Form **990-PF** 

Depa	artment of the Treasury nal Revenue Service Information about	fer social security numbers on Form 990-PF and its separate	instructions is at WWW.ir	s.gov/form990pf.	Open to Public Inspection
	calendar year 2016 or tax year beginning		, and ending		
Nar	me of foundation			A Employer identificatio	n number
G	AD AND MARLENE JANAY FO	UNDATION, INC.		47-2448971	1
	mber and street (or P O box number if mail is not delivered to s		Room/suite	B Telephone number	-
4	621 SOUTH OCEAN BLVD.			561-909-21	100
	y or town, state or province, country, and ZIP or forei			C If exemption application is	pending, check here
$\overline{}$	IIGHLAND BEACH, FL 3348			D. 1. Foreign examination	a abaak bara
6 0	Check all that apply Initial return Final return	Amended return	rmer public charity	D 1. Foreign organization	is, check here
	Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, computation
H C	Check type of organization X Section 501(c)(3	3) exempt private foundation	14	E If private foundation sta	atus was terminated
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition U	under section 507(b)(1	
	·	unting method: LX Cash	Accrual	F If the foundation is in a	
	rom Part II, col (c), line 16)	Other (specify) column (d) must be on cash t	2266	under section 507(b)(1	I)(B), check here $ ightharpoonup$ L
—	>\$ 7,714,413.   (Part I, cart I) Analysis of Revenue and Expenses	1		(a) Adjusted not	(d) Disbursements
1.0	(The total of amounts in columns (b), (c), and (d) may n necessarily equal the amounts in column (a) )	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	293,815.	<u> </u>	N/A	
	2 Check In the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	34,643.	34,643.		STATEMENT
	4 Dividends and interest from securities	58,660.	38,675.		STATEMENT
	5a Gross rents b Net rental income or (loss)			_	
	62 Net gain or (loss) from sale of assets not on line 10	-51,710.		P. C. O. C.	/5-D
une	b Gross sales price for all 547,326		<del></del>	11000	- U
Revenue	7 Capital gain net income (from Part N, line 2)		0.	8 141.40	2242
œ	8 Net short-term capital gain			B JAN 10	1-11 (0)
	9 Income modifications Gross sales less returns			OGDET	Y UT
	10a and allowances			1 OGBE	-
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	335,408.	73,318.		
	13 Compensation of officers, directors, trustees, etc	57,600.	28,800.		28,80
	14 Other employee salaries and wages			-	<del> </del>
es	15 Pension plans, employee benefits 16a Legal fees		<u>.</u>		<del> </del>
enses	b Accounting fees STMT 3	14,008.	14,008.	-	
Exp	c Other professional fees				
tive	17 Interest				
and Administrative Exp	18 Taxes STMT 4	456.	0.		
siur	19 Depreciation and depletion 20 Occupancy				+
Adn	21 Travel, conferences, and meetings				
pu	22 Printing and publications			_	
ng e	23 Other expenses STMT 5	10,463.	10,463.		
Operating	24 Total operating and administrative	00 505	F2 084		20.00
Ope	expenses Add lines 13 through 23	82,527. 279,300.	53,271	<del> </del>	28,80 279,30
	<ul><li>25 Contributions, gifts, grants paid</li><li>26 Total expenses and disbursements.</li></ul>	213,300.		<del>-</del>	213,30
	Add lines 24 and 25	361,827.	53,271		308,10
	27 Subtract line 26 from line 12.				
	a Excess of revenue over expenses and disbursements	-26,419.			
	b Net investment income (if negative, enter -0-)		20,047		
	C Adjusted net income (if negative, enter -0-)	lating can instructions	L	N/A	Form <b>990-PF</b> (2)

