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DLN: 93491319014197

2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	idar year 2016, or tax year i	seginning 01-01-20)16 , a	na enaing 12-31	-2016	
TH	E MICH	ndation AEL AND SAMANTHA HARARY UNDATION INC			A Employer 10 20-3860503	lentification numbe	er
		street (or P O box number if mail is not HAEL HARARY 893 ELBERON AVE	delivered to street address)	Room/suite	B Telephone n	umber (see instruction	ns)
		, state or province, country, and ZIP or fo J 07740	C If exemption	C If exemption application is pending, check here			
G CH	eck al	I that apply	☐ Initial return of a ☐ Amended return e ☐ Name change	former public charity	2. Foreign o	rganizations, check horganizations meeting ok here and attach co	the 85%
	,	pe of organization \square Section 50 4947(a)(1) nonexempt charitable t	$1(c)(3)$ exempt private trust \Box Other taxable			undation status was t on 507(b)(1)(A), chec	
I Fai	r mark	ret value of all assets at end rom Part II, col (c),		☑ Cash ☐ Accru		ation is in a 60-monti on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and E of amounts in columns (b), (c), and (d) equal the amounts in column (a) (see it	may not necessarily	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , reschedule)	eceived (attach	120,000			
ue	2	Check ► ☐ If the foundation is n e Sch B	ot required to attach				
	3	Interest on savings and temporary	cash investments				
	4	Dividends and interest from securit	ties				
	5a	Gross rents					
	ь	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of asse	ets not on line 10				
Reverue	b	Gross sales price for all assets on I	ıne 6a				
Rei	7	Capital gain net income (from Part	IV, line 2)				
_	8	Net short-term capital gain					
	9	Income modifications					
	10a b	Gross sales less returns and allowatess Cost of goods sold					
	c	Gross profit or (loss) (attach sched					
	11	Other income (attach schedule)					
	12			120,000		1	
		Compensation of officers, directors		120,000		1	
	13 14	Other employee salaries and wage					
	15	Pension plans, employee benefits					
se	16a	Legal fees (attach schedule)					
E	ь	Accounting fees (attach schedule)					
Expenses		Other professional fees (attach sch					
	C		·				
rati	17	Interest					
and Administrative	18	Taxes (attach schedule) (see instru	,				
Ē	19	Depreciation (attach schedule) and	·				
Ad	20	Occupancy					
פַנ	21						
	22 23	Printing and publications Other expenses (attach schedule)		9 70		-	-
Ē.				70			
era	24	Total operating and administra	•	7.0]	J	_
Operatıng	75	Add lines 13 through 23 Contributions, gifts, grants paid		70 126,748		<u>'</u>	126,748
_	25 26	Total expenses and disburseme	ents. Add lines 24 and				
		25		126,818	(1	126,748
	27	Subtract line 26 from line 12					
	a b	Excess of revenue over expense disbursements Net investment income (if negations)		-6,818	(
	C	Adjusted net income(if negative,				1	
For		work Reduction Act Notice, see i	·		Cat No. 11289	<u> </u>	m 990-PF (2016)

10,823

10,823

10,823 10,823 4,005

4,005

4,005

4,005

2

3

4

5

6

10,823

-6,818

4,005

4,005 Form 990-PF (2016)

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow SFAS 117, check here 🕨 🗹

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶ ___

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

	4	Pledges receivable P
		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 ▶
22	8	Inventories for sale or use
ssets	9	Prepaid expenses and deferred charges
As	10a	Investments—U S and state government obligations (attach schedule)

b

C

11

12

13

14

15 16

17

18

19

20

21

22

23

24

25

26

28

29

30

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net

2

instructions

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (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		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		er of Expenses
1		
2		
3		
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	ne tax year on lines 1 and 2	Amount
1		
,		
•		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Total Add Intes I dillough 5		Form 990-PF (2016)
		FULLI 220-FF (2010)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

2

3a 3h

4

5

126.748

126,748

Form 990-PF (2016)

485

485

Form **990-PF** (2016)

(d)

2016

)-PF	(2	016)	

Form 990-PF (2016)						
Part XIII	Undistributed Income (see instruc	tions)				

Form 990-PF (2016)					
P	art XIII	Ur			
1	Distributab	le an			
2	Undietribut	ad in			

Undistributed income, if any, as of the end of 2016 Enter amount for 2015 only. **b** Total for prior years Excess distributions carryover, if any, to 2016 a From 2011. **b** From 2012. . . . c From 2013. . .

d From 2014.

e From 2015.

