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SCANNED DEC 0 4 2017,

EXTENDED TO NOVEMBER 15, 2017

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 separate instructions is at www.irs.gov/form990pf Form **990-PF** Department of the Treasury Internal Revenue Service

For calendar year 2016 or tax year beginning		<u>, and ending</u>		
Name of foundation			A Employer identification	number
OHEL RACHEL VE LEAH FOUNDA		27-1394375		
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
28 WEST 36TH STREET		305	<u>212-695-00</u>	95
City or town, state or province, country, and ZIP or foreign , NEW YORK, NY 10018	postal code		C If exemption application is p	ending, check here
G Check all that apply: Initial return	Initial return of a form	mar public charity	D 1. Foreign organizations	a abask bara
Final return	Amended return	ner public charity	ib i. Poreign organizations	s, check here
Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
H Check type of organization X Section 501(c)(3) e				_
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	าก	E If private foundation sta under section 507(b)(1)	
	ing method: X Cash		, , , ,	
	ther (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
	ımn (d) must be on cash bas	8/5)	under Section 507 (b)(1)	(b), check here
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	Income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	212,974.	(N/A	Coosin Desire only)
2 Check If the foundation is not required to attach Sch B				
Interest on savings and temporary cash investments		·	*	
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)	3. 11 1: 1		1 1 1 1	
6a Net gain or (loss) from sale of assets not on line 10				
Gross sales price for all b assets on line 6a				
b Gross sales price for all assets on fine 6a 7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain	1 1 1 1			
9 Income modifications	# 10 3 4 5			
Gross sales less returns 10a and allowances	A. H. II A 4	. ! ! ! !	3 3 2 1 1	
b Less Cost of goods sold	N: (1 4: 1)			
c Gross profit or (loss)		A V 1		
11 Other income				. 1 1/2 1/2 1/2
12 Total. Add lines 1 through 11	212,974.	0.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
တ္ကို 16a Legal fees				
16a Legal fees b Accounting fees c Other professional fees			···	
C Other professional fees	<u> </u>	DECEIVED		
of 17 Interest		NECEIVE		
18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings			080	
19 Depreciation and depletion	8	NOV 2 0 2017		
20 Occupancy	- A	140 4 2 0 2017	ယ္ထို	
1		00051111	7 🗷	
22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	<u> </u>	OGDEN, U		
23 Other expenses				
24 Total operating and administrative			}	_
	0.	0.		0.
25 Contributions, gifts, grants paid	221,847.			221,847.
26 Total expenses and disbursements.	221 047	_	İ	004 0:=
Add lines 24 and 25	221,847.	0.		221,847.
27 Subtract line 26 from line 12. 2 Excess of revenue over expenses and disbursements	<8,873.>)		
b Net investment income (if negative, enter -0-)	7 24 1	0.		
C Adjusted net income (if negative, enter -0-)	ì. · · · · · · · · · · · · · · · · · · ·		N/A	

OHEL RACHEL VE LEAH FOUNDATION INC

27-1394375

Page 2

Form 990-PF (2016)

Form 990-PF (2016)

OHEL RACHEL VE LEAH FOUNDATION INC

Form 990-PF (2016)

27-1394375

Page 3

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),		7-13943/ R - see instri	
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	· · · · · · · · · · · · · · · · · · ·	3 000 11100	<u> </u>
	l I		
Date of ruling or determination letter (attach copy of letter if necessary-see instruction b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter its			0.
	1 1	1 , , , , , , , ,	<u> </u>
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, c		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0.
 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 	-	3	0.
		4	0.
	<u> </u>	5	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments:	···-		
a 2016 estimated tax payments and 2015 overpayment credited to 2016			k A X i
b Exempt foreign organizations - tax withheld at source 6b			, A A
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld 6d			
7 Total credits and payments. Add lines 6a through 6d		7 "	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	 	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	· -	10	
11 Enter the amount of line 10 to be; Credited to 2017 estimated tax	· -	11	
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it parti	cipate or intervene in	XX.	Yes No
any political campaign?		<u>1a</u>	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction	s for the definition)?	<u>1b</u>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	materials published		
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?		<u>1c</u>	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ľ.	
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.	K	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of	n foundation		
managers. > \$		1	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		_2	X
If "Yes," attach a detailed description of the activities	-4		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	or incorporation, or	- -	xx
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3 4a	
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A 4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u> </u>
If "Yes," attach the statement required by General Instruction T		-	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
By language in the governing instrument, or		Ž.	
By state legislation that effectively amends the governing instrument so that no mandatory directions that column is a second control of the second c	nflict with the state law	/ Si	
remain in the governing instrument?		6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col	(c), and Part XV	7	X
		3	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
NY			
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)	ž *** ***	
of each state as required by General Instruction G? If "No," attach explanation		_8b	
9 Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or		ř áž.	
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names at	nd addresses ST		00-BE (0040)

