



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



Return of Private Foundation

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

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning

, and ending

Name of foundation

M.F.K. FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

25 LOCUST HOLLOW DR.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MONSEY, NY 10952

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year **<30,552.** (from Part II, col. (c), line 16) J Accounting method: Cash Accrual
 Other (specify) _____

► \$ **<30,552.** (Part I, column (d) must be on cash basis.)**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	274,061.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications. Gross sales less returns and allowances				
	10a Less: Cost of goods sold				
	b Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	274,061.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	1,800.	0.		0.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	1,709.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	3,509.	0.		0.
	25 Contributions, gifts, grants paid	217,434.			217,434.
	26 Total expenses and disbursements. Add lines 24 and 25	220,943.	0.		217,434.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	53,118.			
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)			N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	<83,775.►	<30,470.►	
	2	Savings and temporary cash investments	105.	<82.►	
	3	Accounts receivable ►			
		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 ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	<83,670.►	<30,552.►	<30,552.►
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ► <input type="checkbox"/>			
		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 ► <input checked="" type="checkbox"/>			
		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds	<83,670.►	<30,552.►	
	30	Total net assets or fund balances	<83,670.►	<30,552.►	
	31	Total liabilities and net assets/fund balances	<83,670.►	<30,552.►	

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)	1	<83,670.►
2	Enter amount from Part I, line 27a	2	53,118.
3	Other increases not included in line 2 (itemize) ►	3	0.
4	Add lines 1, 2, and 3	4	<30,552.►
5	Decreases not included in line 2 (itemize) ►	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	<30,552.►

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b	NONE				
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012	258,443.	53,880.	4.796641
2011	606,759.	16,755.	36.213608
2010	506,209.	293,243.	1.726244
2009	271,103.	346,286.	.782888
2008	476,933.	419,014.	1.138227

- 2 Total of line 1, column (d) 2 44.657608
- 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 8.931522
- 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 4 48,253.
- 5 Multiply line 4 by line 3 5 430,973.
- 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 0.
- 7 Add lines 5 and 6 7 430,973.
- 8 Enter qualifying distributions from Part XII, line 4 8 217,434.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1.
Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)	
1b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 2b
b 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-)
3	Add lines 1 and 2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-
6	Credits/Payments:
6a	a 2013 estimated tax payments and 2012 overpayment credited to 2013
6b	b Exempt foreign organizations - tax withheld at source
6c	c Tax paid with application for extension of time to file (Form 8868)
6d	d Backup withholding erroneously withheld
7	Total credits and payments. Add lines 6a through 6d
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ► <input type="checkbox"/> Refunded ► <input type="checkbox"/>

Part VII-A Statements Regarding Activities

1a	Yes	No
1a	X	
1b	X	
1c		X
2	X	
3	X	
4a	X	
4b		
5	X	
6	X	
7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► <input type="checkbox"/> 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	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	

Part 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>NA</u>	13	<input checked="" type="checkbox"/> X
14	The books are in care of ► THE FOUNDATION Located at ► 25 LOCUST HOLLOW DR., MONSEY, NY	Telephone no. ► 917-671-8991 ZIP+4 ► 10952	
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	► 15	<input type="checkbox"/> N/A
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No

Part 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.

1a	During the year did the foundation (either directly or indirectly):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
	(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
	(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here	N/A ► <input type="checkbox"/>
c	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 2013?	1c <input checked="" type="checkbox"/> X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
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 <input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► <input type="checkbox"/>	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2013 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 2013.)	3b <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> 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 2013?	4b <input type="checkbox"/> X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

N/A

►

5b

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

 Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

 Yes No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(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
MENDEL KLEIN 25 LOCUST HOLLOW DRIVE MONSEY, NY 10952	TRUSTEE 0.00	0.	0.	0.
FEIGIE KLEIN 25 LOCUST HOLLOW DRIVE MONSEY, NY 10952	TRUSTEE 0.00	0.	0.	0.
CHAIM S. KLEIN 1340 51ST STREET BROOKLYN, NY 11219	TRUSTEE 0.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

►

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A | Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1	N/A
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Percent
1	N/A	
2		

All other program-related investments. See instructions.

