></del>	<u> </u>	
äŧ	17		Interest					-		
st,	18		Taxes (attach schedule) (see instructions)		250		25	50 250		250
Ξ	19		Depreciation (attach schedule) and depletion	<u> </u>				200		
<u>ٔ ۾</u>	20		Occupancy					-		
¥	21		Travel, conferences, and meetings							
힏	22		Printing and publications	ļ		<del> </del>		'		
<u> </u>	1 22		Other expenses (attach schedule)		225		22	25 225		225
Operating	24		Total operating and administrative expenses.	<b> </b>				220		
at			Add lines 13 through 23		475		47	75 475		475
ē	25		Contributions, gifts, grants paid		217,456				21	7,456
O	26		Total expenses and disbursements. Add lines 24 and 25.		217,931		47	75 475		7,931
	27		Subtract line 26 from line 12	<b> </b>	217,331		7/	4/5		17,331
<u>}</u>	- '		Excess of revenue over expenses and disbursements	1	458,461					
*		_	Net investment income (If negative, enter -0-) .	<u> </u>	700,701	·	91	7	<del> </del>	
			Adjusted net income (if negative, enter -0-)			·	J			
		_		<u> </u>				917	<u>L</u>	

Total Teach	Da	et II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	d of year	
2 Savings and temporary cash investments  3 Accounts receivable  Less: allowance for doubful accounts  4 Piedges recorvable  5 Grants receivable  1 Caretis receivable  1 Caretis receivable  1 Caretis receivable  2 Caretis receivable  5 Grants receivable  6 Recorvables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)  7 Other notes and leans receivable (stades schedule)  8 Inventioners for sale or or use  9 Prepard expenses and deferred charges  9 Prepard expenses and deferred charges  10 a investments—corporate bords (attach schedule)  1 Investments—ther (attach schedule)  1 Investments—corporate bords (attach schedule)  1 Less accomulated deprecation (attach schedule)  1 Investments—man, bustlengs, and expenses to schedule  1 Less accomulated deprecation (attach schedule)  1 Investments—man, bustlengs, and expenses to schedule  1 Less accomulated deprecation (attach schedule)  1 Less accomulated deprecation (attach schedule)  1 Carporate scale; (describe ►  1 Total assests; (describe ►  2 Total assests; (describe ►  2 Total labilities (add lines 17 through 21.  2 Total labilities (add lines 17 through 22.  2 Part Intuition or capital surplus, or land, bidg, and equipment fund  2 Retained carrings, accumulated income, endowment, or other funds  3 Total Intaitities and net assests fund balances (see instructions)  2 Latter and the days and lines 20 and 21.  2 Total labilities and met assests fund balances (see instructions)  1 Total net assests or fund balances (see instructions)  2 Latter and the days are fund.  2 Latter and the days are fund.  3 Latter and the save of the days are bent under the days are fund.  4 Add lines 1, 2, and 3  5 Total Intaitities and net assests fund.  5 Less arounts are fund.  5 Less arounts are fund.  5 Less arounts are fund.  5 Le	га	l C III	Dalance Sileets	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
A Accounts receivable		1.	Cash—non-interes	st-bearing				
A Accounts receivable		2	Savings and temp	orary cash investments	2,295,807	2,653,541	2,653,541	
Less allowance for doubtful accounts  4 Piedges receivable  5 Grants receivable  6 Roccivables due from officers, directors, Inusiess, and other disqualified persons (attach schedule) (see instructions)  7 Obser notes and toans receivable (attach schedule) (see instructions)  8 Inventions for sale or or see 9 Propaid expenses and deferred charges 10 a Investments—Use and state powement obligations (attach schedule) 10 investments—Corporate stock (attach schedule) 11 Investments—Corporate stock (attach schedule) 12 Investments—Corporate stock (attach schedule) 13 Investments—Corporate stock (attach schedule) 14 Land, buldings, and equipment basis b 15 Less accumulated deprenation (attach schedule) 15 Other assets (describe b 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1) 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1) 20 Less recommended deprenation (attach schedule) 21 Total Intelligence (describe b 22 Total liabilities (add lines 17 through 22) 22 Total Intelligence (describe b 23 Total Intelligence (describe b 24 Unrestricted 25 Temporariy restricted 26 Permanently restricted 27 Permanently restricted 28 Pard-in or capital sumplies, or land, bidg, and equipment fund 29 Permanently restricted 29 Permanently restricted 20 Lans trained assets of fund balances (see instructions) 20 Total intelligence (describe b 20 Total intelligence (describe b 21 Total net assets of fund balances (see instructions) 20 Total relates and the notes payable (attach schedule) 20 Total intelligence (describe b 20 Total intelligence (describe b 21 Total net assets of fund balances (see instructions) 20 Total relates and relates the fund balances (see instructions) 30 Total relates and relates the fund balances (see instructions) 31 Total relates and relates the fund balances (see instructions) 32 Total flaibilities (add inse 17 through 22) 33 Total flaibilities (add inse 17 through 24 Add lanes 1, 2 and 3 34 Add lanes 1, 2 and 3 55 Decreases n		3	Accounts receivab	ole ►				
