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### DLN: 93491165003236

OMB No 1545-0052

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  $\underline{www.irs.gov/form990pf}$ .

Open to Public Inspection

| For            | caler                            | ndar year 2015, or tax y   | ear beginning 01-0                 | 1-2015                                   | , ar | nd ending 1              | 2-31-2015  |  |
|----------------|----------------------------------|--|------------------------------------|--|------|--------------------------|--|--|
|                | e of four                        | ndation<br>FOUNDATION INC  | A Employer id                      | entification numb                        | er   |                          |  |  |
| AN             | HOORT                            | CONDATION INC  |                                    |  |      | 22-3417520               |  |  |
|                |                                  | street (or P O box number if mail is   | not delivered to street address)   | Room/suite                               |      | <b>B</b> Telephone nui   | mber (see instruction  | ıs)  |
| 12             | 41 GULF                          | OF MEXICO DRIVE NO 204   |                                    |  |      | (973) 377-2315           | 5  |  |
|                |                                  | state or province, country, and ZIP of EY, FL 34228  | r foreign postal code              |  |      | <b>C</b> If exemption    | application is pendin  | ng, check here 🕨 🦵   |
| G C            | neck all                         | that apply   Initial return  | Initial return of a fo             | ormer nublic charity                     |      |                          |  | _  |
|                | TOOK GI                          | Final return Address chang   | A mended return                    | ormor pasmo emarro,                      |      | <b>2.</b> Foreign o      | ganizations, check h<br>rganizations meeting<br>k here and attach co | the 85%  |
| H Ch           | neck ty <sub>l</sub><br>ection 4 | pe of organization   | ole trust   Other taxabl           | e private foundation                     |      | •                        | undation status was i<br>n 507(b)(1)(A), chec                        | . —  |
|                |                                  | t value of all assets at end   | JAccounting method Other (specify) | F Cash                                   | 1    |                          | ation is in a 60-mont  |  |
|                |                                  | rom Part II, col. (c),<br>\$ 247,292   | (Part I, column (d) must           | be on cash basıs.)                       |      | under sectio             | n 507(b)(1)(B), ched   | ck nere  |
| Pa             | rt I                             | Analysis of Revenue a<br>(The total of amounts in columns | (b), (c), and (d) may not          | Revenue and<br>expenses per<br>(a) books | (b)  | Net investment<br>income | Adjusted net<br>(c) income   | Disbursements<br>for charitable<br>purposes<br>(d) (cash basis only) |
|                | 1                                | Contributions, gifts, grants, e  | etc , received (attach             |  |      |                          |  |  |
|                |                                  | schedule)  |                                    | 205,762                                  |      |                          |  |  |
|                | 2                                | Check 🟲 🦵 If the foundation  | is <b>not</b> required to attach   |  |      |                          |  |  |
|                |                                  | Sch B  |                                    |  |      |                          |  |  |
|                | 3                                | Interest on savings and temp   | oorary cash investments            |  |      |                          |  |  |
|                | 4                                | Dividends and interest from s  | securities                         | 1,139                                    |      | 1,138                    |  |  |
|                | 5a                               | Gross rents  |                                    |  |      |                          |  |  |
|                | b                                | Net rental income or (loss) _  |                                    | 2.057                                    |      |                          |  |  |
| ₹              | 6a                               | Net gain or (loss) from sale o   | rassets not on line 10             | -3,957                                   |      |                          |  |  |
| Revenue        | b                                | Gross sales price for all asse<br>97,061   | ets on line 6a                     |  |      |                          |  |  |
| ₽              | 7                                | Capital gain net income (from  | n Part IV, line 2)                 |  |      | 20,404                   |  |  |
|                | 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 schedu  | ıle)                               |  |      |                          |  |  |
|                | 12                               | <b>Total.</b> Add lines 1 through 11   |                                    | 202,944                                  |      | 21,542                   |  |  |
|                | 13                               | Compensation of officers, dir  | ·                                  | 0  |      | 0                        |  | 0  |
|                | 14                               | O ther employee salaries and   |                                    |  |      |                          |  |  |
| φ.             | 15                               | Pension plans, employee ben  |                                    |  |      |                          |  |  |
|                | 16a                              | Legal fees (attach schedule)   |                                    |  |      |                          |  |  |
| Expenses       | b                                | Accounting fees (attach sch  |                                    | 2,000                                    |      | 1,000                    |  | 1,000  |
|                | C                                | Other professional fees (atta  | ch schedule)                       |  |      |                          |  |  |
| ativ           | 17                               | Interest   |                                    |  |      |                          |  |  |
| 货              | 18                               | Taxes (attach schedule) (see   | e instructions)                    | <b>%</b> 450                             |      | 0                        |  | 0  |
| =              | 19                               | Depreciation (attach schedu  | e) and depletion                   |  |      |                          |  |  |
| Administrative | 20                               | Occupancy  |                                    |  |      |                          |  |  |
| and #          | 21                               | Travel, conferences, and mee   | _                                  |  |      |                          |  |  |
|                | 22                               | Printing and publications.   |                                    | Ø53 .cc                                  |      |                          |  |  |
| Ξ              | 23                               | Other expenses (attach sche  |                                    | <b>%</b> 55                              |      | 0                        |  | 55   |
| Operating      | 24                               | Total operating and administ   | -                                  | 2,505                                    |      | 1 000                    |  | 1,055  |
| ă              | 35                               | Add lines 13 through 23  |                                    | 2,505                                    |      | 1,000                    |  | 57,875   |
| _              | 25<br>26                         | Contributions, gifts, grants p   |                                    | 37,075                                   |      |                          |  | 37,873   |
|                | 20                               | <b>Total expenses and disburser</b> 25   | nents.Add lines 24 and             | 60,380                                   |      | 1,000                    |  | 58,930   |
|                | 27                               | Subtract line 26 from line 12  |                                    |  |      |                          |  | ·  |
|                | a                                | Excess of revenue over expe  | nses and disbursements             | 142,564                                  |      |                          |  |  |
|                | ь                                | Net investment income (if ne   | <del>-</del>                       |  |      | 20,542                   |  |  |
|                | c                                | Adjusted net income(If negated   | rive, enter -0 -)                  |  |      |                          |  |  |