Part II Balance Sheets Attached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
<u></u>	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1				
	2	Savings and temporary cash investments	630,492.	938,513.	938,513.
	3	Accounts receivable			
	ļ	Less: allowance for doubtful accounts	ļ		
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons	550.	550.	550.
	7	Other notes and loans receivable			
	l	Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations			
	Ь	Investments - corporate stock			
	) c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	6,904,680.	6,570,240.	6,775,350.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	7,535,722.	7,509,303.	7,714,413.
	17	Accounts payable and accrued expenses		.,	<del></del>
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
БĖ	21	Mortgages and other notes payable	-		
Ξ	l	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	-	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
ės	24	Unrestricted			
Balances	25	Temporarily restricted			
Bal	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31			
ò	27	Capital stock, trust principal, or current funds	0.	0.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	7,535,722.	7,509,303.	
e	30	Total net assets or fund balances	7,535,722.	7,509,303.	
_			, , , , , , , , , , , , , , , , , , , ,		
	31	Total liabilities and net assets/fund balances	7,535,722.	7,509,303.	
<u>P</u>	art	III Analysis of Changes in Net Assets or Fund B			, , , , , , , , , , , , , , , , , , , ,
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		<del></del>
		st agree with end-of-year figure reported on prior year's return)		1	7,535,722.
2		r amount from Part I, line 27a		2	-26,419.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	<del></del>	4	7,509,303.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	7,509,303.
_					Form <b>990-PF</b> (2016)

	AND MARLENE J.			TMC	<i>.</i>	4	1-244	89/1	Page 3
Part IV   Capital Gains	and Losses for Tax or	n Investmen	t Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				I`P-P	w acquired Furchase Jonation	(c) Date a (mo , d		(d) Dat (mo., da	
1a 75,000 UNS EXP	RESS SCRIPTS.	INC. 3.1	25%		P	01/2	8/15	04/0	1/16
b 75,000 UNS VIA					P	02/0		11/1	
c 50,000 UNS STA	RWOOD HOTELS &	RESORTS	6.75%		P	02/1	3/15	12/2	
d 14,567.9 SHS G					P	01/2		08/1	
e 3,200 SHS ENER	GY SELECT SECT			<u> </u>	P	01/2	1/15_	11/1	1/16
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss (f) minus (		
a 75,250.			75,19						55.
b 75,794.			75,61						175.
ς 53,359.			53,20					54	157.
d 118,000.			149,05						,059.
e 224, 923.  Complete only for assets shown	a gain in column (b) and owned	by the foundation	245,96	<del></del>	<del></del> ;	I) Cours (C	ol /h\ asın		,030.
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)			1 (k), but n	ol. (h) gain ot less thai (from col (	n -0-) or	
a									55.
b									175.
С									157.
	<u> </u>								,059.
e	<u> </u>							-21	,038.
2 Capital gain net income or (net ca		enter in Part I, line er -0- in Part I, line		}	2			-51	,710.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		5) and (6):			ļ				
If (loss), enter -0- in Part I, line 8	, .			<u>] :</u>	3		N/A		
<del></del>	nder Section 4940(e)				tment Inc	come			
(For optional use by domestic private	e foundations subject to the secti	ion 4940(a) tax on	net investment in	come )					
If section 4940(d)(2) applies, leave th	his part blank								
Mag the foundation liable for the cost	tion 4040 toy on the distributable	a amount of any ve	ar in the bees nor	dO				☐ Vaa	X No
Was the foundation liable for the sectif "Yes," the foundation does not qual			•	iour				162	נאן ואט
1 Enter the appropriate amount in a				ntries.				<del>-</del>	
(a)	(b)			(c)		$\neg \neg$	Distrik	(d) outlon ratio	
Base periód years Calendar year (or tax year beginnii	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	distributions	Net value of no	ncharita			col. (b) div	ided by col	(c))
2015		50,688.			119,115	5007120			
2014		0.			297,553	3.		.0	00000
2013									
2012									
2011			<u> </u>				<del>-</del>		
2 Total of line 1, column (d)						2		.0	07120
3 Average distribution ratio for the		otal on line 2 by 5,	or by the number	of years	;			^	02560
the foundation has been in exister	nce if less than 5 years					3		.0	<u>03560</u>
4 Enter the net value of noncharitab	ole-use assets for 2016 from Par	t X, line 5				4		7,188	,236.
5 Multiply line 4 by line 3						5		_25	,5 <u>90.</u>
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6			200.
7 Add lines 5 and 6						7		25	,790.
8 Enter qualifying distributions from	n Part XII, line 4					8		308	,100.
If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI,	, line 1b, and comp	olete that part usin	g a 1% 1	tax rate.				

