Farm 990-PF

Extended to August 15, 2018
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. Department of the Treasury Internal Revenue Service

		ndar year 2016 or tax year beginning OCT	1, 2016		SEP 30, 201'	
Nar	me o	f foundation			A Employer identificatio	n number
_B	ΑI	S EPHRAIM CHARITABLE FO	UNDATION TRU	ST	11-654827	2
		and street (or P O box number if mail is not delivered to street			B Telephone number	
8	В	OXWOOD LANE C/O MARGULI	ES		973-227 28	800
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
		SEY, NY 10952	· · · · · · · · · · · · · · · · · ·			
G C	Check	call that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
		Final return	Amended return		2 Foreign organizations m	neeting the 85% test.
	\haal	Address change	Name change	· · · · · · · · · · · · · · · · · · ·	2 Foreign organizations months check here and attach of	computation
L .	_	k type of organization: X Section 501(c)(3) exection 4947(a)(1) nonexempt charitable trust	kempt private toundation Other taxable private founda		E If private foundation st	
<u> </u>		arket value of all assets at end of year J Account		A	under section 507(b)(
		· 1	ther (specify)	Accidai	F If the foundation is in a under section 507(b)(
•		11,060,963. (Part I, colu		pasis.)	under section 507(0)(i)(D), check here
		Analysis of Revenue and Eypenses	(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	3,744,282.		*N/A . *	· &^
	2	Check fithe foundation is not required to attach Sch. B	·À'3	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1. %
	3	Interest on savings and temporary cash investments	107,320.	107,320.		Statemênt 1
	4	Dividends and interest from securities	192,136.	192,136.		Statement 2
	5a	Gross rents	114,875.	114,875.		Statement 3 8
	b	Net rental income or (loss) $-46,287$.	2, ,)			Statement 4
힏	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	78,439.	*	3	
Revenue	b	assets on line 6a 004,059.	***	,,		<u>`.</u>
Ę.	7	• • •	, <u>, , , , , , , , , , , , , , , , , , </u>	78,439.	-	
_	8	Net short-term capital gain	2.			<u> </u>
	9	Income modifications Gross sales less returns		33	<u> </u>	
	10a		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	***	
		Less Cost of goods sold Gross profit or (loss)	****	^	<u> </u>	- 3
		Other income				*
í	l	Total Add lines 1 through 11	4,237,052.	492,770.		
	13		0.	0.		0.
1	14	Other employee salaries and wages ED				
	15	Pension plans employee benefits				
ses	16a	(0)				
	Ь	Accounting fees Other professional fees				
Expense	C					
Ę.	17	Interest OGDEN, UT				
Administrative	18	Taxes Stmt 5	80,238.	80,238.		0.
<u>:</u>	19	Depreciation and depletion	80,924.	80,924.		
틹	20	Occupancy				
۷ ام	21	Travel, conferences, and meetings				
ω l	22	Printing and publications Other expenses Stmt 6	3,275.			1
Ĕ	23 24	Other expenses Stmt 6 Total operating and administrative	3,4/5.	0.		0.
Operating	24	expenses. Add lines 13 through 23	164,437.	161,162.		0.
ဝ	25	Contributions, gifts, grants paid	819,051.	101,104.		819,051.
ļ		Total expenses and disbursements	017,031.			019,031.
Ì		Add lines 24 and 25	983,488.	161,162.		819,051.
			300,±00.		, ,	//
	27	Subtract line 26 from line 12:	5 3 3	> 4/4		ALL WILLY
		Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	3,253,564.		^ `	
	a		3,253,564.	331,608.	* * * * * * * * * * * * * * * * * * * *	