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Less: allowance for doubtful accounts  5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (daths schedule)		4	Pledges receivable	e <b>&gt;</b>				
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1		5	Grants receivable					
Solution		6	Receivables due f	rom officers, directors, trustees, and other				
Solution				·				
Less allowance for doubtful accounts    8 Investments—Cut S and state government obligations (attach schedule)  9 Prepaid expenses and deferred charges  10 Investments—Cut S and state government obligations (attach schedule)  b Investments—Corporate bonds (attach schedule)  11 Investments—Corporate bonds (attach schedule)  12 Investments—Corporate bonds (attach schedule)  13 Investments—Corporate bonds (attach schedule)  14 Land, buildings, and equipment basis    Less accumulated depreciation (attach schedule)  15 Other assets (describe    16 Total assets (to be completed by all fillers—see the instructions Also, see page 1, item 1)  17 Accounts payable and accrued expenses  18 Grants payable  20 Loss arounds and accrued expenses  21 Mortgages and other notes payable (attach schedule)  22 Other liabilities (editions of through 22)  23 Total liabilities (add lines 17 through 22)  3 Total liabilities (add lines 17 through 22)  4 Unrestricted  25 Temporarily restricted  26 Temporarily restricted  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bidg, and equipment fund  29 Retained earnings, accumulated mone, endowment, or other funds  29 Retained earnings, accumulated mone, endowment, or other funds  29 Retained earnings, accumulated mone, endowment, or other funds  29 Retained earnings, accumulated mone, endowment, or other funds  20 Total net assets or fund balances (see instructions)  20 Total net assets or fund balances (see instructions)  21 Total net assets or fund balances (see instructions)  22 Total intel assets or fund balances (see instructions)  23 Total flat assets or fund balances (see instructions)  24 Total net assets or fund balances (see instructions)  25 Total net assets or fund balances (see instructions)  26 Teter amount from Part I, line Para  27 Total net assets or fund balances are beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on pnor year's return)  27 Total net assets or fund balances (see instructi		7						
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12   Investments—orther (attach schedule)   181,594   282,321   101,601     14   Land, buildings, and equipment basis ►		l ''			-		•	
13   Investments—other (attach schedule)   181,594   282,321   101,601     14   Land, buildings, and equipment basis		12						
14 Land, bulclings, and equipment basis		_			181 504	282 321	101 601	
Less accumulated depreciation (attach schedule)   15 Other assets (describe   16 Total assets (to be completed by all filers—see the instructions Also, see page 1, tem I)   2,935,862   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,755,142   2,775,142   2,935,862   2,755,142    2,775,141		_				202,321	101,001	
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Total liabilities (add lines 17 through 22)  Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  Unrestricted  Temporarily restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Total near the arms of the disances (see instructions)  Total near the arms of the disances (see instructions)  Total near the arms of the disances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Total near the arms of the disances of themize)  Section 1. 2, 935,862  Total near the arms of the disances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Let arms of the arm	Ξ							