Form 990-PF (2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

orm 990-PF (2016) OHEL RACHEL VE LEAH FOUN			27-13943	75	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be H	requirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				}	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		es X No	ļ	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				1
any voter registration drive?			es X No		ł
(3) Provide a grant to an individual for travel, study, or other similar purpose	5?	Y	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? (see instructions)		Y	es X No	- 1	- {
(5) Provide for any purpose other than religious, charitable, scientific, literary	v. or educational purposes, or t				1
the prevention of cruelty to children or animals?	,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described		CS (==, 100		1
	•	iii rregulations	N/A	<u> </u>	, ,
section 53.4945 or in a current notice regarding disaster assistance (see instri	•			5b	
Organizations relying on a current notice regarding disaster assistance check				- 1	1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		7/3		1	3
expenditure responsibility for the grant?	r	1/A Y	es 📖 No 📗		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		!	- {	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		1	.	
a personal benefit contract?		Y	es X No		1 3
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		Ī	6Ь	X
If "Yes" to 6b, file Form 8870					7
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		es 🗓 No 🥄		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	 `
Part VIII Information About Officers, Directors, Trust		nagers Highly	11/11	/ 0	
Paid Employees, and Contractors	oco, i odiladalon ma	nagers, inginy			
List all officers, directors, trustees, foundation managers and their	compensation				
- List on onload, an octora, tradition, realization, realization	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) E	vnence
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accour	xpense nt, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allow	vances
ELLIOT ROMANO	DIRECTOR			,	
E.L.I.S LLC 28 WEST 36TH ST, #305					
NEW YORK, NY 10018	0.50	0.	0.		0.
JILLIAN ROMANO	DIRECTOR				
E.L.I.S LLC 28 WEST 36TH ST, #305]	ł			
NEW YORK, NY 10018	0.25	0.	0.	ļ	0.
SAAC HADRIYE	DIRECTOR				
E.L.I.S LLC 28 WEST 36TH ST, #305	1	1	'		
NEW YORK, NY 10018	0.50	0.	0.		0.
SHELLY HADRIYE	DIRECTOR	 :	<u> </u>		
E.L.I.S LLC 28 WEST 36TH ST, #305	1 TRECTOR			!	
	1 2 2 5	1			^
VEW YORK, NY 10018 2 Compensation of five highest-paid employees (other than those inc	0.25	0.	0.	L	<u>0.</u>
Compensation of live highest-paid employees (other than those ind	~	enter "NONE."	(d) Contributions to	(-) F.	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	accoun	rpense nt, other rances
	devoted to position		compensation	allow	апсеѕ
NONE			-		
	<u> </u>			_	
	_				
	<u>L</u>				
	1				
			 		
	1			1	
	 	 			
	1				
	<u> </u>	L	<u></u>	L	
otal number of other employees paid over \$50,000	 			000.5	0
			Form	990-PF	(2016)

	<u>-13943</u>	75 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
	†	
		
	1	
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.	E)	xpenses
1N/A	_	
	4	
2	-	
	-	
3		
·	7	
	1	
4		
	_	
Dort IV Pd o		
Part IX-Bi Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		mount
27/2		mount
1N/A	┥	
	7	
2	 	
]	
All other program-related investments. See instructions.		
3	_	
	-	
	4	
	4	
	┥	
Total. Add lines 1 through 3	 	0.
	Form	990-PF (2016)

