



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



For calendar year 2015, or tax year beginning 10-01-2015 , and ending 09-30-2016

Name of foundation MASADA FOUNDATION		A Employer identification number 16-1622664	
Number and street (or P O box number if mail is not delivered to street address) C/O R KIRSCHNER 137-05 72ND ROAD		B Telephone number (see instructions) (718) 762-8700	
City or town, state or province, country, and ZIP or foreign postal code FLUSHING, NY 11367		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 85,161		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	89	89		
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	89	89	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	163	113	0	50
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	163	113	0	50
	25 Contributions, gifts, grants paid . . . . .	18,102			18,102
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	18,265	113	0	18,152
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-18,176			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	103,337	85,161	85,161
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	103,337	85,161	85,161	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)	3,904	3,904	
	23	Total liabilities(add lines 17 through 22) . . . . .	3,904	3,904	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	99,433	81,257	
	30	Total net assets or fund balances(see instructions) . . . . .	99,433	81,257	
31	Total liabilities and net assets/fund balances(see instructions) . .	103,337	85,161		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1 99,433
2	Enter amount from Part I, line 27a . . . . .	2 -18,176
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 81,257
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 81,257

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	16,503	128,897	0 128032
2013	22,254	102,171	0 217811
2012	22,331	123,806	0 180371
2011	58,795	165,989	0 354210
2010	921,358	121,022	7 613145

2	Total of line 1, column (d).	2	8 493569
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 698714
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	92,835
5	Multiply line 4 by line 3.	5	157,700
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7	Add lines 5 and 6.	7	157,700
8	Enter qualifying distributions from Part XII, line 4.	8	18,152

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

**Part VI** Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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

**Part VII-A** Statements Regarding Activities

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>Yes</b>	<b>No</b>
<b>1a</b>				<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>0</b> <b>(2)</b> On foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NY _____			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	<b>Yes</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		<b>No</b>

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ RICHARD KIRSCHNER Telephone no ▶ (718) 762-8700 Located at ▶ 137-05 72ND ROAD FLUSHING NY ZIP+4 ▶ 11367			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is 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 ).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015 ).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . <span style="float:right;"><b>5b</b></span> Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right;"><input type="checkbox"/></span>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right;"><b>6b</b></span> <i>If "Yes" to 6b, file Form 8870</i>			<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right;"><b>7b</b></span>			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICHARD KIRSCHNER 137-05 72ND ROAD FLUSHING, NY 11367	PRESIDENT/DIRECTOR 0 50	0	0	0
RACHELLE KIRSCHNER 137-05 72ND ROAD FLUSHING, NY 11367	TREASURER/DIRECTOR 0 50	0	0	0
STANLEY FLEISHMAN 98 RYE RIDGE ROAD HARRISON, NY 10528	SECRETARY/DIRECTOR 0 50	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . <span style="float:right;">▶</span>				0

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 GRANTS PAID & OPERATING COSTS	18,265
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	94,249
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	94,249
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	94,249
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,414
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	92,835
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	4,642

**Part XI Distributable Amount**(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	4,642
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	4,642
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	4,642
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	4,642

**Part XII Qualifying Distributions (see instructions)**

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	18,152
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	18,152
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	18,152

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				4,642
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .	915,313			
b From 2011. . . . .	50,509			
c From 2012. . . . .	16,149			
d From 2013. . . . .	17,150			
e From 2014. . . . .	10,061			
f Total of lines 3a through e. . . . .	1,009,182			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 18,152				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2015 distributable amount. . . . .				4,642
e Remaining amount distributed out of corpus	13,510			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,022,692			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	915,313			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	107,379			
10 Analysis of line 9				
a Excess from 2011. . . .	50,509			
b Excess from 2012. . . .	16,149			
c Excess from 2013. . . .	17,150			
d Excess from 2014. . . .	10,061			
e Excess from 2015. . . .	13,510			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a . . . . .				
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets . . . . .				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .				
c "Support" alternative test—enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

RICHARD KIRSCHNER

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

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

b

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

c

Any submission deadlines

d

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

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			▶ 3a	18,102
b Approved for future payment				
Total . . . . .			▶ 3b	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