For	m 99	0-PF (2016) BAIS EPHRAIM CHARITABLE			6548272 Page 2
P	<u>art</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	·	of year
느	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	185,080.	275,665.	275,665.
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			, ,
		Less: allowance for doubtful accounts			
	-	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	1	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis 2,225,381.	***	-	
		Less accumulated depreciation Stmt 8 ▶ 219,666.	2,086,638.	2,005,715.	2,005,715.
	12	Investments - mortgage loans			
	13	Investments - other Stmt 9	5,217,128.	8,779,583.	8,779,583.
	14	Land, buildings, and equipment: basis	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
		Less accumulated depreciation			<u></u>
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item I)	7,488,846.	<u>11,060,963.</u>	11,060,963.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ë		Mortgages and other notes payable			
_	22	Other liabilities (describe > TENANT SECURITY)	0.	2,200.	
_	23_	Total liabilities (add lines 17 through 22)	0.	2,200.	4
		Foundations that follow SFAS 117, check here			* * * * * * * * * * * * * * * * * * * *
ģ	Ì	and complete lines 24 through 26 and lines 30 and 31			
Fund Balances	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			7 .%∖
9	26	Permanently restricted			
ڃ		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.	ا م	٥	
ş	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥	29	Retained earnings, accumulated income, endowment, or other funds	7,488,846.	11,058,763	
ž	30	Total net assets or fund balances	7,488,846.	11,058,763	
		Tak tilak 1992 a sada kasasak 16 sada kalanasa	7 400 046	11,060,963	\$ 4x 4x
_	31	Total liabilities and net assets/fund balances	7,488,846.	11,000,303	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Toto	Last seests or fund belonges at hegypping of year. Port II. column (a) line	20		T
1		I net assets or fund balances at beginning of year - Part II, column (a), line	JU	1	7,488,846.
n	•	st agree with end-of-year figure reported on prior year's return) or amount from Part I, line 27a		2	0 050 564
		er increases not included in line 2 (itemize)	900 G+	atement 7	
		lines 1, 2, and 3	366 36	acement / 3	44 4-0 -60
5		reases not included in line 2 (itemize)		5	
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	Olumn (h) line 30		11 252
<u>~</u>	. 510		State of the state		Form 990-PF (2016)

Part IV Capital Gains	and Losses for Tax on I	Investment	Income					
	ibe the kind(s) of property sold (e. rehouse; or common stock, 200 sl			(b)	low acquired - Purchase - Donation	(c) Date a	cquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a SECURITIES WEL	LS FARGO #2004				P	Vari	ous	09/30/17
<u>b</u>	,,					<u>-</u>		
<u>c</u>				_				
e e				 				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale	,			ain or (loss (f) minus	
a 604,659.			526,22	0.				78,439.
<u>b</u>								
_C		 						
d								
Complete only for assets showin	g gain in column (h) and owned by	v the foundation	on 12/31/69			I) Gains (C	ol (h) dan	n minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I) col. (J), if any		cc	il. (k), but n	ot less that (from col.	an -0-) o r
a								78,439.
b								
С								
d		ļ						
e				_				
2 Capital gain net income or (net ca		ter in Part I, line -0- in Part I, line		}	2			78,439.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		and (6):		٦				
If (loss), enter -0- in Part I, line 8				<u></u>	3		N/A	<u> </u>
L	nder Section 4940(e) fo					come		
(For optional use by domestic private	foundations subject to the section	n 4940(a) tax on	net investment ir	come	e.)			
If section 4940(d)(2) applies, leave th	ns part blank.							
Was the foundation liable for the sect	ion 4942 tax on the distributable a	imount of any ve	ear in the hase nei	rınd?				Yes X No
If "Yes," the foundation does not qual			•					
	each column for each year; see the	instructions be	fore making any e	ntries	S			
(a) Base period years	(b)	liatest intrana	Naturalisa at = =	(c)		_	Distr	(d) ibution ratio
Calendar year (or tax year beginnii					ritable-use asset		(col. (b) di	ivided by col. (c))
2015		61,360.			,767,83			.142048
2014 2013		58,175. 58,913.			,824,47 ,146,14			.147339 .108608
2012		64,032.		4,694,450.				.098847
2011		45,040.			,429,86			.100464
		· · · · · · · · · · · · · · · · · · ·						
2 Total of line 1, column (d)						2		.597306
3 Average distribution ratio for the !		al on line 2 by 5,	or by the number	of ye	ears		[
the foundation has been in exister	nce if less than 5 years					3		.119461
4 Enter the net value of noncharitab	le-use assets for 2016 from Part X	K, line 5				4		6,666,481.
5 Multiply line 4 by line 3						5		796,384.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		3,316.
	. ,							
7 Add lines 5 and 6						7		799,700.
8 Enter qualifying distributions from	,					8		819,051.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lii	ne 1b, and comp	plete that part usin	ng a 1	% tax rate.			

