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EXTENDED TO AUGUST 15, 2016

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.

mation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

		idar year 2015 or tax year beginning	in 990-11 and its separate	, and ending		Open to Fabilic Inspection
_				, and chang	A Employer identification	n number
		foundation FREY GALE & JANE GREENS	DIINI CALE		A Employer Identification	n number
		FREI GALE & DANE GREENS ILY FOUNDATION	PUN GALLE		27-0544848	)
		nd street (or P O box number if mail is not delivered to street	oddross)	Room/suite		· · · · · · · · · · · · · · · · · · ·
		•	address)	330	B Telephone number 702-259-40	172
		0 CORPORATE CIRCLE		<u> </u>	<del>                                     </del>	
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
		DERSON, NV 89074		<del></del>	<u> </u>	
G (	heck	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2. Foreign organizations me	eting the 85% test
		X Address change	Name change		Foreign organizations me check here and attach co	omputation
H (	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	tus was terminated
<u> </u>	_ Se	<del></del>	Other taxable private founda	ation	under section 507(b)(1	)(A), check here
		·	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	om l		her (specify)		under section 507(b)(1)	)(B), check here
	\$	53,076. (Part I, colu	mn (d) must be on cash l	basis)		
Pá	ırt l	Analysis of Revenue and Expenses  (The total of amounts in columns (b) (c) and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	ıncome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	376,535.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	20.	20.		STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents				
	Ь	Net rental income or (loss)				
•	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a			<u></u>	
še	7	Capital gain net income (from Part IV, line 2)		0.	RECE	VED
æ	8 Net short-term capital gain					VED
	9	Income modifications			10	lol
	10a	Gross sales less returns			18 JUL 13	2016 191
	ь	Less Cost of goods sold				101
		Gross profit or (loss)			OCDEA	- iŭ
	11	Other income		•	T OODEN	, UT i
	12	Total, Add lines 1 through 11	376,555.	20.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
uses		Legal fees		- · · ·	···	<del></del>
eus.		Accounting fees		<del> </del>		
Š	•	Other professional fees				
ē H		Interest				
Operating and Administrative Expe	18	Taxes STMT 2	25.	0.		0.
str	19	Depreciation and depletion				<del></del>
Ĭ	20	Occupancy		<u> </u>		<del></del>
\d		Travel, conferences, and meetings			<del> </del>	<del></del>
ď	21		<u> </u>	<u> </u>	<del></del>	<del></del>
a a		Printing and publications Other expenses STMT 3	190.	0.		0.
ţuĉ	23	5.115. 5.1p 1.115.15	1000		<del> </del>	<del> </del>
era)	24	Total operating and administrative	215.	0.		0.
å	0.5	expenses. Add lines 13 through 23	360,925.		<del></del>	360,925.
-		Contributions, gifts, grants paid				300,323.
	26	Total expenses and disbursements.	361,140.	0.		360,925.
	07	Add lines 24 and 25	301,140.	<u></u>	-	300,343.
	27	Subtract line 26 from line 12:	15,415.			
		Excess of revenue over expenses and disbursements	13,413.	20.	<del> </del>	<del> </del>
		Net investment income (if negative, enter -0-)		20.	N/A	<del></del>
5235		Adjusted net income (if negative, enter -0-)	lanturation -		I N/A	Form 000 DE (0045)
5235 11-24	l-15	LHA For Paperwork Reduction Act Notice, see	ınstructions.			Form <b>990-PF</b> (2015)

