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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				
Jewish National Fund 42 E. 69th Street New York, NY 10021	None	PC	For its general charitable purposes	5,000
Memorial Sloane Kettering 1275 York Avenue New York, NY 10021	None	PC	For its general charitable purposes	5,000
CISTCHD9TP				
Total			► 3a	10,000
b Approved for future payment				
Total			► 3b	

Federal Supporting Statements

Name(s) as shown on return

The Philip & Ruth Eibshutz Memorial Foundation

2013 PG 01

Your Social Security Number

46-1424131

Form 990PF, Part XV, Line 2
Application Submission Information

Grant Program

Applicant Name

Marcia Eibshutz

Address

2265 Olinville Avenue
Bronx, NY 10467

Telephone

Email Address

Form & Content

Letter

CISTCHD9TP

Submission Deadline

None

Restrictions on Award

None

CISTCHD9TP

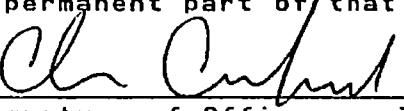
0425867131
Aug. 28, 2014 LTR 2697C 0 R
46-1424131 201312 44
Input Op: 0425867131 00029148

THE PHILIP & RUTH EIBSHUTZ
MEMORIAL FOUNDATION
1 PENN PLZ STE 3100
NEW YORK NY 10119

DECLARATION

22812

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of Officer or Trustee

9/4/14

Date

Attorney

Title