623521 11-23-16

Form 990-PF (2016) GAD AND MARLENE JANAY FOUNDATI					24489			age 4
Part VI Excise Tax Based on Investment Income (Section 494)			) <u>(e),</u> or 4	948 -	see ins	tru	ctior	15)
1a Exempt operating foundations described in section 4940(d)(2), check here and er	nter "N/A"	on line 1.	)					
Date of ruling or determination letter (attach copy of letter if nec	essary-s	ee instructions)						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>▼</b> 🗶 a	nd enter 1%	}	1			2	00.
of Part I, line 27b								
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I	, line 12, col. (b).	. 丿	1				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers ente	er <b>-</b> 0-)		2				0.
3 Add lines 1 and 2				3			2	00.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O	thers ente	er -0 <b>-</b> )		4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5			2	00.
6 Credits/Payments:								
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a							
b Exempt foreign organizations - tax withheld at source	6b							
c Tax paid with application for extension of time to file (Form 8868)	6c		750.					
d Backup withholding erroneously withheld	6d	-						
7 Total credits and payments Add lines 6a through 6d				7			7	50.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched			8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			▶	9				
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶	10			5	50.
11 Enter the amount of line 10 to be Credited to 2017 estimated tax		550 - Re	funded 📂	11				0.
Part VII-A   Statements Regarding Activities								
1a During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or o	did it participate	or intervene	ın			Yes	
any political campaign?						a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see ii	nstructions for th	e definition)	)?		Ь		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at	nd copie	es of any mater	als publish	ned or				
distributed by the foundation in connection with the activities					- 1		į	
c Did the foundation file Form 1120-POL for this year?						ic		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year <sup>-</sup>							
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers	▶ \$		0.					
e Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax ir	mposed on foun	dation		i	ĺ		
managers > \$0.								
2 Has the foundation engaged in any activities that have not previously been reported to the IF	357					2_		X
If "Yes," attach a detailed description of the activities								
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrumen	nt, articles of inco	rporation, o	ır	1	[	- (	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es					3		_X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?					la		X
b If "Yes," has it filed a tax return on Form 990-T for this year?				N,	/A	\$b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?					L	5		_X
If "Yes," attach the statement required by General Instruction T.								
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther				Ī	- 1		ı
<ul> <li>By language in the governing instrument, or</li> </ul>								
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	y directio	ns that conflict v	14th the state	law	ſ	- [		ı
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," con	nplete P	art II, col (c), a	nd Part XV	′		7 ]	X	
					}			
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🟲 _					ĺ		
FL			<del></del>			}		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney G	ieneral (or desigi	nate)			_	., l	
of each state as required by General Instruction G? If "No," attach explanation		10/1/01 15/5			<u>                                     </u>	<u> 36</u>	X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of se			))(5) for cale	ndar				v (
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," c			~	ms em	<b>,</b> ⊢	9	v	<u>x</u> .
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ile listing th	neir names and add	resses S	TMT		10	X	(00.10)
					Form	990	-PF	(2016)

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

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

b If "Yes," did it have excess business holdings in 2016 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2016)

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

Form **990-PF** (2016)

X

X

1c

2b

36

4a

N/A

N/A

Yes X No

before the first day of the tax year beginning in 2016?

defined in section 4942(j)(3) or 4942(j)(5)):

before 2016?
If "Yes," list the years

during the year?

statement - see instructions )

