Department of the Treasury

Internal Revenue Service

DLN: 93491259004126

OMB No 1545-0052

2015

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990p.

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For	calen	ndar year 2015, or tax y	, aı	, and ending 04-30-2016					
	e of foun STRUST	idation FOUNDATION				A Employer ide	entification numbe	er	
						13-7111711			
		street (or P O box number if mail is	not delivered to street address)	Room/suite		B Telephone nur	nber (see instructions	5)	
17:	59 49TH	SIREEI				(514) 270-7000			
		state or province, country, and ZIP of 11204	r foreign postal code			C If exemption	application is pending	g, check here 🕨 🦵	
G Ch	neck all	that apply Initial return	Initial return of a fo	rmer public charity		D 1. Foreian or	ganizations, check he	ere 🕨 🗀	
		Final return Address chang	Amended return Je Name change				ganizations meeting	• •	
L Ch	ock tyr	pe of organization Section	,	foundation		. '	here and attach con ndation status was t	mputation ' erminated	
		947(a)(1) nonexempt charital	ole trust Other taxable	private foundation			507(b)(1)(A), chec		
		t value of all assets at end	JAccounting method	Cash 🔽 Accrual			tion is in a 60-month		
		om Part II, col. (c), \$ 4,812,772	Other (specify)	pe on cash basıs.)		under section	1 507(b)(1)(B), chec	k here 🔽 I	
		Analysis of Revenue a	and Eynenses					Disbursements	
Part I Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in co- instructions))		(The total of amounts in columns in necessarily equal the amounts in c	(b), (c), and (d) may not	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	for charitable purposes (d) (cash basis only)	
	1	Contributions, gifts, grants, e	etc , received (attach						
		schedule)		110,000					
	2	Check $\blacktriangleright \ $	is not required to attach						
		Sch B							
	3	Interest on savings and temp	·						
	4	Dividends and interest from s	securities	12,204		12,204	12,204		
	5a	Gross rents							
ds	b 6a	Net rental income or (loss) _ Net gain or (loss) from sale o	_						
Revenue									
	b	Gross sales price for all asse	ets on line 6a						
	7	Capital gain net income (from	n Part IV, line 2)			0			
	8	Net short-term capital gain .							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold .							
	С	Gross profit or (loss) (attach	schedule)						
	11	Other income (attach schedu	·						
	12	Total. Add lines 1 through 11		122,204		12,204	12,204		
	13	Compensation of officers, dir	· · · · · ·	0		0	0	0	
	14	Other employee salaries and	-						
Şφ	15	Pension plans, employee ben Legal fees (attach schedule).							
Ψ	16a			95 5,500		5,500	0	0	
Expense	b	Accounting fees (attach scho	·	3,300		3,300		-	
	C	Other professional fees (atta							
Ta t	17	Interest	<u> </u>	% 791		0	0	0	
Ξ	18	Taxes (attach schedule) (see		751				Ů	
Ę	19	Depreciation (attach schedul							
and Administrative	20 21	Occupancy Travel, conferences, and mee	 						
В	22	Printing and publications	-						
	23	Other expenses (attach sche	F	% 93		93	0	0	
Operating	24	Total operating and administ	·						
Ĕ		Add lines 13 through 23	-	6,384		5,593	0	0	
ŏ	25	Contributions, gifts, grants p	-	1,022,455				1,022,455	
	26	Total expenses and disburser	nents.Add lines 24 and						
		25		1,028,839		5,593	0	1,022,455	
	27	Subtract line 26 from line 12		000.000					
	a	Net investment income (if ne	-	-906,635		6,611			
	b c	Adjusted net income (if negat				0,011	12,204		
		Julius megat	,				,		

