

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation THE HAJIM FAMILY FOUNDATION		A Employer identification number 13-6893956	
Number and street (or P O box number if mail is not delivered to street address) C/O CBIZ MHM1065 AVE OF AMERICAS		Room/suite B Telephone number (see instructions) (212) 790-5700	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,694,571		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	6,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	55,466	55,466		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	-67,745			
	b Gross sales price for all assets on line 6a _____ 906,812				
	7 Capital gain net income (from Part IV , line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	237	237		
	12 Total. Add lines 1 through 11	-6,042	55,703		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	6,000	3,000		3,000
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	250	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	12,060	4,151		395
	24 Total operating and administrative expenses. Add lines 13 through 23	18,310	7,151		3,395
	25 Contributions, gifts, grants paid	445,635			445,635
	26 Total expenses and disbursements. Add lines 24 and 25	463,945	7,151		449,030
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-469,987			
	b Net investment income (if negative, enter -0-)		48,552		
	c Adjusted net income (if negative, enter -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
Assets	1	Cash—non-interest-bearing	73,634	75,489	75,489
	2	Savings and temporary cash investments	1,388,726	5	5
	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)	428,311	0	0
	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)	410,917	1,753,196	1,619,077
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	2,500	0	0	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)		2,304,088	1,828,690	1,694,571
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	2,304,088	1,828,690	
	30	Total net assets or fund balances(see instructions)	2,304,088	1,828,690	
	31	Total liabilities and net assets/fund balances(see instructions)	2,304,088	1,828,690	

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 2,304,088
2	Enter amount from Part I, line 27a	2 -469,987
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 1,834,101
5	Decreases not included in line 2 (itemize) ▶ _____	5 5,411
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 1,828,690

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a See Additional Data Table				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (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			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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) 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	-67,745
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	

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))
2014	295,112	2,449,555	0 120476
2013	362,875	2,542,618	0 142717
2012	278,329	2,594,470	0 107278
2011	283,390	2,957,927	0 095807
2010	278,490	3,141,728	0 088642

2 Total of line 1, column (d).	2	0 554920
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 110984
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	1,910,571
5 Multiply line 4 by line 3.	5	212,043
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	486
7 Add lines 5 and 6.	7	212,529
8 Enter qualifying distributions from Part XII, line 4.	8	449,030

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 VII

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 <input type="checkbox"/> and enter "N/A" on line 1			
		Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	486
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	0
3		Add lines 1 and 2.		3	486
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	486
6		Credits/Payments			
a		2015 estimated tax payments and 2014 overpayment credited to 2015	6a	338	
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	338
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	148
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 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		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)?		1b		No
		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				
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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0				
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		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? If "Yes," attach a conformed copy of the changes		3		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		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? If "Yes," complete Part II, col (c), and Part XV		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY				
b		If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b	Yes	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		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? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>CO CBIZ MHM LLC</u> Telephone no ► <u>(212) 790-5700</u> Located at ► <u>1065 AVE OF THE AMERICAS NEW YORK NY</u> ZIP+4 ► <u>10018</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See 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 ►	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			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? <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			
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)? 1b			
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
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			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>). 3b			
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 2015?	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

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)?

5b

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

b

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

6b

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

b

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

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	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BARBARA HAJIM C/O CBIZ 1065 AVE OF AMERICAS NEW YORK, NY 10018	TRUSTEE 2 00	0	0	0
EDMUND A HAJIM C/O CBIZ 1065 AVE OF AMERICAS NEW YORK, NY 10018	TRUSTEE 0 50	0	0	0

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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

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

0

Part VIII

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

3 Five highest-paid independent contractors for professional services (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. 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.