	n 990-PF (2016) BAIS EPHRAIM CHARITABLE FOUNDATION TRUST art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), c			5482 <u>72</u> see instr		oage <u>4</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					{
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1		3,3	16.
	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).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0.
	Add lines 1 and 2		3		3,3	16.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5		3,3	16.
	Credits/Payments:					
		9.	1			
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d	\neg				;
	Total credits and payments. Add lines 6a through 6d	\dashv	7			79.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	-	8			56.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9		3,2	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		J , Z	
	•	_	11			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded art VII-A [™] Statements Regarding Activities					
				1,"	Vac	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter-	vene m		<u> </u>	163	
	any political campaign?			1a	-	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defin			1b	12.	Δ_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	blished	d or		× .	
	distributed by the foundation in connection with the activities.				· *	
	Did the foundation file Form 1120-POL for this year?			1c_	 	<u>X</u> _
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_			^	
		<u>0.</u>				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				1	
	managers. > \$0.					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	<u> </u>	<u>X</u> _
	If "Yes," attach a detailed description of the activities			در ٠		, .
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on, or		, i		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	ļ	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u>4a</u>	ļ	_X_
þ	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_		X
	If "Yes," attach the statement required by General Instruction T.]	١.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or			-		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state la	W	÷		
	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	t XV		7	Х	
				*		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				1 2	
	NY				1 3	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_		
	of each state as required by General Instruction G? If "No," attach explanation			86	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calend	lar	"	† <u></u>	
-	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 and addresses			10	1	x
	Too, attach a schedule fishing their flathes and addresses					

4a

N/A

N/A

Yes X No

2b

statement - see instructions.)

during the year?

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?

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

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?

orm 990-PF (20	16) BAIS EPHRAIM CHARITABLE Statements Regarding Activities for Which	FOUNDATION TR		11-6548	272	Page 6
	year did the foundation pay or incur any amount to:	FORM 4720 May be i	nequirea (contin	<u></u>		
	year one the roundation pay of incor any amount to. on propaganda, or otherwise attempt to influence legislation (secti	on 4045(a)\2		s X No		
	ice the outcome of any specific public election (see section 4955);	* **		3 (22) 110	1	
· ·	ter registration drive?	or to dairy on, directly or mail		s X No		
-	e a grant to an individual for travel, study, or other similar purpose	25?		s X No		
	e a grant to an organization other than a charitable, etc., organizat					
• •	d)(4)(A)? (see instructions)		☐ Ye	s X No		
•	e for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or t				
	evention of cruelty to children or animals?	. , ,		s X No		,
b If any answ	rer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	ın Regulations			i 1 '
section 53.	4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	
Organizatio	ns relying on a current notice regarding disaster assistance check	here				
c If the answe	er is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined			
expenditure	e responsibility for the grant?	Ŋ	I/A 🔲 Ye	es 🔲 No		
If "Yes," at	ttach the statement required by Regulations section 53.49	45-5(d).				'
6a Did the four	ndation, during the year, receive any funds, directly or indirectly, t	o pay premiums on			/ /	
a personal l	benefit contract?		Yo	es X No		
b Did the four	ndation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
	6b, file Form 8870.		·	· · · · · ·		
=	during the tax year, was the foundation a party to a prohibited tax		Y ₁	s X No	<u>-</u>	
	the foundation receive any proceeds or have any net income attri			N/A	7b_	
Part ₃ VIII	Information About Officers, Directors, Trus Paid Employees, and Contractors	itees, Foundation Ma	anagers, Highl	y		
1 List all office	cers, directors, trustees, foundation managers and the	r compensation				
	,	(b) Title, and average	(c) Compensation	(d) Contributions	to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions : employee benefit pla and deferred compensation	ns a	(e) Expense ccount, other allowances
ARI MARO	CHI.TES	TRUSTEE	enter -o-)	compensation		411011000
BOXWO(TROBILL				
	NY, NY 10952	0.00	0.	1 0).	0.
	ARGULIES	TRUSTEE				
BOXWOO						
MONSEY 1		0.00	0.	().	0.
					ļ	
					-	
		<u> </u>	<u> </u>			
2 Compensa	tion of five highest-paid employees (other than those in		, enter "NONE."	(d) Contributions	to I	(-) [vnonon
(a) Nan	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions employee benefit pla and deferred	ins a	(e) Expense ccount, other
		devoted to position	ļ.,	compensation	-	allowances
N	ONE	_				
			 			