XII, line 4 ▶ \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 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) 8 Excess distributions carryover from 2011 not

indicated below:

- nount for 2016 from Part XI, line 7
 - - 163.307
 - 108,061

 - 247.704
 - 195.955
 - 81,274
- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

108.061

247,704

195.955

81.274

126,263

- - 796.301

(a)

Corpus

126,263

922,564

163.307

759,257

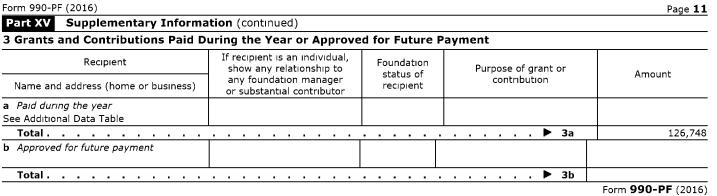
(b)

Years prior to 2015

(c)

2015

NONE



ter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a						
	and contracts from government agencies					
	rship dues and assessments					
Intere	st on savings and temporary cash ments					
Dividen	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property ntal income or (loss) from personal property					
Other II	nvestment income					
	or (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
е						
Subtota	al Add columns (b), (d), and (e)					
Total.	Add line 12 columns (h) (d) and (e)			13	3	
a workel	Add line 12, columns (b), (d), and (e)	nc)				
e worksl	neet in line 13 instructions to verify calculation Relationship of Activities to th	ns)				
e worksl art XVI	neet in line 13 instructions to verify calculatio	ns) e Accomplishi income is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
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. (==	,20)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
/II	Exempt Organizations

Part	XVII	Exempt Organiz		ransı	rers 10 a	and Iransaci	tions	s and	Relatio	nsnips with Non	icnaritable		
		ganization directly or in Code (other than sectio	directly enga								on 501	Yes	No
a Tra	nsfers f	from the reporting foun	dation to a n	oncha	ırıtable ex	empt organizati	on of	:					
											. 1a(1)		No
(2)	Other	assets									. 1a(2)		No
b Oth	er tran	sactions											
(1)	Sales	of assets to a nonchari	table exemp	t orga	nızatıon.						. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organiz	zation					1b(2)		No
(3)	Renta	al of facilities, equipmen	nt, or other a	ssets.							1b(3)		No
(4)	Reiml	bursement arrangemen	ts								. 1b(4)		No
(5)	· · · · · · · · · · · · · · · · · · ·								. 1b(5)		No		
(6)	(6) Performance of services or membership or fundraising solicitations							. 1b(6)		No			
c Sha	aring of	facilities, equipment, n	nailing lists, o	other .	assets, or	paid employees	s				. 1c		No
		ver to any of the above											
		ds, other assets, or ser- nsaction or sharing arra											
(a) Line	e No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Des	scription of	transfers, transactions,	and sharing arra	ngement	ts
22 Ic t	ho four	ndation directly or indire	active affiliation	d wuth	or rolato	d to one or me	oro to	v-ovon	ant organi	zations			
des	cribed	in section 501(c) of the omplete the following so (a) Name of organization	Code (other chedule		section 50	•	sectio					☑ N	o
		(a) Name of organization	···		\'	b) Type of organiz	zation		1	(C) Description	of relationship		
Sign	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co										
Here		****	•			2017-11-15		***** May t			May the IRS discus	s this re	eturn
i i Ci C	 ₽ -							-) -			vith the preparer :		
		Signature of officer or ti	rustee			Date		/ T	itle	(:	see ınstr)? 🗹 Y	es 🗆 N	О
	•	Print/Type preparer's	name	Prep	arer's Sıgı	nature		Date		Check if self-	PTIN P00717	098	
Paid		Frank Musacchio						em		employed ▶ Ш	. 23, 1,		
_	arer Only		R CPAs LLP							F	Fırm's EIN ►		
	-		2 3rd Ave S1	ΓE 3s	unit 2						· · · · · · · · · · · · · · · · · · ·		
		Br.							Phone no (929	337-8	3740		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OHEL YAACOB CONGREGATION NONE NFP RELIGIOUS 25,407 4 OCEAN AVENUE DEAL, NJ 07723 CHAI LIFELINE 151 WEST 30TH STREET | NONE NFP RELIGIOUS 2,181

