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C&E 946

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.
▶ Go to *www.irs.gov/Form990PF* for instructions and the latest information.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning , 2017, and ending , 20

Name of foundation: JULES PODELL FOUNDATION INC

A Employer identification number: 13-6122119

Number and street (or P O box number if mail is not delivered to street address): PO BOX 92 | Room/suite:

B Telephone number (see instructions): (914) 636-2414

City or town, state or province, country, and ZIP or foreign postal code: SUMMIT, NJ 07902

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☐ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☒ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 792,850

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue 1	Contributions, gifts, grants, etc , received (attach schedule)				
2	Check ▶ ☒ if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	2	2		
4	Dividends and interest from securities	22,246	22,246		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	25,907			
b	Gross sales price for all assets on line 6a 27,681				
7	Capital gain net income (from Part IV, line 2)		25,907		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	**Total.** Add lines 1 through 11	48,155	48,155		
Operating and Administrative Expenses 13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) STM108	2,780	2,780		
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions) STM110	1,248	1,248		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	18,595	18,595		
22	Printing and publications				
23	Other expenses (attach schedule)				
24	**Total operating and administrative expenses.** Add lines 13 through 23	22,623	22,623		0
25	Contributions, gifts, grants paid	38,011			38,011
26	**Total expenses and disbursements.** Add lines 24 and 25	60,634	22,623		38,011
27	Subtract line 26 from line 12				
a	**Excess of revenue over expenses and disbursements**	(12,479)			
b	**Net investment income** (if negative, enter -0-)		25,532		
c	**Adjusted net income** (if negative, enter -0-)			0	

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For Paperwork Reduction Act Notice, see instructions.

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Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets 1	Cash - non-interest-bearing	8,299	3,365	3,365
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments - U S and state government obligations (attach schedule)			
b	Investments - corporate stock (attach schedule) STM137	59,086	51,541	789,485
c	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)			
16	**Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	67,385	54,906	792,850
Liabilities 17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	**Total liabilities** (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.**			
24	Unrestricted	67,385	54,906	
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	**Total net assets or fund balances** (see instructions)	67,385	54,906	
31	**Total liabilities and net assets/fund balances** (see instructions)	67,385	54,906	

Part III Analysis of Changes in Net Assets or Fund Balances

1	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)	1	67,385
2	Enter amount from Part I, line 27a	2	(12,479)
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	54,906
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	54,906

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	AMETEK	P	12-30-1977	12-31-2017
b	MSA SAFETY	P	06-07-2000	12-31-2017
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	17,145		716	16,429
b	10,536		1,058	9,478
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				16,429
b				9,478
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } **2** 25,907

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8 **3**

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	32,505	57,328	0.567
2015	24,289	52,463	0.462974
2014	26,681	65,118	0.409733
2013	31,034	66,501	0.46667
2012	28,040	56,434	0.496864

2	**Total** of line 1, column (d)	2	2.403241
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0.480648
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	65,079
5	Multiply line 4 by line 3	5	31,280
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	255
7	Add lines 5 and 6	7	31,535
8	Enter qualifying distributions from Part XII, line 4	8	38,011

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

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 ▶ ☒ and enter 1% of Part I, line 27b	1	255
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	0
3	Add lines 1 and 2	3	255
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	255
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	255
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶	Refunded ▶	11	

Part VII-A — Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ ________ **(2)** On foundation managers ▶ $ ________			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ ________			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
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 law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered See instructions ▶ NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? 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		X

2

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

		Line	Yes	No
11	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	11		X
12	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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ JAMA VITALE Telephone no ▶ 914-636-2414

Located at ▶ PO BOX 92, SUMMIT, NJ ZIP+4 ▶ 07902

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**-check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

		Line	Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Line	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ No			
	If "Yes," list the years ▶ ____, ____, ____, ____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ ____, ____, ____, ____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2017 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, Form 4720, to determine if the foundation had excess business holdings in 2017)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