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing	(a) BOOK Value	(b) book value	(C) Fall Market Value				
	2	Savings and temporary cash investments	3,812,658	2,275,278	2,275,278				
	3	Accounts receivable 21,882	3,012,030	2,2,3,2,0	2,273,270				
	3	Less allowance for doubtful accounts	321,412	21,882	21,882				
	4	Pledges receivable	321,412	21,002	21,002				
	4	Less allowance for doubtful accounts							
	_								
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
	_	disqualified persons (attach schedule) (see instructions)							
	7	Other notes and loans receivable (attach schedule) 2,000,000	1 110 007	2 000 000	2,000,000				
		Less allowance for doubtful accounts 0	1,119,997	2,000,000	2,000,000				
2	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
AS	10a	Investments—U S and state government obligations (attach schedule)							
	b	Investments—corporate stock (attach schedule)							
	C	Investments—corporate bonds (attach schedule)							
	11	Investments—land, buildings, and equipment basis 🕨							
		Less accumulated depreciation (attach schedule) 🟲							
	12	Investments—mortgage loans							
	13	Investments—other (attach schedule)	534,870	515,612	515,612				
	14	Land, buildings, and equipment basis 🕨							
		Less accumulated depreciation (attach schedule) 🟲							
	15	O ther assets (describe 🟲)							
	16	Total assets(to be completed by all filers—see the							
		instructions Also, see page 1, item I)	5,788,933	4,812,772	4,812,772				
	17	Accounts payable and accrued expenses							
	18	Grants payable							
ě	19	Deferred revenue							
abilities	20	Loans from officers, directors, trustees, and other disqualified persons							
	21	Mortgages and other notes payable (attach schedule)							
_	22	Other liabilities (describe 🟲)	67,231	25,000					
	23	Total liabilities(add lines 17 through 22)	67,231	25,000					
		Foundations that follow SFAS 117, check here 🕨 🔽							
ě		and complete lines 24 through 26 and lines 30 and 31.							
auc	24	Unrestricted	5,721,702	4,787,772					
Balance	25	Temporarily restricted							
<u> </u>	26	Permanently restricted							
Fund		Foundations that do not follow SFAS 117, check here 🕨 🦵							
or		and complete lines 27 through 31.							
	27	Capital stock, trust principal, or current funds							
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund							
AS	29	Retained earnings, accumulated income, endowment, or other funds							
Net	30	Total net assets or fund balances(see instructions)	5,721,702	4,787,772					
-	31	Total liabilities and net assets/fund balances(see instructions)	5,788,933	4,812,772					
Pa	rt III								
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	aree					
_		with end-of-year figure reported on prior year's return)	, ,,	- I I	5,721,702				
2		Enter amount from Part I, line 27a			-906,635				
3		Other increases not included in line 2 (itemize)		3	<u> </u>				
4		Add lines 1, 2, and 3		_	4,815,067				
5		Decreases not included in line 2 (itemize)		· · · · · · · · · · · · · · · · · · ·	27,295				
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F			4,787,772				

Part IV Capital Gains	and Losses for Tax on Inve	stment Income				
	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	Date acquire	Date sold (d) (mo , day, yr)	
1a						
b						
С						
d						
e						
	Depreciation allowed	d Cost	or other basis		 iin or (loss)	
(e) Gross sales price	(f) (or allowable)		xpense of sale	(h) (e) plus (f) minus (g)		
а						
b						
c						
d						
е						
Complete only for assets	showing gain in column (h) and owne	ed by the foundation	on 12/31/69	Gains (C	ol (h) gain minus	
(i) F M V as of 12/31/69	Adjusted hasis	Exce	ess of col (ı) col (j), ıf any	col (k), but	not less than -0-) or s (from col (h))	
a						
b						
С						
d						
<u>е</u>						
3 Net short-term capit	me or (net capital loss) { al gain or (loss) as defined in sectio Part I, line 8, column (c) (see instru		,	3		
Part V Qualification I	Under Section 4940(e) for R	Reduced Tax on	Net Investme	nt Income		
	private foundations subject to the se					
	ne section 4942 tax on the distributa not qualify under section 4940(e) Do			eriod?	│ Yes	
1 Enter the appropriate amo	ount in each column for each year, se	ee instructions befoi	re makıng any ent	ries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchant	table-use assets	Distribu	d) tion ratio ed by col (c))	
2014	906,388		4,879,894	(, , , , , , , , , , , , , , , , , , ,	0 185739	
2013	689,749		6,220,976		0 110875	
2012	569,193		7,361,583		0 077319	
2011	233,502		5,058,342		0 046162	
2010	240,767		7,136,859		0 033736	
2 Totalof line 1, colum	n (d)			2	0 453831	
	ratio for the 5-year base period—div the foundation has been in existence			3	0 090766	
4 Enter the net value o	f noncharitable-use assets for 2015	5 from Part X, line 5.	[4	5,842,555	
5 Multiply line 4 by line	e 3		[5	530,305	
6 Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	[6	66	
7 Add lines 5 and 6.				7	530,371	