| Pa        | rt 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                       | ·                            |
|-----------|--------|---|--------------------------|------------------------------|------------------------------|
|           | 1      | Cash—non-interest-bearing   | (a) Book Value<br>11,652 | <b>(b)</b> Book Value 50,589 | (c) Fair Market Value 50,589 |
|           | 2      | Savings and temporary cash investments  | 11,002                   | 30,303                       |                              |
|           | 3      | Accounts receivable   908   |                          |                              |                              |
|           | 3      | Less allowance for doubtful accounts  |                          | 908                          | 908                          |
|           |        | Pledges receivable  |                          | 900                          | 908                          |
|           | 4      | Less allowance for doubtful accounts -  |                          |                              |                              |
|           | _      | <del></del>   |                          |                              |                              |
|           | 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 -  |                          |                              |                              |
| Assets    | 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)   | 117,945                  | 220,664                      | 195,795                      |
|           | С      | 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     | O ther assets (describe 🟲)  |                          |                              |                              |
|           | 16     | <b>Total assets</b> (to be completed by all filers—see the  |                          |                              |                              |
|           |        | ınstructions Also, see page 1, item I)  | 129,597                  | 272,161                      | 247,292                      |
|           | 17     | Accounts payable and accrued expenses   |                          |                              |                              |
|           | 18     | Grants payable  |                          |                              |                              |
| abilities | 19     | Deferred revenue  |                          |                              |                              |
| 풀         | 20     | Loans from officers, directors, trustees, and other disqualified persons  |                          |                              |                              |
| Liat      | 21     | Mortgages and other notes payable (attach schedule)   |                          |                              |                              |
| _         | 22     | Other liabilities (describe 🟲)  |                          |                              |                              |
|           | 23     | Total liabilities(add lines 17 through 22)  | 0                        | 0                            |                              |
| _         |        | Foundations that follow SFAS 117, check here 🕨 🦵  |                          |                              |                              |
| Balances  |        | and complete lines 24 through 26 and lines 30 and 31.   |                          |                              |                              |
| ank       | 24     | Unrestricted  |                          |                              |                              |
| 89        | 25     | Temporarily restricted  |                          |                              |                              |
| Ξ         | 26     | Permanently restricted  |                          |                              |                              |
| or Fund   |        | Foundations that do not follow SFAS 117, check here 🕨 🔽   |                          |                              |                              |
| Ξ         |        | and complete lines 27 through 31.   |                          |                              |                              |
|           | 27     | Capital stock, trust principal, or current funds  | 586,913                  | 586,913                      |                              |
| Assets    | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund  | 0                        | 0                            |                              |
| Ą         | 29     | Retained earnings, accumulated income, endowment, or other funds  | -457,316                 | -314,752                     |                              |
| Net       | 30     | Total net assets or fund balances(see instructions)   | 129,597                  | 272,161                      |                              |
| _         | 31     | Total liabilities and net assets/fund balances(see instructions)  | 129,597                  | 272,161                      |                              |
| Pa        | rt III | Analysis of Changes in Net Assets or Fund Balances  | L                        |                              |                              |
| 1         |        | Total net assets or fund balances at beginning of year—Part II, column (  | (a), line 30 (must adi   | ree I I                      |                              |
| _         |        | with end-of-year figure reported on prior year's return)  |                          |                              | 129,597                      |
| 2         |        | Enter amount from Part I, line 27a  |                          | <del></del>                  | 142,564                      |
| 3         |        | Other increases not included in line 2 (itemize)  |                          | 3                            | 0                            |
| 4         |        | Add lines 1, 2, and 3   |                          | 4                            | 272,161                      |
| 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)—Pa   |                          |                              | 272,161                      |

| Part IV Capital Gains   | and Loss       | es for Tax on Inve                                   | stment Income  |   |              |  |  |  |
|---|----------------|--|--|---|--------------|--|--|--|
|   |                | of property sold (e g , re<br>common stock, 200 shs  |  | How acquired P—Purchase  (b) D—Donation | Date acquire | d Date sold ) (d) (mo , day, yr )                |  |  |
| 1a APPLE INC  |                |  |  | D                                       | 2013-01-04   | 2015-12-28                                       |  |  |
| <b>b</b> HALLIBURTON CO   |                |  |  | D                                       | 2013-02-05   | 2015-04-17                                       |  |  |
| С   |                |  |  |   |              |  |  |  |
| d   |                |  |  |   |              |  |  |  |
| e   |                |  |  |   |              |  |  |  |
| (e) Gross sales price   |                | Depreciation allowed (f) (or allowable)              |  | t or other basıs<br>expense of sale     |              | ın or (loss)<br>ıs (f) mınus (g)                 |  |  |
| a   | 50,263         |  |  | 35,48                                   | 6            | 14,777   |  |  |
| b   | 46,798         |  |  | 41,17                                   | 1            | 5 ,6 2 7   |  |  |
| c   |                |  |  |   |              |  |  |  |
| d   |                |  |  |   |              |  |  |  |
| е   |                |  |  |   |              |  |  |  |
| Complete only for assets  | showing gai    | n ın column (h) and owne                             | d by the foundation  | n on 12/31/69                           |              | ol (h) gain minus                                |  |  |
| (i) F M V as of 12/31/69  |                | Adjusted basis<br>(j) as of 12/31/69                 |  | cess of col (1)<br>r col (j), if any    |              | not less than -0-) <b>or</b><br>s (from col (h)) |  |  |
| а   |                |  |  |   |              | 14,777   |  |  |
| b   |                |  |  |   |              | 5 ,6 2 7   |  |  |
| c   |                |  |  |   |              |  |  |  |
| d   |                |  |  |   |              |  |  |  |
| e   |                |  |  |   |              |  |  |  |
| -   | al gaın or (lo |  |  | in Part I, line 7                       | 2            | 20,404   |  |  |
|   | Under Se       | ction 4940(e) for R                                  | oduced Tay on  | Not Investme                            | nt Income    |  |  |  |
| Qualification   | onder Se       | ction 4940(e) for R                                  | educed Tax or  | i Net Investme                          | nt Income    |  |  |  |
| (For optional use by domestic<br>If section 4940(d)(2) applies,     |                |  | ction 4940(a) tax  | on net investment                       | income )     |  |  |  |
| Was the foundation liable for th<br>If "Yes," the foundation does r |                |  |  |   | eriod?       | │ Yes 🔽 No                                       |  |  |
| <b>1</b> Enter the appropriate amo                                  | ount in each   | column for each year, se                             | e instructions befo  | ore making any ent                      | ries         |  |  |  |
| (a) Base period years Calendar year (or tax year beginning in)      | Adjusted       | <b>(b)</b><br>qualifying distributions               | (c)<br>Net value of noncha                                 |   | Distribut    | d)<br>cion ratio<br>ed by col (c))               |  |  |
| 2014  |                | 75,049   |  | 181,765                                 |              | 0 412890   |  |  |
| 2013  |                | 160,137  |  | 181,637                                 |              | 0 881632   |  |  |
| 2012  |                | 183,745  |  | 322,239                                 |              | 0 570213   |  |  |
| 2011  |                | 309,413  |  | 613,033                                 |              | 0 504725   |  |  |
| 2010  | . (4)          | 265,816  |  | 676,202                                 | _            | 0 393101   |  |  |
| 2 Totalof line 1, colum   | • •            |  |  | · · · · ·                               | 2            | 2 762561   |  |  |
| the number of years   | the foundatı   | : 5-year base period—div<br>on has been in existence | ıf less than 5 yea   | rs                                      | 3            | 0 552512   |  |  |
|   |                | ble-use assets for 2015                              | -  | ·· · · ·                                | 4            | 94,109   |  |  |
| . , ,   |                | (10) (5) (11)  |  |   | 5            | 51,996   |  |  |
| 6 Enter 1 % of net inve   | stment inco    | me (1 % of Part I line 27                            | Enter 1% of net investment income (1% of Part I line 27h). |   |              |  |  |  |

the Part VI instructions

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

Form **990-PF** (2015)