Form 990-PF (2016) GAD AND MARLENE JANAY FO			41-24409	<u>/                                    </u>	'age 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be I	Required (continu	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	1 1	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indir				
any voter registration drive?	_		es X No	1 1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		( <del>.</del>	1 1	
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		(TZ)	1 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 und	•	in Regulations	37/3		
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi				1 1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			<u> </u>	l i	
expenditure responsibility for the grant?		I/A	s L No	] ]	
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		( <del>V</del> )	-	
a personal benefit contract?	11. (11	Y6	s X No		v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pr	ersonal benefit contract?		<u> </u>	ib	<u>X</u>
If "Yes" to 6b, file Form 8870	t t m t m - 2		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y6		7b	
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Truste		manana Limbb		76	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, roundation Ma	magers, nigniy	,		
List all officers, directors, trustees, foundation managers and their controls.	compensation.				
		(c) Compensation	(d) Contributions to	(e) Expe	ense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	other
<del></del>	to position	Cittor 6 7	compensation		
SEE STATEMENT 8		57,600.	١. ٥.		0.
		1 . ,			
<del></del>					
<del></del>		<del></del>			
	<del></del>	<del> </del>			
· · · · · · · · · · · · · · · · · · ·					
		}			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense
(a) Name and address of each employee paid filore than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowar	nces
NONE					
				_	
		]			
		<u> </u>			
		<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000			<b>•</b>		0
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Form 990-PF (2016) GAD AND MARLENE JANAY FOUNDATION, INC.		<u>448971 Page</u>	<del>3</del> 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	ighly		
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	of service	(c) Compensati	on
NONE	<u>,                                      </u>		
		J	
<del></del>			—
Total number of others receiving over \$50,000 for professional services		<b>•</b>	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.	ne le	Expenses	_
1 N/A			—
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount	
1 N/A			
2			_
All other program-related investments See instructions.			
3			
Total. Add lines 1 through 3	▶	(	0.
		Form <b>990-PF</b> (20	16)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations)	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	Π	
a	Average monthly fair market value of securities	1a	6,618,286.
b		1b	678,866.
C	Fair market value of all other assets	1c	550.
ď	Total (add lines 1a, b, and c)	1d	7,297,702.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0.		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	7,297,702.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	109,466.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	7,188,236.
6	Minimum investment return. Enter 5% of line 5	6	359,412.
P	art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations are foreign organizations check here   in and do not complete this part )	nd certain	
1	Minimum investment return from Part X, line 6	1	359,412.
2a	Tax on investment income for 2016 from Part VI, line 5 200.		
b	Income tax for 2016 (This does not include the tax from Part VI.)  2b	1	
C	Add lines 2a and 2b	2c	200.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	359,212.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	359,212.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	359,212.
Ρ	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	308,100.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	308,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	200.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	307,900.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	r the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	1-3	/6.3	(a)	(4)
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		1000 prior to 2010		
line 7				359,212.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			305,892.	
b Total for prior years.				
<u>.</u>		0.		
3 Excess distributions carryover, if any, to 2016:	-			
a From 2011				
b From 2012				
c From 2013				
dFrom 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 308,100.				
a Applied to 2015, but not more than line 2a			305,892.	
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 2016 distributable amount				2,208.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
1 Undistributed income for 2016 Subtract	···		i · · ·	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				· 357,004.
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 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9	-			
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
dExcess from 2015				
e Excess from 2016				
200501 11 00 16				Form <b>990-PF</b> (2016)

		NAY FOUNDAT		47-244	8971 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	ıt ıs a prıvate operatıng			
foundation, and the ruling is effective fo	r 2016, enter the date of t	he ruling	<b>•</b>		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<i>X</i>	
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				/	
each year listed	<b>,</b>				
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed .	<b>\</b>			1	_
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				1	
3 Complete 3a, b, or c for the			<i>!!</i>		
alternative test relied upon; a "Assets" alternative test - enter;			J.	İ	
(1) Value of all assets		/		1	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		Į.			
b "Endowment" alternative test - enter	<u> </u>	//			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed		<i>[</i>			
c "Support" alternative test - enter:					_
(1) Total support other than gross		f.			
investment income (interest,					
dividends, rents, payments on securities loans (section				Ì	
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					<del></del>
an exempt organization	1				
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or moi	re in assets
at any time during t				•	
1 Information Regarding Foundation	on Managers:	<del> </del>		<del></del>	
a List any managers of the foundation wh		than 2% of the total conti	ributions received by the	foundation before the close	of any tax
year (but only if they have contributed in					,
SEE STATEMENT 9					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large portio	n of the ownership of a par	tnership or
other entity) of which the foundation ha					r.
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		<del></del>
Check here ► X if the foundation of				ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	mplete items 2a, b, c, and c	i.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom apple	cations should be addres	sed.	
		,			
b The form in which applications should b	e submitted and information	tion and materials they sh	nould include		
c Any submission deadlines.			<del></del>		<del></del> -
The state of the s					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or o	ther factors.	