	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	0

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	1,543,741
b	Average of monthly cash balances.	1b	395,925
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,939,666
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	0
3	Subtract line 2 from line 1d.	3	1,939,666
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	29,095
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,910,571
6	Minimum investment return. Enter 5% of line 5.	6	95,529

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	95,529
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	486
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	486
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	95,043
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	95,043
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	95,043

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	449,030
b	Program-related investments—total from Part IX-B.	1b	0
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	449,030
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	486
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	448,544

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				95,043
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	278,490			
b From 2011.	284,070			
c From 2012.	280,156			
d From 2013.	240,043			
e From 2014.	180,006			
f Total of lines 3a through e.	1,262,765			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 449,030				
a Applied to 2014, 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 2015 distributable amount.				95,043
e Remaining amount distributed out of corpus	353,987			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,616,752			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
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).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	278,490			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	1,338,262			
10 Analysis of line 9				
a Excess from 2011. . . .	284,070			
b Excess from 2012. . . .	280,156			
c Excess from 2013. . . .	240,043			
d Excess from 2014. . . .	180,006			
e Excess from 2015. . . .	353,987			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				

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

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

EDMUND A HAJIM

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

a

The name, address, and telephone number or email address of the person to whom applications should be addressed

b

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

c

Any submission deadlines

d

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

Form 990-PF (2015)

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 <i>Paid during the year</i> See Additional Data Table					
Total				▶ 3a	445,635
b <i>Approved for future payment</i>					
Total				▶ 3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash.	1a(1)	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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> ***** 2016-11-08 ***** </div>	<div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 100px; height: 20px;"></div> </div>
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name LINDA MCCARTY	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00832934
	Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 34-1883473	
	Firm's address ▶ 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018			Phone no (212) 790-5700	

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

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
THROUGH CAPITAL GROUP-SEE ATTACHED SCHED	P		
5,000 SCIENTIFIC GAMES CORP CL A	P		
5,000 JAPAN SMALLER CAPITALIZATION FD INC	P		
2,000 STARWOOD PROPERTY TRUST INC	P		
5,000 ATLAS ENERGY LP	P		
MLP COST ADJ - ATLAS ENERGY LP	P		
3,000 STARWOOD PROPERTY TRUST INC	P		
CAPITAL GAINS DIVIDENDS	P		

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)
527,428		546,246	-18,818
66,025		74,024	-7,999
43,831		46,513	-2,682
47,330		46,602	728
132,748		191,269	-58,521
3,309			3,309
72,020		69,903	2,117
14,121			14,121

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	
			-18,818
			-7,999
			-2,682
			728
			-58,521
			3,309
			2,117
			14,121

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				
AMERICAN FARM SCHOOL 1133 BROADWAY SUITE 1226 NEW YORK, NY 10010	NONE	EXEMPT ORG	CHARITABLE	1,000
ARTISTS ASSOCIATION OF NANTUCKET POBOX 1104 NANTUCKET, MA 02554	NONE	EXEMPT ORG	CHARITABLE	250
AUTISM SPEAKS 1 EAST 33RD STR NEW YORK, NY 10016	NONE	EXEMPT ORG	CHARITABLE	1,000
BRUNSWICK SCHOOL 100 MAHER AVE GREENWICH, CT 06830	NONE	EXEMPT ORG	CHARITABLE	2,500
CURTIS INSTITUTE OF MUSIC 1726 LOCUST STREET PHILADELPHIA, PA 19103	NONE	EXEMPT ORG	CHARITABLE	1,000
DRAMATIST'S GUILD FUND 1501 BROADWAY SUITE 701 NEW YORK, NY 10036	NONE	EXEMPT ORG	CHARITABLE	1,000
EGAN MARITIME INSTITUTE 4 WINTER STR NANTUCKET, MA 02554	NONE	EXEMPT ORG	CHARITABLE	250
ETHICAL CULTURAL FIELDSTON SCHOOL 33 CENTRAL PARK WEST NEW YORK, NY 10023	NONE	EXEMPT ORG	CHARITABLE	3,000
FOUNTAIN HOUSE 425 WEST 47TH STREET NEW YORK, NY 10036	NONE	EXEMPT ORG	CHARITABLE	250
FRIENDS OF NHA POBOX 1016 NANTUCKET, MA 02554	NONE	EXEMPT ORG	CHARITABLE	2,875
GEORGE EASTMAN HOUSE 900 EAST AVENUE ROCHESTER, NY 14607	NONE	EXEMPT ORG	CHARITABLE	500
GRAYVIK ANIMAL CARE CENTER HOME OF ORCAT 97 SOUTH HARBOR DR KEY LARGO, FL 33037	NONE	EXEMPT ORG	CHARITABLE	300
GREENWICH ACADEMY 200 NORTH MAPLE AVENUE GREENWICH, CT 06830	NONE	EXEMPT ORG	CHARITABLE	200
GREENWICH COUNTRY DAY SCHOOL PO BOX 623 OLD CHURCH ROAD GREENWICH, CT 06836	NONE	EXEMPT ORG	CHARITABLE	100
GREENWICH HOUSE 224 WEST 30TH STREET SUITE 302 NEW YORK, NY 10001	NONE	EXEMPT ORG	CHARITABLE	1,000
Total ▶ 3a				445,635

