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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
2015
Open to Public Inspection

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

Name of foundation OAK KNOLL CHARITABLE FOUNDATION		A Employer identification number 20-5305727
Number and street (or P O box number if mail is not delivered to street address) 230 OAK KNOLL ROAD	Room/suite	B Telephone number (see instructions) (212) 972-3600
City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, NJ 08701		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"/>
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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 25,429	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)
1	Contributions, gifts, grants, etc., received (attach schedule)	25,000			
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				
5a	Gross rents				
b	Net rental income or (loss) _____				
6a	Net gain or (loss) from sale of assets not on line 10 _____				
b	Gross sales price for all assets on line 6a _____				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
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)				
12	Total. Add lines 1 through 11	25,000	0		
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).	500			500
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings.				
22	Printing and publications				
23	Other expenses (attach schedule).	50			50
24	Total operating and administrative expenses. Add lines 13 through 23	550	0		550
25	Contributions, gifts, grants paid	21,486			21,486
26	Total expenses and disbursements. Add lines 24 and 25	22,036	0		22,036
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	2,964			
b	Net investment income (if negative, enter -0-)		0		
c	Adjusted net income (if negative, enter -0-)				

		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing	22,465	25,429	25,429
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	22,465	25,429	25,429	
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	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	22,465	25,429	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>				
	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)	22,465	25,429		
31	Total liabilities and net assets/fund balances (see instructions)	22,465	25,429		

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			22,465
2	Enter amount from Part I, line 27a	2			2,964
3	Other increases not included in line 2 (itemize) ▶ _____	3			
4	Add lines 1, 2, and 3	4			25,429
5	Decreases not included in line 2 (itemize) ▶ _____	5			
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6			25,429

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			
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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2
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			
2013			
2012			
2011			
2010			

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

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)

Table with 11 rows for excise tax calculations. Includes sections 1a through 11 with descriptions of tax components and a grid for credits/payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows (1a-10) for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors, with Yes/No columns.

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>ORGANIZATION</u> Telephone no ▶ <u>(212) 972-3600</u> Located at ▶ <u>230 OAK KNOLL RD LAKEWOOD NJ</u> ZIP+4 ▶ <u>08701</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
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		
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). 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)? Yes No **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? Yes No **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? Yes No **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
ELLIOT BIRNBAUM 230 OAK KNOLL ROAD LAKEWOOD, NJ 08701	TRUSTEE 2 00	0	0	0
AVIVA BIRNBAUM 230 OAK KNOLL ROAD LAKEWOOD, NJ 08701	TRUSTEE 2 00	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.

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

Part VIII

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 N/A	
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	0
b	Average of monthly cash balances.	1b	12,844
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	12,844
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	12,844
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	193
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,651
6	Minimum investment return. Enter 5% of line 5.	6	633

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	633
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	633
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	633
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	633

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	22,036
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	22,036
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	22,036

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				633
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				9,055
b From 2011.				10,599
c From 2012.				12,683
d From 2013.				4,166
e From 2014.				18,507
f Total of lines 3a through e.	55,010			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 22,036				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				633
e Remaining amount distributed out of corpus	21,403			
5 Excess distributions carryover applied to 2015 (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	76,413			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
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).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	9,055			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	67,358			
10 Analysis of line 9				
a Excess from 2011.				10,599
b Excess from 2012.				12,683
c Excess from 2013.				4,166
d Excess from 2014.				18,507
e Excess from 2015.				21,403

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))

ELLIOT BIRNBAUM

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 e-mail address of the person to whom applications should be addressed