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

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">*****</div> Signature of officer or trustee	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">2017-02-07</div> Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">*****</div> Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RANDI LEE OWEN CPA	Preparer's Signature	Date 2017-02-07	Check if self-employed <input type="checkbox"/>	PTIN P00627547
	Firm's name <input type="checkbox"/> NUSSBAUM YATES BERG KLEIN & WOLPOW LLP			Firm's EIN <input type="checkbox"/>	26-0221653
	Firm's address <input type="checkbox"/> 445 BROAD HOLLOW RD STE 319 MELVILLE, NY 11747			Phone no <input type="checkbox"/>	(631) 845-5252

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ACHIEZER 334 CENTRAL AVE LAWRENCE,NY 11559	NONE	EXEMPT	INDIGENT FAMILIES	25
AFO BEER CHAIM YITZCHOK 1420 4TH STREET BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	200
AFO TIFERES YEHOShUA 1420 4TH STREET BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	100
AFO BARUCH U' MARPEH 1274 49 TH ST BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	25
AHH 138-45 78TH DRIVE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	136
ASCHI EZER CONG 1960 E 7TH STREET BROOKLYN,NY 11223	NONE	EXEMPT	TEMPLE/SYNAGOGUE	180
BAI S HATALMUD 137-39 75TH RD KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	180
BAIS MEDRASH LARWENCE 214 HARBORVIEW S LAWRENCE,NY 11559	NONE	EXEMPT	TEMPLE/SYNAGOGUE	50
BIKUR CHOLIM 1450 WALDEN AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILREN	25
BIRKAS FIFKA 1340 PRICETON AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	OTHER	25
BM TAHAROT PRESIDENT ST POB 150564 BROOKLYN,NY 11215	NONE	EXEMPT	RELIGIOUS EDUCATION	100
BMKGH 75-02 137 ST K KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	175
BMKGH 75-02 137 ST K KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	360
BMOS MALKA 71-02 113TH ST FOREST HILLS,NY 11375	NONE	EXEMPT	RELIGIOUS EDUCATION	100
BNAI RAPHAEL CHESED ORG 1741 MCDONALD BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	25
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BNEI TORAH MOVEMENT 136 BROOM STREET NEW YORK, NY 10002	NONE	EXEMPT	OUTREACH	50
BONEI OLAM 4205 17TH AVE BROOKLYN, NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	250
CENTRAL FUND FOR ISRAEL 980 6TH AVE NEW YORK, NY 10001	NONE	EXEMPT	RELIGIOUS EDUCATION	120
CHAI LIFELINE 151 W 30TH ST NEW YORK, NY 10001	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	180
CHASDEI CHASHI LKALLAH 734 E 7 TH ST BROOKLYN, NY 11218	NONE	EXEMPT	INDIGENT FAMILIES	250
CHESED LAVRAHAM 1747 47 TH ST BKLYN BROOKLYN, NY 11204	NONE	EXEMPT	INDIGENT FAMILIES	180
CNG BAIS ELIEZER 641 6TH ST LAKEWOOD LAKEWOOD, NJ 08701	NONE	EXEMPT	INDIGENT FAMILIES	72
CHASADIM TOVIM 7 MAPLE LEAF ROAD MONSEY MONSEY, NY 10952	NONE	EXEMPT	INDIGENT FAMILIES	120
CHASDEI DOVID 1460 E 19TH STREET BROOKLYN, NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	100
CHESED FUND 1928 51 ST BROOKLYN, NY 11204	NONE	EXEMPT	INDIGENT FAMILIES	125
COUNT ME IN 788 E 4TH ST BROOKLYN, NY 11218	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	25
CONG KHAL ADAS YEREIM 85-30 125TH ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	500
CONG CHOMOS YERUDSHALAYIM RECHOV ZARETSKY 5/7 RAMOT ISRAEL 99999 IS	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	180
CONG CHOMOS YERUDSHALAYIM RECHOV ZARETSKY 5/7 RAMOT ISRAEL 99999 IS	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	180