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				
HARVARD UNIVERSITY - HARVARD BUSINESS SCHOOL 124 AUBURN STREET CAMBRIDGE,MA 02138	NONE	EXEMPT ORG	CHARITABLE	5,000
HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLZ STE 320 ALEXANDRIA,VA 22314	NONE	EXEMPT ORG	CHARITABLE	250,000
JUMPSTART FOR YOUNG CHILDREN INC 505 8TH AVENUE 1100 NEW YORK,NY 10018	NONE	EXEMPT ORG	CHARITABLE	500
LIGHTHOUSE SCHOOL 1 RUGGED ROAD NANTUCKET NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	100
MARIA MITCHELL ASSOCIATION 4 VESTAL STREET NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	500
MBAS ACROSS AMERICA INC 4119 DROWSY LANE DALLAS,TX 75233	NONE		CHARITABLE	10,000
MIDDLESEX SCHOOL 1400 LOWELL ROAD CONCORD,MA 01742	NONE	EXEMPT ORG	CHARITABLE	15,000
MOMA 1000 FIFTH AVENUE NEW YORK,NY 10028	NONE	EXEMPT ORG	CHARITABLE	1,340
NANTUCKET ANTHENEUM POBOX 808 NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	4,070
NANTUCKET BOYS & GIRLS CLUB INC PO BOX 269 NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	1,000
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT STREET NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	5,000
NANTUCKET DREAMLAND FOUNDATION 17 SOUTH WATER STREET NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	1,000
NANTUCKET GOLF CLUB FOUNDATION 250 MILESTONE RD SIASCONSET,MA 02564	NONE	EXEMPT ORG	CHARITABLE	49,500
NANTUCKET HISTORICAL ASSOCIATION POBOX 1016 NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	21,270
NANTUCKET NEW SCHOOL 15 NOBADEER FARM ROAD NANTUCKET,MA 02554	NONE	EXEMPT ORG	CHARITABLE	100
Total ▶ 3a				445,635

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>				
NATIONAL MS SOCIETY 733 THIRD AVENUE 3RD FL NEW YORK,NY 10017	NONE	EXEMPT ORG	CHARITABLE	150
NEW YORK-PRESBYTERIAN HOSPITAL 654 WEST 170TH STREET NEW YORK,NY 10032	NONE	EXEMPT ORG	CHARITABLE	25,000
OCEAN REEF CULTURAL CENTER 200 ANCHOR DR KEY LARGO,FL 33037	NONE	EXEMPT ORG	CHARITABLE	5,000
OCEAN REEF MEDICAL CENTER FOUNDATION 50 BARRACUDA LANE KEY LARGO,FL 33037	NONE	EXEMPT ORG	CHARITABLE	20,000
PALLETTE SOCIETY OF THE OCEAN REEF ART LEAGUE 120 ANCHOR DRIVE KEY LARGO,FL 33037	NONE	EXEMPT ORG	CHARITABLE	5,000
PROSPECT HILL CEMETERY ASSOCIATION PO BOX 3066 NANTUCKET,MA 02584	NONE	EXEMPT ORG	CHARITABLE	200
ROCKY MOUNTAIN REPERTORY THEATER 5311 WESTERN AVE BOULDER,CO 80301	NONE	EXEMPT ORG	CHARITABLE	4,000
ST ANNE'S EPISCOPAL SCHOOL 2701 SOUTH YORK STREET DENVER,CO 80210	NONE	EXEMPT ORG	CHARITABLE	2,500
THE ALS ASSOCIATION 42 BROADWAY STE 1724 NEW YORK,NY 10004	NONE	EXEMPT ORG	CHARITABLE	1,000
THE COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET SUITE 420 DENVER,CO 80203	NONE	EXEMPT ORG	CHARITABLE	680
TRUSTEES OF RESERVATION LONG HILL 572 ESSEX STREET BEVERLY,MA 01915	NONE	EXEMPT ORG	CHARITABLE	500
WATERSIDE SCHOOL 770 PACIFIC STREET STAMFORD,CT 06902	NONE	EXEMPT ORG	CHARITABLE	1,000
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE BOX 314 NEW YORK,NY 10065	NONE	EXEMPT ORG	CHARITABLE	1,000
Total ▶ 3a				445,635

