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Return of Private Foundation

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

2013

Department of the Treasury
Internal Revenue Service

- 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 , 2013, and ending

**SHELLY & LAWRENCE HOROWITZ FAMILY
FDN, INC
250 EAST OLIVE STREET
LONG BEACH, NY 11561**

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 (from Part II, column (c), line 16) **J** Accounting method: Cash Accrual
 Other (specify) *(Part I, column (d) must be on cash basis.)*

► \$ 221,129.

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) (see instructions))*

| | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|----------------------------------|--------------------------------|--|
| R E V E N U E | 1 Contributions, gifts, grants, etc, received (att sch) | 17,100. | | | |
| | 2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | 4,454. | 4,454. | | |
| | 5 a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6 a Net gain/(loss) from sale of assets not on line 10 | 17. | | | |
| | b Gross sales price for all assets on line 6a. 27. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 17. | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| ADMIN ISTRAT IVE AND EXP ENSES | 10 a Gross sales less returns and allowances | | | | |
| | b Less Cost of goods sold | | | | |
| | c Gross profit/(loss) (att sch) | | | | |
| | 11 Other income (attach schedule) | | | | |
| | 12 Total. Add lines 1 through 11 | 21,571. | 4,471. | 0. | |
| | 13 Compensation of officers, directors, trustees, etc | 0. | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16 a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach sch) SEE ST 1 | 1,000. | | | 1,000. |
| | c Other prof fees (attach sch) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) SEE STM 2 | 75. | 75. | | |
| | 19 Depreciation (attach sch) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) SEE STATEMENT 3 | 461. | 411. | | 50. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 1,536. | 486. | | 1,050. |
| | 25 Contributions, gifts, grants paid | 10,347. | | | 10,347. |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 11,883. | 486. | 0. | 11,397. |
| | 27 Subtract line 26 from line 12: | | | | |
| | a Excess of revenue over expenses and disbursements | 9,688. | | | |
| | b Net investment income (if negative, enter -0-) | | 3,985. | | |
| | c Adjusted net income (if negative, enter -0-) | | | 0. | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|--|-----|---|-------------------------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| A S S E T S | 1 | Cash – non-interest-bearing | 17,697. | 27,256. | 27,256. |
| | 2 | Savings and temporary cash investments | | | |
| | 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 (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule): | | | |
| | | 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 (attach schedule) | | | |
| | b | Investments – corporate stock (attach schedule) | 136,663. | 136,792. | 193,873. |
| | c | Investments – corporate bonds (attach schedule) | | | |
| | 11 | Investments – land, buildings, and equipment, basis: | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments – other (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 filers – see the instructions. Also, see page 1, item 1) | 154,360. | 164,048. | 221,129. |
| L I A B I L I T E S | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here 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. | <input checked="" type="checkbox"/> | | |
| | 27 | Capital stock, trust principal, or current funds | 154,360. | 164,048. | |
| | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 | Total net assets or fund balances (see instructions) | 154,360. | 164,048. | |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 154,360. | 164,048. | |

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 | 154,360. |
| 2 | Enter amount from Part I, line 27a. | 2 | 9,688. |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 164,048. |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 164,048. |

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 shares MLC Company) | | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--|---|--|-------------------------------------|
| 1 a .625 MAILINCKRODT PUB LTD | | | P | 9/11/02 | 7/01/13 |
| b | | | | | |
| 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 | 27. | | 10. | 17. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h)) | | |
| (i) Fair Market Value as of 12/31/69 | | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | | |
| a | | | | 17. | |
| 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 | 17. |
| 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) (see instructions). If (loss), enter -0- in Part I, line 8] | | | 3 | 0. |

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 (column (b) divided by column (c)) |
|---|--|---|---|
| 2012 | 12,571. | 153,265. | 0.082021 |
| 2011 | 10,000. | 130,020. | 0.076911 |
| 2010 | 10,000. | 130,000. | 0.076923 |
| 2009 | 9,480. | 103,350. | 0.091727 |
| 2008 | 9,637. | 103,425. | 0.093179 |

- 2 Total of line 1, column (d) 2 0.420761
- 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 0.084152
- 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 4 183,733.
- 5 Multiply line 4 by line 3 5 15,461.
- 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 40.
- 7 Add lines 5 and 6 7 15,501.
- 8 Enter qualifying distributions from Part XII, line 4 8 11,397.

