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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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 instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 10-01-2016, and ending 09-30-2017

Name of foundation MASADA FOUNDATION		A Employer identification number 16-1622664
Number and street (or P O box number if mail is not delivered to street address) C/O R KIRSCHNER 137-05 72ND ROAD	Room/suite	B Telephone number (see instructions) (718) 762-8700
City or town, state or province, country, and ZIP or foreign postal code FLUSHING, NY 11367		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% <input type="checkbox"/>

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	85,161	85,865	85,865		
	<b>2</b> Savings and temporary cash investments . . . . .					
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>5</b> Grants receivable . . . . .					
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	<b>8</b> Inventories for sale or use . . . . .					
	<b>9</b> Prepaid expenses and deferred charges . . . . .					
	<b>10a</b> Investments—U S and state government obligations (attach schedule)					
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .					
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .					
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	<b>12</b> Investments—mortgage loans . . . . .					
	<b>13</b> Investments—other (attach schedule) . . . . .					
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
<b>15</b> Other assets (describe ▶ _____)						
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	85,161	85,865	85,865			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .					
	<b>18</b> Grants payable . . . . .					
	<b>19</b> Deferred revenue . . . . .					
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons					
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .					
	<b>22</b> Other liabilities (describe ▶ _____)	3,904	3,904			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	3,904	3,904			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>					
	<b>24</b> Unrestricted . . . . .					
	<b>25</b> Temporarily restricted . . . . .					
	<b>26</b> Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>					
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds	81,257	81,961			
<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	81,257	81,961				
<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	85,161	85,865				

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	81,257
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	385
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	319
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	81,961
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	81,961

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	<b>1</b>	0
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b> Add lines 1 and 2.	<b>3</b>	0
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b> <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	0
<b>6</b> Credits/Payments		
<b>a</b> 2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	
<b>b</b> Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d.	<b>7</b>	0
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	

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

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

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	<b>13</b>	<b>Yes</b>	

**14** The books and records of ▶ RICHARD KIRSCHNER Telephone no. ▶ (718) 767-8700

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

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			EL

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b> GRANTS PAID & OPERATING COSTS	653,650
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

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

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	86,844
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	86,844
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	86,844
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,303
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	85,541
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	4,277

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	4,277
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	4,277
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	4,277
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	4,277

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	653,650
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				4,277
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	50,509			
<b>b</b> From 2012. . . . .	16,149			
<b>c</b> From 2013. . . . .	17,150			
<b>d</b> From 2014. . . . .	10,061			
<b>e</b> From 2015. . . . .	13,510			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	107,379			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 653,650				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				4,277
<b>e</b> Remaining amount distributed out of corpus	649,373			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	756,752			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

RICHARD KIRSCHNER

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

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

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

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

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

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	653,600
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	89	
<b>4</b> Dividends and interest from securities. . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		89	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		<b>89</b>

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

[illegible]

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

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

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-02-15	*****
	Signature of officer or trustee	Date	Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RANDI LEE OWEN CPA		2018-06-18		P00627547
	Firm's name ▶ NUSSBAUM YATES BERG KLEIN & WOLPOW LLP				Firm's EIN ▶ 26-0221653
	Firm's address ▶ 445 BROAD HOLLOW RD STE 319 MELVILLE, NY 11747				Phone no (631) 845-5252

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MACHZIKEI HADAS 4404 14TH AVE BROOKLYN, NY 11210	NONE	EXEMPT	TEMPLE/SYNAGOGUE	150
KOLLEL TORAS CHAIM 977 E 26TH ST BROOKLYN, NY 11210	NONE	EXEMPT	RELIGIOUS EDUCATION	36
ARACHIM 5014E 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	OUTREACH	36
CONG TORAH LODAA 53 77TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	120
ZICHRON MAYER 20 IGROS CT STATEN ISLAND, NY 10309	NONE	EXEMPT	INDIGENT FAMILIES	50
<b>Total . . . . .</b> ► <b>3a</b>				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORPHAN POOR AND SICK FUND 824 EASTERN PKWY BROOKLYN, NY 11213	NONE	EXEMPT	ORPHANAGE	25
CHILDREN VILLAGE OF JERUSALEM 15 BEEKMAN STREET NEW YORK, NY 10002	NONE	EXEMPT	ORPHANAGE	25
TALMUDCIAL YESH OF PHILA 6063 DREXEL ROAD PHILA PITTSBURGH, PA 15217	NONE	EXEMPT	RELIGIOUS EDUCATION	25
HEBREW FREE BURIAL 224 W 35 STR NEW YORK, NY 10117	NONE	EXEMPT	OTHER	25
COUNT ME IN 788 E 4TH STRET BROOKLYN, NY 11218	NONE	EXEMPT	OTHER	25
<b>Total . . . . .</b> <b>3a</b>				653,600