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	21
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	36
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	21
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	18
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	200
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	18
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	21
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	18
CONG MISHKAN MEIR 71-11 VLEIGH PLACE BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS	36
CONG OHEL SIMCHA 1274 49 TH BKLYN 111219 BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	250
CONG OHEL SIMCHA 1274 49 TH BKLYN 111219 BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	250
CONG SHAAREI ZION 2030 OCEAN PKWY BKLYN NY 11223 BROOKLYN,NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	36
CONG SHAAREI ZION 2030 OCEAN PKWY BKLYN NY 11223 BROOKLYN,NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	50
CONGREGATION L T 1454 ARDENWOOD AVE LAKEWOOD NJ 08701 LAKEWOOD,NJ 08701	NONE	EXEMPT	TEMPLE/SYNAGOGUE	36
CONGREGATION ZICHRON ARYEH 521 5TH AVE LAKEWOOD NH 08701 LAKEWOOD,NJ 08701	NONE	EXEMPT	TEMPLE/SYNOGOGUE	25
CONG ZICHRON ALTER 1486 OCEAN PKW BROOKLYN,NY 11230	NONE	EXEMPT	OTHER	120
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DARCHEI MENACHEM 432 RUTLAND ROAD BKLYN NY 11203 BROOKLYN,NY 11203	NONE	EXEMPT	RELIGIOUS EDUCATION	250
DERECH HATORA ROCHESTER 71 MAIDEN LANE ROCHESTER NY 14616 ROCHESTER,NY 14616	NONE	EXEMPT	RELIGIOUS EDUCATION	50
DVAR SHALOM 1560 BDWY NY NY 10036 NEW YORK,NY 10036	NONE	EXEMPT	OTHER	50
EZER MIZION 5225 NEW UTRECT AVE BROOKLYN,NY 11213	NONE	EXEMPT	INDIGENT FAMILIES	25
EZRAS CHOLIM 4415 14TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	36
EZRAS YISROEL 4415 14TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	OUTREAH	100
EZRAS YISROAL 4415 14TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	180
EZRAS YISROEL 4415 14TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	100
EZRAS YISROEL 4415 14TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	100
EZRAS YISROEL 4415 14TH AVE BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	72
GO KOSHER PROJECT 550 EMPIRE BLVD BROOKLYN,NY 11225	NONE	EXEMPT	OTHER	100
GC KEREN YESOMIM 14 ESTATE DRIVE FALLSBURG,NY 12733	NONE	EXEMPT	OTHER	50
HASEVAYNU 144-02 JEWEL AVE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	90
HIUSE OF SAGES 283 E BDWY NEW YORK,NY 10002	NONE	EXEMPT	SICK/ DISABLED FAMILIES /CHILDREN	30
ICHUD HAYESHIVOT 1274 49TH ST BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	360
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ISRAEL PURIM FUND 205 W BEACH ST LONG BEACH,NY 11367	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	72
JEP QUEENS 76-01 147 TH ST KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OUTREACH	125
KEHILAS ISHEI YISROEL 70TH AVE AND 150TH ST KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	125
KEREN ANIYIM 864 E 26TH STREET BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	225
KEREN ANIYIM 864 E 26TH STREET BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	250
KEREN ANIYIM 864 E 26TH STREET BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	55
KEREN ANIYIM 864 E 26TH STREET BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	250
KEREN ANIYIM 864 E 26TH STREET BALTIMORE,NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	25
KEREN ZAHAVE 136-36 72 AVE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	250
