

Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://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 THE RUSSELL & RONALEE GALBUT FAMILY FOUNDATION		A Employer identification number 20-5918650	
Number and street (or P O box number if mail is not delivered to street address) 2200 BISCAYNE BLVD		B Telephone number (see instructions) (305) 374-5700	
City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33137		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address 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"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 346,350		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
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) . . . . .	335,212			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> 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) . . .		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) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	335,212	0	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .				
	c Other professional fees (attach schedule) . . . . .	165	0	0	0
	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). . . . .	308	0	0	0
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	473	0	0	0
	25 Contributions, gifts, grants paid . . . . .	549,575			549,575
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	550,048	0	0	549,575
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-214,836			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .			0	

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .				
	2	Savings and temporary cash investments . . . . .	561,186	346,350	346,350	
	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)	561,186	346,350	346,350		
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 . . . . .	561,186	346,350		
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0		
	29	Retained earnings, accumulated income, endowment, or other funds	0	0		
30	Total net assets or fund balances(see instructions) . . . . .	561,186	346,350			
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	561,186	346,350			

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	561,186		
2	Enter amount from Part I, line 27a . . . . .	2	-214,836		
3	Other increases not included in line 2 (itemize) ▶ _____	3	0		
4	Add lines 1, 2, and 3 . . . . .	4	346,350		
5	Decreases not included in line 2 (itemize) ▶ _____	5	0		
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	346,350		

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				
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			
b			
c			
d			
e			

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

(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	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
a			
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	
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	242,833	123,221	1 970711
2013	473,719	164,987	2 871250
2012	286,149	334,155	0 856336
2011	355,670	271,827	1 308443
2010	175,582	46,514	3 774820

2	Total of line 1, column (d). . . . .	2	10 781560
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	2 156312
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	256,224
5	Multiply line 4 by line 3. . . . .	5	552,499
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	0
7	Add lines 5 and 6. . . . .	7	552,499
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	549,575

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)

<b>1a</b> 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 _____ <b>(attach copy of letter if necessary—see instructions)</b>			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0	
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0	
<b>3</b> Add lines 1 and 2. . . . .	<b>3</b>	0	
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0	
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0	
<b>6</b> Credits/Payments			
<b>a</b> 2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>		
<b>b</b> Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>		
<b>c</b> Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6c</b>		
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b>		
<b>7</b> Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0	
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>		
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	0	
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>		
<b>11</b> Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

Part VII-A

Statements Regarding Activities

<b>1a</b> 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? . . . . .	<b>1a</b>	Yes	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____			
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>		No
<b>6</b> 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? . . . . .	<b>6</b>	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> DE, <input type="checkbox"/> FL			
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	Yes	
<b>9</b> 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)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	<b>10</b>	Yes	

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 ▶N/A	13	Yes	
14	The books are in care of ▶RUSSELL GALBUT TREASURER Telephone no ▶(305) 374-5700 Located at ▶2200 BISCAYNE BLVD MIAMI FL ZIP+4 ▶33137			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —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? ( <b>Exception.</b> 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 <b>any</b> 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		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 <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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
See Additional Data Table				

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 GRANTS/CONTRIBUTIONS TO PUBLIC CHARITIES SUPPORTING SOCIAL WELFARE, HUMANITARIAN AID TO FAMILIES AND CHILDREN IN NEED	200,400
2 GRANTS/CONTRIBUTIONS TO PUBLIC CHARITIES SUPPORTING EDUCATIONAL AND RELIGIOUS PROGRAMS	167,975
3 GRANTS/CONTRIBUTIONS TO PUBLIC CHARITIES SUPPORTING ARTS, CULTURAL AND HISTORIC PROGRAMS	174,270
4 GRANTS/CONTRIBUTIONS TO PUBLIC CHARITIES SUPPORTING MEDICAL RESEARCH AND PUBLIC HEALTHCARE AWARENESS PROGRAMS	6,930

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	0
b	Average of monthly cash balances. . . . .	1b	260,126
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	260,126
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	260,126
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	3,902
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	256,224
6	Minimum investment return.Enter 5% of line 5. . . . .	6	12,811

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	12,811
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	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	12,811
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	12,811
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	12,811

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	549,575
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	549,575
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	0
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	549,575