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MACHZIKEI HADAS 4404 14TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	TEMPLE/SYNAGOGUE	50
QUEENS J INSPIRE KGH NY 11367	NONE	EXEMPT	OUTREACH	250



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEP QUEENS 76-01 147 ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	180
ORLANDO TORAH ACADEMY 8651 COMMODITY CIRCLE ORLANDO, FL 32819	NONE	EXEMPT	RELIGIOUS EDUCATION	180
TORAH PREP SCHOOL ST LOUIS 609 NORTH SOUTH RD ST LOUIS, MO 63130	NONE	EXEMPT	RELIGIOUS EDUCATION	250
SHEMIRAH B'DRACHIM 5014 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	OTHER	149
ERNA LINDENFELD 147-32 77 RD KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	50
<b>Total . . . . . ▶</b> <b>3a</b>				653,600

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONG MIKVEJ ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	36
YESHIVA RABBI SAMSON RAPHAEL HIRSCH 100 BENNEETT AVE NEW YORK, NY 10033	NONE	EXEMPT	RELIGIOUS EDUCATION	100
YESHIVA KNESSSET YEHUDA 848 E 13TH ST BROOKLYN, NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	150
CONG BAIS AHARON 2166 83 RD ST BROOKLYN, NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	150
BNEI TORA 1689 48 TH ST BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	25
<b>Total . . . . . ▶</b> <b>3a</b>				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMG CHASIN VCHESED 560 EMPIRE BLVD BROOKLYN, NY 11225	NONE	EXEMPT	INDIGENT FAMILIES	25
MESAMCHE LEV 1364 53 ST BROOKLYN, NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	300
EZRAT CHOLIM 5014 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	36
CHASDEI CHASHE 1863 13 TH BROOKLYN, NY 11229	NONE	EXEMPT	OTHER	180
ICHUD HAYESIVOS 1274 49TH ST BROOKLYN, NY 11229	NONE	EXEMPT	RELIGIOUS EDUCATION	360
<b>Total . . . . .</b> 				653,600
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACHIEZER 1960 E 7TH ST BROOKLYN, NY 11223	NONE	EXEMPT	INDIGENT FAMILIES	180
KOLLEL BAIS AHARON TZVI 235 PENN ST BROOKLYN, NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	25
SATMAR BIKUR CHOLIM 545 BEDFORD AVE BROOKLYN, NY 11223	NONE	EXEMPT	OTHER	36
HEBRON FUND 1760 OCEAN AVE BROOKLYN, NY 11223	NONE	EXEMPT	OTHER	250
YOUNG ISRAEL OF QUEENS VALLEY 141-55 77 AVE KEW GARDEN HILLS, NY 11249	NONE	EXEMPT	TEMPLE/SYNAGOGUE	250
<b>Total . . . . .</b> ▶ <b>3a</b>				653,600

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHOMROI KOLLEL HACHOMOSS 18 HEYWARD ST BROOKLYN, NY 11249	NONE	EXEMPT	INDIGENT FAMILIES	250
KEREN SIMCHAS CHOSSON V'KALLAH 712 MONTGOMERY ST BROOKLYN, NY 11213	NONE	EXEMPT	OTHER	250
CHILD LIFE SOCIETY 1347 43RD ST BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	150
YESH ATERET TORAH 215 LENTZ PARAMUS, NJ 07652	NONE	EXEMPT	OTHER	100
ZICHRON SHLOMO REFUAH 1319 51 ST BROOKLYN, NY 11218	NONE	EXEMPT	SICK/ DISABLED FAMILIES /CHILDREN	100
<b>Total . . . . .</b> <b>3a</b>				653,600