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

			Yes	No
5a	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))? ☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ 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? ☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)-(5), did any 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	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

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

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MALDA PROLER PO BOX 92, SUMMIT, NJ 07902	TRUSTEE 0.00	0	0	0
JAMA VITALE PO BOX 92, SUMMIT, NJ 07902	TRUSTEE 0.00	0	0	0
DANIELLE PROLER PO BOX 92, SUMMIT, NJ 07902	TRUSTEE 0.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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		
Total number of others receiving over $50,000 for professional services . . . . ▶		

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

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	0
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	65,790
b	Average of monthly cash balances	1b	280
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	66,070
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	66,070
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	991
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	65,079
6	**Minimum investment return.** Enter 5% of line 5	6	3,254

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

1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2017 from Part VI, line 5	2a			
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	

Part 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	38,011
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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	38,011
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 See instructions	5	255
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	37,756

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 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2017				
a	Enter amount for 2016 only				
b	Total for prior years ____, ____, ____				
3	Excess distributions carryover, if any, to 2017				
a	From 2012				
b	From 2013				
c	From 2014				
d	From 2015				
e	From 2016				
f	**Total** of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 38,011				
a	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount				
e	Remaining amount distributed out of corpus	38,011			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	**Enter the net total of each column as indicated below:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	38,011			
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see instructions				
e	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9	**Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a	38,011			
10	Analysis of line 9				
a	Excess from 2013				
b	Excess from 2014				
c	Excess from 2015				
d	Excess from 2016				
e	Excess from 2017 38,011				

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 2017, enter the date of the ruling ▶

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

	Tax year (a) 2017	Prior 3 years (b) 2016	(c) 2015	(d) 2014	(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for 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 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 (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation 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))

NONE

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

NONE

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 , to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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

990APP

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 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
a *Paid during the year*				
MYELOMA FOUNDATION 12650 RIVERSIDE DR VALLEY VILLAGE, CA 91607			CHARITY	1,000
CAUSE FOR PAWS 7079 NW 62 TERR PARKLAND, FL 33067			CHARITY	1,000
DON JONES FOUNDATION PO BOX 1532 PALO ALTO, CA 94302			CHARITY	1,284
SUSAN G KOMEN BREAST CANCER PO BOX 350309 DALLAS, TX 75265			CHARITY	1,500
HUMANE LEAGUE OF LANCASTER 2195 LINCOLN HWY LANCASTER, PA 17602			CHARITY	1,500
NORTH MUSEUM OF NATURE AND SCIENCE 400 COLLEGE AVE LANCASTER, PA 17601			CHARITY	1,362
Total . . . . ▶ **3a**				38,011
b *Approved for future payment*				
Total . . . . ▶ **3b**				

Part XV Supplementary Information *(continued)*

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
a *Paid during the year*				
CSA 360 ELKWOOD AVENUE NEW PROVIDENCE, NJ 07974			CHARITY	100
AUTISM SPEAKS 1 EAST 33 ST NEW YORK, NY 10016			CHARITY	250
ALZHEIMERS ASSOCIATION 225 NORTH MICHIGAN OFFICE CHICAGO, IL 60601			CHARITY	200
LEHIGH UNIVERSITY 27 MEMORIAL DR BETHLEHEM, PA 18015			CHARITY	250
COMMUNITY FOOD 31 EVANS HILLSIDE, NJ 07205			CHARITY	250
NEW ROCHELLE ROTARY CLUB NEW ROCHELLE NEW ROCHELLE, NY 10802			CHARITY	1,500
OVERLOOK FOUNDATION 36 UPPER OVERLOOK SUMMIT, NJ 07901			CHARITY	5,000
RELAY FOR LIFE P.O. BOX 22718 OKLAHOMA CITY, OK 73123			CHARITY	6,000
Total . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . . ▶ 3b				