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

1,022,455

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	54 0(e),	, UI 4340—SE	e page	= 10 OI	the ins	LIUCLIO	113)		
1a		- □)						
	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				66	
	here ▶ 🔽 and enter 1% of Part I, line 27b			• ′						
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organizal Part I, line 12 , col (b)	ations e	enter 4% of							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	ndation	s only Othe	ers	2		0			
3	Add lines 1 and 2			•	3				66	
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter -0-)	ndation	s only Othe	ers	4				0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0		•	5				66	
6	Credits/Payments		ī							
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		1,240						
b	Exempt foreign organizations—tax withheld at source	6b								
C	Tax paid with application for extension of time to file (Form 8868)	6с								
d	Backup withholding erroneously withheld	6d								
7	Total credits and payments Add lines 6a through 6d				7				1,240	
8	Enter any penalty for underpayment of estimated tax. Check here $\ \ \ \ \ \ \ \ \ \ \ \ \ $	2220 is	attached		8					
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ \boldsymbol{.}$			•	9					
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	t over	paid		10				1,174	
11		1,174	Refunded	•	11				0	
Par	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or di	d			Yes	No	
	it participate or intervene in any political campaign?						1a	\sqcup	No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			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 r	nateria	ls					
	published or distributed by the foundation in connection with the activities.									
	Did the foundation file Form 1120-POL for this year?	• •		• •		•	1c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		= -							
	(1) On the foundation \$\bigs\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0						
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical e	xpenditure t	ax imp	osed					
_	on foundation managers \$0		t - th - IDC2						N-	
2	Has the foundation engaged in any activities that have not previously been rep	portea	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	2		No	
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confu						3	\vdash	No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more d						4a 4b		No	
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?						-		No.	
3	If "Yes," attach the statement required by General Instruction T.	illig tile	e year				-		NO	
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45\ca	ticfied eithe	r						
•	By language in the governing instrument, or	7 <i>3) 3</i> a	cisiled eithe	ı						
	 By state legislation that effectively amends the governing instrument so th 	at no n	nandatory di	irectio	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?),				
-	and Part XV.					,, 	7	Yes		
8a	Enter the states to which the foundation reports or with which it is registered (see ins	tructions)							
	►NY									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attor	ney						
	General (or designate) of each state as required by General Instruction G? If						8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the r				(3)(3)					
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part X	(IV)?					
	If "Yes," complete Part XIV						9		No	
10	Did any persons become substantial contributors during the tax year? If "Yes,	" attach	a schedule	listing	their n	ames				
	and addresses.						10		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 ►MICHAEL ROSENBERG Telephone no ►(514	1270	-7000	
	Located at ▶7077 AV DU PARC MONTREAL QUEBEC CA ZIP+4 ▶H3N1X7	<u>/ L / G</u>	, , , ,	
				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —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) A gree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes V No			
b	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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?			
_	If "Yes," list the years > 20, 20, 20			
Ь	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)	- 21		
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
L	any time during the year?			
D	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	9L		
4-	If the foundation had excess business holdings in 2015.)	3b	}	N I
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	AI.		N-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

	Statements Rega	inding Activities it	,, AA!!	ich Form 4720	мау	be kequiled (Will	muc	,u)	
5a	During the year did the foundatio	n pay or incurany amou	ınt to						
	(1) Carry on propaganda, or othe	rwise attempt to influen	ce leg	ıslatıon (section 49	45(e))	[?]	No		
	(2) Influence the outcome of any	specific public election	ı (see s	section 4955), or to	carry				
	on, directly or indirectly, any	voter registration drive	?			🗆 Yes 🖟	No		
	(3) Provide a grant to an individu	ıal for travel, study, or o	thers	mılar purposes?		┌ Yes ┌	No		
	(4) Provide a grant to an organiza	atıon other than a charıt	table, e	etc , organization de	scribe	d			
	ın section 4945(d)(4)(A)? (s	ee instructions)				T Yes 🤄	No		
	(5) Provide for any purpose other	r than religious, charital	ole, sc	ientific, literary, or					
	educational purposes, or for t	the prevention of cruelty	/ to ch	ıldren or anımals?.			No		
b	If any answer is "Yes" to 5a(1)-	(5), dıd any of the transa	ictions	fail to qualify under	the e	xceptions described in			
	Regulations section 53 4945 or	in a current notice rega	rdıng d	lisaster assistance	(see ii	nstructions)?	•	5b	
	Organizations relying on a currer	nt notice regarding disas	steras	sistance check here	e		_		
С	If the answer is "Yes" to question								
	tax because it maintained expend	diture responsibility for	the gra	ant?		T Yes 「	No		
	If "Yes," attach the statement requ	ured by Regulations sect	ion 53.	4945–5(d).					
6a	Did the foundation, during the yea	ar, receive any funds, di	rectly	or indirectly, to pay	premi				
	a personal benefit contract?					「Yes 「	No		
b	Did the foundation, during the yea	ar, pay premiums, direc	tly or ı	ndirectly, on a perso	onal be	enefit contract?		6b	No
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year, v	was the foundation a pai	rty to a	prohibited tax shel	ter tra	nsaction? Yes	No		
b	If yes, did the foundation receive		_					7b	
Par	25 V/1	t Officers, Directo	rs, Tr	ustees, Founda	ition	Managers, Highly	Paid	d Emplo	oyees,
	and Contractors	s foundation manager	and ti	hoir componention (soo in	structions)			
	List all officers, directors, trustee	s, foundation managers			see in:				
	List all officers, directors, trustee	Title, and average	(c)	Compensation (If	see in:	structions). (d) Contributions to		Expense	account,
	and Contractors		(c)		em	(d) Contributions to ployee benefit plans		Expense other all	•
1	List all officers, directors, trustee (a) Name and address	Title, and average hours per week (b) devoted to positio	(c)	Compensation(If not paid, enter -0-)	em	(d) Contributions to ployee benefit plans deferred compensation		•	owances
1	List all officers, directors, trustee (a) Name and address AEL ROSENBERG	Title, and average hours per week (b) devoted to positio	(c)	Compensation(If not paid, enter	em	(d) Contributions to ployee benefit plans		•	•
1 MICH/ 485	(a) Name and address AEL ROSENBERG OUTREMONT STREET	Title, and average hours per week (b) devoted to positio	(c)	Compensation(If not paid, enter -0-)	em	(d) Contributions to ployee benefit plans deferred compensation		•	owances
1 MICH/ 485	List all officers, directors, trustee (a) Name and address AEL ROSENBERG	Title, and average hours per week (b) devoted to positio	(c)	Compensation(If not paid, enter -0-)	em	(d) Contributions to ployee benefit plans deferred compensation		•	owances
1 MICH/ 485 MON CA	(a) Name and address AEL ROSENBERG OUTREMONT STREET	Title, and average hours per week (b) devoted to positio TRUSTEE 2 00	e (c)	Compensation(If not paid, enter -0-)	em and d	(d) Contributions to ployee benefit plans deferred compensation 0	(e)	other all	owances
1 MICH/ 485 MON CA	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-pair	Title, and average hours per week (b) devoted to positio TRUSTEE 2 00	n those	Compensation(If not paid, enter -0-)	em and d	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en	(e)	other all	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, end employee benefit	(e)	NONE."	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-pair (a)	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en	(e)	other all	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
1 MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0
MICH/ 485 MON CA 2	List all officers, directors, trustee (a) Name and address AEL ROSENBERG OUTREMONT STREET ITREAL, QUEBEC H3N 1X7 Compensation of five highest-paid (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other than paid hours per week)	n those erage eek	Compensation(If not paid, enter -0-) 0 e included on line 1-	em and o	(d) Contributions to ployee benefit plans deferred compensation 0 nstructions). If none, en Contributions to employee benefit plans and deferred	(e)	NONE."	owances 0