## contributions

## Special Rules



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS TOWN JERUSALEM 1 PENN PLAZA NEW YORK, NY 10003	NONE	EXEMPT	ORPHANAGE	100
CHESED POB 1076 NEW YORK, NY 10002	NONE	EXEMPT	INDIGENT FAMILIES	100
BEIS MEDRASH OF KEW GARDENS HILLS 75-02 137 ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	200
SKKM - SURI KOPS FUND 72-25 136TH STREET KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	75
DARCHEI MENACHEM 432 RUTLAND AVE BROOKLYN, NY 11203	NONE	EXEMPT	RELIGIOUS EDUCATION	250
<b>Total . . . . .</b> ▶ <b>3a</b>				653,600



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YESHIVA WATERBURY 47 BUCKINGHAM ST WATERBURY, CT 06703	NONE	EXEMPT	RELIGIOUS EDUCATION	250
CONG GEMACH SANHDRIA MURCHECVET 100 CHURCH ST NEW YORK, NY 11415	NONE	EXEMPT	INDIGENT FAMILIES	50
JINSPIRE QUEENS KEW GARDEN HILLS NEW YORK, NY 11367	NONE	EXEMPT	OUTREACH	36
YESHIVA CHASAN SOFER 1876 50TH STREET BROOKLYN, NY 11203	NONE	EXEMPT	RELIGIOUS EDUCATION	150
AFO BAIS CHAIM YITCHOK 1054 43 RD STREET BROOKLYN, NY 10016	NONE	EXEMPT	RELIGIOUS EDUCATION	200
<b>Total . . . . .</b> ► <b>3a</b>				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DARCHEI TORAH U ' MUSSAR 1134 E 15TH STREET BROOKLYN, NY 10017	NONE	EXEMPT	RELIGIOUS EDUCATION	120
OSIM CHESED 1837 E 24 TH STREET BROOKLYN, NY 11229	NONE	EXEMPT	INDIGENT FAMILIES	54
ISRAEL PURIM FUND 205 W BEECH LONG BEACH, NY 11561	NONE	EXEMPT	INDIGENT FAMILIES	100
LI TORAH NETWORK 147-33 76TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	100
BNOS MALKA 71-02 113 ST FLUSHING, NY 11375	NONE	EXEMPT	RELIGIOUS EDUCATION	120
<b>Total . . . . . ▶</b> <b>3a</b>				653,600

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GO KOSHER PROJECT 550 EMPIRE BLVD BROOKLYN, NY 10016	NONE	EXEMPT	OTHER	36
NECHAMAS CLOSET 1227 PRESIDENT ST BROOKLYN, NY 10016	NONE	EXEMPT	INDIGENT FAMILIES	100
ATIME 1310 48TH STREET BROOKLYN, NY 10016	NONE	EXEMPT	OTHER	180
AGUDAS TOV V CHESED 46 MAIN STREET MONSEY, NY 00952	NONE	EXEMPT	OTHER	36
OTSAR FAMILY SERVICES 2334 W13TH STREET BROOKLYN, NY 10017	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	36
<b>Total . . . . .</b> ▶ <b>3a</b>				653,600

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YACHAD 333 7TH AVE NEW YORK, NY 10001	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	18
SHEEARIM POB 747 BALA CYNWIYD, PA 19004	NONE	EXEMPT	OUTREACH	100
BAIS MEDRAH TAHAROT PRESIDENT ST POB 150564 BROOKLYN, NY 11215	NONE	EXEMPT	RELIGIOUS EDUCATION	200
BAIS MEDRAH TAHAROT PRESIDENT ST POB 150564 BROOKLYN, NY 11215	NONE	EXEMPT	RELIGIOUS EDUCATION	200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KIMPATORIN AID 1324 50 TH STREET BROOKLYN, NY 10017	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	250
HAKAV HAMEACHED 5014 16TH AVE BROOKLYN, NY 11203	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	54
YAD LACHIM 580 5TH AVE NEW YORK, NY 10002	NONE	EXEMPT	OUTREACH	200
OHR TORAH 4 PHILLS TERRACE MONSEY, NY 00952	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	54
TORAH TEMIMAH CONG 5504 16TH AVE BROOKLYN, NY 11219	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	54
<b>Total . . . . .</b> ► <b>3a</b>				653,600