Form **990-PF** (2015)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Maria da	Beginning of year	End o	f year
Р	<u>àrt</u>	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	34,196.	49,026.	49,026.
		Savings and temporary cash investments			
		Accounts receivable ► 4,050.			
		Less; allowance for doubtful accounts	3,465.	4,050.	4,050.
	4	Pledges receivable			
	1	Less; allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable	- · · - · · - · · - · · - · · - · · · - · · · - ·		<del></del>
	'	Less: allowance for doubtful accounts			
'n	l a	Inventories for sale or use			
Assets	١	Prepaid expenses and deferred charges			
Asi	102	Investments - U.S. and state government obligations			
	ı	Investments - corporate stock			
		Investments - corporate stock			-
	l	·			
	''	Investments - land, buildings, and equipment basis			
	12	Less accumulated depreciation Investments - mortgage loans			
	ı	Investments - other			
	13	Land, buildings, and equipment; basis			
	14			•	
	1	Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	37,661.	53,076.	53,076.
_	1-	instructions. Also, see page 1, item I)	37,001.	33,070.	33,070.
	17				
	18	Grants payable			
ies	19	Deferred revenue	<u> </u>		
i	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	١.,	T-1-1 11-1-1122 (-dd hann 47 (henrich 00)	o.	0.	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	- 0.	0.	
		Toundations that follow of 7.5 177, brook note			
ø		and complete lines 24 through 26 and lines 30 and 31.			
Fund Balances		Unrestricted			
ala		Temporarily restricted			
e e	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Ë	1	•			
P.	l	and complete lines 27 through 31.	0.	0.	
Net Assets or	27	Capital stock, trust principal, or current funds	0.	0.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	37,661.	53,076.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	37,661.	53,076.	
ž	30	Total net assets or fund balances	37,001.	33,070.	
	١.,		37,661.	53,076.	
_	31	Total liabilities and net assets/fund balances		33,070.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
=	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	<u> </u>	<del></del>
1		st agree with end-of-year figure reported on prior year's return)			37,661.
9		r amount from Part I, line 27a		2	15,415.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	<u> </u>	4	53,076.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	53,076.
<u> </u>	ivia	a not accord on faile calculated at one of your filled a filling of a faith, o	Λ- <i>P</i>		Form <b>990-PF</b> (2015)

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Part IV Capital Gains	and Lo	sses for Tax on In	vestment	t Income			,		
(a) List and des 2-story brick w	cribe the ki arehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		(¤);     D	low acquired - Purchase - Donation		te acquired , day, yr.)	( <b>d</b> ) Date sold (mo., day, yr.)
1a					╁╴	Donation	-	•	
	ONE			· <del></del>					
C									
d									
е					l				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)	(0)	st or other basis expense of sale				Gain or (loss lus (f) minus	
a									
b									
С									<del>.</del>
d	<u> </u>								<del></del>
е	<u> </u>			10/04/00					
Complete only for assets show					$\longrightarrow$	r		(Col. (h) gaın ıt not less tha	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			Loss	es (from col. (	h))
a	<del> </del>								
b							-	_	
С	<u> </u>								
<u>d</u>	ļ					<del> </del>	_		
6	<u> </u>				<del>_</del>				
2 Capital gain net income or (net o	capital loss	If gain, also enter $\left\{ \begin{array}{l} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{array} \right.$			}	2			
3 Net short-term capital gain or (le	oss) as def	ined in sections 1222(5) an	d (6):		٦				
If gain, also enter in Part I, line 8	3, column (				<b>\</b>				
If (loss), enter -0- in Part I, line	3	1040/a\ tau	Dadwaad	Tay on Nat		3			
L I		Section 4940(e) for					ICOME		
(For optional use by domestic priva	te foundati	ons subject to the section 4	1940(a) tax on	net investment in	icome	-)			
If section 4940(d)(2) applies, leave	this part bl	ank.							
	-t 1040	toy on the distributable am	ount of any w	nar in the bace per	riod2				Yes X No
Was the foundation liable for the se					i lou r				L TES LAS INO
If "Yes," the foundation does not qu  1 Enter the appropriate amount in	aniy unuer Leach colu	mn for each year; see the in	inplete tills pa	fore making anv e	ntries				
(a)	. 00011 0010	(b)			(c)			5	(d) oution ratio
Base period years Calendar year (or tax year begini	una in)	Adjusted qualifying dis	tributions	Net value of no		ıtable-use asse	ts	(col. (b) div	oution ratio rided by col. (c))
2014	g,	15	0,285.			16,11	4.	, , ,	9.326363
2013			4,046.			73,51	5.		3.863783
2012			3,284.			238,07			.60184
2011			98.			270,89			.000362
2010		92	2,093.			251,27			3.66970
2 Total of line 1, column (d)							2		17.46205
3 Average distribution ratio for the	e 5-year ba	se period - divide the total (	on line 2 by 5.	or by the number	of ye	ars	ļ		
the foundation has been in exist			, ,	ŕ	•		3	-	3.49241
4 Enter the net value of noncharit	able-use as	sets for 2015 from Part X,	line 5				4		26,340
5 Multiply line 4 by line 3							5		91,990
6 Enter 1% of net investment inco	ome (1% of	Part I, line 27b)					6		0
7 Add lines 5 and 6	•	•					7		91,990
	om Part VII	line 4					8		360,925
8 Enter qualifying distributions from If line 8 is equal to or greater the			1b, and comp	olete that part usin	ng a 1º	% tax rate.			300,323
See the Part VI instructions.		<del></del>		·					000 DE (004)