Part XV Supplementary Information	<del></del>	Devenont		
3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual,	Payment	<u> </u>	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	-	
a raid during the year				
		1		
			l	
MORRISTOWN MEDICAL CENTER 475 SOUTH STREET	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
MORRISTOWN, NJ 07960				1,000
· · · · · · · · · · · · · · · · · · ·				<u> </u>
CONGREGATION AGUDATH ISRAEL OF WEST ESSEX	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
20 ACADEMY ROAD				
CALDWELL, NJ 07006	<u> </u>			11,000
JEWISH FEDERATION OF GREATER	NONE	DIBITO CHARITY	SUPPORT FOR OPERATIONS	
METROWEST NJ	NONE	CIBBIC CIBBITIT	BUTTOKT TOX OT EKATTOMB	
1391 MARTINE AVENUE			ļ.	
SCOTCH PLAINS, NJ 07076	<u> </u>			13,000
JEWISH FEDERATION OF SOUTH PALM BEACH	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
COUNTY				
9901 DONNA KLEIN BLVD.			l l	25 000
BOCA RATON, FL 33428				35,000
RUTH & NORMAN RALES JEWISH FAMILY	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
SERVICES OF SOUTH PALM BEACH COUNTY,				
INC.				
21300 RUTH & BARON COLEMAN BLVD. BOCA RATON, FL 33428				1,800
	TINUATION SHEE	et(s)	<b>▶</b> _3a	279,300
b Approved for future payment				-
NONE				
			<del>                                     </del>	
		}	1	
			1	
		<u> </u>		
Total			<b>▶</b> 3b	rm <b>990-PF</b> (201

# **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelati	ed business income		ided by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouit	Tunction income
a	_		<u> </u>		
b	_		<u> </u>		<del> </del>
c	_		ļ		
d			<u> </u>		
e			<u> </u>		
1	_				
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			i		
investments			14		
4 Dividends and interest from securities			14	58,660.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			1		<del>-</del>
8 Gain or (loss) from sales of assets other	-		├—		
than inventory			18	-51,710.	
9 Net income or (loss) from special events	<u> </u>		1 -0	31,710.	
10 Gross profit or (loss) from sales of inventory	<u> </u>	·	-	<del></del>	
11 Other revenue.			1		
a b			-		
b	_		ļ		
<u> </u>	_		<del> </del>		
u	_		<del> </del>	<u>                                     </u>	<del></del>
19 Subtatal Add columns (b) (d) and (e)	_	0.	1	41,593.	0.
12 Subtotal Add columns (b), (d), and (e)		<u> </u>	<u> </u>		41,593.
13 Total. Add line 12, columns (b), (d), and (e)				13	41,393.
(See worksheet in line 13 instructions to verify calculations.)	)				<u> </u>

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
-	
<del></del>	
623621 11-23	Form <b>990-PF</b> (20