**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				12,811
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. . . . .	173,256			
b From 2011. . . . .	342,079			
c From 2012. . . . .	269,441			
d From 2013. . . . .	465,470			
e From 2014. . . . .	236,672			
f Total of lines 3a through e. . . . .	1,486,918			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ _____ 549,575				
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. . . . .				12,811
e Remaining amount distributed out of corpus	536,764			
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	2,023,682			
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). . .	173,256			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	1,850,426			
10 Analysis of line 9				
a Excess from 2011. . . . .	342,079			
b Excess from 2012. . . . .	269,441			
c Excess from 2013. . . . .	465,470			
d Excess from 2014. . . . .	236,672			
e Excess from 2015. . . . .	536,764			

## Part XIV

**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)

		Tax year	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2a</b>	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b>	85% of line 2a . . . . .					
<b>c</b>	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b>	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b>	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b>	Complete 3a, b, or c for the alternative test relied upon					
<b>a</b>	"Assets" alternative test—enter					
	(1) Value of all assets . . . . .					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b>	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
<b>c</b>	"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) )

RUSSELL GALBUT

**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

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	549,575
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14		
<b>4</b> Dividends and interest from securities. . . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property . . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		0		0	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		0

(See worksheet in line 13 instructions to verify calculations )

[illegible]

**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.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[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.

\* \* \* \* \*

2016-09-26

\* \* \* \* \*

Signature of officer or trustee

Date

## Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name <input type="checkbox"/>			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/>			Phone no	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
RONALEE GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	PRESIDENT & DIRECTOR 0 00	0	0	0
RUSSELL GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	TREASURER & DIRECTOR 0 00	0	0	0
MARISA GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	SECRETARY & DIRECTOR 0 00	0	0	0
ROBERT GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0 00	0	0	0
DAVID GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0 00	0	0	0
ABRAHAM GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0 00	0	0	0
KEITH MENIN 2200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0 00	0	0	0
JENNA BETH GALBUT 2200 BISCAYNE BLVD MIAMI, FL 33137	DIRECTOR 0 00	0	0	0

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)				
<b>a</b> Paid during the year				
AMERICAN CANCER SOCIETY 3901 NW 79TH STREET MIAMI,FL 33166	NONE	PUBLI CHARITY	MEDICAL RESEARCH AND PATIENT SERVICES	500
AMERICAN COMMITTEE FOR SHAARE ZEDEK 3275 HILLSBORO BLVD DEERFIELD BEACH,FL 33442	NONE	PUBLIC CHARITY	MEDICAL SERVICES AND CARE	2,500
AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO 767 3RD AVE 3RD FLOOR NEWYORK,NY 10017	NONE	PUBLIC CHARITY	SOCIAL WELFARE SUPPORT PROGRAMS FOR DISABLED CHILDREN AND ADULTS	500
AMERICAN FRIENDS OF ISRAEL SPORTS CENTER FOR THE DISABLED PO BOX 667 DEERFIELD,IL 60015	NONE	PUBLIC CHARITY	SOCIAL WELFARE SUPPORT TO SPORTS PROGRAM TO THE DISABLED	180
AMERICAN FRIENDS OF MISHKA YECKESKEL 1612 48TH STREET BROOKLYN,NY 11204	NONE	PUBLIC CHARITY	GRANTS TO ORGANIZATIONS AND NEEDY INDIVIDUALS	180
AMERICAN FRIENDS OF PTACH 919 E 24 STREET BROOKLYN,NY 11210	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	360
AMERICAN FRIENDS OF TIFERET CENTER 843 JEFFERSON STREET WOODMERE,NY 11598	NONE	PUBLIC CHARITY	RELIGIOUS EDUCATION PROGRAM SUPPORT	10,000
AMERICAN FRIENDS OF YESHIVA HESDDER SDEROT INC 280 NORTHERN BLVD GREAT NECK,NY 11021	NONE	PUBLIC CHARITY	SUPPORT FOR RELIGIOUS EDUCATION PROGRAMS	180
ANSHEI LUBAVITCH INC 1340 WASHINGTON AVENUE MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	RELIGIOUS EDUCATION AND SPIRTUAL DEVELOPMENT	2,800
BAIS YAAKOV OF MIAMI 1110 NE 163RD STREET N MIAMI BEACH,FL 33162	NONE	PUBLIC CHARITY	SUPPORT FOR RELIGIOUS EDUCATION	2,000
BASS MUSEUM OF ART 2100 COLLINS AVENUE MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	SUPPORT FOR ARTS AND CULTURAL PROGRAMS	150
BETH ISRAEL CONGREGATION 770 W 40TH STREET MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	2,480
BRIS AVROHOM 910 SALEM AVENUE HILLSIDE,NJ 07205	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	180
BROWARD CHAI CENTER INC 1295 E HALLANDALE BLVD HALLANDALE BEACH,FL 33009	NONE	PUBLIC CHARITY	RELIGIOUS PROGRAMS SUPPORT	1,800
CAMILLUS HOUSE 336 NW 5TH STREET MIAMI,FL 33128	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND HUMANITARIAN PROGRAM SUPPORT	10,000
<b>Total . . . . .</b>				549,575