OAK KNOLL CHARITABLE FOUNDATION
230 OAK KNOLL ROAD
LAKEWOOD, NJ 08701
(212) 972-3600

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

WRITTEN REQUEST DETAILING INFORMATION REGARDING NEED, INCLUDING NAME, ADDRESS, CHARITABLE NEED, AND REFERENCES

c Any submission deadlines

NONE

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

NONE

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)				
<p>a <i>Paid during the year</i> See Additional Data TableSee Additional Data Table</p>				
<p>Total ▶ 3a</p>				21,486
<p>b <i>Approved for future payment</i></p>				
<p>Total ▶ 3b</p>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
AF OF BETH YECHIEL 6080 N WHIPPLE CHICAGO,IL 60659	NONE	EXEMPT	EDUCATION	125
AF OF EVEN YISROEL 25 DAKOTA ST PASSAIC,NJ 07055	NONE	EXEMPT	CHARITABLE	100
AF SFATH EMES 4608 10TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	EDUCATION	1,000
AGUDAS ISRAEL 42 BROADWAY FL 14 NEW YORK,NY 10004	NONE	EXEMPT	RELIGIOUS	500
AGUDAS YISROEL OF BORO PARK 132 NASSAU ST RM 300 NEW YORK,NY 10038	NONE	EXEMPT	RELIGIOUS	150
AVOS U'BANIM 118 CAREY ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	260
BAIS YISROEL 15 BELVEDERE LN LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	180
BMG 617 6TH ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	200
BNEI YAAKOV 630 AVE S BROOKLYN,NY 11223	NONE	EXEMPT	RELIGIOUS	100
CATSKILLS HATZALAH 1070 MCDONALD AVE BROOKLYN,NY 11230	NONE	EXEMPT	MEDICAL	180
CHASDEI CHASHIE L'KALLAH 289 NOWLAN LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
CONG FAIGA SARA 1518 TANGLEWOOD LAKEWOOD,NJ 08701	NONE	EXEMPT	RELIGIOUS	250
CONG OHAVE SHALOM 270 W84TH ST NEW YORK,NY 10024	NONE	EXEMPT	RELIGIOUS	50
CONG TOLDOS YAKEV YOSEF 5323 12TH AVENUE BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS	650
CONG WHISPERING WOODS 1 LAZY G BLVD WOODRIDGE,NY 12789	NONE	EXEMPT	RELIGIOUS	300
Total ▶ 3a				21,486

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
CONG YIREI HASHEM PO BOX 190624 BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS	180
CONG ZICHRON SCHNEUR 282 OAK KNOLL RD LAKEWOOD, NJ 08701	NONE	EXEMPT	RELIGIOUS	1,860
CONG ZICHRON YISROEL 121 E 9TH ST LAKEWOOD, NJ 08701	NONE	EXEMPT	RELIGIOUS	150
EIN OD MILVADO 621 5TH ST LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	500
IPF C/O 230 OAK KNOLL LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	72
KEREN EZER L'NEFESH 316 FOREST AVE LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	360
KEREN EZER NISUIN 1125 OCEAN AVE LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	540
KEREN GEMILAS CHASADIM 613 W KENNEDY BLVD LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	100
KEREN HAIR ZICHRON YISROEL 121 E 9TH LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	500
KEREN ORAH 1468 SOUTH ST LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	225
KOLEL OHR YEHUDA 920 E 13TH ST BROOKLYN, NY 11230	NONE	EXEMPT	EDUCATION	50
KOLEL ZICHRON MENACHEM 10 MAPLE TER MONSEY, NY 10952	NONE	EXEMPT	EDUCATION	250
KUPAS YOM TOV 521 5TH ST LAKEWOOD, NJ 08701	NONE	EXEMPT	CHARITABLE	250
KZBY 160 SEMINOLE DRIVE LAKEWOOD, NJ 08701	NONE	EXEMPT	EDUCATION	180
LAKEWOOD CHEDER PO BOX 838 LAKEWOOD, NJ 08701	NONE	EXEMPT	EDUCATION	350
Total ▶ 3a				21,486

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
LAKEWOOD FOR YAVNEH 217 MURRAY LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	100
M&H NEIMAN FNDATION 39 BROADWAY RM 2510 NEW YORK,NY 10006	NONE	EXEMPT	CHARITABLE	250
MAYAN HATORAH 101 MILTON ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	360
MIKVEH OHEL BLIMA 3 NORTH CREST PL LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	100
MISASKIM 5805 16TH AVE BROOKLYN,NY 11204	NONE	EXEMPT	MEDICAL	100
NESIVOS 160 SEMINOLE DR LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	360
OHR HATORAH 780 VASSAR AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	100
OHR LAAMI 149 E 8TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	150
PEARL BLAU 325 10TH ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	250
RAMOT TORAH SCHOOLS 2229 85 ST BROOKLYN,NY 11214	NONE	EXEMPT	EDUCATION	500
RAV CHESED 1212 43RD ST BROOKLYN,NY 11219	NONE	EXEMPT	CHARITABLE	205
RCCS 768 BEDFORD AVE BROOKLYN,NY 11205	NONE	EXEMPT	CHARITABLE	280
SHALHEVES 3 ACER CT MONSEY,NY 10952	NONE	EXEMPT	CHARITABLE	200
SHALOM TORAH CENTERS 417 13TH ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	136
SPINKA KOLLEL 5109 18TH AVE BROOKLYN,NY 11204	NONE	EXEMPT	EDUCATION	180
Total ▶ 3a				21,486