JEFFREY GALE & JANE GREENSPUN GALE

Form 990-PF (2015) FAMILY FOUNDATION			0544			Page 4
Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(	e), or 4	1948	- see	instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	)					_
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1%	<b>)</b>	1				0.
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	J	İ				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	I			0.
3 Add lines 1 and 2		3				0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	I			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1			0.
6 Credits/Payments:						
a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a			l			
b Exempt foreign organizations - tax withheld at source 6b		1				
c Tax paid with application for extension of time to file (Form 8868)		1				
d Backup withholding erroneously withheld		1				
7 Total credits and payments. Add lines 6a through 6d		7				0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10	1			
11 Enter the amount of line 10 to be; Credited to 2016 estimated tax	ded▶	11				
Part VII-A   Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	ntervene	ın			Yes	No
any political campaign?				1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the	definition	)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	publishe	ed or				
distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?				1c	ŀ	Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$						
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundat	ion	•		ŀ		İ
managers. ► \$ 0.						i
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate to the IRS.	oration, o	r		1		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b if "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
If "Yes," attach the statement required by General Instruction T						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the state	law	į			
remain in the governing instrument?				6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part XV	,		7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)						
NV						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate	<u>;)</u>					
of each state as required by General Instruction G? If "No," attach explanation				8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	) for cale	ndar	į			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	es S	TMT	4	10	X	
				000	L DE	(0045)

Part VII-A   Statements Regarding Activities (continued)	ΪÝ	es	No
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)	1		Х
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)	<u> </u>		Х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	;	X T	
Website address ► N/A			
14 The books are in care of ► THE GREENSPUN CORPORATION Telephone no. ► 702-259-		23	
Located at ► 2360 CORPORATE CIRCLE, STE 330, HENDERSON, NV ZIP+4 ►8907	4		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	N/Z		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	_ Y <sup>,</sup>	es	
securities, or other financial account in a foreign country?		4	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		- 1	
foreign country			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	15.7		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es	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 X No	İ		
(.) = -9-9	İ		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No			
(-)		ŀ	
(1) 1 2) 22 11 11 11 11 11 11 11 11 11 11 11 11			
(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)?  Yes X No	1		
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.)	ı		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A		ı	
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance check here	$\dagger$	十	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ı	
before the first day of the tax year beginning in 2015?		Ì	Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	十	T	
defined in section 4942(j)(3) or 4942(j)(5)):		1	
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		- 1	
before 2015? Yes X No			
If "Yes," list the years ▶,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A 2t	$\perp$		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?		1	
b if "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	İ		
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,		- 1	
Form 4720, to determine if the foundation had excess business holdings in 2015)  N/A  3th	+-	+	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	+	+	Λ
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?  4th			Х
Form 9	10-E		

Form **990-PF** (2015)

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

### JEFFREY GALE & JANE GREENSPUN GALE

Form 990-PF(2015) FAMILY FOUNDATION		7544848 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<del></del>	▶ 0
	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc	tical information such as the fluced, etc.	Expenses
1 NONE		
NONE		
		0.
2		
3		
4		
Det IV DIO	L	
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 NONE	into Tana 2.	Amount
NONE		
		0.
2		
2		
All other program-related investments. See instructions.		<del></del>
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2015)