KEREN Z'CHUS 37 5 TH STREET LAKEWOOD,NJ 08701	NONE	EXEMPT	INDIGENT FAMILIES	50
KGH ERUV COMMITTEE 136-84 71 RD KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	25
KGH ERUV COMMITTEE 136-84 71 RD KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OTHER	25
KHAL BNAIYOSEF 1616 OCEAN PKWY BROOKLYN,NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	50
KIMPATORIN 1324 50TH ST BKLYN NY BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	54
KIMPATORIN 1324 50TH ST BKLYN NY BROOKLYN,NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	250
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KOLLEL SHOMREI HACHOMOS 18 HEYWARD ST BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	220
KOLLEL SHOMREI HACHOMOS 18 HEYWARD ST BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	200
KOLLELL CHASDEI GURE 38 SADDLE RIVER RD MONSEY,NY 10952	NONE	EXEMPT	OTHER	180
KOLLEL GER POB 1294 BROOKLYN,NY 11219	NONE	EXEMPT	OTHER	180
MANIGUT YEHUDI POB 241 C CEDARHURST,NY 11516	NONE	EXEMPT	OTHER	40
MASBIA POB 191181 B BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	50
MEIR PANIM LACHAYAL 383 KINGSOTN AVE BROOKLYN,NY 11213	NONE	EXEMPT	INDIGENT FAMILIES	50
MERAZ HABRIS POB 876 MONSEY,NY 10952	NONE	EXEMPT	OTHER	180
MERKAZ HATORA YEHUDI 147-42 76 THE ROAD FLUSHING,NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	100
MERKAZ HATORAH 147-42 76TH RD KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	180
MESIVTA NEIMUS HATORAH BALTIMORE BALTIMORE,MD 21206	NONE	EXEMPT	RELIGIOUS EDUCATION	36
MESIVTA TIFERES TORAH KEW GARDENS KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	72
MESIVTA TORAH V' EMUNAH FLUSHING NY 11367 FLUSHING,NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	50
MIFAL CHESED 5014 16TH AVE BKLYN NY 11204 BROOKLYN,NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	100
MISSOURI TORAH INSTITUTE 1809 CLARKSON RD CHESTERFIELD,MO 63017	NONE	EXEMPT	RELIGIOUS EDUCATION	100
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
MOSDAUI B' YAD YEMIN 1319 51 ST STREET BROOKLYN,NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	120
MTJ 145 E BROADWAY NY NY BROADWAY,NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	180
NECHAMA CLOSET 1227 PRESIDENT BROOKLYN,NY 11225	NONE	EXEMPT	OTHER	250
NEVE HACHESED 411 AVE F BROOKLYN,NY 11218	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	100
OD YOSEF CHAI 18 NEW COUNTRY RD MONSEY,NY 10952	NONE	EXEMPT	INDIGENT FAMILIES	30
OHR TORAH 4 PHYLLIS TERRACE MONSEY,NY 10952	NONE	EXEMPT	RELIGIOUS EDUCATION	54
ORLANDO TORAH ACADEMY 8651 COMMODITY CIRCLE ORLANDO,FL 32819	NONE	EXEMPT	RELIGIOUS EDUCATION	50
OROT YISROEL RAMCHAL ST BEER SHEVA POB 4452 BROOKLYN,NY 11230	NONE	EXEMPT	OTHER	1,200
OZER DALIM 1301 AVE K BROOKLYN,NY 11230	NONE	EXEMPT	OTHER	50
OZER DALIM 1564 41 STREET BROOKLYN,NY 11218	NONE	EXEMPT	SICK/DISABLED FAMILIES /CHILDREN	30
PEF ISRAEL ENDOWMENT FUN D 33 DUBON COURT FARMINDALE,NY 11735	NONE	EXEMPT	INDIGENT FAMILIES	200
PEARL BLAU LEARNING CTR 233 CAREY ST LAKEWOOD,NJ 08701	NONE	EXEMPT	INDIGENT FAMILIES	25
QUEENS J INSPIRE KGH NY 11367 KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OUTREACH	36
QUEENS PROJECT INSPIRE 147-19 73 AVE KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	OUTREACH	250
REGIONAL BIKUR CHOLIM POB 1294 MONSEY,NY 10952	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	100
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
RSA FLUSHING NY 11367 FLUSHING,NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	250