			 	 		
<u> </u>		-				
			+			
		-	1			
			 	 	 	
		7				
	f other employees paid over \$50,000	<u> </u>	<u></u>		T	0
					- 00	0 DE (0040)

Form 990-PF (2016) BAIS EPHRAIM CHARITABLE FOUND		6548272 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
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		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the rs produced, etc.	Expenses
1 EDUCATIONAL AND CHARITABLE AID TO 501 C 3	ORGANIZATIONS	
		0
2		0.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	ear 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.

623561 11-23-16

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndation	s, 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	2,483,021.
Ь	Average of monthly cash balances	1b	230,373.
	Fair market value of all other assets	1c	5,485,262.
	Total (add lines 1a, b, and c)	1d	8,198,656.
	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	2	0.
3	Subtract line 2 from line 1d	3	8,198,656.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Stmt 10	4	1,532,175.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,666,481.
6	Minimum investment return. Enter 5% of line 5	6	333,324.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certai	
	foreign organizations check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	333,324.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,316.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	330,008.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	330,008.
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	330,008.
P	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	<u>81</u> 9,051.
b	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	819,051.
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	3,316.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	815,735.

4940(e) reduction of tax in those years.

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

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,				
line 7				330,008.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		-,		
,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 227,621.				
b From 2012 235, 237.				
c From 2013 304,392.				
d From 2014 570,589.				•
e From 2015 626,972.				
f Total of lines 3a through e	1,964,811.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 819,051.	` ` `			
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		_	,	,
years (Election required - see instructions)		0.	<	
c Treated as distributions out of corpus	_	Ž.	,'4 '	<u>"</u>
(Election required - see instructions)	0.	***************************************	> >>	· <u>···</u> ·
d Applied to 2016 distributable amount	<u> </u>	<u> </u>		330,008.
e Remaining amount distributed out of corpus	489,043.	· · · · · · · · · · · · · · · · · · ·	nì.	
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.	,87 .	(0.
must be shown in column (a)	×.	, <u>}</u>		
6 Enter the net total of each column as indicated below:		**		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,453,854.		* <	
b Prior years' undistributed income. Subtract	<u>`</u>		×* ;	
line 4b from line 2b	<u> </u>	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	, in			* ,
4a from line 2a. Taxable amount - see instr.		<u> </u>	0.	
f Undistributed income for 2016. Subtract	33	4 4	3	
lines 4d and 5 from line 1. This amount must	× # ',	<u> </u>	/ / / / / / / / / / / / / / / / / / /	
be distributed in 2017	* .	<u> </u>		0.
7 Amounts treated as distributions out of		A S		ž.
corpus to satisfy requirements imposed by			*	۰.٠
section 170(b)(1)(F) or 4942(g)(3) (Election	0	,		.
may be required - see instructions)	0.	/		
8 Excess distributions carryover from 2011	227 621	/*	4	,
not applied on line 5 or line 7	227,621.			
9 Excess distributions carryover to 2017.	2 226 222	,		
Subtract lines 7 and 8 from line 6a	2,226,233.		***************************************	
10 Analysis of line 9:				, '
a Excess from 2012 b Excess from 2013 235,237. 304,392.	,	`		*
c Excess from 2014 570,589.		,		
d Excess from 2015 626, 972.		,	,′	
e Excess from 2016 489, 043.				
0 - V - V - V - V - V - V - V - V - V -		<u> </u>	<u> </u>	

623581 11-23-16

Form 990-PF (2016) BAIS EI Part XIV Private Operating I	PHRAIM CHARI	TABLE FOUNI	ATION TRUS		48272 Page 10
1 a If the foundation has received a ruling			I-A, question 9)	N/A	
foundation, and the ruling is effective fi					
b Check box to indicate whether the four		=	in section	4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing touridation decorious	Prior 3 years		/
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for		<u> </u>	<u> </u>	 	
each year listed					
b 85% of line 2a		· · · · · · · · · · · · · · · · · · ·			
c Qualifying distributions from Part XII.				 /	
line 4 for each year listed					
d Amounts included in line 2c not				1/	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		-	/		-
for active conduct of exempt activities.	:				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			/		
alternative test relied upon:					
a "Assets" alternative test - enter;(1) Value of all assets					
• •		·	{		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		 			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		 			
• •					
 Total support other than gross investment income (interest, 					
dividends, rents, payments on		<i>y</i>			
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			 		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		de Abie ment entre	if the formulation	- L - I OC 000	
Part XV Supplementary Info			it the foundation	n nad \$5,000 or me	ore in assets
	·	ructions.)		•	1-4
1 Information Regarding Foundation					
a List any managers of the foundation wi year (but only if they have contributed it	10 have contributed more	than 2% of the total con	tributions received by th	ie foundation before the clo	se of any tax
	nore man \$5,000). (See s	section 507 (u)(2).)			
See Statement 11	4004				
b List any managers of the foundation who other entity) of which the foundation has	10 OWN 10% or more of th	ne stock of a corporation	(or an equally large port	tion of the ownership of a p	artnership or
• ,	wa 1070 or greater intere				
None					
2 Information Regarding Contribut					
Check here if the foundation in the foundation makes gifts grants at a	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.					1 0.
a The name, address, and telephone num		the person to whom appl	ications should be addre	essed:	
ARI MARGULIES, 97322		- •			
8 BOXWOOD LANS, MONS					
b The form in which applications should	be submitted and informa	ition and materials they s	hould include:		
LETTER FORM					
c Any submission deadlines:					
NONE					· · · · - · · ·
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, or	other factors:	
NONE					

623601 11-23-16

▶ 3b

Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	711100111	- Idilotton moonto
ab	— 				
***************************************	— 				
c					
d					
e					
· · · · · · · · · · · · · · · · · · ·					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			01	107,320.	·
4 Dividends and interest from securities	900000	174,900.	01	17,236.	
5 Net rental income or (loss) from real estate:			, 3	*	
a Debt-financed property					
b Not debt-financed property			16	-46,287.	
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01		
8 Gain or (loss) from sales of assets other					
than inventory			14	78,439.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					•••
11 Other revenue:					,
a					
b					
С	i i				
d				-	
Α	_				·
12 Subtotal. Add columns (b), (d), and (e)	Y 1/2.	174,900.		156,708.	0.
13 Total Add line 12, columns (b), (d), and (e)		1/4,500.		130,708.	331,608.
See worksheet in line 13 instructions to verify calculation	ie l			13	331,000.
·				.	
Part XVI ₃ B Relationship of Activitie	es to the Accom	plishment of Ex	empt Pu	ırposes	
Line No. Explain below how each activity for which	unnama in reported in a	nluma (a) of Dart VIII A			laborant of
the foundation's exempt purposes (other	than by providing funds	Jiuliiii (e) oi Pait XVI-A for such nurnoses)	contributea	importantly to the accomp	ousnment of
TO SUPPORT CHARITABLE			m T mrim	LONG WITHII EN	IDIIA CT C TO
INDIGENT STUDENTS.	E AND EDUCA	TITOMAL INS	TITUT	TONS MITH EM	PHASIS TO
THOTGENI STODENIS.					
					

			•				_		
Line No. ▼	Explain the foun	below how dation's ex	each activity for which in empt purposes (other th	come is r an by pro	eported in column (e) of Pa viding funds for such purpo	rt XVI-A contributed importantses).	tly to the ac	ecomplishment of	
	TO SUE	PORT	CHARITABLE	AND	EDUCATIONAL	INSTITUTIONS	WITH	EMPHASIS	то
			TUDENTS.						
			·						
	ļ				· · · · · · · · · · · · · · · · · · ·				
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	<u> </u>					<u>.</u>			
						•			
	<u> </u>						<u>.</u>		

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

Name of the organization

Employer identification number

BA	AIS EPHRAIM CHARITABLE FOUNDATION TRUST	11-6548272
Organization type (check of	ne)	
Eiloro of	Continue	
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	
Check if your organization is	s covered by the General Rule or a Special Rule.	
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) any one contributo	n 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 amounding 1 Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductruelty to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter h purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious inplete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,
Caution: An organization th but it must answer "No" on certify that it doesn't meet t	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	orm 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to
LOA FOR Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