	(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	、	
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 rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	duced, 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

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	525,241
b	A verage of monthly cash balances	1b	3,384,405
c	Fair market value of all other assets (see instructions)	1c	2,021,882
d	Total (add lines 1a, b, and c)	1d	5,931,528
е	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	5,931,528
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see		
	ınstructions)	4	88,973
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,842,555
6	Minimum investment return. Enter 5% of line 5	6	292,128
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ce check here ► and do not complete this part.)	rtaın for	eign organizations
1	Mınımum ınvestment return from Part X, line 6	1	292,128
2a	Tax on investment income for 2015 from Part VI, line 5 2a 66		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	66
3	Distributable amount before adjustments Subtract line 2c from line 1	3	292,062
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	292,062
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	292,062
ar	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	1,022,455
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		
а	Suitability test (prior IRS approval required)	3a	
Ь	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	1,022,455
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	66
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,022,389
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	ner the fo	undation qualifies for

Ρ	art XIIII Undistributed In	icome (see instruc	ctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 fro	m Part XI, line 7				292,062
2	Undistributed income, if any, as o	f the end of 2015				
а	Enter amount for 2014 only				0	
b	Total for prior years 20,	20, 20		0		
3	Excess distributions carryover, if					
а	From 2010	,,				
	From 2011					
c	From 2012	153,906				
d	From 2013	380,329				
е	From 2014	664,855				
	Total of lines 3a through e		1,199,090			
	Qualifying distributions for 2015 f					
	XII, line 4 🕨 \$1					
а	Applied to 2014, but not more tha				0	
	Applied to undistributed income o			0		
	(Election required—see instruction					
c	Treated as distributions out of correquired—see instructions)		0			
d	Applied to 2015 distributable amo					292,062
e	Remaining amount distributed out	of corpus	730,393			
5	Excess distributions carryover ap	oplied to 2015	0			0
	(If an amount appears in column (d same amount must be shown i	· ·				
6	Enter the net total of each colum	` ' '				
	indicated below:		1,929,483			
	Corpus Add lines 3f, 4c, and 4e S		1,929,463			
b	Prior years' undistributed income line 4b from line 2b			0		
_	Enter the amount of prior years' ur					
_	income for which a notice of deficie					
	been issued, or on which the secti	•				
	tax has been previously assessed			U		
d	Subtract line 6c from line 6b Taxa—see instructions			0		
е	Undistributed income for 2014 S	ubtract line				
	4a from line 2a Taxable amount—	-see			0	
	instructions				0	
f	Undistributed income for 2016 Si					
	lines 4d and 5 from line 1 This and be distributed in 2015					0
7	Amounts treated as distributions					
•	corpus to satisfy requirements im					
	section 170(b)(1)(F) or 4942(g)(3	3) (Election may	0			
	be required - see instructions).		0			
8	Excess distributions carryover fro		0			
_	applied on line 5 or line 7 (see ins	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
9	Excess distributions carryover to 2 Subtract lines 7 and 8 from line 68		1,929,483			
10	Analysis of line 9	a	· ·			
	Excess from 2011					
	Excess from 2012	153,906				
	Excess from 2013	380,329				
	Excess from 2014	664,855				
е	Excess from 2015	730,393				