52,201

58,930

7

| ĽŒL    | Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49  | 74U(E),       | , UI 4340—SC   | e pag   | = 10 OL   | the ins | LIUCLIC | 'IIS)         |     |
|--------|--|---------------|----------------|---------|-----------|---------|---------|---------------|-----|
| 1a     |  | · ┌           |                | 1       |           |         |         |               |     |
|        | and enter "N/A" on line 1  Date of ruling or determination letter  |               |                | Į       |           |         |         |               |     |
|        | (attach copy of letter if necessary-see instructions)  |               |                | (       |           |         |         |               |     |
| b      | Domestic foundations that meet the section 4940(e) requirements in Part V,                                   |               |                | ļ       | 1         |         |         |               | 205 |
|        | here 🟲 🔽 and enter 1% of Part I, line 27b  |               |                | • '     |           |         |         |               |     |
| С      | All other domestic foundations enter $2\%$ of line $27b$ Exempt foreign organiza Part I, line $12$ , col (b) | itions e      | enter 4% of    |         |           |         |         |               |     |
| 2      | 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 |               |                |         |           |         |         |               | 0   |
| 3      |  |               |                |         |           |         |         |               |     |
| 4      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four                                 | ndation       | s only Othe    | ers     |           |         |         |               |     |
| _      | enter - 0 - )  Tax based on investment income. Subtract line 4 from line 3 If zero or less, en               | ntor O        | i              |         | 5         |         |         |               | 0   |
| 5<br>6 | Credits/Payments   | iitei -0      |                | •       | 5         |         |         |               | 205 |
| a      | 2015 estimated tax payments and 2014 overpayment credited to 2015  | 6a            | I              | 320     |           |         |         |               |     |
| b      | Exempt foreign organizations—tax withheld at source  | 6b            |                | 320     |           |         |         |               |     |
| c      | Tax paid with application for extension of time to file (Form 8868)  | 6c            |                |         |           |         |         |               |     |
| d      | Backup withholding erroneously withheld  | 6d            |                |         |           |         |         |               |     |
| 7      | Total credits and payments Add lines 6a through 6d   |               | ·              |         | 7         |         |         |               | 320 |
| 8      | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2                             |               |                |         | 8         |         |         |               |     |
| 9      | Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .                               |               |                | •       | 9         |         |         |               |     |
| 10     | Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount                              |               |                | •       | 10        |         |         |               | 115 |
| 11     | Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b>                                      | 115           |                | •       | 11        |         |         |               |     |
|        | t VII-A Statements Regarding Activities  |               |                |         |           |         |         |               |     |
| 1a     | During the tax year, did the foundation attempt to influence any national, state                             | , or loc      | al legislatio  | n or d  | ıd        |         |         | Yes           | No  |
|        |  |               |                |         |           |         | 1a      |               | No  |
| b      | Did it spend more than \$100 during the year (either directly or indirectly) for p                           | olitica       | l purposes (   | see In  | structi   | ons     |         |               |     |
|        | for definition)?   |               |                |         |           |         | 1b      |               | No  |
|        | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities                          | and co        | pies of any n  | nateria | ls        |         |         |               |     |
|        | published or distributed by the foundation in connection with the activities.                                |               |                |         |           |         |         |               |     |
| C      | Did the foundation file <b>Form 1120-POL</b> for this year?  |               |                |         |           |         | 1c      |               | No  |
| d      | Enter the amount (if any) of tax on political expenditures (section 4955) impos                              | sed dur       | ring the year  | -       |           |         |         |               |     |
|        | (1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers                                  | <b>-</b> \$ _ |                | 0       |           |         |         |               |     |
| е      | Enter the reimbursement (if any) paid by the foundation during the year for poli                             | itical e      | xpenditure t   | ax ımp  | osed      |         |         |               |     |
|        | on foundation managers 🕨 \$0   |               |                |         |           |         |         |               |     |
| 2      | Has the foundation engaged in any activities that have not previously been rep                               | orted t       | to the IRS?    |         |           |         | 2       |               | No  |
|        | If "Yes," attach a detailed description of the activities.   |               |                |         |           |         |         |               |     |
| 3      | Has the foundation made any changes, not previously reported to the IRS, in it                               | -             | =              | -       |           | 5       |         |               |     |
| 4-     | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo                          |               |                |         |           |         | 3       | $\vdash$      | No  |
| 4a<br> | Did the foundation have unrelated business gross income of \$1,000 or more di                                |               |                |         |           |         | 4a      | $\vdash$      | No  |
| b      | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                      |               |                |         |           |         | 4b<br>5 | $\vdash$      | No  |
| 5      | If "Yes," attach the statement required by General Instruction T.  | ing the       | e year         |         |           |         | 3       |               | NO  |
| 6      | Are the requirements of section 508(e) (relating to sections 4941 through 494                                | 45) ca        | ticfied eithe  | r       |           |         |         |               |     |
| •      | By language in the governing instrument, or  | 73 / 3u       | cisiica citiic | '       |           |         |         |               |     |
|        | By state legislation that effectively amends the governing instrument so the                                 | at no m       | nandatory di   | rectio  | ns        |         |         |               |     |
|        | that conflict with the state law remain in the governing instrument?   |               |                |         |           |         | 6       | Yes           |     |
| 7      | Did the foundation have at least \$5,000 in assets at any time during the year?                              | ?If "Yes      | s," complete i | Part II | , col. (c | ),      |         |               |     |
|        | and Part XV.   |               |                |         |           |         | 7       | Yes           |     |
| 8a     | Enter the states to which the foundation reports or with which it is registered (s                           | see ins       | tructions)     |         |           |         |         |               |     |
|        | ▶NJ  |               |                |         |           |         |         |               |     |
| b      | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99                             |               |                |         |           |         |         |               |     |
|        | General (or designate) of each state as required by General Instruction G? If $^\prime$                      | "No," at      | tach explana   | tion .  |           |         | 8b      | Yes           |     |
| 9      | Is the foundation claiming status as a private operating foundation within the n                             |               | _              |         |           |         |         |               |     |
|        | or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (so                               | ee inst       | ructions for   | Part X  | (IV)?     |         |         |               |     |
| 4.5    | If "Yes," complete Part XIV  |               |                |         |           |         | 9       | $\longmapsto$ | No  |
| 10     | Did any persons become substantial contributors during the tax year? If "Yes,"                               |               |                | _       |           |         | 1.0     |               | N1- |
|        | and addresses.   |               |                |         |           |         | 10      | 1 1           | No  |

| Par | Statements Regarding Activities (continued)  |                    |          |    |
|-----|--|--------------------|----------|----|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the  |                    |          |    |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  | 11                 |          | No |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had  |                    |          |    |
|     | advisory privileges? If "Yes," attach statement (see instructions)   | 12                 |          | No |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  | 13                 | Yes      |    |
|     | Website address ►N/A   |                    |          |    |
| 14  | The books are in care of ►RAVI AKHOURY Telephone no ►(973  | 1377               | -2315    |    |
|     | Located at ►1241 GULF OF MEXICO DRIVE APT 204 LONGBOAT KEY FL ZIP+4 ►34228   | <del>/ U · ·</del> |          |    |
|     |  |                    | <u> </u> |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here  |                    | -        |    |
|     | and enter the amount of tax-exempt interest received or accrued during the year  |                    |          |    |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over   |                    | Yes      | No |
|     | a bank, securities, or other financial account in a foreign country?   | 16                 |          | No |
|     | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial  |                    |          |    |
|     | Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲  |                    |          |    |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |                    |          |    |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |                    | Yes      | No |
| 1a  | During the year did the foundation (either directly or indirectly)   |                    |          |    |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No  |                    |          |    |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                    |          |    |
|     | a dısqualıfıed person?   |                    |          |    |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No  |                    |          |    |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?  |                    |          |    |
|     | (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 ) <b>Yes</b> 🔽 <b>No</b>  |                    |          |    |
| Ь   | 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)?  | 1b                 |          |    |
|     | Organizations relying on a current notice regarding disaster assistance check here   |                    |          |    |
| С   | 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))  |                    |          |    |
| а   | 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?  |                    |          |    |
| b   | If "Yes," list the years > 20, 20, 20, 20<br>Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) |                    |          |    |
| D   | (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                 |          |    |
| С   | 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   |                    |          |    |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at   |                    |          |    |
|     | any time during the year?  |                    |          |    |
| ь   | 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, <b>(2)</b> the lapse of the 5-year period (or longer period approved   |                    |          |    |
|     | by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)  |                    |          |    |
|     | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine   |                    |          |    |
|     | if the foundation had excess business holdings in 2015.).  | 3b                 |          |    |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a                 |          | No |
| ь   | 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 |