BAIS EPHRAIM CHARITABLE FOUNDATION TRUST

Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARI & GOLDIE MARGULIES 8 BOXWOOD LN MONSEY NY, NY 10952	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARYEH MARGULIES 8 BOXWOOD LN MONSEY, NY 10952	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAVID MARGULIES 8 BOXWOOD LN MONSEY, NY 10952	\$200,000.	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
4	DAVIDS COOKIES INC 11 CLIFFSIDE DRIVE CEDAR DRIVE, NJ 07009	\$ 1,210,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BENJAMIN MARGULIES 8 BOXWOOD LN CEDAR DRIVE, NJ 07009	\$\$	Person X Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	ESTHER MARGULIES 8 BOXWOOD LN MONSEY NY, NY 10952	\$\$	Person X Payroll
622452 10 1		Sahadula P /Form	990 990-F7 or 990-PE) (2016)

Name of organization

Employer identification number

BAIS EPHRAIM CHARITABLE FOUNDATION TRUST

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	HARRY MARGULIES 8 BOXWOOD LN MONSEY NY, NY 10952	\$\$	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			
8	REIZEL LEDERIECH 8 BOXWOOD LN MONSEY NY, NY 10952	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	SOLOMON MARGULIES 8 BOXWOOD LN MONSEY NY, NY 10952	\$200,000.	Person X Payroll Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	ARI & GOLDIE MARGULIES TRUST 8 BOXWOOD LN MONSEY, NY 10952	\$ <u>150,000</u> .	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			
11_	JOSHUA MARGULIES 8 BOXWOOD LN MONSEY, NY 10952	\$ 200,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	VICTOR OSTREICHER 100 WASHINGTON AVE NEW SQUARE, NY 10952	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)			

Name of organization

Employer identification number

BAIS EPHRAIM CHARITABLE FOUNDATION TRUST

Part I	art I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13	ARI & GOLDIE MARGULIES 8 BOXWOOD LN MONSEY, NY 10952	\$173,266.	Person Payroll Noncash X (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 Oncash 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 Onnocash Complete Part II for noncash contributions)				

Employer identification number

BAIS EPHRAIM CHARITABLE FOUNDATION TRUST

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if a	ddıtıonal space ıs needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
13	# 1)	s 173,266.	_01/04/17_	
(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	
		\$		

ame of orga	anization	Employer identification number						
AIS F	PHRAIM CHARITABLE FOUN	DATION TRUST	11-6548272					
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations					
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	r less for the year (Enterthis info once) \$					
a) Na	Use duplicate copies of Part III if addition	al space is needed						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		 						
		(e) Transfer of gif	ft					
		.=						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
			-1					
a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
Part I		(1,71111)	, , , , , , , , , , , , , , , , , , ,					
		-						
	(e) Transfer of gift							
		.=	.					
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee					
	-							
a) No								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP ± 4	Relationship of transferor to transferee					
			rioladoriding of dariologic to dallicorous					
		····						
a) No.		<u> </u>	·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
arti								
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								

Form 990-PF Interes	st on Saving	gs and	Tempor	ary	Cash I	Inv	restments	Statement	1
Source						(b) et Investment Income		(c) Adjusted Net Income	
NOTES RECEIVABLE-AIM BIYISROEL NOTES RECEIVABLE-DAIRY DELIGHT NOTES RECEIVABLE-N.S. COMMUNITY PLANNING			32,352. 7,718. 52,250.			32,352. 7,718.			
NOTES RECEIVABLE-WAG	SSCHAL		15,0				52,250. 15,000.		
Total to Part I, line 3			107,320.		107,320.				
Form 990-PF	Dividends	and I	nterest	fro	m Seci	uri	ties	Statement	2
Source	Gross Amount	Ga	ital ins dends	Re	(a) venue Books		(b) Net Inves ment Inco		
AREL DENVER III LP DAVID LERNER FORTRESS LIFE	17,236. 362.		0.		17,236 362		17,23 36	36. 52.	
SETTLEMENTS GLAZER CAPITAL WELLS FARGO	0. 59,644.		0. 0.		59,64	0. 4.	59,64	0. 4.	
SECURITIES #1 WELLS FARGO	106,117.		0.	1	06,11	7.	106,11	.7.	
SECURITIES #2	8,777.		0.		8,77	7.	8,77	77.	
To Part I, line 4 =	192,136.		0.	1	92,130	6.	192,13	16.	
Form 990-PF		Renta	l Incom	<u> </u>			<u> </u>	Statement	3
Kind and Location of	Property						Activity Number	Gross Rental In	come
RESIDENCE MONSEY NY-BATES 6 RESIDENCE UNITS MONSEY-DNGH							1 2	23, 91,	600. 275.