See Additional Data Table

P	art XIV	Private Operating Foundat	ions (see ınstrı	uctions and Part	VII-A, questioi	n 9)	
1a		dation has received a ruling or deterr , and the ruling is effective for 2015,					
b	Check box	to indicate whether the organization	ıs a prıvate opera	ting foundation de	scribed in sectior	n	厂 4942(j)(5)
	Enter the I	esser of the adjusted net	Tax year		Prior 3 years		(e) Total
		m Part I or the minimum t return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) local
b 8	35% of line	2a					
	line 4 for e	distributions from Part XII, each year listed					
d	directly for	ncluded in line 2c not used ractive conduct of exempt					
e	Qualifying for active o	distributions made directly conduct of exempt activities ne 2d from line 2c					
3 (Complete 3	a, b, or c for the etest relied upon					
а		alternative test—enter					
	(1) Value	of all assets					
	under	of assets qualifying section 4942(j)(3)(B)(i)					
b	of minimur	nt" alternative test— enter 2/3 n investment return shown in e 6 for each year listed					
c		alternative test—enter				1	
	(1) Total invest	support other than gross ment income (interest, nds, rents, payments					
	on sec	curities loans (section ()(5)), or royalties)					
		ort from general public					
		or more exempt zations as provided in					
	_	n 4942(j)(3)(B)(III)					
		st amount of support In exempt organization					
		in exempt organization investment income					
Pa		upplementary Information (Complete this	part only if th	e organizatio	n had \$5,000 o	r more in
		ssets at any time during the	<u>year—see ins</u>	tructions.)			
L a		on Regarding Foundation Managers: anagers of the foundation who have c	ontributed more th	nan 2% of the tota	l contributions re	ceived by the found	ation
_		close of any tax year (but only if they					acion
<u> </u>	List any mi	anagara of the foundation who own 10)	stock of a cornora	tion (or an oqually	u large pertien of th	
D		anagers of the foundation who own 10 of a partnership or other entity) of wh				y large portion of the	е
	,	,,,		J			
2	Informatio	on Regarding Contribution, Grant, Gif	t, Loan, Scholarshi	ip, etc., Programs:			
		e 🔭 If the foundation only makes co					
		frequests for funds If the foundation itions, complete items 2a, b, c, and c		ts, etc (see instri	actions) to individ	luals or organizatior	is under
			•				
а	The name,	, address, and telephone number or e	maıl address of th	e person to whom	applications shou	ıld be addressed	
	See Addit	tional Data Table					
b	The form I	n which applications should be subm	itted and informati	on and materials t	they should includ	ie	
	See Addit	tional Data Table					
c	Any submi	ssion deadlines					
	See Addıt	tional Data Table					
d	Any restri factors	ctions or limitations on awards, such	as by geographic	al areas, charitabl	e fields, kinds of i	nstitutions, or othe	r

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 1,022,455 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc			Evaluate to the	. E10 E10 E14	(e)
nter gross amounts unless otherwise indicated	(a)	(b)	Excluded by section	(d)	Related or exempt function income (See
-	Business code	A mount	Exclusion code	A mount	instructions)
a b					
c					
d e					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	12,204	
Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
•					
- I					
=					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		C		12,204 L3	
(See worksheet in line 13 instructions to verify or XVI-B Relationship of Activities to	calculations)				
Explain below how each activity for whith the accomplishment of the foundation's instructions)	ıch ıncome ıs rep	orted in column ((e) of Part XVI-A c	ontributed importa	
					