Form 990-PF (2	2016) GAD A	ND MARL	ENE JA	NAY	FOUND.	ATION,	INC.	47-24	148971	Pa	ge 13
Part XVII			ansfers 1	To and	Transa	ctions ar	nd Relation	ships With Nonc	haritable	е	
1 Did the ea	Exempt Organ				· · · · · · · · · · · · · · · · · · ·		d	h [01/-) -1		Yes	No
	ganization directly or ind	_						mon 501(c) of		res	MO
	(other than section 501(o from the reporting found					ilicai organiz	4001157		İ	1	
(1) Cash	moin are reporting found	audii to a noncii	aritable exemp	pt Urganiz	24UUII UI.				1a(1)		Х
(2) Other	accete								1a(2)	$\vdash$	X
b Other tran									19(2)		
	of assets to a noncharita	able evemnt orga	nization						1b(1)		Х
• •	nases of assets from a no			าก					1b(2)	-	X
• •	of facilities, equipment,		ipt organizatio	J.1					1b(3)	_	X
• •	bursement arrangements								1b(4)		X
	s or loan guarantees	· ·			•			•	16(5)		Х
	rmance of services or me	embership or fun	draisino solic	itations		•		•	1b(6)		X
• •	facilities, equipment, ma	•	_		ees				16		Х
-	ver to any of the above is					) should alwa	ivs show the fair	market value of the goo		ets.	
or service	s given by the reporting f	oundation. If the	foundation re	cerved les						, ,	
(a)Line no	(b) Amount involved		services recei		mnt organiz	ntion	[ (d) =	<del></del>			
(a) Line no	(b) Amount involved	(C) IValli	N/		mpt organiza	ation	(u) Description	on of transfers, transactions,	and snaring ar	rangeme	nis
	<del></del>	<del> </del>	N/	<u> </u>			<del>                                     </del>	<del></del>			
			<del></del>				<del>                                     </del>				
							<del>                                     </del>				
		<del> </del>					<del> </del>				
							<del> </del>				
<del></del>	<del></del> -	<del> </del>									
		<del> </del>					<del> </del>				
	<del></del>	<del> </del> -	<del></del>				<del> </del>				
		<del></del>									
		<del>                                     </del>					<del> </del>				
		<del> </del>		<del></del>			<del> </del>				
	<del></del>	<del>                                     </del>					<del> </del>	<del></del>			
		<del> </del>					<del>                                     </del>				
	<del></del>	<del> </del>					<del> </del>				
		<del> </del>					<del> </del>				
2a Is the four	idation directly or indirec	tly affiliated with	or related to	one or m	nore tax-exe	mnt organiza	tions described				
	501(c) of the Code (othe	•							Yes	X	] No
	omplete the following sch		. (-/(-//							_	
	(a) Name of org			(b)	) Type of org	janization		(c) Description of relati	onship		
	N/A	_						<del></del>			
	penalties of perjury, I declare								May the IRS	discuss	this
Sign   L	elief, it of ue, correct, and co	mpiete Declaration	of preparer other	er inan taxp	oayer) is based	on all informat	tion of which prepar	er nas any knowledge	return with the shown below	ne prepar	er
Here	mes 1	GOLD			]		DIREC	TOR	X Yes	, $\square$	□No
Sigr	at the of officer or trustee				Date		Title				
	Print/Type preparer's n	ame	Prepare	r's signat	ture	ı	Date	Check if P	TIN		
	MARJORIE H	IORWIN,	()	/	6	PP	12/1	self- employed			
Paid	CPA_		_ m	- /			12/10/17		01283		
Preparer	Firm's name ► MOR	RISON,	BROWN,	ARG	IZ &	FARRA,	LLC	Firm's EIN ▶ 01	-07 <u>200</u>	52	

Form **990-PF** (2016)

Phone no. (561) 909-2100

**Use Only** 

Firm's address ▶ 225 NE MIZNER BLVD., SUITE 685

BOCA RATON, FL 33432

Part XV Supplementary Information				
3 . Grants and Contributions Paid During the Y	If recipient is an individual,	1	<del></del>	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
TIKVA CHILDREN'S HOME	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
501 TENTH AVENUE, 7TH FLOOR				
NEW YORK, NY 10018				10,000.
HILLEL OF BROWARD AND PALM BEACH	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
777 GLADES ROAD LY-3A BOCA RATON, FL 33431				13,000.
AMERICAN ISRAEL EDUCATION FOUNDATION	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
251 H STREET, NW				
WASHINGTON, DC 20001				75,000.
AMERICAN ENTERPRISE INSTITUTE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
1150 SEVENTEENTH STREET, NW WASHINGTON, DC 20036				10,000.
	-			
THE WASHINGTON INSTITUTE FOR NEAR	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
EAST POLICY 1111 19TH STREET, NW #500				
WASHINGTON, DC 20036				10,000.
AMERICAN FRIENDS OF ORR SHALOM	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
3708 ENTERPRISE DRIVE				E 000
JANESVILLE, WI 53546				
BETH EL SYNAGOGUE 1004 WATTS STREET	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
DURHAM, NC 27701				20,000
INSTITUTE FOR JUSTICE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
901 N. GLEBE ROAD, #900				4 000
ARLINGTON, VA 22203		<u> </u>		4,000
DOVG MOUNT THRUGHT DV	NONE	DIDLIC GUADITO	CURDODE BOD ODERATIONS	
BOYS TOWN JERUSALEM 1 PENN PLAZA, #6250	NONE	FUBLIC CHARITY	SUPPORT FOR OPERATIONS	
NEW YORK, NY 10119				5,000
AMERICAN FRIENDS OF BEIT ISSIE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
SHAPIRO				
25 W. 45TH STREET, #1405				4 000
NEW YORK, NY 10036  Total from continuation sheets		1		4,000 217,500