Part XV Supplementary Information *(continued)*

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
a Paid during the year				
ST JUDE CHILDRENS 501 ST JUDE PL MEMPHIS, TN 38105			CHARITY	1,000
OUR LADY OF PEACE 99 SOUTH ST NEW PROVIDENCE, NJ 07974			CHARITY	195
BROOKE HEALY FOUNDATION P.O. BOX 981 NEW PROVIDENCE, NJ 07974			CHARITY	5,650
SALT BROOK PTA 40 MAPLE ST NEW PROVIDENCE, NJ 07974			CHARITY	485
PET PANTRY OF LANCASTER CO 26 MILLERSVILLE ROAD LANCASTER, PA 17603			CHARITY	500
UNITED CEREBRAL PALSY 1825 K STREET WASHINGTON, DC 20006			CHARITY	1,000
NPPAL PARK PLACE NEW PROVIDENCE, NJ 07974			CHARITY	70
MEALS ON WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017			CHARITY	1,000
Total ▶ 3a				
b Approved for future payment				
Total ▶ 3b				

Part XV Supplementary Information *(continued)*

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
a *Paid during the year*				
KIDS IN CRISIS 1 SALEM ST COS COB, CT 06807			CHARITY	500
NPEF PO BOX 993 NEW PROVIDENCE, NJ 07974			CHARITY	200
RADBURN ELEM 18-00 RADBURN ROAD FAIR LAWN, NJ 07410			CHARITY	2,680
MISTY MEADOWS 455 PROVIDENCE ROAD SO WAXHAW, NC 28173			CHARITY	500
LUKEMIA & LYMPHOMA 14 COMMERCE DR CRANFORD, NJ 07016			CHARITY	250
NJ SHARING NETWORK 691 CENTRAL AVE NEW PROVIDENCE, NJ 07974			CHARITY	625
NP PIONEERS FOR COOPER 14 CRESCENT RD NEW PROVIDENCE, NJ 07974			CHARITY	660
MULTIPLE SCLEROSIS 6520 N ANDREWS AVE FORT LAUDERDALE, FL 33309			CHARITY	1,500
Total . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . . ▶ 3b				

Part XVI-A Analysis of Income-Producing Activities

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

13 **Total.** Add line 12, columns (b), (d), and (e) 13

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▲	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d 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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

Sign Here

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

AMA VITALE — Signature of officer or trustee | Date | TRUSTEE — Title

May the IRS discuss this return with the preparer shown below? See instructions ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FELIX BATTIATO	FELIX BATTIATO	06-14-2018		P00116024

Firm's name ▶ BATTIATO & BATTIATO — Firm's EIN ▶

Firm's address ▶ 51 UNION STREET NEW ROCHELLE NY 10801 — Phone no 914-235-0000

STIFEL

Duplicate for the account of.
JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

December 1 -
December 31, 2017
Account Number:

UN84 4960-8(

STIFEL PRESTIGE® ACCOUNT STATEMENT

1 1 1 D33178 SSNI00801
FELIX BATTIATO
BATTIATO & BATTIATO
51 UNION ST
NEW ROCHELLE NY 10801-7407

YOUR STIFEL ACCOUNT SUMMARY	December 31	November 30
Cash Equivalents **	3,365.44	707 13
Net Portfolio Assets held at Stifel	789,485 26	773,092 99
Net Portfolio Assets not held at Stifel		
Net Portfolio Value	**$792,850.70**	**$773,800.12**

YOUR CHANGE IN PORTFOLIO VALUE	December 31	November 30
Net Cash Flow (Inflows/Outflows) 2	-6,100 00	-3,410.00
Securities Transferred In/Out		
Income and Distributions	4,975.07	392 24
Change in Securities Value	20,175.51	21,940.41
Net Change in Portfolio Value	**$19,050.58**	**$18,922.65**