NYC, NY 10001				
CHABAD OF THE SHORE 620 OCEAN AVE LONG BRANCH, NJ 07740	NONE	NFP	CHARITABLE	5,200
OHEL SIMCHA CONGREGATION 295 PARK AVE	NONE	NFP	RELIGIOUS	501

LONG BRANCH, NJ 07740

NONE NFP Religious 2,600

EZRAT ISRAEL 806 EASTERN PARKWAY BROOKLYN, NY 11213

Total . . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AHI EZER CONGREGATION MEYER NONE NFP Religious 2,600 58 OLD FARM ROAD OAKHURST, NJ 07755 BONIE OLAM 1765 46 STREET NONE NFP **RELIGIOUS** 5,200 BROOKLYN, NY 11204

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

· · · · · · · · · · · · · · · · · · ·				
LONG BRANCH FIRE DEPARTMENT 205 UNION AVENUE LONG BRANCH, NJ 07740	NONE	NFP	CHARITABLE	500
Sephardic Food Fund 8 West 40 Street 4th Fl	NONE	NFP	Charitable	11,556

LONG BRANCH, NJ 07740				
Sephardic Food Fund 8 West 40 Street 4th Fl New York, NY 10018	NONE	NFP	Charitable	11,556
Deal Sephardic Network PO Box 174	NONE	NFP	Charitable	25,000

8 West 40 Street 4th Fl New York, NY 10018	HONE		Charles	11,330
Deal Sephardic Network PO Box 174	NONE	NFP	Charitable	25,000

11011 10111, 111 10010				
Deal Sephardic Network PO Box 174 Oakhorst, NJ 07755	NONE	NFP	Charitable	25,

Oakhorst, NJ 07755	INONE	INFP	Charitable	25,
Total	•	•	.	126 748

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Elberon First Aide Emergency Squad NONE NFP Charitable 500 173 Lincoln Avenue Long Branch, NJ 07740 2,250 200 5,000 NONE 716 Avenue N

NFP

CHARITY

6,000

126,748

Brooklyn, NY 11223	NONE	NFP	Charitable	2,2
Maskeel El Dal Society 1845 East 5th Street Brooklyn, NY 11223	NONE	NFP	Charitable	5,2
Stella Liniado Painhow Foundaiton	NONE	NED	Charitable	5.0

NONE

Brooklyn, NY 11230

BROOKLYN, NY 11230 Total . .

3a

CARMEI HAIR 1565 E 9th STREET

orm 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	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
HATZALAH EMS OF JERSEY SHORE PO BOX 2333 ELBERON, NJ 07740	NONE	NFP	CHARITABLE	1,800
MAAYNEI HAYESHVA TRUST YAD DAVID 1204 AVENUE U BROOKLYN, NY 11229	NONE	NFP	CHARITABLE	7,200
CONGREGRATION MAGEN DAVID OF MANHAT 177 SULLIVAN STREET NEW YORK, NY 10012	NONE	NFP	RELIGIOUS	2,000
UPPER EAST SIDE HATZOLAH 125 EAST 85TH STREET NEW YORK, NY 10028	NONE	NFP	RELIGIOUS	2,000
ILAN HIGH SCHOOL 82 NORWOOD AVENUE DEAL, NJ 07723	NONE	NFP	EDUCATIONAL	501
Total				126,748

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UJA FEDERATION OF NY 130 E 59TH ST NONE NFP CHARITABLE 5,200 NEW YORK, NY 10022 EDMOND J SAFRA SYNAGOGUE NONE NFP **RELIGIOUS** 201 11 EAST ARDD ST

NEW YORK, NY 10065				
YESHIVA KETER TORAH 5 Meridian Rd EATONTOWN, NJ 07724	NONE	NFP	RELIGIOUS	1,701
FRIENDS OF DAVID FOUNDATION 896 ELBERTON AVE LONG BRANCH, NJ 07740	NONE	NFP	CHARITABLE	1,000
BEIT YAAKOV OF JERSEY SHORE	NONE	NFP	CHARITABLE	600

126,748

PO BOX 577

3a

Total . .