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Part X Minimum Investment Return (All domestic for	undations must complete this part. For	eign foundations, se	e instructions )
1 Fair market value of assets not used (or held for use) directly in carrying	out charitable, etc., purposes:		<del></del>
a Average monthly fair market value of securities		1a	0.
b Average of monthly cash balances		1b	26,741.
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	26,741.
e Reduction claimed for blockage or other factors reported on lines 1a and	1		
1c (attach detailed explanation)	l 1e l	0.	
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d		3	26,741.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for gre	ater amount, see instructions)	4	401.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Ente	r here and on Part V, line 4	5	26,340.
6 Minimum investment return. Enter 5% of line 5		6	1,317.
Part XI Distributable Amount (see instructions) (Section foreign organizations check here  and do not complete a section and d		dations and certain	
1 Minimum investment return from Part X, line 6		1	1,317.
2a Tax on investment income for 2015 from Part VI, line 5	2a		,
b Income tax for 2015. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	1,317.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	1,317.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here	and on Part XIII, line 1	7	1,317.
Part XII Qualifying Distributions (see instructions)  1 Amounts paid (including administrative expenses) to accomplish charital	ble, etc., purposes:	<del></del>	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	360,925.
b Program-related investments - total from Part IX-B		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying	out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a Suitability test (prior IRS approval required)		3a	
<b>b</b> Cash distribution test (attach the required schedule)		3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Par	t V, line 8, and Part XIII, line 4	4	360,925.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax	x on net investment		
income. Enter 1% of Part I, line 27b		5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	360,925.
Note. The amount on line 6 will be used in Part V, column (b), in subseq 4940(e) reduction of tax in those years.	uent years when calculating whether the for	indation qualifies for the	section
			5 000 DE (00.45)

Form **990-PF** (2015)

Page 9

#### JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				4 04 -
line 7				1,317
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 898,856.				
b From 2011				
c From 2012 131,386.				
dFrom 2013 280, 372.				
eFrom 2014 149,479.	1 460 002			
f Total of lines 3a through e	1,460,093.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 360,925.			0.	
a Applied to 2014, but not more than line 2a			U •	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	,			
(Election required - see instructions)	0.			1 217
d Applied to 2015 distributable amount	350 600			1,317.
e Remaining amount distributed out of corpus	359,608.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:			į	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,819,701.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		L
c Enter the amount of prior years'		·	· · · · · · · · · · · · · · · · · · ·	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	000 056			
not applied on line 5 or line 7	898,856.			
9 Excess distributions carryover to 2016.	020 045			
Subtract lines 7 and 8 from line 6a	920,845.			
10 Analysis of line 9:				
a Excess from 2011 b Excess from 2012 131,386.				
	į			
e Excess from 2015 359,608.				Form <b>990-PF</b> (2015)

523581 11-24-15

#### JEFFREY GALE & JANE GREENSPUN GALE

27-0544848 FAMILY FOUNDATION Form 990-PF (2015) Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (b) 2014 (c) 2013 (d) 2012 (e) Total income from Part I or the minimum (a) 2015 investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 6 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: SEE STATEMENT 7 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2015)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year DONATIONS CASA OF LOS ANGELES 501(C)(3) NONPROFIT ORG. 201 CENTRE PLAZA DRIVE, STE 1100 MONTEREY PARK, CA 91754 2,000. ANTI-DEFAMATION LEAGUE 501(C)(3) DONATIONS NONPROFIT ORG. 605 THIRD AVENUE NEW YORK, NY 10158-3560 5,000. 501(C)(3) DONATIONS CHOATE ROSEMARY HALL NONPROFIT ORG. 333 CHRISTIAN STREET 25,000. WALLINGFORD, CT 06492 501(C)(3) DONATIONS CONG NER TAMID 55 NORTH VALLE VERDE DRIVE NONPROFIT ORG. 5,000. HENDERSON, NV 89074 DONATIONS 501(C)(3) BIDEAWEE NONPROFIT ORG. 410 EAST 38TH STREET 1,500. NEW YORK, NY 11793 SEE CONTINUATION SHEET(S) 360,925. **▶** 3a Total **b** Approved for future payment NONE **▶** 3b Total

Form 990-PF (2015)\_

Part XVI-A Analysis of Income-Producing Activities

F. I	T Unrelated	business income	Exclu	ided by section 512, 513, or 514	/a\
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7,11100111	code	Amount	Tation income
a		······	ļ	<u> </u>	
b	.	<u></u> .	<u> </u>		
C	.		<u> </u>		<del></del> -
d	.		ļ		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	20.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate;					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal		- "	<del>                                     </del>		
property					
7 Other investment income	<del> </del>		$\vdash$		<del></del>
	<del>                                     </del>		<del>                                     </del>		<del>_</del>
8 Gain or (loss) from sales of assets other	l i				
than inventory	<del>                                     </del>		├		
9 Net income or (loss) from special events			├		
10 Gross profit or (loss) from sales of inventory	<del></del>		-	<u> </u>	<del>_</del>
11 Other revenue:	1				
a	<b>├</b>		ļ		
b	<b>—</b>		<u> </u>		
C	.				
d	·				
e	·		ļ		
12 Subtotal. Add columns (b), (d), and (e)		0.		20.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	20.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	cemp	t Purposes	
					<del></del>
Line No. Explain below how each activity for which inco			contrit	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing tun	ids for such purposes).			. <u> </u>
					<u> </u>
		<b>4</b> -			<del></del>
					,
		•			
					<del>-</del>
		-			
	· <del>- ·</del>	<del>_</del> ,		· · · · · · · · · · · · · · · · · · ·	<del></del>
			-		
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				<del></del>	<del>.</del>
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					. 000 BE
523621 11-24-15					Form <b>990-PF</b> (2015)