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)				
<b>a</b> Paid during the year				
CHABAD HOUSE ON WHEELS 699 LINCOLN LANE NORTH MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATION PROGRAM SUPPORT	2,160
CHABAD JEWISH CENTER OF DORAL INC 5353 NW 209 COURT DORAL,FL 33178	NONE	PUBLIC CHARITY	SOCIAL WELFARE PROGRAM SUPPORT	500
CHABAD OF EMERALD HILLS 3250 STERLING ROAD HOLLYWOOD,FL 33021	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	2,000
CHABAD OF MID MIAMI BEACH INC 5401 COLLINS AVENUE MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATION PROGRAM SUPPORT	14,350
CHABAD OF SOUTH BEACH INC 747 4TH STREET STE 100 MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	PAYMENT TO SUPPORT RELIGIOUS AND SPIRITUAL DEVELOPME	19,000
CHABAD OF SOUTH ORLANDO INC 7347 W SAND LAKE ROAD ORLANDO,FL 33139	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATION PROGRAM SUPPORT	1,000
CHABAD OF SOUTHAMPTON JEWISH CENTER 214 HILL STREET SOUTHAMPTON,NY 11968	NONE	PUBLIC CHARITY	SUPPORT FOR RELIGIOUS AND SPIRTUAL DEVELOPMENT PROGRAMS	18
CHABAD ON CAMPUS INTERNATIONAL FOUNDATION 770 EASTERN PARKWAY BROOKLYN,NY 11213	NONE	PUBLIC CHARITY	FINANCIAL AND LOGISTICAL ASSISTANCE TO CHABAD STUDEN	1,000
CHAI LIFELINE 151 WEST 36TH STREET NEW YORK,NY 10001	NONE	PUBLIC CHARITY	PAYMENT TO SUPPORT CANCER STRICKEN CHILDREN AND THEI	5,000
CHEVARA KADISHA OF FLORIDA-CHABAD 21001 BISCAYNE BLVD AVENTURA,FL 33180	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATION PROGRAM SUPPORT	700
COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN,NY 11213	NONE	PUBLIC CHARITY	PAYMENT TO SUPPORT SOCIAL/HUMAN SERVICES TO PEOPLE I	63,000
CONGREGATION BETH-EL OF MIAMI BEACH PO BOX 398930 MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE IN RELIGIOUS STUDIES	3,260
CONGREGATION KEHILATH JESHURUN 125 EAST 85TH STREET NEW YORK,NY 10028	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE TO JEWISH FAMILIES IN NEED	7,197
CONGREGATION OHEV SHALOM OF N LAUDERDALE INC 1601 SOUTH STATE ROAD 7 NORTH LAUDERDALE,NY 33068	NONE	PUBLIC CHARITY	SUPPORT FOR RELIGIOUS SERVICES PROGRAMS	1,800
CONGREGATION YESHIVAS MEON HATORAH INC PO BOX 428 MONSEY,NY 10952	NONE	PUBLIC CHARITY	RELGIOUS EDUCATION PROGRAM SUPPORT	1,800
<b>Total . . . . .</b>				549,575



