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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation THE SAMUEL ABA AND SISEL KLURMAN FOUNDATION INC		A Employer identification number 59-2532272	
Number and street (or P O box number if mail is not delivered to street address) 4601 SHERIDAN STREET		B Telephone number (see instructions) (954) 985-2400	
City or town, state or province, country, and ZIP or foreign postal code HOLLYWOOD, FL 33021		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☒ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ☒ \$ 11,011,329		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (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) (see instructions))		(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 (attach schedule)	9,600			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5,800	5,800		
	4 Dividends and interest from securities.	50,890	50,890		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	716,589			
	b Gross sales price for all assets on line 6a 2,173,640				
	7 Capital gain net income (from Part IV, line 2) . . .		716,589		
	8 Net short-term capital gain			22,607	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	124,986	78,900		
	12 Total. Add lines 1 through 11	907,865	852,179	22,607	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest	4,603	4,603		
	18 Taxes (attach schedule) (see instructions) . . .	26,000			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	73,779	72,978		801
	24 Total operating and administrative expenses. Add lines 13 through 23	104,382	77,581		801
	25 Contributions, gifts, grants paid	726,068			726,068
	26 Total expenses and disbursements. Add lines 24 and 25	830,450	77,581		726,869
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	77,415			
	b Net investment income (if negative, enter -0-)		774,598		
	c Adjusted net income (if negative, enter -0-)			22,607	

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
Assets	1	Cash—non-interest-bearing	316,921	55,520	55,520
	2	Savings and temporary cash investments	7,144,138	8,370,495	8,370,495
	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)	1,357,488		
	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)	2,555,627	2,988,880	2,585,314
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)	 150		
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	11,374,324	11,414,895	11,011,329
	17	Accounts payable and accrued expenses	39,816	2,972	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	39,816	2,972	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	11,334,508	11,411,923	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	11,334,508	11,411,923	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	11,374,324	11,414,895	

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)	11,334,508
2	Enter amount from Part I, line 27a	77,415
3	Other increases not included in line 2 (itemize) ▶ _____	
4	Add lines 1, 2, and 3	11,411,923
5	Decreases not included in line 2 (itemize) ▶ _____	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	11,411,923

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	See Additional Data Table			
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	See Additional Data Table		
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	See Additional Data Table		
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	716,589
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	22,607

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 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))
2013	679,416	12,125,767	0 05603
2012	623,299	11,168,917	0 05581
2011	540,711	11,567,072	0 04675
2010	467,461	11,312,530	0 04132
2009	564,778	9,051,898	0 06239

2	Total of line 1, column (d).	2	0 26230
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 05246
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	11,040,926
5	Multiply line 4 by line 3.	5	579,207
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	7,746
7	Add lines 5 and 6.	7	586,953
8	Enter qualifying distributions from Part XII, line 4.	8	726,869

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 page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		1	7,746
c		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-)		2	
3		Add lines 1 and 2.		3	7,746
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	7,746
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	8,500	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	13,000	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	21,500
8		Enter any penalty for underpayment of estimated tax. Check here ☐ 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	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	13,754
11		Enter the amount of line 10 to be Credited to 2015 estimated tax ☒ 13,754 Refunded ☐		11	

Part VII-A

Statements Regarding Activities

1a	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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ☒ \$ (2) On foundation managers ☒ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☒ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes.</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): ☒ FL			
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? <i>If "No," attach explanation.</i> 	8b		No
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of ZIPORA BEN-AVIV Telephone no (954) 985-2400 Located at 4601 SHERIDAN STREET SUITE 600 HOLLYWOOD FL ZIP+4 33021			
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		
16	At any time during calendar year 2014, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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.			Yes	No
1a	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? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)? Yes 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). Yes 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.	1b		No
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 2014?	1c		No
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))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years 20 , 20 , 20 , 20 Yes 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		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No			
b	If "Yes," did it have excess business holdings in 2014 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 2014.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2014?	4b		No

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 4945(d)(4)(A)? (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

5b

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)?

No

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?

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

6b

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

No

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

7a

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

Yes

No

7b

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

No

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
SISEL KLURMAN	Pres Emerita	0		
9999 COLLINS AVENUE 5A BAL HARBOUR,FL 33154	0 00			
ZIPORA BEN AVIV	PRES/DIR	0		
1067 FORDHAM LANE WOODMERE,NY 11598	1 00			
MATAN BEN-AVIV	VP/DIR	0		
4601 SHERIDAN STREET SUITE 600 HOLLYWOOD,FL 33021	1 00			
HARVEY L LICHTMAN	SEC/TREAS	0		
641 NE 177TH STREET NORTH MIAMI BEACH,FL 33162	1 00			

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				

Total

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

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

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	Expenses
1	
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	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	

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.	1a	3,370,775
b	Average of monthly cash balances.	1b	7,825,685
c	Fair market value of all other assets (see instructions).	1c	12,602
d	Total (add lines 1a, b, and c).	1d	11,209,062
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	11,209,062
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	168,136
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,040,926
6	Minimum investment return. Enter 5% of line 5.	6	552,046

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	552,046
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	7,746
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	7,746
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	544,300
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	544,300
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	544,300

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.	1a	726,869
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	726,869
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	7,746
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	719,123
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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				544,300
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			421,445	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 726,869				
a Applied to 2013, but not more than line 2a			421,445	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				305,424
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				238,876
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIV

4942(j)(3) or 4942(j)(5)

3 Complete 3a, b, or c for the alternative test relied upon

1 Information Regarding Foundation Managers:

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

b The form in which applications should be submitted and information and materials they should include

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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 Additional Data Table				
Total			3a	726,068
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
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				

[illegible]

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

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	*****	2015-11-16	*****	May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No
	_____ Signature of officer or trustee	_____ Date	_____ Title	

Paid Preparer Use Only	Print/Type preparer's name HARVEY L LICHTMAN	Preparer's Signature	Date	Check if self-employed ☒	PTIN P01470560
	Firm's name ☐ Harvey L Lichtman			Firm's EIN ☐	
	Firm's address ☐ 4601 Sheridan Street Suite 600 Hollywood, FL 33021			Phone no (954) 985-2400	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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)
OPPENHEIMER SCHAFER	P	2014-01-01	2014-12-31
OPPENHEIMER SCHAFER	P	2013-01-01	2014-12-31
OPPENHEIMER WENTWORTH	P	2014-01-01	2014-12-31
GCM GROSVENOR PRIVATE EQUITY PARTNERS II	P	2014-01-01	2014-12-31
GCM GROSVENOR PRIVATE EQUITY PARTNERS II	P	2013-01-01	2014-12-31
OPPENHEIMER PRIVATE EQUITY FUND I LP	P	2014-01-01	2014-12-31
OPPENHEIMER PRIVATE EQUITY FUND I LP	P	2013-01-01	2014-12-31
ADLER REAL ESTATE FUND LLC	P	2013-01-01	2014-12-31
ADLER WASHINGTON INVESTORS LLC	P	2013-01-01	2014-12-31
GCM GROSVENOR PRIVATE EQUITY PARTNERS II	P	2013-01-01	2014-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
109,928		101,698	8,230
750,850		498,898	251,952
103,459		89,036	14,423
40			40
17,045			17,045
		86	-86
25,623			25,623
3,016			3,016
9,664			9,664
315			315

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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	
			8,230
			251,952
			14,423
			40
			17,045
			-86
			25,623
			3,016
			9,664
			315

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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)
OPPENHEIMER PRIVATE EQUITY FUND I LP	P	2013-01-01	2014-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
169			169

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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	
			169