Total, Add lines 1 through 3 ► **0.**

Total. Add lines 1 through 3.

0.

Form 990-PF (2013)

Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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
- b Average of monthly cash balances
- c Fair market value of all other assets
- d Total (add lines 1a, b, and c)

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

3 Subtract line 2 from line 1d

4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)

5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4

6 Minimum investment return. Enter 5% of line 5

1a	0.
1b	48,988.
1c	
1d	48,988.
1e	0.
2	0.
3	48,988.
4	735.
5	48,253.
6	2,413.

Part 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 2,413.

2a Tax on investment income for 2013 from Part VI, line 5

2a

b Income tax for 2013. (This does not include the tax from Part VI.)

2b

2c 0.

c Add lines 2a and 2b

3 2,413.

3 Distributable amount before adjustments. Subtract line 2c from line 1

4 0.

4 Recoveries of amounts treated as qualifying distributions

5 2,413.

5 Add lines 3 and 4

6 0.

6 Deduction from distributable amount (see instructions)

7 2,413.

7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

Part XII. Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

1a 217,434.

a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26

1b 0.

b Program-related investments - total from Part IX-B

2

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.

3

3 Amounts set aside for specific charitable projects that satisfy the:

3a

a Suitability test (prior IRS approval required)

3b

b Cash distribution test (attach the required schedule)

4 217,434.

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

5

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

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

7

6 Adjusted qualifying distributions. Subtract line 5 from line 4

8 217,434.

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 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				2,413.
2 Undistributed income, if any, as of the end of 2013:			0.	
a Enter amount for 2012 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008	456,038.			
b From 2009	253,795.			
c From 2010	491,547.			
d From 2011	605,921.			
e From 2012	255,749.			
f Total of lines 3a through e	2,063,050.			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 217,434.			0.	
a Applied to 2012, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount	215,021.			2,413.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2013 (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:	2,278,071.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
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 2008 not applied on line 5 or line 7	456,038.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	1,822,033.			
10 Analysis of line 9:				
a Excess from 2009	253,795.			
b Excess from 2010	491,547.			
c Excess from 2011	605,921.			
d Excess from 2012	255,749.			
e Excess from 2013	215,021.			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE STATEMENT 4	NONE	PUBLIC	GENERAL OPERATIONS	217,434.
Total			► 3a	217,434.
b Approved for future payment				
NONE				
Total			► 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)					13
(See worksheet in line 13 instructions to verify calculations.)					0.

Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash	1a(1)	X
(2) Other assets	1a(2)	X
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
(3) Rental of facilities, equipment, or other assets	1b(3)	X
(4) Reimbursement arrangements	1b(4)	X
(5) Loans or loan guarantees	1b(5)	X
(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

11-13-14

Date

→ Freudor

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

Yes No

Paid Preparer Use Only	Print/Type preparer's name <i>J. GLIKSMAN</i>	Preparer's signature <i>J. Alm</i>	Date 11/13/14	Check <input type="checkbox"/> if self-employed	PTIN P01472938
	Firm's name ► J. GLIKSMAN CPA PC			Firm's EIN ►	
	Firm's address ► 5417 18TH AVENUE BROOKLYN, NY 11204			Phone no. 718-234-8181	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

M.F.K. FOUNDATION

Employer identification number

20-8118161

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

M.F.K. FOUNDATION**20-8118161****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	<u>MENDEL KLEIN</u>	\$ <u>274,061.</u>	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
	<u>25 LOCUST HOLLOW DRIVE</u>		(Complete Part II for noncash contributions.)
	<u>MONSEY, NY 10952</u>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

M.F.K. FOUNDATION

20-8118161

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$ _____	_____

Name of organization

Employer identification number

M.F.K. FOUNDATION

20-8118161

Part III 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) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	1,800.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,800.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES NYS	1,684. 25.	0. 0.		0. 0.
TO FORM 990-PF, PG 1, LN 23	1,709.	0.		0.