Total liabilities (add lines 17 through 22)  Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  Unrestricted  Temporarily restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Total near the arms of the disances (see instructions)  Total near the arms of the disances (see instructions)  Total near the arms of the disances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Total near the arms of the disances of themize)  Section 1. 2, 935,862  Total near the arms of the disances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Let arms of the arm	Ē	l		·				
Total liabilities (add lines 17 through 22)  Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  Unrestricted  Temporarily restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Retained earnings, accumulated income, endowment, or other funds  Total near the arms of the disances (see instructions)  Total near the arms of the disances (see instructions)  Total near the arms of the disances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Total near the arms of the disances of themize)  Section 1. 2, 935,862  Total near the arms of the disances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Let arms of the arm	<u>.</u>	l	• •	, , , , , , , , , , , , , , , , , , , ,				
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  Unrestricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) Total net assets or fund balances (see instructions) Total net assets or fund balances (see instructions)  Total net assets or fund balances (see instructions)  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  5  Enter amount included in line 2 (itemize)  5  Enter amount included in line 2 (itemize)  5  Enter amount included in line 2 (itemize)		ı	•	escribe)				
and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 4 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 5		23	Total liabilities (a	add lines 17 through 22)	0	0		
Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 2,477,401 2,935,862  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ιn		Foundations that	t follow SFAS 117, check here .				
Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 2,477,401 2,935,862  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ë		and complete lin	es 24 through 26 and lines 30 and 31.				
Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 2,477,401 2,935,862  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	a	24	Unrestricted .					
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 4 Analysis of Changes in Net Assets or Fund Balances 5 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 5 Enter amount from Part I, line 27a 6 Add lines 1, 2, and 3 7 Decreases not included in line 2 (itemize) 7 Section 1	3al	25	Temporarily restric	cted .				
Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Decreases not included in line 2 (itemize)	<u>Б</u>	26	Permanently restri	icted				
Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Decreases not included in line 2 (itemize)	Š		Foundations that	t do not follow SFAS 117, check here				
Part III Analysis of Changes in Net Assets or Fund Balances  Total net assets or fund balances (see instructions)  Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a  Other increases not included in line 2 (itemize)  Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)  Decreases not included in line 2 (itemize)	Ē		and complete lin	es 27 through 31.				
instructions)		27	Capital stock, trus	t principal, or current funds	2,477,401	2,935,862		
instructions)	ets	28	Paid-in or capital s	surplus, or land, bldg , and equipment fund .				
instructions)	SS	29	Retained earnings	, accumulated income, endowment, or other funds				
instructions)	₹	30	Total net assets	or fund balances (see instructions).	2,477,401	2,935,862		
instructions)	Ę	31	Total liabilities a	nd net assets/fund balances (see				
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . 1 2,477,401 2 Enter amount from Part I, line 27a . 2 458,461 3 Other increases not included in line 2 (itemize) ▶ . 3 4 Add lines 1, 2, and 3	_		instructions)		2,477,401	2,935,862		
end-of-year figure reported on prior year's return) .	Pai	rt III	Analysis of C	hanges in Net Assets or Fund Balances		_		
2 Enter amount from Part 1, line 27a	1	Total	net assets or fund b	alances at beginning of year-Part II, column (a), line	30 (must agree with			
2 Enter amount from Part 1, line 27a		end-	of-year figure reporte	ed on prior year's return)		1	<u>2,477,401</u>	
3 Other increases not included in line 2 (itemize)  4 Add lines 1, 2, and 3	2					2		
4 Add lines 1, 2, and 3	3	Othe	r increases not inclu	ded in line 2 (itemize)				
5 Decreases not included in line 2 (itemize) 5	4						2,935,862	
	5			n line 2 (itemize) ▶		5		
	6					6	2,935,862	