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)				
<b>a</b> Paid during the year				
COOLANU INC 20 HOMESTEAD LN ROOSEVELT,NJ 08555	NONE	PUBLIC CHARITY	SUPPORT FOR RELIGIOUS AND SPIRITUAL DEVELOPMENT PROGRAMS	10,000
CUBAN EXILE HISTORY MUSEUM INC 175 SE 7TH STREET MIAMI,FL 33130	NONE	PUBLIC CHARITY	ARTS AND CULTURAL PROGRAMS SUPPORT	10,000
CUTLER RIDGE SOCCER INC P O BOX 971547 MIAMI,FL 33197	NONE	PUBLIC CHARITY	EDUCATIONAL PROGRAM SUPPORT-YOUTH SOCCER LEAGUE	360
DAUGHTERS OF ISRAEL MIKVAH 2530 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	RELIGIOUS CULTURAL PROGRAM SUPPORT	70,000
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS,FL 33056	NONE	PUBLIC CHARITY	SUPPORT FOR CANCER RESEARCH TREATMENT CENTERS	180
EFRAT CRIB COMMITTEE FOR THE RESCUE OF ISRAEL'S BABIES 1274 49TH STREET STE 569 BROOKLYN,NY 11219	NONE	PUBLIC CHARITY	SOCIAL WELFARE PROGRAM SUPPORT	100
EMUNAH OF AMERICA INC 370 SEVENTH AVENUE NEW YORK,NY 10001	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE TO JEWISH WOMEN AND INDIGENT	1,980
FEDERAL DRUG AGENTS FOUNDATION INC 50 JERICHO TURNPIKE JERICHO,NY 11753	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND FINANCIAL SUPPORT PROGRAM FOR FEDERAL LAW ENFORCEMENT AGENTS	5,000
FRIENDS OF LUBAVITCH OF FLORIDA 17330 NW 7TH AVENUE MIAMI,FL 33169	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE TO FAMILIES IN NEED	1,000
FRIENDS OF THE ISRAEL DEFENSE FORCES 350 5TH AVENUE 2011 NEW YORK,NY 10118	NONE	PUBLIC CHARITY	SUPPORT FOR NATIONAL SECURITY AND FOREIGN AFFAIRS	5,000
FRIENDS OF UNITED HATZALAH INC 208 EAST 51ST STREET STE 303 NEW YORK,NY 10022	NONE	PUBLIC CHARITY	ARTS, CULTURAL AND HUMANITIES PROGRAM SUPPORT	1,800
FRIENDSHIP CIRCLE OF GREATER MIAMI INC PO BOX 402113 MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	SOCIAL WELFARE PROGRAM-YOUTH DEVELOPMENT SERVICES	10,600
GIRLS TOWN OR CHADASH 1431 CONEY ISLAND AVENUE BROOKLYN,NY 11230	NONE	PUBLIC CHARITY	RAISES FUNDS FOR FOREIGN AFFAIRS AND NATIONAL SECURI	5,000
GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	PAYMENT FOR RELIGIOUS EDUCATION OF CHILDREN	6,500
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI,FL 33137	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND HUMANITARIAN PROGRAM SUPPORT	50,000
<b>Total . . . . .</b>  <b>3a</b>				549,575