A TIME	36
ACH TOV V'CHESED	5
AHAVAS CHESED	72
ALEH FOUNDATION	20
AMER FR.OF Y M.E.R BEIS SHMUEL	360
AMER.SOC.FOR YAD VASHEM	25
AMERICAN F OF HEBREW INST	5
AMERICAN FR OF OHEL SARAH INC	5
AMERICAN FR.TZOHAR	10
ANEINU WIDOWS & ORPHEA	5
ARACHIM	5
ASRA KADISHE	5
BAIS HAMEDRISH LELOV TEFILA L'MOSHE	325
BAIS HATAVSHIL	5
BAIS SURA	100
BAYIS LEPLEITOS	10
BAYIS NE'EMAN HACHNOSAS KALLAH	36
BE'ER HAGOLAH INST.	5
BIKUR CHOLIM HOSPITAL	10
BIKUR CHOLIM OF BORO PARK	10
BLINDED VETERANS ASSOCIATION	5
BNEI LEVY FOUNDATION	750
BNOS ZION OF BOBOV	580
BOBOVER YESHIVA	72
BOBOVER YESHIVA BNEI ZION	10000
C N FUND	5
CENTRAL JEWISH COUNCIL	300
CHAI LIFELINE	64
CHANUN V'RACHUM	5
CHASDEI DOVID	5
CHASODIM TOVIM	5
CHAZORA CTR OF ROCKLAND COUNTY INC.	10
CHESED FUND	20
CHESED INC.	1325
CHESED L'AVRAHAM	10
CHEVRA SIMCHAS PURIM D'BOBOV	72
CHILD LIFE SOCIETY	5
CHILDRENS OF JERUSALM	5
CHMOL	5
COLEL CHABAD	10
CONG	500
CONG. BETH JOSEPH D'SPINKA	-5000
CONG & YES.BETH ELIYAHU	500
CONG.AHAVAS ACHIM	252
CONG.AHAVAS CHAVEIRIM	36
CONG.AHAVAS CHESED	100
CONG.APIRYON SHEL SHLOMO	624
CONG.ATERES SHMIEL	1800
CONG BAIS CHAIM YOSHUA	2414
CONG BAIS MENACHEM D'GLOGOV	100
CONG BEIS EUEZER	5
CONG BEIS YOSHER	180
CONG.BETH JOSEPH DOMBROV	3456
CONG BNEI PINCHOS	154
CONG BNEI YONASON	720
CONG.CHASDEI UVOS	5000
CONG.CHASHEV SOFER OF PRESBURG	400
CONG.DIVREI CHAIM D'ZMIGRED	100
CONG DIVREI SIMCHA OF CHESHANO	300
CONG.EMEK HATALMUD	100
CONG.GMACH MOSHE VAHARON	180
CONG.GMACH SHAREI SIMCHA.	5460
CONG GORLITZ	180
CONG.ICHUD CHASIDIM	-17895
CONG.KAHAL YIREI HASHEM	18
CONG.KESER TORAH	330
CONG KHAL SHAAREI ZION D'BOBOV	216
CONG KOCHVEI YITZCHOK BOBOV	720
CONG LOMDEI TORAH INC	35000
CONG LOMDEI TORAH INC.	5000
CONG MACHZIKEI TORAH	100
CONG MATEH EFRAIM	5
CONG MIFAL CHAVRISA	180
CONG.MISHMERETH STAM	480
CONG MOSDOS TOLDOS AHARON	150
CONG NEIR BURECH	1772