** See Insured Bank Deposit Program Section for additional information
2 Does not include cost or proceeds for buy or sell transactions

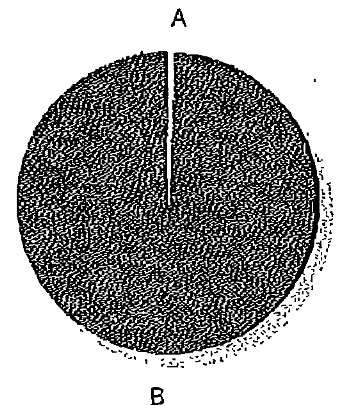
Your Financial Advisor:
BRUCE GOULD
Telephone (516) 663-5200

Office Servicing Your Account:
1225 FRANKLIN AVENUE
SUITE 150
GARDEN CITY, NY 11530

PRIMARY INVESTMENT OBJECTIVE: Growth & Income
RISK TOLERANCE: Moderate Growth

For a full definition of this objective and risk tolerance, including the use of margin, please see www.stifel.com, IMPORTANT DISCLOSURES, or contact your Financial Advisor If you have any questions concerning your investment objective or risk tolerance, or wish to make a change, please contact your Financial Advisor or the Branch Manager for this office.

YOUR ASSET SUMMARY



	Value on December 31, 2017 ($)	Percentage of your account
A Net Cash Equivalents	3,365 44	0.42%
B Equities	789,485 26	99 58%
Total Assets	$792,850 70	100.00%

TRADING TAX LOT RELIEF METHOD: First In, First Out

INVESTOR UPDATE

Naming a "trusted contact person" for your account, conducting a life insurance review, and going over new retirement plan guidelines – just a few reasons to talk with your Stifel Financial Advisor as we start 2018.

ACCOUNT PROTECTION

Stifel, Nicolaus & Company, Incorporated provides up to $150 million of coverage for securities held in client accounts, of which $1.15 million may be in cash deposits. Ask your Financial Advisor for more details.

Thank you for allowing Stifel to serve you. In order to protect your rights, including rights under the Securities Investor Protection Act (SIPA), please promptly report, in writing, any inaccuracies or discrepancies in this account or statement to the Compliance Department of Stifel at the address below If you have any questions regarding your account or this statement, please contact your Financial Advisor or the Branch Manager for this office. For additional information regarding your Stifel account, please refer to the current Stifel Account Agreement and Disclosure Booklet, which is available at www stifel com/disclosures/account-agreement.

STIFEL

JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

December 1 -
December 31, 2017
Account Number.

UN84 4960-8C

ASSET SUMMARY

	Value as of December 31, 2017				Gains/(-)Losses		
				% of		Realized	
	At Stifel	Not at Stifel	Total	assets *	Unrealized	This Period	Year-to-da
Cash							
Money Market Funds	3,365.44		3,365.44	0.42%			
Margin Balance							
A: Net Cash Equivalents	**$3,365.44**		**$3,365.44**	**0.42%**			
B. Equities	789,485.26		789,485.26	99.58%	737,943.96	3,641.05	25,906.49
C. Preferreds							
D. Municipal Bonds							
E. Corporate/Gov Bonds							
F Mutual Funds							
G Unit Investment Trusts							
H. Insurance Products							
I. Alternative Investments							
J. Other Investments							
Net Portfolio Assets	**$789,485.26**	**$0.00**	**$789,485.26**	**99.58%**	**$737,943.96**	**$3,641.05**	**$25,906.49**
Net Portfolio Value	**$792,850.70**	**$0.00**	**$792,850.70**	**100.00%**	**$737,943.96**	**$3,641.05**	**$25,906.49**

INCOME & DISTRIBUTION SUMMARY

	Security Type	Year-to-date	This period
Dividends	Tax-Exempt		
	Taxable	22,245.83	5,186.40
Interest	Tax-Exempt		
	Taxable	1.95	0.17
Capital Gain Distributions			
Return of Principal			
Other			
Total Income & Distributions		**$22,247.78**	**$5,186.57**

INFORMATION SUMMARY

	Security Type	Year-to-date	This period
Accrued Interest Paid	Tax-Exempt		
	Taxable		
Accrued Interest	Tax-Exempt		
Received	Taxable		
Gross Proceeds		27,681.01	3,783 24
Federal Withholding			
Foreign Taxes Paid		846.00	211.50
Margin Interest Charged			

* Please note "% of assets" figures are shown gross of any amounts owed to Stifel and/or net short positions.