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)

| | | |
|---|----|----------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. | 1 | 80. |
| Date of ruling or determination letter: (attach copy of letter if necessary – see instrs) | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | 2 | 0. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | 3 | 80. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0. |
| 3 Add lines 1 and 2 | 5 | 80. |
| 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: | | |
| a 2013 estimated tax pmts and 2012 overpayment credited to 2013 | 6a | |
| b Exempt foreign organizations – tax withheld at source | 6b | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d Backup withholding erroneously withheld | 6d | |
| 7 Total credits and payments Add lines 6a through 6d | 7 | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 80. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 Enter the amount of line 10 to be. Credited to 2014 estimated tax | 11 | |
| | | Refunded |

Part VII-A Statements Regarding Activities

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

| | Yes | No |
|----|-----|----|
| 1a | X | |

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

| | |
|--|---|
| | 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

| | |
|--|---|
| | X |
|--|---|

c Did the foundation file Form 1120-POL for this year?

| | |
|--|--|
| | |
|--|--|

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.

| | |
|--|----|
| | 0. |
|--|----|

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.

| | |
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2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

If 'Yes,' attach a detailed description of the activities

| | |
|--|---|
| | X |
|--|---|

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

| | |
|--|--|
| | |
|--|--|

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

| | |
|--|--|
| | |
|--|--|

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

| | |
|--|---|
| | X |
|--|---|

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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?

| | |
|--|--|
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7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV

| | |
|--|--|
| | |
|--|--|

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

N/A

| | |
|--|--|
| | |
|--|--|

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

| | |
|--|---|
| | X |
|--|---|

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

SEE STATEMENT 4

| | |
|--|---|
| | X |
|--|---|

BAA

Form 990-PF (2013)

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 | | 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? Website address | 13 | X | |
| 14 | The books are in care of ► <u>SHELLY HOROWITZ</u> Telephone no ► Located at ► <u>250 EAST OLIVE STREET LONG BEACH NY</u> ZIP + 4 ► <u>11561</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 | 15 | N/A | ► <input type="checkbox"/> |
| 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? | 16 | Yes | No |
| See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ► | | | | |

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.

| | | | | |
|--|--|--|--|-----|
| 1 a | During the year did the foundation (either directly or indirectly). | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" 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"/> No | | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" 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"/> 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"/> 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"/> No | | | | |
| 1 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 ► <input type="checkbox"/> | | | |
| 1 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? ► <input 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)) | | | |
| 2 a | 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 ► <u>20 ___, 20 ___, 20 ___, 20 ___</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 2 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) ► <u>20 ___, 20 ___, 20 ___, 20 ___</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | N/A |
| 3 a | 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"/> No | | | |
| 3 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) ► <u>20 ___, 20 ___, 20 ___, 20 ___</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | N/A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | X |
| 4 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | X |

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

5 a 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)? (see instructions) 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

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

If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)

N/A Yes No6 a 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

7 a 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 (see instructions).

| (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 |
|--|---|---|---|---------------------------------------|
| SHELLY HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561 | PRESIDENT 1.00 | 0. | 0. | 0. |
| LAWRENCE HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561 | TREASURER 1.00 | 0. | 0. | 0. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
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2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 | | | | |
| ----- | | | | |
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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 (see instructions). If none, enter 'NONE.'

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

| | |
|---|-----|
| 1 | N/A |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see instructions)

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

| | |
|--|-----|
| 1 | N/A |
| 2 | |
| | |
| All other program-related investments See instructions | |
| 3 | |
| | |
| Total. Add lines 1 through 3. | 0. |

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0.

270

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 (see instructions)

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)

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 | 171,856. | |
| 1b | 14,675. | |
| 1c | | |
| 1d | 186,531. | |
| 1e | 0. | |
| 2 | 0. | |
| 3 | 186,531. | |
| 4 | 2,798. | |
| 5 | 183,733. | |
| 6 | 9,187. | |

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

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

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

c Add lines 2a and 2b

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

4 Recoveries of amounts treated as qualifying distributions

5 Add lines 3 and 4

6 Deduction from distributable amount (see instructions)

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

| | |
|----|--------|
| 1 | 9,187. |
| 2a | 80. |
| 2b | |
| 2c | 80. |
| 3 | 9,107. |
| 4 | |
| 5 | 9,107. |
| 6 | |
| 7 | 9,107. |

Part XII Qualifying Distributions (see instructions)