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
SPRINGFIELD YESHIVA 112 LINDEN AVE N PLAINFIELD,NJ 07060	NONE	EXEMPT	EDUCATION	72
STAM GEMACH 615 FOREST AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
TALMUD TORAH OHR ELCHANAN 805 CROSS ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	235
TIFERES ACHIM 1442 45TH ST BROOKLYN,NY 11219	NONE	EXEMPT	EDUCATION	760
TOMCHE SHABBOS 212 2ND ST STE 403 LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,540
TOMCHEI TZEDAKA 615 FOREST AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	330
TORAS CHAIM 999 RIDGE LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	72
TORAS CHESED 421 6TH ST LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	300
UTA 800 PRINCETON AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	180
VIENER BIKKUR CHOLIM 199 ROSS ST BROOKLYN,NY 11211	NONE	EXEMPT	CHARITABLE	50
WALERSTEIN GIRLS SCHOOL 1012 AVENUE I BROOKLYN,NY 11230	NONE	EXEMPT	EDUCATION	180
YAD RACHEL 902 E COUNTY LINE RD LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	50
YESHIVA BAIS MEIR 242 4TH ST LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	100
YESHIVA EMEK HATORAH 395 KENT RD HOWELL,NJ 07731	NONE	EXEMPT	EDUCATION	180
YESHIVA GEDOLA ZICHRON MOSHE 84 LAUREL PARK RD S FALLSBURG,NY 12779	NONE	EXEMPT	EDUCATION	1,000
Total ▶ 3a				21,486

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>				
YESHIVA NER HATALMID 804 CLIFTON AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	280
YESHIVA TIFERES NAFTALI 3059 ENGLISHTOWN RD OLD BRIDGE,NJ 08857	NONE	EXEMPT	EDUCATION	54
YESHIVA TORAS ZEV 108 CHATEAU DR LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	250
YESHIVA YESODAI HATOA 2 YESODEI CT LAKEWOOD,NJ 08701	NONE	EXEMPT	EDUCATION	180
YESHIVA ZICHRON MEIR 5 RONALD TAWIL WAY MOUNTAINDALE,NY 12763	NONE	EXEMPT	EDUCATION	360
YESHIVAS ABIREI LEV 7 LAUREL PARK RD FALLSBURG,NY 12733	NONE	EXEMPT	EDUCATION	600
YESHIVAS NOVOMINSK 1690 60TH STREET BROOKLYN,NY 11204	NONE	EXEMPT	EDUCATION	250
YESHIVAS VISHNITZ 275 STATE HWY 17 HILLBURN,NY 10931	NONE	EXEMPT	EDUCATION	100
YL HEARTS 958 45TH ST BROOKLYN,NY 11219	NONE	EXEMPT	MEDICAL	50
ZICHRON MOSHE 525 E COUNTY LINE RD STE LAKEWOOD,NJ 08701	NONE	EXEMPT	CHARITABLE	1,330
Total ▶ 3a				21,486

TY 2015 Accounting Fees Schedule**Name:** OAK KNOLL CHARITABLE FOUNDATION**EIN:** 20-5305727

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE	500			500

TY 2015 Other Expenses Schedule**Name:** OAK KNOLL CHARITABLE FOUNDATION**EIN:** 20-5305727

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	50			50

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

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 www.irs.gov/form990

Name of the organization OAK KNOLL CHARITABLE FOUNDATION

Employer identification number 20-5305727

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 [x] 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

- [x] 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 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 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
 OAK KNOLL CHARITABLE FOUNDATION

Employer identification number
 20-5305727

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	ELLIOT BIRNBAUM 230 OAK KNOLL ROAD LAKEWOOD, NJ 08701	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

OAK KNOLL CHARITABLE FOUNDATION

Employer identification number

20-5305727

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

OAK KNOLL CHARITABLE FOUNDATION

Employer identification number

20-5305727

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 _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ --	Relationship of transferor to transferee _____ _____ _____	