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
BOCA RATON REGIONAL HOSPITAL	NONE	DIDLIC CHARITY	SUPPORT FOR OPERATIONS	
FOUNDATION	NONE	FOBBIC CHARITI	BOFFORT FOR OFERATIONS	
745 MEADOWS ROAD		1	1	
BOCA RATON, PL 33486				2,00
P.E.F. ISRAEL ENDOWMENT FUNDS, INC.	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
630 THIRD AVENUE, 15TH FL		1		
NEW YORK, NY 10017				5,00
MIAMI CITY BALLET	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
2200 LIBERTY AVENUE				
MIAMI BEACH, FL 33139	<del></del>			5,00
KIPP CHARLOTTE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
931 WILANN DRIVE			ļ	4 00
CHARLOTTE, NC 28215				1,00
		}	1	
JEWISH FEDERATION OF DURHAM-CHAPEL	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
1937 WEST CORNWALLIS RD				10.00
DURHAM, NC 27705	<del></del>	<del>                                     </del>		10,00
CATO INSTITUTE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
1000 MASSACHUSETTS AVE. NW WASHINGTON, DC 20001				10,00
Addition, be 20001				10,00
DAVID HOROWITZ FREEDOM CENTER P.O. BOX 55089	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
SHERMAN OAKS, CA 91499				5,00
				-
CENTER FOR NEIGHBORHOOD ENTERPRISE	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
1625 K ST. NW				
WASHINGTON, DC 20006				5,00
HOPE CENTER AT PULLEN INC	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
1801 HILLSBOROUGH STREET				
RALEIGH, NC 27605	<del> </del>	<u> </u>		5,00
THE ART THERAPY INSTITUTE OF NC	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
200 N. GREENSBORO ST SUITE D-6				
CARRBORO, NC 27510  Total from continuation sheets	<u> </u>	<u> </u>		2,50

3 • Grants and Contributions Paid During the	rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CHABAD OF EAST BOCA RATON	NONE	DUDITE CHARITY	SUPPORT FOR OPERATIONS	
120 NE 1ST AVENUE	TONE	FOBBIC CHARIII	SOFFORT FOR OFEREITORS	
BOCA RATON, FL 33432				2,00
REBOUND ALTERNATIVES FOR YOUTH	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
811 NINTH ST SUITE 120-210				
DURHAM, NC 27705	+			2,50
SEEDS INC	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
706 GILBERT STREET				
DURHAM, NC 27701	-			2,00
FRIENDS OF UNITED HATZALAH	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
208 EAST 51ST STREET SUITE 303				
NEW YORK, NY 10022				2,50
PROCLAIMING JUSTICE TO THE NATIONS	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
P.O. BOX 682711				2.00
FRANKLIN, TN 37068				2,00
				<del></del>
<del></del>				

### 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

G2	AD AND MARLENE JANAY FOUNDATION, INC.	47-2448971
Organization type (check of	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	S01(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle See instructions
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling value contributor Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) any one contribute	in described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II	or 16b, and that received from
year, total contribi	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter purpose Don't co	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo 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

GAD AN	ID MARL	ENE JAN	AY FO	UNDATION	, INC.
--------	---------	---------	-------	----------	--------

GAD A	ND MARLENE JANAY FOUNDATION, INC.	4	7-2448971
Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JANAY 2014 CHARITABLE LEAD ANNUITY TRUST DATED DECEMBER 27,  4621 SOUTH OCEAN BLVD.  HIGHLAND BEACH, FL 33487	_ s 293,815.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - -	Person Payroll Onncash (Complete Part II for noncash contributions)
323452 10-18	3-16	Schedule B (For	m 990, 990-EZ, or 990-PF) (2016)