| Pal        | Statements Rega   | run    | ig Activities for            | VVI    | iicii Fuliii 4720       | iria y | у ве кеципец ( <i>com</i>                  | iiiue    | <u>u)</u> |                      |
|------------|---|--------|------------------------------|--------|-------------------------|--------|--|----------|-----------|----------------------|
| 5 <b>a</b> | During the year did the foundation                                  | n pay  | or incur any amoun           | t to   |                         |        |  |          |           |                      |
|            | (1) Carry on propaganda, or other                                   | rwise  | attempt to influence         | e leg  | ıslatıon (section 49    | 45(e   | e)) <sup>?</sup>                           | √ No     |           |                      |
|            | (2) Influence the outcome of any                                    | spec   | ıfıc publıc electıon (       | see    | section 4955), or to    | car    | ry   |          |           |                      |
|            | on, directly or indirectly, any                                     | votei  | registration drive?.         |        |                         |        | \ \ Yes \                                  | √ No     |           |                      |
|            | (3) Provide a grant to an individu                                  | al for | travel, study, or oth        | ners   | ımılar purposes?        |        | ┌ Yes ि                                    | √ No     |           |                      |
|            | (4) Provide a grant to an organiza                                  | ation  | other than a charıta         | ble,   | etc , organızatıon de   | scril  | bed  |          |           |                      |
|            | ın section 4945(d)(4)(A)? (se                                       | ee ins | structions)                  |        |                         | •      | T Yes 🖟                                    | √ No     |           |                      |
|            | (5) Provide for any purpose other                                   | thar   | religious, charitable        | e, sc  | ientific, literary, or  |        |  |          |           |                      |
|            | educational purposes, or for t                                      | he pr  | evention of cruelty t        | o ch   | ıldren or anımals?.     |        |  | √ No     |           |                      |
| b          | If any answer is "Yes" to 5a(1)-(                                   | 5), d  | ıd <b>any</b> of the transac | tions  | fail to qualify under   | the    | exceptions described in                    |          |           |                      |
|            | Regulations section 53 4945 or i                                    | n a c  | urrent notice regard         | ıng d  | disaster assistance     | (see   | ınstructions)?                             |          | 5b        |                      |
|            | Organizations relying on a curren                                   | t not  | ice regarding disast         | eras   | ssistance check here    | e      |  | _        |           |                      |
| C          | If the answer is "Yes" to question                                  | 5a(    | 4), does the foundat         | ion c  | laım exemption from     | the    | <b>!</b>                                   |          |           |                      |
|            | tax because it maintained expenditure responsibility for the grant? |        |                              |        |                         |        |  | _ No     |           |                      |
|            | If "Yes," attach the statement requ                                 | ıred E | y Regulations section        | n 53.  | 4945-5(d).              |        |  |          |           |                      |
| 6a         | Did the foundation, during the yea                                  | ar, re | ceive any funds, dire        | ectly  | or indirectly, to pay   | prei   | miums on                                   |          |           |                      |
|            | a personal benefit contract?  |        |                              |        |                         |        |  | √ No     |           |                      |
| b          | Did the foundation, during the yea                                  | ar, pa | y premiums, directly         | orı    | ndirectly, on a perso   | nal    | benefit contract?                          |          | 6b        | No                   |
|            | If "Yes" to 6b, file Form 8870.                                     |        |                              |        |                         |        |  |          |           |                      |
| 7a         | At any time during the tax year, v                                  | vas tl | ne foundation a party        | / to a | a prohibited tax shel   | tert   | ransaction?                                | √ No     |           |                      |
| ь          | If yes, did the foundation receive                                  |        |                              |        |                         |        |  |          | 7b        |                      |
|            | Information About   |        |                              |        |                         |        | n Managers, Highly                         |          | Empl      | oyees,               |
| Pa         | and Contractors   |        | ,                            |        | ,                       |        | <u> </u>                                   |          | •         |                      |
| 1          | List all officers, directors, trustees                              | s, fou | ındation managers a          | nd t   | heir compensation (     | see i  | instructions).                             | _        |           |                      |
|            |   |        | Title, and average           | (c)    | Compensation( <b>If</b> |        | (d)  |          | _         |                      |
|            | (a) Name and address  |        | hours per week               | ` - ′  | not paid, enter         | ۵ ا    | Contributions to<br>imployee benefit plans | l .      | •         | account,<br>Iowances |
|            |   | (b)    | devoted to position          |        | -0-)                    |        | d deferred compensation                    | (e)      | other ar  | iowances             |
| RAVI       | AKHOURY   | TRU    | TRUSTEE                      |        | 0                       |        | . 0  |          |           | 0                    |
| 124        | 1 GULF OF MEXICO DRIVE APT  | 0 00   | 00                           |        |                         |        |  |          |           |                      |
| 204        |   |        |                              |        |                         |        |  |          |           |                      |
|            | GBOAT KEY,FL 34228  |        |                              |        |                         |        |  |          |           |                      |
|            | INIA AKHOURY  | TRU    | STEE                         |        | 0                       |        | 0  |          |           | 0                    |
| 124<br>204 | 1 GULF OF MEXICO DRIVE APT  | 10 00  | ,                            |        |                         |        |  |          |           |                      |
|            | GBOAT KEY,FL 34228  |        |                              |        |                         |        |  |          |           |                      |
| PRIYA      | A JOY AKHOURY   | TRU    | STEE                         |        | 0                       |        | 0  |          |           |                      |
| 6 PI       | NE VALLEY WAY   | 0 00   |                              |        | ŭ                       |        | · ·  |          |           | J                    |
|            | RHAM PARK,NJ 07932  |        |                              |        |                         |        |  |          |           |                      |
| 2          | Compensation of five highest-paid                                   | l emp  | loyees (other than           | thos   | e included on line 1–   | -see   | instructions). If none, e                  | nter"    | NONE."    |                      |
|            | (a)   |        | Title, and aver              | age    |                         |        | Contributions to                           |          | _         |                      |
| Nar        | me and address of each employee p                                   | oaid   | hours per wee                |        | (c) Compensatio         | n      | employee benefit plans and deferred        |          | •         | account,<br>Iowances |
|            | more than \$50,000  |        | ( <b>b</b> ) devoted to posi | ition  |                         |        | (d) compensation                           | (6)      | other ar  | lowances             |
| NON        | IE  |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  | <u> </u> |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
|            |   |        |                              |        |                         |        |  |          |           |                      |
| Tota       | I number of other employees paid o                                  | vers   | \$50.000                     |        |                         |        |  |          |           |                      |

|  | (see instructions). If none, enter "NO!    | VE".             |
|--|--|------------------|
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                        | (c) Compensation |
| NONE   | <b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
| otal number of others receiving over \$50,000 for professional services  |  | ▶ 0              |
| Part IX-A Summary of Direct Charitable Activities  |  |                  |
| st the foundation's four largest direct charitable activities during the tax year Include re<br>rganizations and other beneficiaries served, conferences convened, research papers pro             |  | er of Expenses   |
| 1  | udeed, etc                                 |                  |
| 2  |  |                  |
| 3  |  |                  |
|  |  |                  |
| 4  |  |                  |
| Part IX-B Summary of Program-Related Investments   | •  |                  |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during   | •  | Amount           |
| Part IX-B Summary of Program-Related Investments   | •  | A mount          |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during   | •  | Amount           |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during   | •  | A mount          |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  | •  | A mount          |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2   | •  | Amount           |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2  All other program-related investments See instructions | •  | Amount           |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2   | •  | Amount           |