For	n 990-PF (2015) FAMILY FOUNDATION	27-0544848	Pa	ge 13
P	Information Regarding Transfers To and Transactions an Exempt Organizations	d Relationships With Noncharitable		
1	Did the organization directly or indirectly engage in any of the following with any other organization	described in section 501(c) of	/es	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organiza-	ations?		

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	15(1)		Х
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		Х
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
¢	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	_1c		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, of	her ass	ets,	

or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(u) Descriptio	n or transfers, transactio	ins, and sharing arrar	ngements
			N/A					
				-				
							•	
				<u> </u>				
						_		
ın secti	oundation directly or indirectly ion 501(c) of the Code (other t " complete the following sched	han section 501(c) ule.		tion 527?	T		Yes	X No
	(a) Name of organ	nization		(b) Type of organization		(c) Description of re	lationship	
	N/A						. <u>.</u> .	
		<del></del>			ļ.			<del></del>
					-			
10-	nder penalties of perjury, I declare that	at I have evening this	roturn include	ng accompanying echodules and	etatomente and to the	best of my knowledge		
Sign Here	d belief, it is true, correct, and comp	pte Declaration of pre	parer (other th	In taxpayer) is based on all inform	nation of which prepare	er has any knowledge	May the IRS disk return with the p shown below (se	oreparer
	Signature of officer or trustee		1	Date	Title			
·	Print/Type preparer's nam	ē	Preparer's	signature	Date	Check if self- employed	PTIN	
Paid				<u>.                                    </u>	1	le cent		
Prepare Use On						Fırm's EIN ►		
	Firm's address							
						Phone no.		
							Form <b>990-</b>	PF (2015)

# JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION Part XV. Supplementary Information

Part XV Supplementary Information  3 Grants and Contributions Paid During the You				T
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
THE CENTER		501(C)(3)	DONATIONS	
401 S. MARYLAND PKWY.		NONPROFIT ORG.		
LAS VEGAS, NV 89101				3,050
CONSERVATION INTERNATIONAL		501(C)(3)	DONATIONS	
2011 CRYSTAL DRIVE, SUITE 500		NONPROFIT ORG.		
ARLINGTON, VA 22202				200,000
FRIENDS FOR LAS VEGAS POLICE CANINES		501(C)(3)	DONATIONS	1
7435 S. EASTERN AVE., STE. 5-251		NONPROFIT ORG.		
LAS VEGAS, NV 89123				500
GEORGETOWN UNIVERSITY		501(C)(3)	DONATIONS	
PO BOX 0734		NONPROFIT ORG.		
WASHINGTON, DC 20073-0734				10,000
GIRL SCOUTS OF SOUTHERN NEVADA		501(C)(3)	DONATIONS	
2941 HARRIS AVENUE		NONPROFIT ORG.		0.55
LAS VEGAS, NV 89101		-		875.
AND THE PROPERTY OF THE PROPER		E01/C)/3)	DONATIONS	
NEVADA BALLET THEATRE 1651 INNER CIRCLE		501(C)(3) NONPROFIT ORG.	DONATIONS	
LAS VEGAS, NV 89134		Nominor II one.		2,000.
THREE SQUARE		501(C)(3)	DONATIONS	
4190 N. PECOS ROAD		NONPROFIT ORG.		
LAS VEGAS, NV 89115				1,000.
UC DAVIS FOUNDATION		501(C)(3)	DONATIONS	
ONE SHIELDS AVENUE		NONPROFIT ORG.		
DAVIS, CA 95616-8734	-			15,000.
WOUNDED WARRIOR PROJECT		501(C)(3)	DONATIONS	
4899 BELFORT ROAD, STE. 300		NONPROFIT ORG.		
JACKSONVILLE, FL 32256			· · · · · · · · · · · · · · · · · · ·	500.
THE ANIMAL FOUNDATION		501(C)(3)	DONATIONS	
655 N. MOJAVE ROAD		NONPROFIT ORG.		10.000
LAS VEGAS, NV 89101	I	<u> </u>	L	12,000.
Total from continuation sheets				322,425

## JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

3 Grants and Contributions Paid During the	n Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	7 WHO GHE
THE HUMANE SOCIETY OF THE US		501(C)(3)	DONATIONS	
2100 L STREET, NW		NONPROFIT ORG.		
WASHINGTON, DC 20037				72,5
THE SMITH CENTER		501(C)(3)	DONATIONS	
61 SYMPHONEY PARK AVENUE		NONPROFIT ORG.		
AS VEGAS, NV 89106				5,00
	-			
	<del>-</del>			
	-			
-				
Total from continuation sheets	<u> </u>		<u> </u>	

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	IPORARY	CASH :	INVESTMENTS	STATEMENT
SOURCE	(A REVE PER B	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME		20.		20.	
TOTAL TO PART I, LINE 3		20.		20.	
FORM 990-PF	TAX	ES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS		3) NVEST- INCOME	(C) ADJUSTED NET INCOM	
OTHER TAXES	25.		0.	,	0.
TO FORM 990-PF, PG 1, LN 18	25.		0.		0.
FORM 990-PF	OTHER E	XPENSES	3		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS		3) NVEST- INCOME	(C) ADJUSTED NET INCOM	
BANK FEES	190.		0.	,	0.
TO FORM 990-PF, PG 1, LN 23	190.		0.		0.

FORM 990-PF		ANTIAL CONTRIBUTORS I-A, LINE 10	STATEMENT	4
NAME OF CONTRIBUTOR		ADDRESS		
JEFFREY GALE & JANE	GREENSPUN GALE	2360 CORPORATE CIRCLE SUITE HENDERSON, NV 89074	330	

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, I	STATEMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JEFFREY GALE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
JANE GREENSPUN GALE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
HARRISON GALE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
ARIEL GREENSPUN GALE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
JESSE GREENSPUN GALE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	TRUSTEE 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

6

NAME OF MANAGER

JEFFREY GALE JANE GREENSPUN GALE FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCREENING COMMITTEE, JANE GREENSPUN GALE SAME AS ON PAGE 1

TELEPHONE NUMBER

702-259-4023

FORM AND CONTENT OF APPLICATIONS

NO PRESCRIBED FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE NONPROFIT CORPORATION WAS ORGANIZED FOR THE PUBLIC BENEFIT SOLEY FOR GENERAL ELEEMOSYNARY PURPOSES, MORE SPECIFICALLY FOR THE PURPOSE OF DONATING FUNDS PRIMARILY TO OTHER ESTABLISHED 501(C)(3) ORGANIZATIONS WHICH BENEFIT EDUCATIONAL AND CHARTIBLE OPPORTUNITIES FOR THE ADVANCEMENT OF RELIGION, SCIENCE, AND THE ARTS.

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

**Employer** identification number

Organization type (check o	ganization type (check one)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	∑ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions		
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special Rules			
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.		
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.		
year, contributions is checked, enter t purpose Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box mere the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.		
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)		

Name of organization

JEFFREY GALE & JANE GREENSPUN GALE
FAMILY FOUNDATION

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a)	(b)	(c)	(d)
1	Name, address, and ZIP + 4  JEFFREY GALE & JANE GREENSPUN GALE  2275 CORPORATE CIRCLE SUITE 300  HENDERSON, NV 89074	Total contributions  \$ 376,535.	Person X Payroll
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   \$ 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Occupate Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-26		\$	Person Payroll Oncash Occupiete Part II for noncash contributions )

Name of organization JEFFREY GALE & JANE GREENSPUN GALE FAMILY FOUNDATION

Employer identification number

(a)		, ,	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see instructions)	
_			
(a)			-
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
-		\$	
(a)	#.N	(c)	(,1)
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
—   <del></del>		<del></del>	
-		<del></del>   \$	
(a) No.	(ь)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	240700000
-			
l —		\$	
(a)	4.)	(c)	(4)
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
-			
<u> </u>			
		\$	
(a)		(2)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(55551 2515)	<del></del>
_			
453 10-26-15			l 990, 990-EZ, or 990-PF) (

Employer identification number Name of organization JEFFREY GALE & JANE GREENSPUN GALE 27-0544848 FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee