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To: 18016206607 From: 18187760892 Date: 08/05/16 Time: 1:19 PM Page: 04/05

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

2015

Name of the organization Employer Identification number THE FRANKEL FOUNDATION 13-3187074 Organization type (check one): Filers of: Saction: 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 fillng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33 1/3% 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 990-PF. Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer Identification number Name of organization 13-3187074 THE FRANKEL FOUNDATION Contributors (see Instructions). Use duplicate copies of Part I if additional space is needed Part (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person \boxtimes 1_ RAY FRANKEL Payroll Noncash 1115 MORAGA DRIVE 396,510 (Complete Part II for noncash contributions.) LOS ANGELES, CA 90049 (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c)
Total contributions (d) (a) (b) Type of contribution Νo. Name, address, and ZIP + 4 Person Payroll П Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZiP + 4 Person Pavroll Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (c)
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