TY 2015 Accounting Fees Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	6,000	3,000		3,000

TY 2015 Investments Corporate Stock Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Name of Stock	End of Year Book Value	End of Year Fair Market Value
THRU JEFFERIES-JAPAN SMALLER CAPITALIZATION INC.	0	0
THRU JEFFERIES-SCIENTIFIC GAMES CORP	0	0
THRU JEFFERIES-STARWOOD PROPERTY TRUST INC	0	0
THRU JEFFERIES-ATLAS ENERGY LP	0	0

TY 2015 Investments - Other Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
THRU CAPITAL GROUP-AMERICAN HIGH-INCOME TRUST CL F2	AT COST	186,111	159,380
THRU CAPITAL GROUP-CAPITAL GROUP CORE BOND FUND	AT COST	251,917	246,951
THRU CAPITAL GROUP-SHORT TERM BOND FD OF AMERICA INC CL F2	AT COST	0	0
THRU CAPITAL GROUP-CAPITAL GROUP NON-U.S. EQUITY FUND	AT COST	0	0
THRU CAPITAL GROUP-CAPITAL GROUP U.S. EQUITY FUND	AT COST	0	0
THRU CAPITAL GROUP-NEW WORLD FUND CL F2	AT COST	0	0
THRU CAPITAL GROUP-CAPITAL INCOME BUILDER CL F2	AT COST	439,259	405,487
THRU CAPITAL GROUP-CAPITAL WORLD GROWTH & INCOME FD CL F2	AT COST	437,988	401,221
THRU CAPITAL GROUP-INCOME FUND OF AMERICA FD CL F2	AT COST	437,921	406,038

TY 2015 Other Assets Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER RECEIVABLE	2,500	0	0

TY 2015 Other Decreases Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Description	Amount
ADJUSTMENT	5,411

TY 2015 Other Expenses Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEE	250	0		250
NY LAW JOURNAL	145	0		145
BANK FEES	4,151	4,151		0
OTHER EXPENDITURES	7,514	0		0

TY 2015 Other Income Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
THRU PARTNERSHIP	237	237	237

TY 2015 Taxes Schedule**Name:** THE HAJIM FAMILY FOUNDATION**EIN:** 13-6893956

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NY CORP TAX	250	0		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
---	--	---

<div>Name of the organization</div> <div>THE HAJIM FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>13-6893956</div>
--	---

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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 HAJIM FAMILY FOUNDATION	Employer identification number 13-6893956
---	--

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDMUND HAJIM	\$ 6,000	Person <input checked="" type="checkbox"/>
	C/O CBIZ 1065 AVE OF AMERICAS		Payroll <input type="checkbox"/>
	NEW YORK, NY 10018		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(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) No.	(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) No.	(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) No.	(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) No.	(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) No.	(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 THE HAJIM FAMILY FOUNDATION	Employer identification number 13-6893956
--	---

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization THE HAJIM FAMILY FOUNDATION	Employer identification number 13-6893956
---	--

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