# Form 990-PF (2015) Part X Minimum Investment Return

| ГŒ  | (All domestic foundations must complete this part. Foreign foundations, see instruction   | s.)    |                          |
|-----|---|--------|--------------------------|
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,   |        |                          |
|     | purposes  |        |                          |
| а   | A verage monthly fair market value of securities  | 1a     | 73,436                   |
| b   | A verage of monthly cash balances   | 1b     | 22,106                   |
| c   | Fair market value of all other assets (see instructions)  | 1c     | 0                        |
| d   | <b>Total</b> (add lines 1a, b, and c)   | 1d     | 95,542                   |
| e   | Reduction claimed for blockage or other factors reported on lines 1a and  |        |                          |
|     | 1c (attach detailed explanation)  |        |                          |
| 2   | Acquisition indebtedness applicable to line 1 assets  | 2      | 0                        |
| 3   | Subtract line 2 from line 1d  | 3      | 95,542                   |
| 4   | Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see  |        |                          |
|     | ınstructions)   | 4      | 1,433                    |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4   | 5      | 94,109                   |
| 6   | Minimum investment return. Enter 5% of line 5   | 6      | 4,705                    |
| Pai | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.) | taın f | oreign organizations     |
| 1   | Mınımum ınvestment return from Part X, line 6   | 1      | 4,705                    |
| 2a  | Tax on investment income for 2015 from Part VI, line 5 2a 205   |        |                          |
| b   | Income tax for 2015 (This does not include the tax from Part VI ) 2b  |        |                          |
| С   | Add lines 2a and 2b   | 2c     | 205                      |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1  | 3      | 4,500                    |
| 4   | Recoveries of amounts treated as qualifying distributions   | 4      | 0                        |
| 5   | Add lines 3 and 4   | 5      | 4,500                    |
| 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      | 4,500                    |
|     | Qualifying Distributions (see instructions)   |        |                          |
| 1   | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes   |        |                          |
| а   | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26   | 1a     | 58,930                   |
|     | 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   |        |                          |
| а   | 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      | 58,930                   |
| 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      | 205                      |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6      | 58,725                   |
|     | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth   | er the | foundation qualifies for |

| P   | art XIIII Undistributed Ir   | <b>icome</b> (see instru | ctions)       |                                   |                    |                     |       |
|-----|--|--------------------------|---------------|-----------------------------------|--------------------|---------------------|-------|
|     |  |                          | (a)<br>Corpus | <b>(b)</b><br>Years prior to 2014 | <b>(c)</b><br>2014 | ( <b>d)</b><br>2015 |       |
| 1   | Distributable amount for 2015 fro                                      | om Part XI, line 7       |               |                                   |                    |                     | 4,500 |
| 2   | Undistributed income, if any, as o                                     | f the end of 2015        |               |                                   |                    |                     |       |
|     | Enter amount for 2014 only   |                          |               |                                   | 0                  |                     |       |
| Ь   | Total for prior years 20 ,   | 20, 20                   |               | 0                                 |                    |                     |       |
| 3   | Excess distributions carryover, if                                     |                          |               |                                   |                    |                     |       |
| а   | From 2010  | 233,292                  |               |                                   |                    |                     |       |
| b   | From 2011  | 280,859                  |               |                                   |                    |                     |       |
| C   | From 2012  | 168,209                  |               |                                   |                    |                     |       |
| d   | From 2013  | 151,665                  |               |                                   |                    |                     |       |
|     | From 2014  | 66,277                   |               |                                   |                    |                     |       |
|     | <b>Total</b> of lines 3a through e                                     |                          | 900,302       |                                   |                    |                     |       |
| 4   | Qualifying distributions for 2015 f                                    |                          |               |                                   |                    |                     |       |
|     | XII, line 4 🕨 \$   |                          |               |                                   |                    |                     |       |
|     | Applied to 2014, but not more that                                     |                          |               |                                   | 0                  |                     |       |
| Ь   | Applied to undistributed income o (Election required—see instructio    | -                        |               | 0                                 |                    |                     |       |
| C   | Treated as distributions out of correquired—see instructions)          |                          | 0             |                                   |                    |                     |       |
| d   | Applied to 2015 distributable am                                       | ount                     |               |                                   |                    |                     | 4,500 |
| е   | Remaining amount distributed out                                       | of corpus                | 54,430        |                                   |                    |                     |       |
| 5   | Excess distributions carryover ap                                      | oplied to 2015           | 0             |                                   |                    |                     | 0     |
|     | (If an amount appears in column (d<br>same amount must be shown i      | · ·                      |               |                                   |                    |                     |       |
| 6   | Enter the net total of each colum                                      | n as                     |               |                                   |                    |                     |       |
|     | indicated below:   |                          |               |                                   |                    |                     |       |
|     | Corpus Add lines 3f, 4c, and 4e S                                      |                          | 954,732       |                                   |                    |                     |       |
| b   | Prior years' undistributed income                                      |                          |               | 0                                 |                    |                     |       |
| _   | line 4b from line 2b Enter the amount of prior years' ui               |                          |               |                                   |                    |                     |       |
| C   | income for which a notice of defici                                    |                          |               |                                   |                    |                     |       |
|     | been issued, or on which the secti                                     |                          |               |                                   |                    |                     |       |
|     | tax has been previously assessed                                       | 1                        |               | U                                 |                    |                     |       |
| d   | Subtract line 6c from line 6b Tax                                      |                          |               | 0                                 |                    |                     |       |
|     | —see instructions  |                          |               | ŏ                                 |                    |                     |       |
| е   | Undistributed income for 2014 S<br>4a from line 2a Taxable amount—     |                          |               |                                   |                    |                     |       |
|     | instructions   |                          |               |                                   | 0                  |                     |       |
| f   | Undistributed income for 2016 S  | ubtract                  |               |                                   |                    |                     |       |
|     | lines 4d and 5 from line 1 This ar                                     | nount must               |               |                                   |                    |                     | 0     |
|     | be distributed in 2015   |                          |               |                                   |                    |                     | 0     |
| 7   | Amounts treated as distributions                                       |                          |               |                                   |                    |                     |       |
|     | corpus to satisfy requirements im<br>section 170(b)(1)(F) or 4942(g)(3 |                          |               |                                   |                    |                     |       |
|     | be required - see instructions).                                       |                          | 0             |                                   |                    |                     |       |
| 8   | Excess distributions carryover fro                                     |                          | 222.202       |                                   |                    |                     |       |
|     | applied on line 5 or line 7 (see ins                                   | · -                      | 233,292       |                                   |                    |                     |       |
| 9   | Excess distributions carryover to                                      |                          | 721,440       |                                   |                    |                     |       |
| 4.0 | Subtract lines 7 and 8 from line 6                                     | a                        | 721,440       |                                   |                    |                     |       |
|     | Analysis of line 9   | 280,859                  |               |                                   |                    |                     |       |
|     | Excess from 2011 Excess from 2012                                      | 168,209                  |               |                                   |                    |                     |       |
|     | Excess from 2012   | 151,665                  |               |                                   |                    |                     |       |
|     | Excess from 2014   | 66,277                   |               |                                   |                    |                     |       |
|     | Excess from 2015   | 54,430                   |               |                                   |                    |                     |       |