1					

Part X	VIII	Information Re Noncharitable					nsact	ions and F	Relationships	With			
		anization directly or in (c) of the Code (othe	ndirectly e	engage	ın any of	the following						Yes	No
organ	ıızatıoı	ns?											
a Trans	fers fr	om the reporting foun	dation to	a noncl	harıtable	exempt orgar	nızatıon	of					
(1)	Cash.										1a(1)		No
(2)	Othera	assets									1a(2)		No
b Other	r trans	actions											
(1) 9	Sales	of assets to a nonchar	ritable ex	empt or	ganızatıo	n					1b(1)		No
(2) P	urcha	ses of assets from a	noncharıt	able ex	empt orga	anızatıon					1b(2)		No
(3) F	Rental	of facilities, equipmen	nt, or othe	erasset	s						1b(3)		No
(4) F	Reimbi	ırsement arrangemen	ts								1b(4)		No
(5) L	oans	or loan guarantees.									1b(5)		No
(6) Pe	erforma	ance of services or m	embershi	p or fun	draising s	olicitations.					1b(6)		No
c Shari	ng of f	acılıtıes, equipment, r	naılıng lıs	ts, oth	er assets,	, or paid empl	loyees.				1 c		No
of the in any	good: / trans	er to any of the above s, other assets, or ser action or sharing arra	vices giv ingement	en by tl , show i	he reportı n column	ng foundation (d) the value	n If the e of the	foundation regoods, other	eceived less that assets, or servi	n fair marko ces receivo	et value ed	!	•
(a) Line N	-	(b) Amount involved	(C) Name	OI HOHEN	аптаріе ехе	empt organizatio)II	(d) Description	of transfers, transact	LIONS, and Sha	aring arra	ngemer	its
	_												
	+												
descr	ıbed ii	dation directly or indir n section 501(c) of th mplete the following s (a) Name of organization	e Code (d schedule		an sectio		orınse			ption of relati	. □Y € onship	!s ▽	No
Sign	the be inform	penalties of perjury, est of my knowledge a nation of which prepare	nd belief,	ıt ıs tru	ie, correc		ete Dec			an taxpaye		sed on	all
Here) - Sı	gnature of officer or tr	ustee			Date		Title		below	he prepa		
				I					I		nstr)? 🗸	Yesi N	No
	P	rint/Type preparer's RACHEL STEIN	name	Prepa	rer's Sıgn	ature	Da 2	te 016-09-12	Check if self- employed ▶	PTIN	012699	914	
Paid Prepai Use	rer R	irm's name ► OTH & COMPANY LI	_P				'		Firm's EIN ▶ 1	1-336006	5		
Only	1	irm's address ► 428 36TH STREET S 1218	GUITE 20	0 BRO	OKLYN, N	IY			Phone no (718	3)236-160	00		

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

ROSTRUST FOUNDATION 7077 AV DU PARE MONTREAL, QUEBEC H3N 1X7 CA (514) 524-7000

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

LETTER FORM

c Any submission deadlines

N/A

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

N/A

а	a The name, address, and telephone number of the person to whom applications should be addressed					
	ROSTRUST FOUNDATION 7077 AV DU PARE MONTREAL, QUEBEC H3N 1X7 CA (514) 524-7000					
b	The form in which applications should be submitted and information and materials they should include					
	LETTER FORM					
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors					
	N/A					

Г

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
BAIS AVROHOM 915 NEW HAMPSHIRE AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	4,000
TALMUD TORAH BAIS AVROHOM 915 NEW HAMPSHIRE AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	36
BNEI AUROHOM 4424 EIGHTEENTH AVENUE BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,000
BNOS ZION 5000 FOURTEENTH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,400
CONGREGATION SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	15,000
BNEI ZION 4206 15TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,500
SHEIRITH HAPLETE 116-128 WALLABOUT STREET BROOKLYN,NY 11249		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	750
BAYIS RUCHEL 115 CAREY STREET LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	4,000
TOMCHEI TZEDAKA 625 FOREST AVE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	4,000
CONG SHEFA CHAIM 1611 46TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
MESIVTA SANZ 3400 NEW YORK AVENUE UNION CITY,NJ 07087		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	12,000
CONGREGATION BETH HALAVY 1777 49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
MECHON SHLOMO MISHASO 3400 NEW YORK AVENUE UNION CITY,NY 07087		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	180
KUPAS CHAIM 14 WHITE DOVE COURT LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	20,000
CONG YERAIYIM 21 MONSEY BLVD MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,250
Total	<u> </u>		▶ 3a	1,022,455

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MIFAL HASHAS 4415 14TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
CONG YAD YEHUDA 1451 52ND STREET B5 PO BOX BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
MOSDOS SANZ OF MONSEY PO BOX 1210 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
CONG SHEFA CHAIM 1611 46TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	55,000
CONG SHEFA CHAIM 1611 46TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,500
CONG SHEFA CHAIM 1611 46TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	20,000
NSHEI SANZ KLAUSENBURG PO BOX 242 TALLMAN,NY 10982		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
CONG NER BORUCH LINZ 4306-15TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
BOBOV YESHIVAH OF MONSEY 230 VOLA ROAD PO BOX 709 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	360
PROJECT WITNESS 201 FOSTER AVENUE BROOKLYN,NY 11230		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CHASDEI SHLOMO 4715 15TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	26,000
CONG BETH HALEVY 1777 - 49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	15,000
MEOR YITZCHOK 65 DYKSTRAS WAY EAST MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,500
CONG BETH HALEVY 1777 49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	15,000
BOBOV YESHIVAH OF MONSEY 230 VIOLA ROAD MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,500