Form 990-PF (2016) OHEL RACHEL VE LEAH F	OUNDATION INC	27-1.	394375 Page
Part X ^{+§} Minimum Investment Return (All domestic for	oundations must complete this part. For	reign foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying	out charitable, etc., purposes:		
a Average monthly fair market value of securities		1a	0
b Average of monthly cash balances		16	15,572
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	15,572
e Reduction claimed for blockage or other factors reported on lines 1a and	d .	0	
1c (attach detailed explanation)	1e	0.	
2 Acquisition indebtedness applicable to line 1 assets		2	0
3 Subtract line 2 from line 1d		3	15,572
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for gr	eater amount, see instructions)	4	234
5 Net value of noncharitable-use assets Subtract line 4 from line 3. Ent	er here and on Part V, line 4	5	15,338
6 Minimum investment return. Enter 5% of line 5		6	767
Part XI Distributable Amount (see instructions) (Section	ı 4942(j)(3) and (j)(5) private operating foun	dations and certain	
foreign organizations check here 🕨 🔲 and do not comp	elete this part.)	······	
1 Minimum investment return from Part X, line 6	,	1_1	767
2a Tax on investment income for 2016 from Part VI, line 5	2a		
b Income tax for 2016. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c	0
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	767
4 Recoveries of amounts treated as qualifying distributions		4	0
5 Add lines 3 and 4		5	767
6 Deduction from distributable amount (see instructions)		6	0
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter her	e and on Part XIII, line 1	7	767
Part XII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish charita	ible, etc., purposes.		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	6	_1a	221,847
b Program-related investments - total from Part IX-B		1b	0
2 Amounts paid to acquire assets used (or held for use) directly in carryin	g out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a Suitability test (prior IRS approval required)		3a	
b Cash distribution test (attach the required schedule)		3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Pa	rt V, line 8, and Part XIII, line 4	4	221,847
5 Foundations that qualify under section 4940(e) for the reduced rate of ta	x on net investment		
income. Enter 1% of Part I, line 27b		5	0
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	221,847.
Note: The amount on line 6 will be used in Part V, column (b), in subset 4940(e) reduction of tax in those years.	quent years when calculating whether the fo	undation qualifies for the	section
12 12/2/ 120220101 21 121 117 117 117 117			

Form 990-PF (2016)

Part XIII Undistributed Income	(see instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		1 cars prior to 2010	2013	2016
line 7		, ,		767
2 Undistributed income, if any as of the end of 2016	~	1,7		
a Enter amount for 2015 only		, ,	0.	
b Total for prior years.				
	<u> </u>	0.	^ <u> </u>	
3 Excess distributions carryover, if any, to 2016:		\$2 ° \$1 ° 1		4.5
a From 2011 173,869.	<u></u>			
b From 2012 237,846.				
c From 2013 368,808.				
d From 2014 258,310.				
e From 2015332,666.				
f Total of lines 3a through e	1,371,499.			
4 Qualifying distributions for 2016 from				
Part XII, line 4. ► \$ 221,847.				
a Applied to 2015, but not more than line 2a	11, 1 1811 4 ml	- X - X - X - 4 - 4 - 4 - 4 - 4 - 4 - 4	0.	1 1 1 1 1 1 X
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.			7 7 7
d Applied to 2016 distributable amount	221,080.			767.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016	221,080.			
(If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below	1,592,579.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,592,579.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	1 3 4 4 5	
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	The market of the control of the con	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions e Undistributed income for 2015. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.			0.	
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	* * *		, ,	0.
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 2011		1 1 1 1	î.	* *
not applied on line 5 or line 7	173,869.		ł.,	, ,
9 Excess distributions carryover to 2017.		V V V		
Subtract lines 7 and 8 from line 6a	1,418,710.		*	
10 Analysis of line 9	, ,	*		
a Excess from 2012 237,846.			i	•
b Excess from 2013 368,808.	ľ	,		
c Excess from 2014 258,310.			ļ	
d Excess from 2015 332,666.		· `	ļ	
e Excess from 2016 221.080.	j	1	İ	