CONG.NISHMAS CHAYA	1800
CONG OHEL MOSHE	25
CONG.REB MEIR BAAL HANESS	8600
CONG RIMANOV	54
CONG.SHAREI SIMCHA	1124
CONG.SHEARIS YISROEL	100
CONG.SHEFA CHAIM	150
CONG SHOINA HALUCHAS	1700
CONG TEFILOH LEDOVID OF RIBNITZ	10000
CONG.TIFERES MOSHE	6672
CONG.TOSH	-1200
CONG.YETEV LEV SATMAR	37500
CONG.YISHRIE LIEV - CHMELNICK	180
CONG.ZICHRON SHLOMO	71104
COUNT ME IN	10
DAS YIDISHE LICHT	130
DOROT INC.	5
EIZER L'SHABBOS / KOL SHIMON	1800
EZER HALBOSHO	5
EZER MIZION	5
EZRA L'MARPEH	40
EZRAS CHOLIM	5
EZRAS TORAH	5
EZRAS YISROEL	10
FALLSBURG FIRE DEPARTMENT	25
FOOD BANK OF ISRAEL	5
FRIENDS OF UNITED HATZALAH	5
GENERAL ISRAEL ORPHAN	15
GIRLS TOWN BEIT CHANA	10
GIRLS TOWN OR CHADASH	15
GRAND RABBI BZ HALBERSTAM - AMEDI ZION	1000
H F P J C	180
HACHNUSAS ORCHIM D'BOBOV	100
HAMAOR	26
HASC	10
HATZOLAH OF BORO PARK	18
HATZOLAS YEHUDEI TAIM	5
HEBREW FREE BURIAL	15
HIDEC	28
HOME OF THE SAGES	5
ISRAEL CANCER FOUNDATION	5
ISRAEL FOR TAHARAT HAMISHPACHA	10
ITKA LERNER BIKUR CHOLIM	15
JBI INTERNATIONAL	5
JERUSALEM OPEN HOUSE	10
JEWISH INST FOR BLIND	10
KAREN ELUZER, INC.	10
KEREN EZER	54
KEREN HATZOLAH	5
KEREN NER LAMAOR	1152
KEREN OHR CHAIM.	602
KEREN OR	10
KEREN YAD V'EZER	100
KEREN YESOMIM	64
KESER TORAH	5180
KHAL ICHUD CHASIDIM / SHAREI ZION	-47318
KHAL TORAS CHAIM	36
KHALL MACHZEGA HADDAS	2000
KIMPATORIN AID	18
KIPAS CHASANIM D'BOBOV	5000
KIPAS CHASANIM D'BOBOV.	514
KOILI SHEMA	100
KOLEL AHAVAS ZION SIEBENBURGEN	1864
KOLEL CHIBAS JERUSALEM	82
KOLEL SHOMREI HACHOMOS	954
KOLLEL AVREICHEM D'BOBOV	1080
KOLLEL AVREICHIM OF BROOKLYN	860
KOLLEL IYUN D'BOBOV	180
KOSONIER BIKUR CHOLIM	10
KUPAT EZRA OF ROCKLAND COUNTY	10
KUPAT HACHZUKAS CHASANIM	25
KUPAT HA'IR	15
LAKEWOOD CHEDER	15
LEHAVIN ULEHASKIL SOCIETY	1000
LEKOVOD SHABBOS	18
MACHANE ACHAI V'RAYAI	180