Form 990-PF	Rental Exp	enses		Statement	4
Description		ctivity Number	Amount	Total	
Depreciation REAL ESTATE TAX OPERATING EXPENSES Depreciation REAL ESTATE TAX	SubTotal -	1	11,564. 6,448. 8,727. 69,360. 49,868.	26,73	9.
OPERATING EXPENSES	SubTotal -	2	15,195.	134,42	3.
Total rental expenses			•	161,16	2.
Net rental Income to Form 99	0-PF, Part I	, line 5b	:	-46,28	7.
Form 990-PF	Тах	es		Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom		
REAL ESTATE TAX OPERATING EXPENSES REAL ESTATE TAX OPERATING EXPENSES	6,448. 8,727. 49,868. 15,195.		•		0. 0. 0.
To Form 990-PF, Pg 1, ln 18	80,238.	80,238	•		0.
Form 990-PF	Other E	xpenses		Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom		
IRS TAX NYS DEPT OF LAW	3,000. 275.	0			0.
To Form 990-PF, Pg 1, ln 23	3,275.	0	•		0.
					=

Form 990-PF Other Increases in Ne	et Assets or Fun	d Balances	Statement	7
Description			Amount	
UNREALIZED GAIN WELLS FARGO #1	256,14	18.		
UNREALIZED GAIN WELLS FARGO #2			19,42	
UNREALIZED GAIN K-1'S	37,97			
TAX REFUND	2,79			
TO ADJUST	2,7.	2.		
Total to Form 990-PF, Part III, lin	ne 3	•	316,353.	
		-		
Form 990-PF Depreciation of Asse	ets Held for Inv	restment	Statement	8
	Cost or	Accumulated		
Description	Cost or Other Basis	Depreciation	Book Value	
APARTMENT 130 BATES DRIVE				
MONSEY NY	318,000.	80,948.	237,0	
ROSEGARDEN WAY UNIT #302	317,896.	23,120.	294,7	
ROSEGARDEN WAY UNIT #103	317,896.	23,120.	294,7	76.
ROSEGARDEN WAY UNIT #203	317,896.	23,120.	294,7	76.
ROSEGARDEN WAY UNIT #303	317,896.	23,120.	294,7	76.
ROSEGARDEN WAY UNIT #111	317,896.	23,120.	294,7	76.
ROSEGARDEN WAY UNIT #112	317,896.	23,120.	294,7	
Total to Fm 990-PF, Part II, ln 11	2,225,376.	219,668.	2,005,7	08.
Form 990-PF Other	er Investments		Statement	 9
Description	Valuation Method	Book Value	Fair Marke Value	t
GLAZER CAPITAL MNGMT LP	COST	916,591.	916,5	91.
GUARANTEED NOTES	COST	4,314,529.	4,314,5	
WELLS FARGO #1 SECURITIES	COST	1,749,231.	1,749,2	
WELLS FARGO #2 SECURITIES	COST	147,964.	147,9	
FORTRESS LIFE SETTLEMENT K-1	COST	1,457.	1,4	
DAVID LERNER ASSOCIATES	COST 8,39		8,3	
NOTE- ML REAL ESTATE HOLDINGS LLC	COST	830,000.	830,0	
AREL DENVER III LP	COST	211,414.	211,4	
SCOTCHTOWN ESTATES LLC	COST	600,000.	600,0	
Total to Form 990-PF, Part II, line	- e 13	8,779,583.	8,779,5	83.

Cash Deemed Charitable Explanation Statement Part X, Line 4 Form 990-PF 10 Statement

THE FOUNDATION HAS MADE INTEREST FREE LOANS TO CHARITABLE ORGANIZATIONS. THESE ARE DEEMED TO BE HELD FOR CHARITABLE PURPOSE.

11

Form 990-PF Part XV - Line 1a List of Foundation Managers

Statement

Name of Manager

ARI MARGULIES GOLDY MARGULIES