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

c Any submission deadlines

factors

| 3 Grants and Contributions Paid                  | l During the Year or App                                | proved for F            | uture Payment       |         |
|--|---|-------------------------|---------------------|---------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or | A mount |
| Name and address (home or business)              | any foundation manager<br>or substantial contributor    | recipient               | contribution        |         |
| a Paid during the year See Additional Data Table | or substantial contributor                              | recipient               |                     |         |
|  |   |                         |                     |         |
| Total  |   |                         | ▶ 3a                | 57,875  |
| <b>b</b> Approved for future payment             |   |                         |                     |         |
|  |   | 1                       | <u> </u>            |         |

| Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc  | ing Activitie        | S                     |                       |                       | Page <b>12</b>                        |
|---|----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated  | Unrelated bu         | usiness income        | Excluded by section   | n 512, 513, or 514    | (e) Related or exempt function income |
| 1 Program service revenue   | (a)<br>Business code | <b>(b)</b><br>A mount | (c)<br>Exclusion code | (d)<br>A mount        | (See<br>Instructions )                |
| a<br>b  |                      |                       |                       |                       |                                       |
| c   |                      |                       |                       |                       |                                       |
| d<br>e  |                      |                       |                       |                       |                                       |
| f   |                      |                       |                       |                       |                                       |
| <ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul> |                      |                       |                       |                       |                                       |
| 4 Dividends and interest from securities  |                      |                       | 14                    | 1,139                 |                                       |
| 5 Net rental income or (loss) from real estate a Debt-financed property   |                      |                       |                       |                       |                                       |
| <ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal property</li></ul>   |                      |                       |                       |                       |                                       |
| 7 Other investment income   |                      |                       |                       |                       |                                       |
| 8 Gain or (loss) from sales of assets other than inventory  |                      |                       | 18                    | -3,957                |                                       |
| 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory .   |                      |                       |                       |                       |                                       |
| 1 Other revenue a<br>b  |                      |                       |                       |                       |                                       |
| c   |                      |                       |                       |                       |                                       |
| d<br>e  |                      |                       |                       |                       |                                       |
| 2 Subtotal Add columns (b), (d), and (e).  3 Total.Add line 12, columns (b), (d), and (e).  |                      |                       |                       | -2,818<br><b>13</b> _ |                                       |
| (See worksheet in line 13 instructions to verify of Part XVI-B Relationship of Activities to  |                      | plishment of E        | xempt Purpos          | es                    |                                       |
| Line No. Explain below how each activity for whithe accomplishment of the foundation's instructions )   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |
|   |                      |                       |                       |                       |                                       |

| Part                | CXVI    | Noncharitable   |                          |                   |                    | actions ar   | ia keiationsnips                | vvitn                                 |            |     |  |  |
|---------------------|---------|---|--------------------------|-------------------|--------------------|--------------|---------------------------------|---------------------------------------|------------|-----|--|--|
|                     |         | organization directly or i  | ndırectly en             | gage in any of    | the following with |              |                                 |                                       | Yes        | No  |  |  |
| org                 | janızat | tions?  |                          |                   |                    |              |                                 |                                       |            |     |  |  |
| <b>a</b> Tra        | ansfer  | s from the reporting four   | ndation to a             | noncharitable     | exempt organıza    | tion of      |                                 |                                       |            |     |  |  |
| (1)                 | ) Cas   | h   |                          |                   |                    |              |                                 | 1a(                                   | T)         | No  |  |  |
| (2)                 | ) Oth   | erassets  |                          |                   |                    |              |                                 | 1a(                                   | 2)         | No  |  |  |
| <b>b</b> Ot         | her tra | ansactions  |                          |                   |                    |              |                                 |                                       |            |     |  |  |
| (1)                 | ) Sale  | es of assets to a noncha  | rıtable exem             | npt organizatio   | n                  |              |                                 | 1b(                                   | T)         | No  |  |  |
| (2)                 | ) Purc  | chases of assets from a   | noncharitab              | le exempt orga    | anızatıon          |              |                                 | . 1b(                                 | 2)         | No  |  |  |
| (3)                 | ) Rent  | tal of facilities, equipme  | nt, or other             | assets            |                    |              |                                 | 1b(:                                  | 3)         | No  |  |  |
| (4)                 | ) Rein  | mbursement arrangemer   | nts                      |                   |                    |              |                                 | 1b(4                                  | 4)         | No  |  |  |
| (5)                 | ) Loar  | ns or loan guarantees.  |                          |                   |                    |              |                                 | 1b(                                   | 5)         | No  |  |  |
| (6)                 | )Perfo  | rmance of services or m   | embership o              | or fundraising s  | solicitations      |              |                                 | 1b(                                   | 5)         | No  |  |  |
| <b>c</b> Sh         | arıng   | of facilities, equipment,   | maılıng lısts            | , other assets,   | , or paid employe  | es           |                                 | 10                                    | :          | No  |  |  |
| of t                | the go  | swer to any of the above<br>ods, other assets, or se<br>ansaction or sharing arr                              | rvices giver             | by the reporti    | ng foundation If   | the foundati | on received less than           | faır market va                        |            |     |  |  |
| (a) Line            | e No    | (b) Amount involved   | (c) Name of              | noncharitable exe | empt organization  | (d) Descrip  | otion of transfers, transaction | ons, and sharing a                    | rrangemer  | nts |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
| des                 | scribe  | undation directly or indi<br>d in section 501(c) of the<br>complete the following<br>(a) Name of organization | ne Code (oth<br>schedule | ner than section  |                    | n section 52 | 7?                              | on of relationship                    | ·          | No  |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     |         |   |                          |                   |                    |              |                                 |                                       |            |     |  |  |
|                     | the     | der penalties of perjury,<br>best of my knowledge a<br>ormation of which prepai                               | and belief, it           | ıs true, correct  |                    |              |                                 |                                       |            |     |  |  |
| Sign<br>Here        |         | *****   | ,                        |                   | 2016-06-03         | ***          | ***                             | May the IRS<br>return<br>with the pre |            |     |  |  |
|                     |         | Signature of officer or t   | rustee                   |                   | Date               | Title        |                                 | below<br>(see instr )?                |            |     |  |  |
|                     | •       | Print/Type preparer's<br>STEPHEN R MAFFE<br>CPA   |                          | reparer's Sign    | ature              | Date         | Check if self-<br>employed ▶    | PTIN<br>P0029                         | 2851       |     |  |  |
| Paid<br>Prep<br>Use | arer    | Firm's name MAFFEI MASIELLO 8   | k COMPANY                | ' PA              |                    |              | Firm's EIN ► 22                 | -3453068                              |            |     |  |  |
| Only                |         |   |                          |                   |                    |              |                                 |                                       | 3)543-6055 |     |  |  |