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JINSPIRE QUEENS KEW GARDEN HILLS KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	100
CHES LAVRAHAM 73-48 136 ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	180
BAIS MEDRAH ATERES YISROEL POB 901052FAR ROCKAWAY, NY 11690	NONE	EXEMPT	RELIGIOUS EDUCATION	36
YESHIVA MEONM HATORAH POB 428 MONSEY, NY 00952	NONE	EXEMPT	RELIGIOUS EDUCATION	36
CHESE FUND 1928 51 ST BROOKLYN, NY 11204	NONE	EXEMPT	INDIGENT FAMILIES	54
<b>Total . . . . .</b> ► <b>3a</b>				653,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
SHEMIRAH B'DRACHIM 5014 16TH AVE BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	149
CHAI LIFELINE 151 W 30TH ST NEW YORK, NY 10004	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	120
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	21
AM COMMITTEE SHAAREI TZEDEK MED CTR 55 W 39 ST NEW YORK, NY 10002	NONE	EXEMPT	OTHER	100
BETH JACOB EZER YOLDOT 4403 15TH AVE BROOKLYN, NY 11219	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	100
<b>Total . . . . . ▶</b> <b>3a</b>				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YESHIVA KETANA BENSONHURST 2025 67TH STREET BROOKLYN, NY 11204	NONE	EXEMPT	RELIGIOUS EDUCATION	120
AGUDAS TOV V CHESED 46 MAIN STREET MONSEY, NY 10952	NONE	EXEMPT	INDIGENT FAMILIES	120
YIQV 141-55 77 TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	775
JINSPIRE QUEENS KEW GARDEN HILLS KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	36
KOLLEL CHASDEI GUR 38 SADDLE RIVER ROAD MONSEY, NY 10952	NONE	EXEMPT	RELIGIOUS EDUCATION	180
<b>Total . . . . .</b> 				653,600
<b>3a</b>				



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TORAH IMAGES 411 AVE F BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	54
YOUNG ISRAEL OF QUEENS VALLEY 141-55 77 TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	180
BINAT SHLOMO 1134 E 15TH STREET BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	100
SHALOM YITZCHOK TORAH INSTITUTE 208 5TH ST LAKEWOOD, NJ 08701	NONE	EXEMPT	RELIGIOUS EDUCATION	120
BNEI TORAH MOVEMEENT 1689 468TH STREET BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	72
<b>Total . . . . .</b> 				653,600
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONG MIKVAH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	18
CONG NACHLAS YITCHOK 141-43 73 AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	500
CONG TORAH LODAAS 53 77TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	100
CONG SHAAREI ZION 2030 OCEAN PKWY BROOKLYN, NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	36
BNEI TORAH MOVEMEENT 1689 468TH STREET BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	36
<b>Total . . . . .</b> ▶ <b>3a</b>				653,600

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				

**TY 2016 Other Expenses Schedule****Name:** MASADA FOUNDATION**EIN:** 16-1622664**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEE	50	0	0	50
INVESTMENT EXPENSE -K-1(LESLIE'S COINVESTMENT,LLC)	309	309	0	0
NONDEDUCTIBLE EXPENSES - PER K1	10	0	0	0

**TY 2016 Other Increases Schedule**

**Name:** MASADA FOUNDATION

**EIN:** 16-1622664

Description	Amount
DEDUCTIONS PER K-1	319

**TY 2016 Other Liabilities Schedule****Name:** MASADA FOUNDATION**EIN:** 16-1622664

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491186006058	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF  ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>			OMB No 1545-0047
					<b>2016</b>
<b>Name of the organization</b> MASADA FOUNDATION				<b>Employer identification number</b> 16-1622664	
<b>Organization type</b> (check one)					
<b>Filers of:</b>					
<b>Section:</b>					
Form 990 or 990-EZ		<input type="checkbox"/> 501(c)( ) (enter number) organization			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
Form 990-PF		<input type="checkbox"/> 527 political organization			
		<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation			
		<input type="checkbox"/> 501(c)(3) taxable private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
<b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
<b>General Rule</b>					
<input checked="" type="checkbox"/> For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total.					

<b>Name of organization</b> MASADA FOUNDATION	<b>Employer identification number</b> 16-1622664
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**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	RICHARD KIRSCHNER 137-05 72ND ROAD FLUSHING, NY 11367	\$ 654,265	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



<b>Name of organization</b> MASADA FOUNDATION	<b>Employer identification number</b> 16-1622664
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<b>Part II</b>	<b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SHARES IN LESLIE'S COINVESTMENT LLC EIN 20-2234980	\$ 654 265	2017-02-28
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

<b>Name of organization</b> MASADA FOUNDATION	<b>Employer identification number</b> 16-1622664
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	