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Part XIV Private Operating Fo				N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	r 2016, enter the date of t	he ruling	▶ <u> </u>		
b Check box to indicate whether the found		ig foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		4
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			ļ		ļ
each year listed			ļ	<u> </u>	
b 85% of line 2a				<u> </u>	<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed				ļ	
d Amounts included in line 2c not			i		1
used directly for active conduct of exempt activities		!			}
e Qualifying distributions made directly			 	+	
for active conduct of exempt activities.					1
Subtract line 2d from line 2c				İ	1
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)		<u> </u>			
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					1
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()(3)(B)(iii)					
(3) Largest amount of support from		 	 	 	
an exempt organization					j
(4) Gross investment income			 		
Part XV. Supplementary Infor	mation (Complet	e this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during th				•	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m	have contributed more t		tributions received by the	foundation before the clos	e of any tax
ISAAC HADRIYE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pi	rograms:		
Check here X if the foundation or the foundation makes gifts, grants, etc. (nly makes contributions t	o preselected charitable	organizations and does i		
a The name, address, and telephone numb	er or e-mail address of th	ne person to whom appl	ications should be addre	ssed:	
b The form in which applications should be	e submitted and informat	ion and materials they s	hould include.		
c Any submission deadlines					
- Any Suprinssion ocaumics					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields	, kınds of institutions, or	other factors:	

Form 990-PF (2016)

ter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt
Program service revenue:	code		code	Amount	TOTAL TOTAL
a	1	 			
ь	Ų.		+		
c		 -			
d		 			
e		 	+	 	
g Fees and contracts from government agencies		 -	1		
g Fees and contracts from government agencies Membership dues and assessments	,		+		<u> </u>
Interest on savings and temporary cash			+		
investments		ļ	1	{	
Dividends and interest from securities			┪		
Net rental income or (loss) from real estate:	FSI		1 1		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Debt-financed property	3	<u> </u>	13 - 3	**	<u> </u>
Not debt-financed property			 		
Net rental income or (loss) from personal	<u> </u>		 		
property			ļ	 	
Other investment income		 	+-	 	
Gain or (loss) from sales of assets other					
han inventory			Ì	}	
Vet income or (loss) from special events					
Gross profit or (loss) from sales of inventory				 	
Other revenue:	,		1		
·			\top		
			1		
·					
	* 3	0	. ()	0.	
Subtotal. Add columns (b), (d), and (e)	<u></u>			13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				-	
Fotal. Add line 12, columns (b), (d), and (e)	lations.)			Purposes	
Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcul		mplishment of Fy	emnt		
Fotal. Add line 12, columns (b), (d), and (e)		mplishment of Ex	empt	Purposes	
total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated XVI-B Relationship of Active e No Explain below how each activity for v	vities to the Acco	ın column (e) of Part XVI-			nplishment of
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the columns of Activity (Columns 1) with the columns (b), (d), and (e)	vities to the Acco	ın column (e) of Part XVI-			nplishment of
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcul art XVI-B Relationship of Activ e No Explain below how each activity for v	vities to the Acco	ın column (e) of Part XVI-			nplishment of
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otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcul rt XVI-B Relationship of Activ e No Explain below how each activity for v	vities to the Acco	ın column (e) of Part XVI-			nplishment of

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

Pa		Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations		
1	Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501(c) of	Yes	No