Form 990PF Part XV Line 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				
AISH HATORAH 3150 SHERIDAN AVENUE MIAMI BEACH,FL 33140	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	5,000
AMERICAN COMMITTEE FOR SHAARE ZEDEK 3275 W HILLSBORO BLVD STE 200 DEERFIELD BEACH,FL 33442	NONE	PUBLIC	MEDICAL ADVANCEMENT AND WELFARE	36,000
A TIME 1312 44 STREET BROOKLYN,NY 11219	NONE	PUBLIC	SOCIAL WELFARE	180
AMERICAN COMM WEIZMANN INSTITUTE OF 633 THIRD AVENUE NEWYORK,NY 10017	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	10,140
AMERICAN HEART ASSOCIATION 7272 Greenville Ave Dallas,TX 75231	NONE	PUBLIC	MEDICAL ADVANCEMENT	100
AMERICAN LUNG ASSOCIATION 2020 South Andrews Ave Ft Lauderdale,FL 33316	NONE	PUBLIC	MEDICAL ADVANCEMENT	100
AMERICAN SOCIETY FOR YAD VASHEM 500 Fifth Ave Suite 4200 New York,NY 10110		PUBLIC	EDUCATIONAL ADVANCEMENT	1,800
ANSHEI LUBAVITCH OF GREATER MIAMI 1436 Alton Road PO Box 398216 Miami Beach,FL 33239	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	400
BAR ILAN UNIVERSITY OF ISRAEL 4600 Sheridan Street Suite 201 Hollywood,FL 33021	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	15,000
BIKUR CHOLIM OF NORTH MIAMI BEACH 990 NE 171 Street North Miami Beach,FL 33162	NONE	PUBLIC	SOCIAL WELFARE	500
BIRTHRIGHT FOUNDATION 33 east 33rd Street 7th Floor New York,NY 10016	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	3,000
CHAI LIFELINE SOUTH FLORIDA 151 W 30th Street New York,NY 10001	NONE	PUBLIC	SOCIAL WELFARE	180
CONGREGATION SHAARAY TEFILAH 971 NE 172 Street North Miami Beach,FL 33162	NONE	PUBLIC	RELIGIOUS	180
DOR YESHURIM 429 Wythe Ave Brooklyn,NY 11249	NONE	PUBLIC	MEDICAL ADVANCEMENT AND WELFARE	1,000
FJC SLINGSHOT 520 8th Ave 20th Floor New York,NY 10018	NONE	PUBLIC	SOCIAL WELFARE	5,000
Total  3a				726,068

Form 990PF Part XV Line 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				
FOUNDATION FAMILIES FALLEN PARATROO 121 Rokach Street Ramat Gan, Ramat Gan 52535 IS	NONE	PUBLIC	SOCIAL WELFARE	10,000
FRIENDS OF THE IDF GREATER MIAMI 2040 NE 163rd Street Suite 207 North Miami Beach, FL 33162	NONE	PUBLIC	SOCIAL WELFARE	360
FRIENDS OF THE ISRAEL DEFENSE FORCE 2040 NE 163rd Street Suite 207 North Miami Beach, FL 33162	NONE	PUBLIC	SOCIAL WELFARE	26,800
FRIENDS OF LUBAVITCH 17330 NW 7th Ave Miami, FL 33021	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	1,800
FRIENDS OF TEL AVIV SOURASKY MED CE 1461 First Ave Box 150 New York, NY 10075	NONE	PUBLIC	MEDICAL ADVANCEMENT AND WELFARE	5,000
GREATER MIAMI JEWISH FEDERATION 4200 Biscayne Blvd Miami, FL 33137	NONE	PUBLIC	SOCIAL WELFARE	109,516
HACHNOSSOS KALLAH OF GREATER MIAMI 1400 Lenox Ave Miami Beach, FL 33139	NONE	PUBLIC	SOCIAL WELFARE	18,000
HATZALAH OF MIAMI-DADE 16101 NE 11th Ct North Miami Beach, FL 33162	NONE	PUBLIC	SOCIAL WELFARE	500
JEWISH ADOPTION FOSTER CARE OPTIONS 4200 North University Drive Sunrise, FL 33351	NONE	PUBLIC	SOCIAL WELFARE	1,800
KESHER 18900 NE 25th Ave North Miami Beach, FL 33180	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	5,000
MESIVTA BEVET CHAZON-ISH 8210-21 Ave Brooklyn, NY 11214	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	10,000
MOUNT SINAI MEDICAL CENTER FOUNDATI 4300 Alton Road Miami Beach, FL 33140	NONE	PUBLIC	MEDICAL ADVANCEMENT AND WELFARE	15,000
MUSEUM OF JEWISH HERITAGE 36 Battery Place New York, NY 10280	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	1,000
NEVE YERUSHALAYIM 25 Broadway Suite 403 New York, NY 10004	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	180
ONE ISRAEL FUND-BNEI DAVID ELI 1175 West Broadway Suite 10 Hewlett, NY 11557	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	5,000
Total 3a				726,068