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)				
<b>a</b> Paid during the year				
HACHNOSSOS KALLAH OF GREATER MIAMI 1400 LENOX AVENUE MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	SOCIAL WELFARE PROGRAMS SUPPORT	1,000
HEBREW ACADEMY OF NASSAU COUNTY 240 HEMPSTEAD AVENUE WEST HEMPSTEAD,NY 11552	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	2,000
HEBREW ACADEMY OF THE FIVE TOWNS AND ROCKAWAY 389 CENTRAL AVENUE LAWRENCE,NY 11559	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATION PROGRAM SUPPORT	2,000
HERITAGE RETREATS INC 557 FENTON BLVD CLIFTON,NJ 07014	NONE	PUBLIC CHARITY	ARTS AND CULTURAL PROGRAMS SUPPORT	250
HILEL DAY SCHOOL OF BOCA RATON 21011 95 AVENUE S BOCA RATON,FL 33428	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	2,000
INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE NEW YORK,NY 10036	NONE	PUBLIC CHARITY	ARTS, CULTURAL AND HISTORIC PROGRAM SUPPORT-VETERANS ORGANIZATION	1,500
ISRAEL AIR FORCE CENTER FOUNDATION 136 EL CAMINO DRIVE STE 201 BEVERLY HILLS,CA 90212	NONE	PUBLIC CHARITY	SUPPORT FOR SOCIAL WELFARE PROGRAMS	1,800
JEWISH LEARNING CENTER 411 WEST 41ST STREET MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	PROVIDE JEWISH EDUCATION TO CHILDREN	25,000
JEWISH MUSEUM OF FLORIDA INC 301 WASHINGTON AVENUE MIAMI BEACH,FL 33139	NONE	PUBLIC CHARITY	SUPPORT JEWISH HISTORY, ART AND CULTURE	10,720
KETER ABRAHAM OF CHABAD INC 2200 BISCAYNE BLVD MIAMI,FL 33137	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE TO INDIGENT FAMILIES	3,000
LEHRMAN COMMUNITY DAY SCHOOL 727 LEHRMAN DRIVE MIAMI BEACH,FL 33141	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	6,050
LUBAVITCH EDUCATION CENTER 17330 NW 7TH AVENUE MIAMI,FL 33169	NONE	PUBLIC CHARITY	RELIGIOUS EDUCATION PROGRAMS SUPPORT	2,720
LUBAVITCH YESHIVA ACADEMY 1148 CONVERSE STREET LONGMEADOW,MA 01106	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	1,000
LUBAVITCH-CHABAD CENTER OF GAINESVILLE 2021 NW 5TH AVENUE GAINESVILLE,FL 32603	NONE	PUBLIC CHARITY	RELIGIOUS AND EDUCATIONAL PROGRAM SUPPORT	180
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS,NY 10605	NONE	PUBLIC CHARITY	MEDICAL RESEARCH AND HEALTHCARE PROGRAM SUPPORT	1,800
<b>Total . . . . .</b>  <b>3a</b>				549,575

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)				
<b>a</b> Paid during the year				
MASORE BAIS YAAKOV 1395 OCEAN AVENUE NEW YORK,NY 11230	NONE	PUBLIC CHARITY	RELIGIOUS EDUCATION PROGRAMS SUPPORT	3,000
MIAMI BEACH COMMUNITY KOLLEL INC 3767 CHASE AVENUE MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	ARTS, CULTURAL AND HISTORIC PROGRAM SUPPORT	1,800
MIAMI BEACH JEWISH COMMUNITY CENTER INC 4221 PINE TREE DRIVE MIAMI BEACH,FL 33140	NONE	PUBLIC CHARITY	SOCIAL PROGRAM SUPPORT-NEIGHBORHOOD CENTERS	39,000
NER ISRAEL RABBINICAL COLLEGE 400 MT WILSON LANE BALTIMORE,MD 21208	NONE	PUBLIC CHARITY	PAYMENT TO PROMOTE RELIGIOUS EDUCATION	1,800
PLAZA HEALTH NETWORK FOUNDATION INC 1800 NE 168 STREET SUITE 200 NORTH MIAMI BEACH,FL 33162	NONE	PUBLIC CHARITY	CONDUCTS FUNDRAISING ACTIVITIES FOR AFFILIATED ENTIT	18,000
RAMAZ SCHOOL 114 E 85TH STREET NEW YORK,NY 10028	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE IN RELIGIOUS STUDIES	5,000
ROITMAN CHABAD CENTER AT CORNELL 102 WILLARD WAY ITHACA,NY 14850	NONE	PUBLIC CHARITY	RELIGIOUS AND SPIRTUAL DEVELOPMENT PROGRAMS SUPPORT	3,600
SHUL OF BAL HARBOUR INC 9540 COLLINS AVENUE SURFSIDE,FL 33154	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE TO INDIGENT FAMILIES	9,180
SHUL OF DOWNTOWN INC 35 SE 9TH STREET MIAMI,FL 33131	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND HUMANITARIAN PROGRAM SUPPORT	9,500
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT,FL 34711	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND YOUTH DEVELOPMENT PROGRAM SUPPORT	2,160
SWC MUSEUM CORP (SIMON WEISENTHAL CENTER) 1399 ROXBURY DRIVE LOS ANGELES,CA 90035	NONE	PUBLIC CHARITY	ARTS & CULTURAL PROGRAMS SUPPORT-MUSEUM DEVELOPMENT	20,000
THE ALEPH INSTITUTE INC 9540 COLLINS AVENUE SURFSIDE,FL 33154	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND HUMANITARIAN PROGRAM SUPPORT	5,100
TORAH ACADEMY OF BOCA RATON INC 7202 PALMETTO CIRCLE NORTH BOCA RATON,FL 33433	NONE	PUBLIC CHARITY	PAYMENT FOR ASSISTANCE IN RELIGIOUS STUDIES	5,000
TORAH HANACHAL 303 PARK AVENUE ELBERON,NJ 07740	NONE	PUBLIC CHARITY	ASSISTANCE TO INDIGENT JEWISH FAMILIES	15,000
UNIDAD OF MIAMI BEACH INC 1701 NORMANDY DRIVD MIAMI BEACH,FL 33141	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND HUMANITARIAN PROGRAM SUPPORT	1,000
<b>Total . . . . .</b>				549,575