Capital Callis	and Losses for tax off fills	councut i	11601	110				
(a) List and describ 2-story brick ware		(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr )			
1a				<u> </u>		,-··		
b							-	
С								
d				1000		,		
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
_a								
b								
С								
d								
_ e								
Complete only for assets s	howing gain in column (h) and owne	d by the fou	ndatio	n on 12/31/69		(I) Gains (Col	(h) gain minus	
(i) FM V as of 12/31/69	(j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any					col (k), but not Losses (fro	ess than -0-) or om col (h))	
_a								
b								
С		ļ						
d								
e		<u> </u>				· <del>- · · · · · - · - · - · · · · · · · ·</del>		
2 Capital gain net income		also enter i , enter -0- ii			2		0	
	ain or (loss) as defined in sections							
_	t I, line 8, column (c) (see instruct	ions) If (lo	ss), e	nter-0-				
ın Part I, line 8		•			3		0	
Part V Qualification l	<u> Jnder Section 4940(e) for R</u>	educed T	ax o	<u>n Net Investm</u>	<u>ent Ir</u>	ncome		
	, leave this part blank. r the section 4942 tax on the disti not qualify under section 4940(e				e base	e period?	Yes No	
<ol> <li>Enter the appropriate a</li> </ol>	mount in each column for each y	ear; see th	e inst	ructions before m	akıng	any entries		
(a) Base penod years Colondor year for toy year begins	(b) Adjusted qualifying distribution	ons Net	value c	(c) f nonchantable-use as	sets		(d) bution ratio	
Calendar year (or tax year beginni 2011		3,136		1,600	932	(coi (b) di	vided by col (c)) 0 201842	
2010	<del></del>	2,149		1,381			0.320093	
2009		6,458			,201		0.623818	
2008		4,459			,477		0.642505	
2007						•	0.000000	
2 Total of line 1, column (	d)					2	1 788258	
•	for the 5-year base period—divi	de the total	on lir	ne 2 by 5, or by	Ī			
<del>-</del>	foundation has been in existence			•	.	3	0 447065	
4 Enter the net value of no	ncharitable-use assets for 2012	from Part X	, line	5 .	]	4		
5 Multiply line 4 by line 3						5		
6 Enter 1% of net investm	ent income (1% of Part I, line 27b	))				6	0	
7 Add lines 5 and 6 .		-			.	7	0	
8 Enter qualifying distribut			_			8	0	
If line 8 is equal to or gre the Part VI instructions	eater than line 7, check the box in	ı Part VI, lın	e 1b,	and complete tha	at part	using a 1% ta	x rate See	