MALBISHEI CHOVID	22100
MARCH OF DIMES	10
MASBIA	10
MERKAS HAKOLILIM DSQU	10
MESAMCHE LEV	5
MESIFTA BETH SHRAGA	23
MESIVTA EITZ CHAIM D'BOBOV	1000
MESIVTA OF LONG BEACH	15
MESIVTA SHAAREI ARAZIM	100
MIFAL GEMILAS CHASODI	5
MIFAL HASHAS	10
MIKVA USA	30
MIKVAH OF ROCKLAND CO	18
MIRRER YESHIVA	5
MISASKIM	54
MIVTOCH OZ	5
MOKIR SHABBOS	5
MOSDOS BNEI ZION	10500
MOSDOS BOBOV - MONSEY TALMUD TORAH BOBOV	486
MOSDOS BOBOV JERUSALEM	360
NECHOMAS YISROEL	5
NESHEI BOBOV	100
NOAM SHABBOS	10
NSHEI CHAYIL FUND - PINASYIKRAS	72
OD YOSEF CHAI	5
OHR SOMAYACH.	23
ORPHAN, POOR FUND	5
OTSAR FAMILY SERVICES	10
RABBI GERSHON SPIEGAL	5000
RABBI MEIR BAAL HANEIS SALANT	38
RACHEIM	5
REFUAH YESHUAH	5
ROFEH CHOLIM CANCER SOCIETY	280
S.O. S.	2500
SATMAR BIKUR CHOLIM	82
SEGULAH	5
SGCF HACHZOKAS MISHPACHA FUND	5
SHAARE ZEDEK HOSPITAL	15
SHALSHELES BAIS YAAKOV	5
SH'OR YOSHUV INSTITUTE	150
SHUVU	5
SIACH YITZCHOK	10
SIMON WIESENTHAL CTR	50
ST JUDE CHILDREN'S HOSPITAL	10
TAHARAS HAMISHPACHA	5
TALMUDICAL SEMINARY OF BOBOV	1000
TASHBAR	5
TIFERES ACHIM	54
TIFERES RIFKA	54
TIKVAH LAYELED	10
TOMCHE SHABBOS OF B P	10
TOMCHE SHABBOS OF ROC	54
TOMER DEVORAH GIRLS SCHOOL	10
TOYS FOR HOSPITALIZED CHILDREN	5
TZEDAKAH V'CHESED	59
TZIDKAS ERETZ HAKODES	4520
U S.HOLOCAUST MEMORIA	40
UNITED CHARITY JERUS	10
UNITED TIBERIAS INST	15
VARIOUS	-6996
VAYEIL MOSHE	10
YAD EPHRAIM	10
YAD L'ACHIM	23
YAD L'CHESED	5
YAD MOSHE KEREN HABINYAN	-1800
YESHIVA DEGEL HATORAH	72
YESHIVA OF FAR ROCKAWAY	5
YESHIVA OR TORAH	5
YESHIVAH BETH HILLEL	2500
YESHUOS YISROEL	5
YOSAIF & YITTEL CHARITIES INC.	1360
ZAKA RESCUE & RECOVERY	5
ZICHRON LEIB	15
ZICHRON MENACHEM TZEDOKO FUND	72
ZICHRON MOSHE	41
Grand Total	217434

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. M.F.K. FOUNDATION	Employer identification number (EIN) or Social security number (SSN) 20-8118161
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 LOCUST HOLLOW DR.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONSEY, NY 10952	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	
Form 990-BL	02	Form 4720 (other than individual)	08
Form 4720 (individual)	03	Form 5227	09
Form 990-PF	04	Form 6069	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	11
Form 990-T (trust other than above)	06		12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

- The books are in the care of ► **25 LOCUST HOLLOW DR. - MONSEY, NY 10952**

Telephone No. ► **917-671-8991** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

AWAITING THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

Form 8868 (Rev. 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. M.F.K. FOUNDATION	Employer identification number (EIN) or Social security number (SSN) 20-8118161
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 LOCUST HOLLOW DR.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONSEY, NY 10952	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**THE FOUNDATION**

- The books are in the care of ► **25 LOCUST HOLLOW DR. - MONSEY, NY 10952**

Telephone No. ► **917-671-8991** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

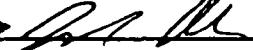
- I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.
- For calendar year **2013**, or other tax year beginning , and ending
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension

AWAITING THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **CPA**Date ► **8/13/14**

Form 8868 (Rev. 1-2014)