Employer identification number

# GAD AND MARLENE JANAY FOUNDATION, INC.

47-2448971

(b)  Description of noncash property given  (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate) (See instructions)	(d) Date received  (d) Date received
	(c) FMV (or estimate)	
	(c) FMV (or estimate)	
	FMV (or estimate)	
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	**************************************	
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	<b>\$</b>	
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Name of org			Employer identification number
Part III	MARLENE JANAY FOUNDA  Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	tributions to organizations described columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once).
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	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, a	(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
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	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
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST	ON SAVING	S AND	TEMPOR	ARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE			(A) EVENUE R BOOK	3		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
COMPUTERSHARE				27.		727.	
GOLDMAN SACHS #212-9 GOLDMAN SACHS #212-9	- ACCRUED		47,79	91.		47,791.	
INTEREST PAID			-2,08	33.		-2,083.	
GOLDMAN SACHS #212-9 AMORTIZATION			-14,89	92.		-14,892.	
GOLDMAN SACHS #212-9 ORIGINAL ISSUE DISCOU				52.		462.	
GOLDMAN SACHS #430-8 GOLDMAN SACHS #859-9			9: 1,6	58. 55.		958. 1,655.	
GOLDMAN SACHS #933-1				25.		25.	
TOTAL TO PART I, LINE	2 3		34,64	43.		34,643.	
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
GOLDMAN SACHS #859-9 GOLDMAN SACHS	22,370.		0.		22,370.	22,37	70.
#859-9 - NONDIVIDEND	19,985.		0.	;	19,985.		0.
GOLDMAN SACHS #933-1	16,305.		0.		16,305.	16,30	)5.
TO PART I, LINE 4	58,660.		0.		58,660.	38,67	75.

FORM 990-PF	ACCOUNTI	NG FEES	·	STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
ACCOUNTING FEES	14,008.	14,00	08.	0.	
TO FORM 990-PF, PG 1, LN 16B	14,008.	14,00	08.	0.	
FORM 990-PF	TAX	ES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
EXCISE TAX, INTEREST & PENALTIES	456.		0.	0.	
TO FORM 990-PF, PG 1, LN 18 =	456.		0.	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
INVESTMENT MANAGEMENT FEES FILING FEES	10,402. 61.		)2. 51.	0.	
TO FORM 990-PF, PG 1, LN 23	10,463.	10,46	53.	0.	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 6	
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE	
GOLDMAN SACHS #212-9 (SEE ATT	ACHED) COST		1,703,386. 3,995,219.	1,720,132. 4,086,267.	
GOLDMAN SACHS #859-9 (SEE ATT GOLDMAN SACHS #933-1 (SEE ATT	· ·	COST	871,635.	968,951.	

	CANTIAL CONTRIBUTORS	STATEMENT	7
NAME OF CONTRIBUTOR	ADDRESS		
GAD AND MARLENE JANAY	4621 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487		
JANAY 2014 CHARITABLE LEAD ANNUITY TRUST DATED DECEMBER 27, 2014	4621 SOUTH OCEAN BLVD.		
	HIGHLAND BEACH, FL 33487		

	I - LIST OF OFFICERS, DIRECTORS EES AND FOUNDATION MANAGERS		STATEMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
GAD JANAY 4621 SOUTH OCEAN BLVD. HIGHLANG BEACH, FL 33487	DIRECTOR 3.00	0.	0.	0.
MARLENE JANAY 4621 SOUTH OCEAN BLVD. HIGHLANG BEACH, FL 33487	DIRECTOR 3.00	0.	0.	0.
MICHAEL A. JANAY 3 SUFFOLK AVENUE MAPLEWOOD, NJ 07040	DIRECTOR 0.50	0.	0.	0.
DAVID R. JANAY 12 HIGHVIEW ROAD SHORTHILLS, NJ 07078	DIRECTOR 0.50	0.	0.	0.
BARRY E. JANAY 111 BOULDER RIDGE ROAD SCARSDALE, NY 10583	DIRECTOR 0.50	0.	0.	0.
RONA G. SPITZER 2437 TRYON ROAD DURHAM, NC 27705	DIRECTOR 10.00	57,600.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	57,600.	0.	0.

FORM 990-PF PART XV - LINE 1A STATEMENT 9 LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

GAD JANAY MARLENE JANAY