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
RABBINICAL SEMINARY OF AMERICA 76-01 147th Street Flushing, NY 11367	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	3,600
SIMON WIESENTHAL CENTER 1399 South Roxbury Drive Los Angeles, CA 90035	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	360
ST JUDES CHILDRENS HOSPITAL 262 Danny Thomas Place Memphis, TN 38105	NONE	PUBLIC	MEDICAL ADVANCEMENT SOCIAL WELFARE	100
TOMCHEI SHABBOS OF NORTH MIAMI BEAC 1545 Washington Ave Miami Beach, FL 33139	NONE	PUBLIC	SOCIAL WELFARE	1,000
TORAS EMES ACADEMY OF MIAMI 1099 NE 164th Street North Miami Beach, FL 33162	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	301,333
TOURO COLLEGE 27-33 W 23rd Street New York, NY 10010	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	13,700
US HOLOCAUST MEMORIAL MUSEUM 100 Raoul Wallenberg Place SW Washington, DC 20024	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	2,500
WIZO 1150 Kane Concourse Fifth Floor Bay Harbour Islands, FL 33154	NONE	PUBLIC	SOCIAL WELFARE	18,000
ZAKA RESCUE AND RECOVERY 1303 53rd Street Brooklyn, NY 11219	NONE	PUBLIC	SOCIAL WELFARE	180
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	PUBLIC	MEDICAL ADVANCEMENT	100
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD 2ND FLOOR BETHESDA, MD 20814	NONE	PUBLIC	MEDICAL ADVANCEMENT	100
LEUKEMIA LYMPHOMA SOCIETY PO BOX 4072 PITTSFIELD, MA 01202	NONE	PUBLIC	MEDICAL ADVANCEMENT	100
MAKE A WISH OF SOUTHERN FLORIDA 4491 S STATE ROAD 7 SUITE 201 FORT LAUDERDALE, FL 33314	NONE	PUBLIC	SOCIAL WELFARE	100
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVENUE NEW YORK, NY 10065	NONE	PUBLIC	MEDICAL ADVANCEMENT	180
PEF ISRAEL ENDOWMENT FUNDS INC 317 MADISON AVENUE SUITE 607 NEW YORK, NY 10017	NONE	PUBLIC	SOCIAL WELFARE	20,000
Total  3a				726,068