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	e instruct	ons)	_	
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1		,	, v:	^
	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			18	
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				
	of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<del>-  </del>		0	
3	Add lines 1 and 2			18	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			- 40	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			18	
6 _	Credits/Payments				
_	2012 estimated tax payments and 2011 overpayment credited to 2012  Exempt foreign organizations—tax withheld at source  6b				
C C	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	}		٥	
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del></del>	•••	18	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	,		0	
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			0	
Par	t VII-A Statements Regarding Activities			<u>-</u>	<del></del>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
ıa	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	•	ıa.		
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	•			
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	•	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
c	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				
	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
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	ert XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)				
_ <b></b>	NY				
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	Х	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing				
	their names and addresses .		10		X

	231-170	9120	P	age 🔾
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► DR GARY GETTENBERG Telephone no ► (516) 295-5	350		
	Located at ► 388 KENRIDGE ROAD LAWRENCE NY ZIP+4 ► 11559			<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	-	•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			1
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	i	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
_	the foreign country			L
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
la	During the year did the foundation (either directly or indirectly)	İ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days ) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	. :		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
_	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?			.,
,		1c		X
-	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2012 )	3b	N/A	L
la	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_ X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	_		
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

For	m 990-PF (2012) LAWRENCE CHARITAB	LE FOU	NDATION				31-1	709120		age 6
Pa	art VII-B Statements Regarding A	tivities	for Which Fo	rm 4720 May Be	Required (c	ontinue		<u>"</u>		
5a				<u> </u>				1		
	(1) Carry on propaganda, or otherwise atte			(section 4945(e))? .	. ſ	Yes	X N	, l	ł	
	(2) Influence the outcome of any specific p		=		_	_	_		ł	
	on, directly or indirectly, any voter regis	tration dri	ve?		Γ	Yes	X N	٠   و		
	(3) Provide a grant to an individual for trav	el study (	or other similar nu	moses?	Ē	Yes	N N			
	(4) Provide a grant to an organization other				• -	] 163	<u> </u>	<b>,</b>   .		
	in section 509(a)(1), (2), or (3), or secti				Г	Yes	X No	,   <sup>,</sup>		•
	(5) Provide for any purpose other than relig	-	,	•	· · ·	_		١ .		
	educational purposes, or for the prever			-	Г	Yes	X No			
b			-		ns described in	] 163		<b>'</b>		
_	Regulations section 53 4945 or in a current r							5b	N/A	
	Organizations relying on a current notice reg	_	<del>-</del>	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.0	13//	
С		_				. –				
_	tax because it maintained expenditure respon		•		Г	Yes	X No			
	If "Yes," attach the statement required by Re	-	•	5(d)	L	63		١		
6a	Did the foundation, during the year, receive a	-		• •						
	premiums on a personal benefit contract? .				Г	Yes	X No	.   `		
b	Did the foundation, during the year, pay prem	iums, dire	ectly or indirectly of	n a personal benefit o	∟ contract?	03	رک ۱۰۰	6b	-	х
	If "Yes" to 6b, file Form 8870		only or mandony, o	m a porcona. Donom c		•	•	, s	<del> </del>	
7a	At any time during the tax year, was the foun	dation a p	arty to a prohibited	tax shelter transaction	n? [	Yes	X No	,   '.		
	If "Yes," did the foundation receive any proce		•				<b>Z</b> J	7b		
	art VIII Information About Offic					liahly l	Paid F			
	and Contractors	,	,		aago.o, .		. u.u _	pc	.000,	
1	List all officers directors tructors for	ndation		4	. / !	\				
-	List an officers, directors, trustees, for	IIUaliQII	managers and	tneir compensatioi	n (see instruct	ons).				
<u> </u>	List all officers, directors, trustees, for		) Title, and average	(c) Compensation	(d) Contribu	tions to	<u></u>	(a) Eynen	se acco	ınt
	(a) Name and address	(b	) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contribu	tions to efit plans		(e) Expen	se accoi	
		(b	) Title, and average	(c) Compensation	(d) Contribu	tions to efit plans				
GA	(a) Name and address	(b	) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans				
GA 388	(a) Name and address	(b  TR 59	) Title, and average hours per week devoted to position USTEE	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans				
GA 388 LYI	(a) Name and address ARY GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115	(b  TR 59	o) Title, and average hours per week devoted to position USTEE 3.00	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans				
GA 388 LYI	(a) Name and address ARY GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 NN GETTENBERG	(b  TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans				
GA 388 LYI	(a) Name and address ARY GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 NN GETTENBERG	(b  TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans				
GA 388 LYI	(a) Name and address ARY GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 NN GETTENBERG	(b  TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE	(c) Compensation (If not paid, enter -0-)	(d) Contribu	tions to efit plans				
GA 388 LY! 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115	TR 59 TR	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00	(c) Compensation (If not paid, enter -0-)	(d) Contribute mployee ber and deferred co	tions to efit plans mpensatio	n	other al		
GA 388 LY! 388	(a) Name and address ARY GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 NN GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 Compensation of five highest-paid em	TR 59 TR	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00	(c) Compensation (If not paid, enter -0-)	(d) Contribute mployee ber and deferred co	tions to efit plans mpensatio	n	other al		
GA 388 LY! 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115	TR 59 TR	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00	(c) Compensation (If not paid, enter -0-)	(d) Contribute employee ber and deferred co	tions to efit plans mpensatio	If none	other al		
GA 388 LY! 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those (b) Title, and average hours per week devoted to position USTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contribute employee ber and deferred co	tions to lefit plans impensation etions).	If none	other al	lowance	s
GA 388 LY! 388	(a) Name and address ARY GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 NN GETTENBERG 8 KENRIDGE ROAD LAWRENCE, NY 115 Compensation of five highest-paid em	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those (b) Title, and average hours per week devoted to position USTEE	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensatio etions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,
GA 388 LYI 388	(a) Name and address  ARY GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  NN GETTENBERG  8 KENRIDGE ROAD LAWRENCE, NY 115  Compensation of five highest-paid ementer "NONE."	TR 59 TR 59	o) Title, and average hours per week devoted to position USTEE 3.00 USTEE 2 00  (other than those hours per week devoted to position ustreet a support of the support of th	(c) Compensation (If not paid, enter -0-)  se included on line	(d) Contribute mployee berand deferred co	tions to efit plans mpensations.  ctions).	If none	other al	lowance	s unt,

Part VIII Information About Officers, Directors, Trustees	, Foundation Managers, Highly Paid	d Employees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (s	con instructions) If none onter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of some	(c) compensation
		***
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevants the number of organizations and other beneficianes served, conferences convened, research page 1.		Expenses
1 AID TO MANY NEEDY CHARITABLE INSTITUTIONS THEY WERE PRINCEDY		225
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 year	r on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3	. •	0
ioual. Add intes i tillough s	· · · · · · · · · · · · · · · · · · ·	U