STIFEL

ASSET DETAILS

This section shows the cash equivalents and/or securities in your account. Prices obtained from outside sources are considered reliable but are not guaranteed by Stifel. Actual prices may vary, and upon sale, y(may receive more or less than your original purchase price Contact your Financial Advisor for current price quotes. Gain/Loss is provided for informational purposes only Cost basis may be adjusted for, but not limited to, amortization, accretion, principal paydowns, capital changes, listed option premiums, gifting rules, inheritance step-up, or wash sales The Gain/Loss Information should not be used for tax preparation without the assistance of your tax advisor Lot detail quantity displayed is truncated to the one thousandth of a share.

NET CASH EQUIVALENTS

	Current value	Cost Basis	Estimated Annualized Income	Estimated Yield %
INSURED BANK PROGRAM	3,365.44	3,365 44	5 05	0 15%
Total Net Cash Equivalents	**$3,365.44**	**$3,365.44**	**$5.05**	**0.15%**

Insured Bank Program deposits may be held at multiple banks. For information regarding specific banks visit IMPORTANT DISCLOSURES on www.stifel com The deposits are not covered by the Securities Investor Protection Act (SIPC). Balances in the Program are insured up to the FDIC limit in each bank

Balances in the Insured Bank Program or in any money market fund offered as an available fund for Cash Investment Services at Stifel can be liquidated upon request and returned to your brokerage account or remitted directly to you.

PORTFOLIO ASSETS - HELD AT STIFEL

Equities	Symbol/ Type	Quantity	Current Price/ Current Value	Average Unit Cost/ Cost Basis	Unrealized Gain/(-)Loss[10]	Estimated Annualized Income	Estimated Yield %
AT&T INC CUSIP: 00206R102	T Cash	800	38.8800 31,104.00	4 0515 3,241 21	27,862.79	1,600 00	5 14%
AMETEK INC NEW CUSIP: 031100100	AME Cash	2,760	72.4700 200,017.20	2 5851 7,134.83	192,882.37	993.60	0 50%
BP PLC SPONSORED ADR CUSIP: 055622104	BP Cash	2,000	42 0300 84,060 00	1 3190 2,637 99	81,422 01	4,800 00	5.71%
CHEVRON CORP CUSIP: 166764100	CVX Cash	1,250	125 1900 156,487.50	3.3638 4,204 75	152,282 75	5,400 00	3.45%
HUBBELL INC CUSIP: 443510607	HUBB Cash	500	135 3400 67,670.00	10.1298 5,064 90	62,605 10	1,540.00	2 2[illegible]
INTERNATIONAL PAPER COMPANY CUSIP. 460146103	IP Cash	824	57.9400 47,742.56	7.0948 5,846.08	41,896.48	1,565.60	3 2[illegible]
MSA SAFETY INC CUSIP: 553498106	MSA Cash	450	77.5200 34,884.00	7.0560 3,175.21	31,708.79	630 00	1.81

STIFEL

JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

ASSET DETAILS (continued)

PORTFOLIO ASSETS - HELD AT STIFEL (continued)