the Code	(other than section 501(c)(3) organizations) or in section 52	27, relating to political organ	nizations?		\ \ <u>\</u>	٠, ١	
a Transfers from the reporting foundation to a noncharitable exempt organization of:							l ľ	3	4
(1) Casi	1						1a(1)	~ ~ [X
(2) Othe	er assets						1a(2)	$\neg \neg$	X
b Other tra							, A. E.a.	. 3	, .í.a
(1) Sale	s of assets to a noncharitable	le exempt organi	zation				16(1)		X
(2) Puro	chases of assets from a none	charitable exemp	t organization				1b(2)		X
(3) Rent	tal of facilities, equipment, o	or other assets					1b(3)		Х
(4) Rein	nbursement arrangements						1b(4)		X
(5) Loar	ns or loan guarantees						1b(5)		Х
(6) Perf	ormance of services or men	nbership or fund	raising solicitatio	ons			1b(6)		Х
c Sharing	of facilities, equipment, mail	ing lists, other a	ssets, or paid em	ployees			1c		Х
d If the ans	swer to any of the above is "	Yes," complete th	ne following sche	edule. Column (b) should al	lways show the fair r	narket value of the goods, ot	her asse	ts,	
or servic	es given by the reporting fol	undation. If the f	oundation receiv	ed less than fair market valu	ue in any transaction	or sharing arrangement, she	ow in		
column (d) the value of the goods, or	ther assets, or so	ervices received.						
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sh	aring arran	gement	s
			N/A						
	L						_		
2a Is the fou	indation directly or indirectly	y affiliated with, o	or related to, one	or more tax-exempt organi	izations described		_		
ın sectior	n 501(c) of the Code (other t	than section 501	(c)(3)) or in sect	ion 527?			Yes	X	No
b If "Yes," c	complete the following sched				,				
	(a) Name of orga	nization		(b) Type of organization		(c) Description of relationshi	ρ		
	N/A								
					ļ				
	_ 				 				
				_	_				
— т	_ 		 	<u> </u>	Ļ	_ 			
	r penalties of perjury, I declare the relief, it is true; correct, and comp			accompanying schedules and st (axpayer) is based on all informa		May 1	he IRS dis	cuss th	s
Sign and the		711		> 11/11/11		show	n below (s	ee instr)?
Z		7		1 117/17	DIRECT	OR X	Yes	لــا	No
Sig	nature of officer or trustee			Date	Title	<u> </u>			=
	Print/Type preparer's nam	1e ^f	Preparer's s	ignature	Date	Check if PTIN			
Paid			1 1_	n (.Q.		self- employed			
	LEE M COHEN		1 40	M Coc	11/13/17		0575		
Preparer Use Only	Firm's name ► LM C	:OHEN &	CO LTL			Firm's EIN ► 46-41	3370	U	
OSE OHIS	Francis and the second			m 0mm ==					
	Firm's address > 1 W					222 22	.		
	INEW	YORK,	MA T000	1		Phone no. 212-96			
						For	m 990-	·PF (2	2016)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

riamo or the organiza	,,,,,					
	OHEL RACHEL VE LEAH FOUNDATION INC	27-1394375				
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• =	cion is covered by the General Rule or a Special Rule . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	Rule See instructions				
General Rule						
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a	cation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 abutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo 0-EZ, line 1 Complete Parts I and II	a, or 16b, and that received from				
year, total con	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					
year, contribu is checked, er purpose Don'	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B or on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	• • • •				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

OHEL	RACHEL	VF.	LEAH	FOUNDATION	INC

OHEL	RACHEL VE LEAH FOUNDATION INC	27-1394375	
Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	E.L.I.S. LLC 28 WEST 36TH STREET, SUITE 305 NEW YORK, NY 10018	\$92,47	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	ELLIOT ROMANO 1930 EAST 19TH STREET BROOKLYN, NY 11229	\$38,05	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ISAAC HADRIYE 2140 EAST 9TH STREET BROOKLYN, NY 11223	\$\$	Person X 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)

Name of organization

Employer identification number

OHEL RACHEL VE LEAH FOUNDATION INC

27-1394375

art II .	Noncash Property (See instructions) Use duplicate copies of Pa	art 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
- - -			
(a) No. From	(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
- -			

Name of org	ganization	Employer identification number				
OHEL E	RACHEL VE LEAH FOUNDATIO	N INC	27-1394375			
Part III	* Exclusively religious, charitable, etc., contribine year from any one contributor. Complete completing Part III, enter the total of exclusively religious,	butions to organizations described olumns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo			
(a) No. T	Use duplicate copies of Part III if additiona	space is needed				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
}						
}		(a) Transfer of au				
1	(e) Transfer of gift					
1	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
ĺ		 				
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
[
1						
	(e) Transfer of gift					
1	Transferee's name, address, and ZIP + 4					
	Transferee's flame, address, and Zir + 4					
l						
!						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
I						
}	(e) Transfer of gift					
	(c) Hansier Or gill					
}	Transferee's name, address, and ZIP + 4 R		Relationship of transferor to transferee			
]						
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Ļ						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
1						
1						

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 1

NAME OF CONTRIBUTOR

ADDRESS

JACK ROMANO

1945 HARING STREET BROOKLYN, NY 11229