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
KHAL SHAREI TZION 4715 15TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	880
CONGREGATION RAB BRACHOS 4512 12TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100,000
CONG BETH HALEVY 1777 49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
BNOS MALKA 71-02 113TH STREET FOREST HILLS,NY 11375		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
CHASDEI TZEMACH TZEDEK 320 ROEBLING SUITE 322 BROOKLYN,NY 11211		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
KOLLEL DIVREI YATZIV PO BOX 245 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
NACHLAS MOSHE 9 LINCOLN AVENUE NEW SQUARE,NY 10977		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
KHAL SQUARE OF ROMAN 12 ROMAN BLVD MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
CONG BETH HALEVY 1777 49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	18,000
YESHIVAS NEHAROUEH INC 1466 38TH STREET BROOKLYN,NY 11218		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	7,535
CONG SHEFA CHAIM PO BOX 190208 BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
CONG SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONG YAD YEHUDA 1451 52ND STREET B5 PO BOX BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,800
KEDUSHAS ZION 1532-47TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	18,369
EMEK HALACHA 1532-47TH STREET		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
EMEK HALACHA 1532-47TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	500
NACHLAS MOSHE 9 LINCOLN AVENUE NEW SQUARE,NY 10977		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	3,000
YESHIVAH GEDOLAH OF WOODLAKE PO BOX 974 LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,000
NACHLAS MOSHE 9 LINCOLN AVENUE NEW SQUARE,NY 10977		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
LEARNING INSTITUTE OF UNION CITY 324 34TH STREET UNION CITY,NJ 07087		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
CONG SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,250
YESHIVAS NOVOMINSK 1690 60TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	180
KOLLEL AVREICHIM OF UTA 125 HEYWARD STREET BROOKLYN,NY 11206		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
CONGREGATION EMEK HATALMUD 1685 -49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONGREGATION SHEFA CHAIM 8 SUZANE DRIVE MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	750
CONGREGATION BETH HALEVY 1777 49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONGREGATION SHEFA CHAIM 8 SUZANE DRIVE MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
BAIS ROCHEL OF LAKEWOOD 115 CAREY STREET LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONGREGATION SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
TALMUD TORAH BAIS AVROHOM 915 NEW HAMPSHIRE AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
Total				1,022,455

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
YESHIVA BIRKAS YACKOV 57 AROSA HILL LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONG BEIS HALEVI 1777-49TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,000
NACHLAS MOSHE 9 LINCOLN AVENUE NEW SQUARE,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
BEER PLAYIM CHAIM 189 ROSS ST APT 5-B BROOKLYN,NY 11211		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
OHR YOSEF YAMDALA 32 COLLEGE ROAD MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	715
CONGREGATION SHEFA CHAIM PO BOX 1301 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,450
NACHLAS MOSHE 9 LINCOLN AVENUE NEW SQUARE,NY 10977		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
MOSDOS SANZ KLAUSENBERG 620 BEDFORD AVENUE BROOKLYN,NY 11249		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100
CHAI CENTER OF CANTON 580 WASHINGTON STREET CANTON,MA 02021		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,800
CONGREGATION SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	126,000
YESHIVA BIRCHAS YAKOV 57 AROSA HILL LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
TALMUD TORAH BEIS AVRAHAM 915 NEW HAMPSHIRE AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
EM KOL CHAI 285 LEE AVENUE BROOKLYN,NY 11206		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	44,000
BEIS ROCHEL 115 CAREY STREET LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
TIZKU L'MITZVES 1832 60TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	3,600
Total			3a	1,022,455

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Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
YAD YEHUDAH 1451 52ND STREET POB B5 BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONG KHAL SHAAREI ZION BOBOV 4715-15TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,820
YESHIVA ONE YITZCHOK 1214 EAST 15TH STREET BROOKLYN,NY 11230		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	3,000
CONG EMEK HATALMUD 1685-49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,800
CONGREGATION SHEFA CHAIM 235 N PASCACK RD SPRING VALLEY,NY 10977		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	500
CONGREGATION SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	100,000
EMEK HATALMUD 1685-49TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
CONG ADAS CHASIDIM 106 BATES DRIVE MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	450
CONG DARKEI AVOS 1611 46TH STREET B-2 BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
YESHIVA DIVREI SHMUEL 2 PHYLLIS TERRACE MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	4,200
THE DONORS FUND 328 3RD STREET LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	7,000
KEDUSHAT ZION 1532 47TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	18,000
KEDUSHAT ZION 1532 47TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	950
KEDUSHAT ZION 1532 47TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
KEDUSHAT ZION 1532 47TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	6,500
Total			3a	1,022,455