# 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 | Foundation<br>status of | Purpose of grant or contribution | A mount |
|---|---|-------------------------|----------------------------------|---------|
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| Paid during the year  |   |                         |                                  |         |
| ALL STARS PROJECT<br>543 WEST 42ND STREET<br>NEW YORK,NY 10036                            | NONE  |                         | CHARITABLE BEQUEST               | 2,000   |
| AMERICA INDIA FOUNDATION<br>216 E 45TH ST 7TH FLOOR<br>NEWYORK,NY 10017                   | NONE  |                         | CHARITABLE BEQUEST               | 2,000   |
| CATHOLIC FAITH APPEAL<br>PO BOX 1958<br>VENICE,FL 34284                                   | NONE  |                         | CHARITABLE BEQUEST               | 500     |
| CENTROS CULTURALES DE MEXICO<br>AC  | NONE  |                         | CHARITABLE BEQUEST               | 5,000   |
| PROL CALZADA CIRCUNVALACION<br>PTE 49<br>JALISCO 45010<br>MX                              |   |                         |                                  |         |
| CHILDREN'S HOPE INDIA<br>7 EDGEMORE DR<br>SEARINGTOWN,NY 11507                            | NONE  |                         | CHARITABLE BEQUEST               | 300     |
| COMMUNITY SOUP KITCHEN AND<br>OUTREACH CENTER<br>36 SOUTH STREET<br>MORRISTOWN,NJ 07960   | NONE  |                         | CHARITABLE BEQUEST               | 500     |
| CROSS CATHOLIC OUTREACH<br>PO BOX 273908<br>BOCA RATON,FL 334273908                       | NONE  |                         | CHARITABLE BEQUEST               | 1,000   |
| FRIENDS OF FLORHAM PARK<br>PO BOX 370<br>FLORHAM PARK,NJ 07932                            | NONE  |                         | CHARITABLE BEQUEST               | 400     |
| HABITAT FOR HUMANITY<br>INTERNATIONAL<br>PO BOX 369<br>AMERICUS,GA 31709                  | NONE  |                         | CHARITABLE BEQUEST               | 1,700   |
| HALOS FOR ANGLES INC<br>PO BOX 415<br>FLORHAM PARK,NJ 07932                               | NONE  |                         | CHARITABLE BEQUEST               | 1,405   |
| HOLY FAMILY CHURCH<br>1 LLOYD AVENUE<br>FLORHAM PARK,NJ 07932                             | NONE  |                         | CHARITABLE BEQUEST               | 4,875   |
| HOLY FAMILY SCHOOL<br>1 LLOYD AVENUE<br>FLORHAM PARK,NJ 07932                             | NONE  |                         | CHARITABLE BEQUEST               | 6,800   |
| LEUKEMIA LYMPHOMA SOS<br>4940 BAYLINE DRIVE<br>WHITE PLAINS,NY 10605                      | NONE  |                         | CHARITABLE BEQUEST               | 200     |
| MARY QUEEN OF ALL NATIONS<br>MISSIONARY ALLIANCE<br>733 THIRD AVENUE<br>NEW YORK,NY 10017 | NONE  |                         | CHARITABLE BEQUEST               | 1,000   |
| NITRYA SEVA USA<br>C/O DR SHRI BALL<br>MANALAPAN,NJ 07726                                 | NONE  |                         | CHARITABLE BEQUEST               | 1,000   |

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

| Daamanh  |   |                         |                                  |         |
|--|---|-------------------------|----------------------------------|---------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | A mount |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               | Contribution                     |         |
| a Paid during the year   |   |                         |                                  |         |
| NJ RIGHT TO LIFE<br>242 OLD BRUNSWICK ROAD<br>PISCATAWAY,NJ 08854                        | NONE  |                         | CHARITABLE BEQUEST               | 100     |
| PARALYZED VETERANS OF<br>AMERICA<br>20 WASHINGTON PLACE<br>NEWARK,NJ 07102               | NONE  |                         | CHARITABLE BEQUEST               | 50      |
| RELIGIOUS TEACHERS FILLIPPI<br>455 WESTERN AVENUE<br>MORRISTOWN,NJ 07960                 | NONE  |                         | CHARITABLE BEQUEST               | 139     |
| ST MARY STAR OF THE SEA<br>CHURCH<br>4280 GULF OF MEXICO DRIVE<br>LONG BOAT KEY,FL 34228 | NONE  |                         | CHARITABLE BEQUEST               | 2,628   |
| ST JOHN'S CHURCH<br>22 MULBERRY STREET<br>NEWARK,NJ 07102                                | NONE  |                         | CHARITABLE BEQUEST               | 200     |
| ST MICHAEL CHURCH<br>408 HEARD BRIDGE ROAD<br>WACHULA,FL 33813                           | NONE  |                         | CHARITABLE BEQUEST               | 1,250   |
| STILLPOINT HOUSE OF PRAYER<br>PO BOX 619<br>BRADENTON,FL 34206                           | NONE  |                         | CHARITABLE BEQUEST               | 1,150   |
| THE UNIVERSITY OF IOWA FOUNATION PO BOX 4550 IOWA CITY,IA 522444550                      | NONE  |                         | CHARITABLE BEQUEST               | 10,000  |
| UNITED SPINAL ASSOCIATION<br>20 WASHINGTON PLACE<br>NEWARK,NJ 07102                      | NONE  |                         | CHARITABLE BEQUEST               | 28      |
| UNIVERSITY FOR DEVELOPMENT<br>STUDENT<br>PO BOX 1350<br>TAMALE<br>GH                     | NONE  |                         | CHARITABLE BEQUEST               | 5,000   |
| SACRED HEART PARISH<br>4 RICHARDS AVENUE<br>DOVER,NJ 07801                               | NONE  |                         | CHARITABLE REQUEST               | 2,150   |
| DREAMS ARE FREE CATHOLIC<br>SCHOOL<br>4380 FRUITVILLE ROAD<br>SARASOTA,FL 34232          | NONE  |                         | CHARITABLE REQUEST               | 250     |
| HUMAN RIGHTS WATCH<br>350 FIFTH AVENUE<br>NEW YORK,NY 101183299                          | NONE  |                         | CHARITABLE REQUEST               | 1,000   |
| CROSS MINISTRY PO BOX 1122<br>WAKE FOREST,NC 27588                                       | NONE  |                         | CHARITABLE REQUEST               | 500     |
| ST JOSPEH'S HOME FOR THE<br>ELDERY   | NONE  |                         | CHARITABLE REQUEST               | 150     |

# 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 | Foundation<br>status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|----------------------------------|---------|
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year   |   |                         |                                  |         |
| SAINT PETER'S ORPHANAGE<br>170 DIAMOND SPRING ROAD<br>DENVILLE,NJ 07834              | NONE  |                         | CHARITABLE REQUEST               | 500     |
| ALL FAITHS FOOD BANK<br>8171 BLAIKIE CT<br>SARASOTA,FL 34240                         | NONE  |                         | CHARITABLE REQUEST               | 750     |
| ASSOCIATION OF MARIAN<br>HELPERS<br>EDEN HILL<br>STOCKBRIDGE,MA 01263                | NONE  |                         | CHARITABLE REQUEST               | 45      |
| TRI-COUNTY SCHOLARSHIP FUND<br>FOUR CENTURY DRIVE<br>PARSIPPANY,NJ 07054             | NONE  |                         | CHARITABLE REQUEST               | 800     |
| CALCUTTA KIDS PO BOX 465<br>MARLBORO,VT 05344  | NONE  |                         | CHARITABLE REQUEST               | 300     |
| DENHAM TOWN HIGH SCHOOL<br>ASSOCIATION<br>187 27 LINDEN BOULEVARD<br>QUEENS,NY 11412 | NONE  |                         | CHARITABLE REQUEST               | 2,000   |
| HOLY FAMILY ROSARY SOCIETY<br>1 LLOYD AVENUE<br>FLORHAM PARK,NJ 07932                | NONE  |                         | CHARITABLE REQUEST               | 5       |
| ASSOCIATION OF ST LAWRENCE<br>1050 TALLEYRAND AVENUE<br>JACKSONVILLE,FL 32206        | NONE  |                         | CHARITABLE REQUEST               | 200     |
| Total  |   |                         |                                  | 57,875  |