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)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF MIAMI SCHOOL OF LAW 1311 MILLER DRIVE CORAL GABLES, FL 33146	NONE	PUBLIC CHARITY	PAYMENT FOR SUPPORT TO THE COLLEGE OF ARTS AND SCIEN	10,000
WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 1150 KANE 5TH FLOOR BAY HARBOR ISLANDS, FL 33154	NONE	PUBLIC CHARITY	SOCIAL WELFARE AND HUMANITARIAN PROGRAM SUPPORT	1,800
YESHIVA & MESVITA TORAS EMES KAMENITZ 1904 AVENUE N BROOKLYN, NY 11230	NONE	PUBLIC CHARITY	RELIGIOUS EDUCATION PROGRAMS SUPPORT	3,000
ZAHAV ZEH UT AVRAHAM INC 1104 KENILWORTH DRIVE STE 300 TOWSON, MD 21204	NONE	PUBLIC CHARITY	RELIGIOUS SERVICES PROGRAM SUPPORT	500
<b>Total . . . . .</b>			<b>3a</b>	549,575

**TY 2015 Other Expenses Schedule**

**Name:** THE RUSSELL & RONALEE GALBUT FAMILY  
FOUNDATION

**EIN:** 20-5918650

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL NOTICES	80	0	0	0
ANNUAL REPORT	25	0	0	0
STATIONARY AND SUPPLIES	203	0	0	0

TY 2015 Other Professional Fees Schedule

**Name:** THE RUSSELL & RONALEE GALBUT FAMILY  
FOUNDATION  
**EIN:** 20-5918650

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	165	0	0	0

**TY 2015 Substantial Contributors**  
**Schedule**

**Name:** THE RUSSELL & RONALEE GALBUT FAMILY  
FOUNDATION

**EIN:** 20-5918650

Name	Address
RONALEE GALBUT 2006 CHARITABLE LEAD ANNUITY TRUST	2200 BISCAYNE BLVD MIAMI, FL 33137
GALBUT 2006 CHARITABLE LEAD ANNUITY TRUST	2200 BISCAYNE BLVD MIAMI, FL 33137
RUSSELL RONALEE GALBUT	5225 COLLINS AVENUE PH-8 MIAMI BEACH, FL 33140

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b>  ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</b>	OMB No 1545-0047  <b>2015</b>
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<b>Name of the organization</b> THE RUSSELL & RONALEE GALBUT FAMILY FOUNDATION	<b>Employer identification number</b> 20-5918650
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Organization type (check one)

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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)



<b>Name of organization</b> THE RUSSELL & RONALEE GALBUT FAMILY FOUNDATION	<b>Employer identification number</b> 20-5918650
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Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GALBUT 2006 CHARITABLE LEAD ANNUITY TRUST	\$ 167,606	Person <input checked="" type="checkbox"/>
	2200 BISCAYNE BLVD		Payroll <input type="checkbox"/>
	MIAMI, FL 33137		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
2	RONALEE GALBUT 2006 CHARITABLE LEAD ANNUITY TRUST	\$ 167,606	Person <input checked="" type="checkbox"/>
	2200 BISCAYNE BLVD		Payroll <input type="checkbox"/>
	MIAMI, FL 33137		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 )

<b>Name of organization</b> THE RUSSELL & RONALEE GALBUT FAMILY FOUNDATION	<b>Employer identification number</b> 20-5918650
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**Part II** **Noncash Property**  
 (see instructions) Use duplicate copies of Part II if additional space is needed

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

**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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**