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

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

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

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

3 Amounts set aside for specific charitable projects that satisfy the

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

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

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

| | |
|----|---------|
| 1a | 11,397. |
| 1b | |
| 2 | |
| 3a | |
| 3b | |
| 4 | 11,397. |
| 5 | |
| 6 | 11,397. |

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 .. | | | | 9,107. |
| 2 Undistributed income, if any, as of the end of 2013: | | | 0. | |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years: 20 20 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013. | | | | |
| a From 2008 19,195. | | | | |
| b From 2009 6,873. | | | | |
| c From 2010 2,283. | | | | |
| d From 2011 -1,459. | | | | |
| e From 2012 4,983. | | | | |
| f Total of lines 3a through e 31,875. | | | | |
| 4 Qualifying distributions for 2013 from Part XII, line 4 ► \$ 11,397. | | | 0. | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| 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 | | | | 9,107. |
| e Remaining amount distributed out of corpus | | | | 0. |
| 5 Excess distributions carryover applied to 2013. (If an amount appears in column (d), the same amount must be shown in column (a)) | 2,290. | 0. | | |
| 6 Enter the net total of each column as indicated below: | 34,165. | | | |
| 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 instructions | | | 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) (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) | 19,195. | | | |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a | 14,970. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2009 6,873. | | | | |
| b Excess from 2010 2,283. | | | | |
| c Excess from 2011 -1,459. | | | | |
| d Excess from 2012 4,983. | | | | |
| e Excess from 2013 2,290. | | | | |

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Form 990-PF (2013)

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) | | | | |
| <i>a Paid during the year</i> | | | | |
| <i>Schedule attached</i> | | | | |
| Total | | | | ► 3a |
| <i>b Approved for future payment</i> | | | | |
| Total | | | | ► 3b |

Part XVI-A Analysis of Income-Producing Activities

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions) |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (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 | | | | 14 44.54 | |
| 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 | | | | 18 17. | |
| 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) | | | | 4471 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 4,471. |
| (See worksheet in line 13 instructions to verify calculations) | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions) |
|---------------|---|
| N/A | |
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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. .
- (2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

| | Yes | No |
|---------|-----|----|
| 1 a (1) | | X |
| 1 a (2) | | X |
| 1 b (1) | | X |
| 1 b (2) | | X |
| 1 b (3) | | X |
| 1 b (4) | | X |
| 1 b (5) | | X |
| 1 b (6) | | X |
| 1 c | | 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.

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|---|--|
| N/A | | | |
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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 | | |
| | | |
| | | |
| | | |

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.

Sign
Here

Rochelle Horowitz
ature of officer or trustee

88

144

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

| | | | | | | |
|---------------------------------------|--|---------------------------|-----------------------|-------------------------|---|-----------------------------|
| Signature of officer or trustee | | Date | Title | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paid Preparer Use Only | Print/Type preparer's name | | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | SHAYE JACOBSON | | SHAYE JACOBSON | 3/2/14 | P01331251 | |
| | Firm's name | ► SHAYE JACOBSON CPA P.C. | | Firm's EIN ► 13-3225265 | | |
| Firm's address | ► 1150 BROADWAY SUITE # 216 HEWLETT, NY 11557 | | Phone no 516-295-3950 | | | |

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Form 990-PF (2013)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

2013

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

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

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | SHELLY & LAWRENCE HOROWITZ FAMILY FDN, INC | Employer identification number | 83-0414279 |
|--------------------------|---|--------------------------------|------------|

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of (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)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

SHELLY & LAWRENCE HOROWITZ FAMILY

Employer identification number

83-0414279

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 1 | SHELLY HOROWITZ 250 EAST OLIVE STREET LONG BEACH, NY 11561 | \$ 17,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

SHELLY & LAWRENCE HOROWITZ FAMILY

83-0414279

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 |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | \$ | |
| | | \$ | |
| (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

SHELLY & LAWRENCE HOROWITZ FAMILY

Employer Identification No.

83-0414279

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.