## **TY 2015 Accounting Fees Schedule**

Name: AKHOURY FOUNDATION INC

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 2,000  | 1,000                    |                        | 1,000                                       |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491165003236 |
|--------------------------------------|-----------------|---------------------|
|                                      |                 |                     |

## **TY 2015 Investments Corporate Stock Schedule**

Name: AKHOURY FOUNDATION INC

| Name of Stock       | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|---------------------|---------------------------|----------------------------------|
| 1330 HALLIBURTON CO | 67,325                    | 45,273                           |
| 1430 APPLE INC      | 153,339                   | 150,522                          |

## **TY 2015 Other Expenses Schedule**

Name: AKHOURY FOUNDATION INC

| Description   | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|---------------|-----------------------------------|--------------------------|---------------------|--|
| FILING FEES   | 30                                | 0                        |                     | 30                                       |
| ANNUAL REPORT | 25                                | 0                        |                     | 25                                       |

### **TY 2015 Taxes Schedule**

Name: AKHOURY FOUNDATION INC

| Category                  | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|---------------------------|--------|--------------------------|------------------------|---|
| FEDERAL INCOME TAXES PAID | 450    | 0                        |                        | 0   |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491165003236

OMB No 1545-0047

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2015

**Employer identification number** 

| AKHOU                                  | RY FOUNDATION II   | NC  |                                    |  |  |
|--|--|---|------------------------------------|--|--|
| Organi                                 | ration type (aback a   |   | 22-3417520                         |  |  |
| Organiz                                | zation type (check or  | ie)   |                                    |  |  |
| Filers of: Section:                    |  |   |                                    |  |  |
| Form 99                                | 0 or 990-EZ  |   |                                    |  |  |
|  |  |   | I                                  |  |  |
|  |  | ☐ 527 political organization  |                                    |  |  |
| Form 99                                | 0-PF   | √ 501(c)(3) exempt private foundation   |                                    |  |  |
|  |  | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                                    |  |  |
| □ 501(c)(3) taxable private foundation |  |   |                                    |  |  |
|  |  |   |                                    |  |  |
|  |  | covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>(), (8), or (10) organization can check boxes for both the General Rule and a Sp  | pecial Rule See instructions       |  |  |
| Genera                                 | ıl Rule  |   |                                    |  |  |
| _                                      | _  |   |                                    |  |  |
| Ī✓                                     |  | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a  |                                    |  |  |
| Special                                | Rules  |   |                                    |  |  |
|  |  |   |                                    |  |  |
|  | under sections 509(a)<br>received from any one   | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% suppli(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part e contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or Form 990-EZ, line 1 Complete Parts I and II | ll, line 13, 16a, or 16b, and that |  |  |
|  | during the year, total o   | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, 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 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |   |                                    |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
AKHOURY FOUNDATION INC

Employer identification number 22-3417520

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if | additional space is needed |  |            |
|------------|---|----------------------------|--|------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of cont                          | ribution   |
| 1          |   |                            | Person                                       | 모          |
|            | RAVI AKHOURY<br>1241 GULF OF MEXICO DRIVE                         | \$ 203,737                 | Payroll                                      | Г<br>_     |
|            | LONGBOAT KEY, FL34228   |                            | Noncash (Complete Part II for contributions) | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of cont                          | ribution   |
| 2          |   |                            | Person                                       | ্ব         |
|            | RAVI AKHOURY<br>1241 GULF OF MEXICO DRIVE                         | \$ 2,025                   | Payroll                                      | Γ          |
|            | LONGBOAT KEY, FL34228   | <u> </u>                   | Noncash                                      | Γ          |
|            | EGNOBOAT RET, TEST220   |                            | (Complete Part II for contributions )        | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of cont                          | ribution   |
|            |   |                            | Person                                       | Γ          |
|            |   | <b></b>                    | Payroll                                      | Γ          |
|            |   | <u> </u>                   | Noncash                                      | Γ          |
|            |   |                            | (Complete Part II for contributions )        | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of cont                          | ribution   |
|            |   |                            | Person                                       | Γ          |
|            |   |                            | Payroll                                      | Γ          |
|            |   | <u> </u>                   | Noncash                                      | Γ          |
|            |   |                            | (Complete Part II for contributions )        | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of cont                          | ribution   |
|            |   |                            | Person                                       | Γ          |
|            | -   | \$                         | Payroll                                      | Г          |
|            |   |                            | Noncash                                      | Γ          |
|            |   |                            | (Complete Part II for contributions )        | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions | (d)<br>Type of cont                          | ribution   |
|            | _   |                            | Person                                       | Γ          |
|            |   | \$                         | Payroll                                      | Γ          |
|            |   |                            | Noncash                                      | Γ          |
|            |   |                            | (Complete Part II for contributions )        | or noncash |

| Name of organization AKHOURY FOUNDATION INC |   | Employer identification n                | umber                |
|---|---|--|----------------------|
| AKHOURY FOUN                                | DATIONING   | 22-3417520                               |                      |
| Part II                                     | Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed |  |                      |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| 1   | 1900 SHARES APPLE INC COMMON STOCK  | \$ 203,737                               | 2015-12-22           |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |   | \$                                       |                      |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |   | <u> </u>                                 |                      |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |   |  |                      |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |   | \$                                       |                      |
| (a)<br>No.from Part I                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |   | <br>                                     |                      |
|   |   |  |                      |

| Schedule B (Form 990, 990-EZ, or 990-F | <b>'</b> F) | (2015 | 5) |
|--|-------------|-------|----|
|--|-------------|-------|----|

| hedule B (Form 990,                        | 990-EZ, or 990-PF) (2015)  |  | Page <b>4</b>  |
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| me of organization<br>HOURY FOUNDATION INC |  |  | Employer identification number 22-3417520  |
| total more<br>line entry.<br>of \$1,000 o  | than \$1,000 for the year from any o   | ne contributor. Complete co<br>II, enter the total of <i>exclusive</i><br>mation once. See instruction | ibed in section 501(c)(7), (8), or (10) that<br>lumns (a) through (e) and the following<br>ly religious, charitable, etc., contributions |
| (a)<br>o.from Part I                       | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| ·   =                                      |  | (e) Transfer of gif  | <u> </u>   |
| -  | Transferee's name, address, and  |  | Relationship of transferor to transferee   |
| (a)<br>o.from Part I                       | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|  |  | (e) Transfer of gif  |  |
| -  | Transferee's name, address, and ZIP4  Relationship of transferor to transferee                     |  |  |
| (a)<br>ofrom Part I                        | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| - =  |  | (-) T  |  |
| -  | Transferee's name, address, and  | (e) Transfer of gif  | Relationship of transferor to transferee   |
| (a)<br>o.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 ZIP4 Relationship of transferor to transferee |  |  |
| -  |  |  |  |