Form 990PF Part XV Line 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				
US FRIENDS MENACHEM BEGIN HERITAGE 3901 WEST 86 STREET INDIANAOLIS,IN 46268	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	5,000
KOLEL MATEH EFRAIM 5608 13 AVENUE BROOKLYN,NY 11219	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	19,600
YESHIVAS NISHMAT SHLOMO 6814 BLACK HORSE PIKE EGG HARBOR TOWNSHOP,NJ 08234	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	7,200
YOUNG ISRAEL OF BAL HARBOUR 9592 HARDING AVENUE BAL HARBOUR,FL 33154	NONE	PUBLIC	SOCIAL WELFARE	1,250
AMERICAN ISRAEL EDUCATION FOUNDATIO 251 H STREET NW WASHINGTON,DC 20001	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	9,069
BAIS MEDRASH OF SOUTH FLORIDA 1190 NE 176 STREET NORTH MIAMI BEACH,FL 33162	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	1,800
CHAI LIFELINE CAMP SIMCHA 151 WEST 30 STREET NEW YORK,NY 10001	NONE	PUBLIC	SOCIAL WELFARE	5,000
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE,MA 02445	NONE	PUBLIC	MEDICAL ADVANCEMENT	360
HEBREW FREE LOAN SOCIETY 675 THIRD AVENUE SUITE 1905 NEW YORK,NY 10017	NONE	PUBLIC	MEDICAL ADVANCEMENT	25,000
INSTITUTE FOR THE STUDY OF MODERN I 201 DOWMAN DRIVE ATLANTA,GA 30322	NONE	PUBLIC	EDUCATIONAL ADVANCEMENT	1,800
WALK TO END ALZHEIMERS 225 N MICHIGAN AVE FLOOR 17 CHICAGO,IL 60601	NONE	PUBLIC	MEDICAL ADVANCEMENT	100
Total  3a				726,068

TY 2014 Explanation of Non-Filing with Attorney General Statement

Name: THE SAMUEL ABA AND SISEL KLURMAN
FOUNDATION INC

EIN: 59-2532272

Software ID: 14000265

Software Version: 2014v5.0

Statement: THIS ORGANIZATION IS EXEMPT FROM FURNINSHING THE FLORIDA
ATTORNEY GENERAL'S OFFICE WITH A COPY OF 990-PF IN
ACCORDANCE WITH CHAPTER 496 OF THE FLORIDA STATUTES.

TY 2014 Other Expenses Schedule

Name: THE SAMUEL ABA AND SISEL KLURMAN
FOUNDATION INC

EIN: 59-2532272

Software ID: 14000265

Software Version: 2014v5.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES,BANK CHARGES,FEES,MEETINGS	801			801
FOREIGN TAX CREDIT	2,492	2,492		
INVESTMENT EXPENSE	12,249	12,249		
OTHER DEDUCTIONS	47,701	47,701		
PORTFOLIO DEDUCTIONS	10,535	10,535		
ROUNDING	1	1		

TY 2014 Other Income Schedule

Name: THE SAMUEL ABA AND SISEL KLURMAN
FOUNDATION INC

EIN: 59-2532272

Software ID: 14000265

Software Version: 2014v5.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Investment Income	124,986	78,900	

TY 2014 Taxes Schedule

Name: THE SAMUEL ABA AND SISEL KLURMAN
FOUNDATION INC

EIN: 59-2532272

Software ID: 14000265

Software Version: 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAXES PAID 990PF	9,500			
FEDERAL INCOME TAXES PAID 990T	13,000			
FLORIDA EXCISE TAXES PAID	3,500			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047 2014
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Name of the organization THE SAMUEL ABA AND SISEL KLURMAN FOUNDATION INC	Employer identification number 59-2532272
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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 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE SAMUEL ABA AND SISEL KLURMAN FOUNDATION INC	Employer identification number 59-2532272
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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
<u>1</u>	THE DEBBIE KLURMAN 1994 TRUST 4601 SHERIDAN STREET SUITE 600 HOLLYWOOD, FL 33021	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
 		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
 		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
 		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
 		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
 		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
 		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization THE SAMUEL ABA AND SISEL KLURMAN FOUNDATION INC	Employer identification number 59-2532272
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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 THE SAMUEL ABA AND SISEL KLURMAN FOUNDATION INC	Employer identification number 59-2532272
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ▶ \$ _____

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
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	