Form **990-PF** (2012)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	ions,
	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	0.405.000
b	Average of monthly cash balances	1b	2,125,360
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,125,360
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	2,125,360
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see	ŀ	
	instructions)	4	31,880
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 .	5	2,093,480
6	Minimum investment return. Enter 5% of line 5	6	104,674
Par	t XI 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	104,674
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)	ŀ	
С	Add lines 2a and 2b	2c	18
3	Distributable amount before adjustments Subtract line 2c from line 1	3	104,656
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	104,656
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	104,656
Par	Ouglifying Distributions (see instructions)		
Far	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	217,931
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	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	217,931
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	217,931
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		2,001
	qualifies for the section 4940(e) reduction of tax in those years		

			ine (occ moducione	(-)	<b>(</b> L)	4-3	
1		Distributable amount for 2012 fr	om Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012 104,656
2			. (1) (0040			·	104,030
	_	Undistributed income, if any, as	of the end of 2012.				
		Enter amount for 2011 only				0	
	b	Total for prior years. 20,					-
3		Excess distributions carryover, i	_				
	a	From 2007	640,172				
	b	From 2008	585,662				
	С	From 2009	567,224				
	d	From 2010 .	373,125				
	е	From 2011	243,103				
	f	Total of lines 3a through e .		2,409,286			
4		Qualifying distributions for 2012	from Part				
		XII, line 4 ► \$	217,931				
	а	Applied to 2011, but not more th	an line 2a .				
	b	Applied to undistributed income	of prior years				
		(Election required—see instruct	ions)				
	С	Treated as distributions out of co	orpus (Election				
		required—see instructions)					
	d	Applied to 2012 distributable am	ount				104,656
	е	Remaining amount distributed of	ut of corpus .	113,275			
5		Excess distributions carryover a	pplied to 2012 .			,	
		(If an amount appears in colum	n (d), the				
		same amount must be shown in	n column (a).)				
6		Enter the net total of each co	lumn as				
		indicated below:					
		Corpus Add lines 3f, 4c, and 4e		2,522,561			
	Þ	Prior years' undistributed incom-	e Subtract		_		
		line 4b from line 2b .			0	<del></del>	
	С	Enter the amount of prior years'					
		income for which a notice of def	· ·				
		been issued, or on which the se	` ′				
		tax has been previously assesse					
	đ	Subtract line 6c from line 6b Ta					
		amount—see instructions	1	-			
	е	Undistributed income for 2011	i i				
		4a from line 2a Taxable amount	t—see				
		instructions .				0	
	f	Undistributed income for 2012					
		lines 4d and 5 from line 1 This a	amount must				_
_		be distributed in 2013					0
7		Amounts treated as distributions					
		corpus to satisfy requirements in					
		section 170(b)(1)(F) or 4942(g)(	· ·				<del>_</del>
8		Excess distributions carryover fr		0.40.470			
•		not applied on line 5 or line 7 (se	· · · · · · · · · · · · · · · · · · ·	640,172			<del></del>
9		Excess distributions carryov		4 000 000			
		Subtract lines 7 and 8 from line	oa.	1,882,389	-		
0	_	Analysis of line 9	505 000				
		Excess from 2008	585,662				
	b	Excess from 2009	567,224				
	٦ 2	Excess from 2010	373,125				
	d	Excess from 2011  Excess from 2012	243,103 113,275				
	C	LACESS HUITI ZU IZ	113,275				

#### Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	COMMISSION	
a Paid duning the year			ļ	
AMERICAN FRIENDS OF NETIV ARY			AID TO THE NEEDY	10,000
18 ORCHARD HILL DRIVE			i i	
MONSEY, NY 10952		Ì		
AMERICAN FRIENDS OF YISRO			AID TO THE NEEDY	5,000
1324 AVENUE J				
BROOKLYN, NY 11230			1	
BNOS CHANA			AID TO THE NEEDY	1,800
1/2 RAMAT BEIT SHEMESH				
ISRAEL			1 1	
CENTRAL FUND FOR ISRAEL			AID TO THE NEEDY	5,000
980 6TH AVENUE 3RD FL			1	
NEW YORK, NY 10018			l	
CHABAD OF PEURTO RICO			BUILDING FUND	5,000
17 CALLIA DALIA			1	
CAROLINA, PR 00979				
CONGREGATION & YESHIVA			CONGREGATION FUND	1,225
2422 AVENUE K				
BROOKLYN, NY 11210			1	
CONGREGATION BNAI AHARON			CONGREGATION FUND	1,000
90 ROSS STREET				
BROOKLYN, NY 11211				
CONGREGATION CHESED L'YISROEL			CONGREGATION FUND	1,250
11 LEE AVENUE				
BROOKLYN, NY 11211			i i	
KEREN REFOEL YEHUDA			AID TO THE NEEDY	2,500
1137 SAGA STREET				
FAR ROCKAWAY , NY 11691				
KOLLEL TORAS CHAIM			AID TO THE NEEDY	6,250
99 GRIGGS AVENUE				
TEANECK, NJ 07666				
CONG KNESETH ISRAEL			AID TO THE NEEDY	1,320
728 EMPIRE AVENUE				
FAR ROCKAWAY, NY 11691	<u> </u>			
Total See Attached Statement	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	▶ 3a	217,456
b Approved for future payment			i l	
			!	
	<u> </u>		L	
Total .			. <b>▶</b> 3b	0

	Analysis of Income-Producing Acti	T		<del></del>		
Enter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	(e)	
·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions)
1 Program	service revenue					(See Instructions)
				<u></u> -	_	<u> </u>
						<u> </u>
			_			<b></b>
e						
7		<u> </u>				<del>                                     </del>
	and contracts from government agencies	<del></del>	···			<del> </del>
	hip dues and assessments n savings and temporary cash investments	<del> </del>	1,305			
	s and interest from securities		1,303			
	I income or (loss) from real estate.					
	financed property .					
	ebt-financed property					-
	I income or (loss) from personal property		-	·· <u>-</u>		
	estment income					
8 Gain or (I	oss) from sales of assets other than inventory .			,		1
	ne or (loss) from special events				7	
10 Gross pro	ofit or (loss) from sales of inventory					
11 Other rev	enue a					
L						
	· · · · · · · · · · · · · · · · · · ·					
d						
e	A. (1) (1) (1) (1)		4.000			ļ.,
	Add columns (b), (d), and (e)		1,392		0	1,392
	d line 12, columns (b), (d), and (e)				13	1,392
	Relationship of Activities to the Ac	complishment	of Exampt D	III		
Line No.	Explain below how each activity for which incom-				nortantly to	
Eme No. ■	the accomplishment of the foundation's exempt	•	, ,		•	ctions )
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Paid