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
CONG BAIS ROCHEL 145 SADDLE RIVER RD PO BOX 302 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,500
GEMACH MOSHE AHARON 4801-11TH AVENUE BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	180
SHEFA CHAIM 1106 53RD STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	500
CONG SHEFA CHAIM PO BOX 1301 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
CONG SHEFA CHAIM PO BOX 1301 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	2,000
YESHIVAS SANZ KLAUSENBERG 1353 50TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,800
CONG SANZ OF LAKEWOOD 754 RIVER AVENUE LAKEWOOD,NJ 08701		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	8,000
CONG SANZ OF WILLIAMSBURG 199 LEE AVENUE 451 BROOKLYN,NY 11211		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
CONG SHEFA CHAIM PO BOX 1301 MONSEY,NY 10952		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	750
BAYIS ESTER 1353 50TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	97,000
CONG SHEFA CHAIM OF BP 1611 46TH STREET BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	3,000
CONG SHEFA CHAIM 199 LEE AVENUE 451 BROOKLYN,NY 11211		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	1,000
YAD YEHUDAH 1451 52ND STREET POB B5 BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	5,000
YESHIVA MEOR ENAIM 1223 45TH STREET BROOKLYN,NY 11219		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	38,000
CONG DARKEI AVOS SANZ 1611 46TH STREET B-2 BROOKLYN,NY 11204		TAX EXEMPT	TO FURTHER RELIGIOUS CAUSES	10,000
Total				1,022,455

TY 2015 Accounting Fees Schedule

Name: ROSTRUST FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEE	5,500	5,500	0	0

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TY 2015 Investments - Other Schedule

Name: ROSTRUST FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
FIRST INVESTORS CORP	FMV	515,612	515,612	

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TY 2015 Other Decreases Schedule

Name: ROSTRUST FOUNDATION

Description	Amount
UNREALIZED GAIN/LOSS ON SECURITIES	27,295

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TY 2015 Other Expenses Schedule

Name: ROSTRUST FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	67	67	0	0
OFFIC EXPENSES	26	26	0	0



TY 2015 Other Liabilities Schedule

Name: ROSTRUST FOUNDATION

Description	Beginning of Year - Book Value	End of Year - Book Value
LOAN PAYABLE	67,231	25,000

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DLN: 93491259004126

TY 2015 Other Notes/Loans Receivable Long Schedule

Name: ROSTRUST FOUNDATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
CONG NACHLAS MOSHE	NONE	70,000	0	2014-01		PAYABLE ON DEMAND	0 %	CO-SIGNER AGREEMENT	ASSISTANCE		0
CONG SDEI YAKOV	NONE	50,000	0	2014-01		PAYABLE ON DEMAND	0 %	CO-SIGNER AGREEMENT	ASSISTANCE		0
4202 18TH AVE	ONE	1,000,000	2,000,000	2015-01		PAYABLE ON DEMAND	0 %	CO-SIGNER AGREEMENT	ASSISTANCE		0

TY 2015 Taxes Schedule

Name: ROSTRUST FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	541	0	0	0
LICENCES & FEES	250	0	0	0

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As Filed Data -

DLN: 93491259004126

DEN. 93491259004126

OMB No 1545-0047

CIVID 110 1040 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

ROSTR	RUST FOUNDATION				
			13-7111711		
Organ	ization type (check o	ne)			
Filers	of:	Section:			
Form 9	90 or 990-EZ	「 501(c)() (enter number) organization			
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation	1		
		□ 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			
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions		
Gener	al Rule				
I		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions in any one contributor. Complete Parts I and II. See instructions for determining a			
Specia	al Rules				
Γ	under sections 509(a received from any or	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supposed in (1)(A)(VI), that checked Schedule A (Form 990 or 990-EZ), Part the contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that		
Γ	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals. Complete Parts I, II, and III	•		
Г	during the year, conti this box is checked, a purpose Do not com	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ributions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excludete any of the parts unless the General Rule applies to this organization because contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively		

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 ROSTRUST FOUNDATION Employer identification number 13-7111711

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
1			Person	ᅜ
	NEW PARK TRUST 232 MADISON AVENUE SUITE 608	\$ 110,000	Payroll	Г
	NEW YORK, NY 10016		Noncash (Complete Part II contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Γ
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Г
		*	Noncash	Г
			(Complete Part II contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	
			Person	Г
		\$	Payroll	Γ
	-		Noncash	Γ
			(Complete Part II contributions)	for noncash

Name of organization ROSTRUST FOUNDATION		Employer identification number			
ROSTRUST FOUN	DATION	13-7111711			
reiti	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<u> </u>			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<u> </u>			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		<u> </u>			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		

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

e of organization	990-EZ, or 990-PF) (2015)	Emp	Page 4 ployer identification number
TRUST FOUNDAT	TION	13-	7111711
total more line entry. of \$1,000 o	religious, charitable, etc., contribut than \$1,000 for the year from any or For organizations completing Part II r less for the year. (Enter this informate copies of Part III if additional space is r	tions to organizations described ne contributor. Complete column II, enter the total of exclusively re mation once. See instructions.)	in section 501(c)(7), (8), or (10) that is (a) through (e) and the following ligious, charitable, etc., contributions
(a) 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	, ,	ationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift Rel	ationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
-	Transferee's name, address, and	(e) Transfer of gift I ZIP4 Rel	ationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
-			