► \$ N/A

Use duplicate copies of Part III if additional space is needed

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|------------------------|-------------------------|--|
| N/A | | | |
| | | | |
| | | (e) Transfer of gift | Transferee's name, address, and ZIP + 4 |
| | | | Relationship of transferor to transferee |
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2013

FEDERAL STATEMENTS
SHELLY & LAWRENCE HOROWITZ FAMILY
FDN, INC

PAGE 1

83-0414279

STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| SHAYE JACOBSON, CPA | \$ 1,000. | \$ 0. | \$ 0. | \$ 1,000. |
| TOTAL | <u>\$ 1,000.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 1,000.</u> |

STATEMENT 2
FORM 990-PF, PART I, LINE 18
TAXES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| US TREASURY | \$ 75. | \$ 75. | \$ 0. | \$ 0. |
| TOTAL | <u>\$ 75.</u> | <u>\$ 75.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 3
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| FEES FOREGN TAXES PAID NYS DEPT OF LAW | \$ 150. 261. 50. | \$ 150. 261. 411. | \$ 0. | \$ 50. |
| TOTAL | <u>\$ 461.</u> | <u>\$ 411.</u> | <u>\$ 0.</u> | <u>\$ 50.</u> |

STATEMENT 4
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

| <u>NAME OF SUBSTANTIAL CONTRIBUTOR</u> | <u>ADDRESS OF SUBSTANTIAL CONTRIBUTOR</u> |
|--|---|
| SHELLY HOROWITZ | 250 EAST OLIVE STREET LONG BEACH, NY 11561 |

2013 - Sidney & Lawrence Horowitz
Family Foundation, Inc.

Set. 1 of

| Name | AMT | ADDRESS |
|--------------------------------------|------|---|
| Jewish Community Resist. Proj. | 1000 | Po Box 389 Long Beach NY 11561 |
| Young Israel of Long Beach | 4954 | 120 Long Island Blvd Long Beach NY 11561 |
| SMILE TRAIN | 250 | Po Box 96231 Wash. DC 20090 |
| AMERICAN FRIENDS OF MIGDAL OHR | 10 | 1160 Broadway, New York, NY 10036 |
| AMERICAN FRIENDS OF MAGEN DAVID ADOM | 10 | 352 7 th Ave, New York, NY 10001 |
| AMERICAN CANCER SOCIETY | 10 | P.O. Box 910 New York, NY 10001 |
| NOT'L JEWISH HOSP. | 5 | Po Box 1898 Denver Co. 80217 |
| DOORT | 10 | 171 W 85 th St. New York, NY 10024 |
| ALZHEIMER ASSOC | 25 | Po Box 96011 Wash. DC 20090 |
| ST JUDE CHILDREN'S HOSP. | 10 | Po Box 50 Memphis TN 38101 |
| DOCTORS WITHOUT BORDERS | 25 | 333 7 th Ave New York, NY 10001 |
| LEZER HPL Busto | 10 | 1573 58 th St. Brooklyn NY 11219 |
| AMIT | 267 | 817 Bway New York, NY 10003 |
| Young Israel of Westcoast | 18 | 2716 Henry Ave Fair Parkway NY 11691 |
| ACHIEZER | 200 | 334 Central Ave, Lawrence Mt. 11559 |
| AMERICAN COMM. FOR SHARE ZEDEK | 15 | 85 West 39 th St. New York, NY 10018 |
| HEBREW FREE BURIAL ASSOC | 10 | 224 W 31 st St. New York, NY 10001 |
| Ronald McDonald House | 10 | 905 E 73 rd St. New York, NY 10021 |
| KULANU | 18 | Po Box 301 Coopertown NY 11516 |
| ADDA Parkinsons | 10 | 131 Pershing Ave, Staten Island NY 10303 |
| LEUKEMIA & LYMPHOMA SOC | 100 | Po Box 9031 Pittsfield, MA. 01202 |
| Project Worldwide/United Way | 25 | 819 Grand Blvd. Bronx Park NY 11729 |
| THE JEWISH BRAINS INST. | 15 | 110 E 30 th St. New York, NY 10157 |
| Conc. Soc. of Israel | 100 | 2521 CRUGEN AVE, Pelham Park NY 10499 |

2013- Contd

Set 2 of

| NAME | AMT | ADDRESS |
|---------------------------------|-----|--|
| ZOTMAR BIKEUR CATALOG | 18 | 97 Taylor Court, Monroe NY. 10540 |
| CARR | 5 | P.O. Box 1820 Henrico, VA 22116 |
| EASTON SEALS | 10 | P.O. Box 1482 Hagerstown MD 21741 |
| LETTER ON 116 | 10 | 1010 Northland Blvd Great Neck NY. |
| S. H. OR YOSHUV INST. | 10 | 1 Cedar Lane No 1 Lawrence NY 11589 |
| IPSID KESTENBAUM-BIKEUR CATALOG | 72 | 166 W 20th St Long Island NY. 11161 |
| THIRTEEN | 10 | 825 8 th Ave New York, N.Y. 10019 |
| MEMINTA OF Long Island | 10 | 205 W 20th St. Long Island NY. 11161 |
| BETH MONAHAN/ GIVOTTA | 5 | P.O. Box 277 Lakewood NJ 08701 |
| HASC | 25 | 5902-14 Ave Bronx NY 11219 |
| North Shaddos | 15 | 701- 45 th St. Bronx NY 11204 |
| Touchet Shaddos | 36 | 634 Oak Drive Far Rockaway NY. 11691 |
| UJA Federation | -25 | 130 E 59 th St. New York, NY. 10022 |
| Cities Unite | 100 | 131 W 30 th St. New York, NY. 10001 |
| Calvary Fund Inc | 10 | P.O. Box 238 Chappaqua NY. 10530 |
| Hand & Foot Painting Artists | 10 | 2070 Perimeter Court, Atlanta, GA 30339 |
| KAREN OR | 10 | 310 7 th Ave New York, N.Y. 10001 |
| KIM DATORUN AID | 18 | 202 Karp St Brooklyn NY 11211 |
| Mpyo Camic | 5 | 200 1 st St Rochester NY 14690 |
| MISASIKIM | 18 | 5805 16 th Ave Bergen NY 11204 |
| ORTHODOX UNION | 10 | 11 Bway New York, N.Y. 10004 |
| YACHAD | 10 | 11 Bway New York, N.Y. 10004 |
| ICE RP | 10 | 1425 Central Ave Far Rockaway NY. 11691 |

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| Name | amt | Address |
|--|------|---|
| 11 DEC | 10 | 5014 16 th Ave Bronx NY 11204 |
| 26 DEC CHILDREN'S HOME | 20 | 4810 16 th Ave Bronx NY 11204 |
| TELBREW ACADEMY & LONG ISLAND | 2100 | W Bway, Long Island NY 11861 |
| EMETZ TORAH BUDGET FUND | 10 | 181 Haywood St. Brooklyn NY 11209 |
| BUNDLED VETERANS ASSOC | 3 | 477 H St. N.W. Wash DC 20090 |
| FDIF | 15 | 1430 Bway New York, N.Y. 10138 |
| Long Beach MILVAN SOC | 100 | 280 E. Penn St. Long Beach NY 11561 |
| Broad Jewish Center | 10 | EDWARDS ISLAND - Long Beach NY 11561 |
| ISRAEL SOCIAL KIDS RWD | 5 | 105 8 th Ave New York, N.Y. 10018 |
| Memor Penitentiary of Cleveland | 3 | 1971 Independence Rd, Cleveland OH 44121 |
| NAT'L MS SOCIETY | 10 | Po Box 4194, New York, N.Y. 10163 |
| G 1014 JERUSALEM | 3 | 132 Nassau St New York, N.Y. 10038 |
| CHILDREN'S VILLAGE ^{OF JERUSALEM} | 3 | 14 Beechwood St New York NY 10273 |
| Amherst Assoc BIKUR CHOLIM HOSP | 3 | 31 W. 31 st St. New York, N.Y. 10001 |
| MESIVTA TIFERETH JERUSALEM | 100 | 145 East Bway, New York NY 10002 |
| UNITED CHARITY INST. OF JERUS. | 3 | 1778-41 St. Bronx NY 11204 |
| PELAH FDN | 5 | 5317 13 th Ave Bronx NY 11219 |
| CAPITAL | 15 | 540-A Willow Ave Brooklyn NY 11516 |
| THE JEWISH FDN FOR THE RIGHT TO D | 5 | 305 7 th Ave New York, N.Y. 10003 |
| COTTON'S CHILDREN'S MEDICAL CTR | 5 | Po Box 1088 New Hyde Park NY 11040 |
| MURKIN POST | 50 | Long Beach, New York, 11561 |
| CONG RABBI ISRAEL | 100 | Toroneck, New Jersey |

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40.

| Name | AMT | Address |
|------------------------------|-------|--|
| LA LADIES BIKUR CHOLIM | 180 | 143 N. FORTINIA AVE LOS ANGELES CA 90036 |
| MARCH OF DISEAS | 10 | 1271 MAMMOTH LAKES WHITE PLAINS NY 10605 |
| SHADWELL HOSP FOR CHILD. | 10 | Po BOX 1170 RONSON WV 25438 |
| ALZHEIMER'S DISEASE RESEARCH | 10 | 22512 GATEWAY CENTER DRIVE CLARKSBURG WV 20871 |
| | 10347 | |