WEST LONG BRANCH, NJ 07764

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CRU COMMUNITY NET WORK NONE NED CHARITY

200 NORWOOD AVE OAKHURST, NJ 07755	NONE	INFP	CHARIT	300
PEF ISRAEL ENDOWMENT FUND 630 3RD AVE NEW YORL, NY 10017	NONE	NFP	CHARITY	750
THE BRET BAILY FND WOUNDED	NONE	NFP	CHARITY	300

FOO

126,748

THE BRET BAILY FND WOUNDED WARRIOR 8 FOUR SEASONS DRIVE NORTH CALDWELL, NJ 07006	NONE	NFP	CHARITY	300
BANAYICH ORGANIZATION 400 E 71 ST NEW YORK, NY 10021	NONE	NFP	RELIGIOUS	500

NORTH CALDWELL, NJ 07006				
BANAYICH ORGANIZATION 400 E 71 ST NEW YORK, NY 10021	NONE	NFP	RELIGIOUS	500
BRIDGE ACADEMY 1001 DEAL ROAD OCEAN, NJ 07712	NONE	NFP	EDUCATIONAL	1,800

Ш	BANAYICH ORGANIZATION 400 E 71 ST NEW YORK, NY 10021	NONE	NFP	RELIGIOUS	
Ш	BRIDGE ACADEMY 1001 DEAL ROAD OCEAN, NJ 07712	NONE	NFP	EDUCATIONAL	1,

Total . .

3a

Recipient
Recipient
Recipient
Name and address (home or business)

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient
Show any relationship to any foundation manager or substantial contributor

Recipient
Show any relationship to any foundation manager or substantial contributor

a Paid during the year				
THE SPECIAL CHILDRENS CENTER 1400 PROSPECT STREET	NONE	NFP	EDUCATIONAL	1,000
LAKEWOOD NI 08701				

1400 PROSPECT STREET LAKEWOOD, NJ 08701		,
Total	 	 126,748

3а

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491319014197
TY 2016 Other Expenses Schedule				
Name:	THE MICHAEL A	AND SAMANTHA F	HARARY	
	FAMILY FOUND	ATION INC		
EIN:	: 20-3860503			
Software ID:	1 6000303			
Software Version: 2016v3.0				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	70			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319014197					
Schedule B (Form 990, 990-EZ,	Sche	Schedule of Contributors		OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service		h to Form 990, 990-EZ, or 990-PF B (Form 990, 990-EZ, or 990-PF) <u>www ırs gov/form990</u>		2016	
Name of the organizat			Emplo	oyer identification number	
FAMILY FOUNDATION IN			20-38	60503	
Organization type (che	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter numbe	501(c)() (enter number) organization			
	4947(a)(1) nonexempt c	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	☐ 527 political organization	n			
Form 990-PF	501(c)(3) exempt private	501(c)(3) exempt private foundation			
	☐ 4947(a)(1) nonexempt c	4947(a)(1) nonexempt charitable trust treated as a private foundation			
501(c)(3) taxable private foundation					
	ation filing Form 990, 990-EZ, or 99 r property) from any one contributor				
Special Rules					
under sections to under sections to under sections to under sections a	tion described in section 501(c)(3) f 509(a)(1) and 170(b)(1)(A)(vi), that on the one contributor, during the year, the 1h, or (ii) Form 990-EZ, line 1 C	checked Schedule A (Form 99 total contributions of the great	0 or 990-EZ), Part II, lıı	ne 13, 16a, or 16b, and that	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do not	tion described in section 501(c)(7), contributions exclusively for religious cked, enter here the total contributions of the parts unless the complete any of the parts unless the contributions totaling \$5,00 cm.	us, charitable, etc., purposes, b ions that were received during the General Rule applies to this	out no such contribution the year for an <i>exclusi</i> s organization because	ns totaled more than \$1,000 vely religious, charitable, etc, ett received nonexclusively	
990-EZ, or 990-PF), bu	on that is not covered by the Genera it must answer "No" on Part IV, lin form 990PF, Part I, line 2, to certify	ne 2, of its Form 990, or check	the box on line H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2016)	

Name of organiz THE MICHAEL AND TAMILY FOUNDAT	O SAMANTHA HARARY	Employer identification 20-3860503	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL HARARY 893 ELBERON AVENUE ELBERON, NJ07740	\$ 120,000	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions) (d) Type of contribution
-		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization THE MICHAEL AND SAMANTHA HARARY FAMILY FOUNDATION INC		Employer identification number	
		20-38	360503
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat THE MICHAEL AND S FAMILY FOUNDATIO	SAMANTHA HARARY		Employer identification number 20-3860503
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.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	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) i dipose of gift	(c) 03e 01 gill	(a) Description of now gift is field
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.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	Relationship of transferor to transferee
(a) No.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	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)