RSA FLUSHING NY 11367 FLUSHING,NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	72
SATMAR BIKUR CHOLIM 183 WILSON ST BKLYN NY 11211 BROOKLYN,NY 11211	NONE	EXEMPT	SICK/ DISABLED FAMILIES /CHILDREN	36
SCHI 345 OAK ST LAKEWOOD,NJ 08701	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	250
SHEEFA 1066 VIRGINIA ST FAR ROCKAWAY,NY 11691	NONE	EXEMPT	TEMPLE/SYNAGOGUE	125
SHOR YOSHUV INSTITUTE 1 CEDAR LAWN AVE LAWRENCE,NY 11559	NONE	EXEMPT	RELIGIOUS EDUCATION	25
SKKM 2020 SEAGIRT BLVD FAR ROCKAWAY,NY 11691	NONE	EXEMPT	OTHER	120
SURI KOPS FUND 136-84 71ST RD KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	50
SURI KOPS FUND 136-84 71ST RD KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	180
SCRANTON HEBREW DAY SCHOOL 540 MONROE AVE SCRANTON,PA 18510	NONE	EXEMPT	RELIGIOUS EDUCATION	25
SHARRE ZION COMMUNIUNITY CTR KIEV 2030 OCEAN PKWY BROOKLYN,NY 11223	NONE	EXEMPT	OTHER	25
SHEMIRAH B DRACHIM 5014 16TH AVE BROOKLYN,NY 11204	NONE	EXEMPT	OTHER	149
TORAH IMAGES INC 411 AVE F BROOKLYN,NY 11218	NONE	EXEMPT	OTHER	72
TORAH ANYTIME 10842 66 AVE FOREST HILLS,NY 11375	NONE	EXEMPT	OTHER	100
TORAH IODAAS FOREST HILLS NY 11375 FLUSHING,NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	100
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
TOR DE SIMCHA 106 CLIFTON AVE LAKEWOOD,NJ 08701	NONE	EXEMPT	OTHER	200
TZIDKAS YOSEF NAFTALI 5121 17TH AVE BROOKLYN,NY 11204	NONE	EXEMPT	INDIGENT FAMILIES	100
TZIDKAS YOSEF NAFTALI 5121 17TH AVE BROOKLYN,NY 11204	NONE	EXEMPT	OTHER	100
TEAM ONE FAMILY POB 822732 PHILADELPHIA,PA 19182	NONE	EXEMPT	OTHER	54
TIFERES ACHIM 1237 45TH STREET BROOKLYN,NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	50
UNITED LUBAVITCHER YESHIVOTH 841 OCEAN PARKWAY BROOKLYN,NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	250
YAD ASAF 1303 53RD STREET BROOKLYN,NY 11219	NONE	EXEMPT	OUTREACH	36
YAD BATYA LKALLAH 1256 E 26 TH ST BROOKLYN,NY 11230	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	250
YAD LACHIM 580 5TH AVE NEW YORK,NY 10016	NONE	EXEMPT	OUTREACH	180
YAD LACHIM ANYA 20 IGORS COURT STATEN ISLAND,NY 10309	NONE		INDIGENT FAMILIES	50
YESHIVA ATERES HATORA 5014 16TH AVE BKLYN BROOKLYN,NY 11204	NONE	EXEMPT	RELIGIOUS EDUCATION	36
YESHIVA ATERES YERUSHALAYIM 13 MISJHOL HADEKALIM JERUSALEM JERUSALEM,ISRAEL 99999 IS	NONE	EXEMPT	RELIGIOUS EDUCATION	100
YESHIVA CHASAM SOFER 1876 50TH STREET BROOKLYN,NY 11204	NONE	EXEMPT	RELIGIOUS EDUCATION	150
YESHIVA DARCHEI TORAH 312 HICKSVILLE ROAD FAR ROCKAWAY,NY 11691	NONE	EXEMPT	TEMPLE / SYNAGOGUE	36
YESHIVA KETANA OF BENSONHURST 2025 67TH STREET BROOKLYN,NY 11204	NONE	EXEMPT	RELIGIOUS EDUCATION	250
<b>Total . . . . . ▶ 3a</b>				18,102

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YESHIVA TORAS MOSHE 1412 E 7TH AVE BROOKLYN,NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	250
YESHIVAS OHR HACHAIM 141-61 71 STREET KEW GARDEN HILLS,NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	200
YESHIVAT BEIT EL 6827 JUNO ST FLUSHING,NY 11375	NONE	EXEMPT	RELIGIOUS EDUCATION	250
YI JAMAICA ESTATES 83-10 4188TH ST JAMAICA ESTATES,NY 11423	NONE	EXEMPT	TEMPLE/SYNAGOGUE	900
ZICHRON SHLOMO REFUAH 7914 21 AVE BROOKLYN,NY 11214	NONE	EXEMPT	OTHER	50
<b>Total . . . . . ▶ 3a</b>				18,102

## TY 2015 Other Expenses Schedule

**Name:** MASADA FOUNDATION

**EIN:** 16-1622664

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEE	50	0	0	50
BANK FEES	113	113	0	0

## TY 2015 Other Liabilities Schedule

**Name:** MASADA FOUNDATION

**EIN:** 16-1622664

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO JETRO	3,904	3,904