Preparer

Use Only

Firm's name

Firm's address

	(= ,			LIOUNDATION				31-1108		ı agı	- 10
Part >	(VII Inf	ormation Reg	arding Tran	sfers To and Tran	sactions a	nd Re	ationships Wit	h Noncharit	able		
	Ex	empt Organiz	ations								
1 Di	d the orga	nization directly	or indirectly er	ngage in any of the foll	lowing with a	ny othe	r organization des	cribed		Yes	No
in	section 50	1(c) of the Code	e (other than se	ection 501(c)(3) organ	izations) or ii	n sectio	n 527, relating to p	olitical			
or	ganızatıon	s?									
a Tr	anefare fr	om the reporting	foundation to	a noncharitable exemp	ot organizatio	n of					
	) Cash	an the reporting	iouridation to a	a nondiantable exemp	or organizatio	ni Oi.			1a(1)		X
•	Other as	eete	•		• -			•		$\vdash$	$\frac{\lambda}{X}$
•	her transa		•	• •	•	•		•	1a(2)	$\vdash$	_^_
			obaritable ave	mnt organization					46/4		- 🗸 -
				mpt organization ble exempt organization					1b(1)		X
				• •	on				1b(2)	-	X
		of facilities, equip		asseis	-				1b(3)		X
		rsement arrange		•	•	=	•	•	1b(4)		<u>X</u>
		r loan guarantee							1b(5)		X
				p or fundraising solicit		•	•		1b(6)	$\vdash$	X
	-			s, other assets, or paid				•	1c	لـــا	Χ_
d If	the answe	r to any of the al	oove is "Yes," o	complete the following	schedule C	olumn (	<b>b)</b> should always	show the fair n	narket		
va	lue in any	goods, other ass	sets, or service	es given by the reporting ment, show in column	ng toundation	n IT the	roundation receive	ed less than fai	r marke	). .d	
	<del></del>		Taring arrange		(u) the value		goods, other asse		TECEIVE	<del></del>	
(a) Line	(a) Line no (b) Amount involved (c) Nam			of nonchantable exempt org	anization	( <b>d)</b> De	escription of transfers, tr	ansactions, and sh	anng arra	ngeme	nts
			<del> </del>								
			ļ								
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_				· · · · · · · · · · · · · · · · ·							
			[								
2a Is	the founda	ation directly or i	ndirectly affilia	ted with, or related to,	one or more	tax-exe	empt organizations	<u>_</u>			
de	scribed in	section 501(c) of	of the Code (ot	her than section 501(c	c)(3)) or in se	ction 52	277	\	′es 🛛	No	
b If'	'Yes," com	plete the follow	ng schedule								
	(a)	Name of organization	 	(b) Type of o	rganization		(c) D	escription of relation	nship		
·-											
	Under pen	alties of penury. I declare	that I have examined	this return, including accompanyin	a schedules and st	atements, a	nd to the best of my knowler	loe and belief it is told	 ?.		
	correct, an			taxpayer) is based on all informati	-		•				
Sign		- []		•	. ,	-	<del>-</del>	May the IRS			
Here		Usun Vax	tender	15-1-13	Truste			with the prepa			ı "
	<del>                                   </del>	re of officer or wiste	and X	Date	Title	: (		instructions)?		s	No
	/	nt/Type preparer's n		Preparer's signature	1106		Date		PTIN		
	Į re	"" 13he hichaici 2 II	ac	i ispaici a aigilatuic			Pare		1 1 1 1 1 1		

Check \_\_\_\_ if

self-employed

Firm's EIN

Phone no

#### 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

Employer identification number

LAWRENCE CHARITABLE FO	DUNDATION	31-1709120					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	orm 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1					
	501(c)(3) taxable private foundation						
Note. Only a section 501(c)(7) instructions  General Rule	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  , (8), or (10) organization can check boxes for both the General Rule and a second content of the content						
property) from any one	e contributor Complete Parts I and II	nore (in morely di					
Special Rules							
sections 509(a)(1) and	) organization filing Form 990 or 990-EZ that met the 33 1/3% support test if 170(b)(1)(A)(vi) and received from any one contributor, during the year, a softhe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	contribution of the greater					
the year, total contribu	), (8), or (10) organization filing Form 990 or 990-EZ that received from any tions of more than \$1,000 for use exclusively for religious, charitable, scier or the prevention of cruelty to children or animals. Complete Parts I, II, and	ntific, literary, or					
the year, contributions total to more than \$1,0 year for an exclusively	), (8), or (10) organization filing Form 990 or 990-EZ that received from any for use exclusively for religious, charitable, etc., purposes, but these contribution that were received religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	butions did not ved during the is the <b>General Rule</b>					
Caution. An organization that	is not covered by the General Rule and/or the Special Rules does not file 9	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)

Name	of	orga	nizati	on				
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Employer identification number 31-1709120

			01 17 00 120		
Part i	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>1</u> .	NEVE SHAANAN IRREVOCABLE TRUST  388 KENRIDGE ROAD  LAWRENCE NY 11559  Foreign State or Province: Foreign Country	\$ 225,000	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		
2	GOTLIEB FAMILY TRUST  388 KENRIDGE ROAD  LAWRENCE NY 11559  Foreign State or Province  Foreign Country:	\$ 225,000	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		
3	THE DISKIN TRUST  388 KENRIDGE ROAD  LAWRENCE NY 11559  Foreign State or Province  Foreign Country	\$ 225,000	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		
4	GARY GETTENBERG  388 KENRIDGE ROAD  LAWRENCE NY 11559  Foreign State or Province: Foreign Country	\$	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		
	Foreign State or Province: Foreign Country	\$	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		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		

7,500

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