Equities	Symbol/ Type	Quantity	Current Price/ Current Value	Average Unit Cost/ Cost Basis	Unrealized Gain/(-)Loss[10]	Estimated Annualized Income	Estim Yie.
MOOG INC CLASS A CUSIP. 615394202	MOG/A Cash	600	86.8500 52,110 00	21.0197 12,611 81	39,498 19	N/A	N/A
ROYAL DUTCH SHELL PLC SPONSORED ADR REPSTG A SHARES CUSIP: 780259206	RDS/A Cash	1,500	66.7100 100,065 00	1.2637 1,895 48	98,169 52	4,794.00	4 79%
XYLEM INC CUSIP 98419M100	XYL Cash	225	68 2000 15,345.00	25.4624 5,729 04	9,615 96	162.00	1.06%
Total Equities			**$789,485.26**	**$51,541.30**	**$737,943.96**	**$21,485.20**	**2.72%**
Total Portfolio Assets - Held at Stifel			**$789,485.26**	**$51,541.30**	**$737,943.96**	**$21,485.20**	**2.72%**
Total Net Portfolio Value			**$792,850.70**	**$54,906.74**	**$737,943.96**	**$21,490.25**	**2.71%**

FOOTNOTE DEFINITIONS

10 Please note "Unrealized Gain/(-)Loss" does not equal the total current value minus the total cost if any value or cost amounts are missing. Unrealized gains or losses are provided for your information only and should not be used for tax purposes.

STIFEL

JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

December 1 -
December 31, 2017
Account Number

UN84 4960-8C

ACTIVITY SUMMARY / CASH EQUIVALENTS

Type of Activity	Activity	Year-to-date	This period	Cash	Money Market	Ma.
	Opening Balance - Net Cash Equivalents		**$707.13**	**$0.00**	**$707.13**	**$(**
Buy and Sell Transactions	Assets Bought	-9,552.14				
	Assets Sold/Redeemed	37,233.15	3,783.24	3,783.24		
Deposits	Deposits Made To Your Account					
Withdrawals	Withdrawals From Your Account	-70 00	-20.00	-20 00		
Income and Distributions	Income and Distributions	21,401.78	4,975.07	4,975.07		
Money Market Activity	Money Market Activity			-2,658.31	2,658.31	
Margin Interest	Margin Interest Charged					
Other	Other Transactions	-40.00	-10.00	-10.00		
Cash Management Activity	Card Activity					
	ACH/ATM Activity	-8,926.17				
Checkwriting Activity	Checks You Wrote	-44,980.00	-6,070.00	-6,070.00		
	Closing Balance - Net Cash Equivalents		**$3,365.44**	**$0.00**	**$3,365.44**	**$0.00**
Securities Transferred	Securities Transferred In/Out					

ACTIVITY DETAILS / CASH EQUIVALENTS

	This period	Cash	Money Market	Margin
Opening Balance - Net Cash Equivalents	**$707.13**	**$0.00**	**$707.13**	**$0.00**

Assets Sold/Redeemed

Date	Activity	Quantity	Price	Description	Total	Cash	Money Market	Margin
12/5/2017	Asset Sold	-15.000	70 9400	AMETEK INC NEW CUSIP: 031100100	1,019 07	1,019 07		
12/7/2017	Asset Sold	-40.000	71.3600	AMETEK INC NEW CUSIP 031100100	2,764.17	2,764 17		
Total Assets Sold/Redeemed					**$3,783.24**	**$3,783.24**		

Withdrawals From Your Account

Date	Activity	Quantity	Description	Total	Cash	Money Market	Margin
12/5/2017	Journal		PREPAY NSF CK FEE	-10.00	-10 00		

STIFEL

JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

December 1 -
December 31, 2017
Account Number.

ACTIVITY DETAILS continued

CASH EQUIVALENTS continued

Withdrawals From Your Account continued

Date	Activity	Quantity	Description	Total	Cash	Money Market	Ma
12/7/2017	Journal		PREPAY NSF CK FEE	-10 00	-10.00		
Total Withdrawals From Your Account				**-$20.00**	**-$20.00**		

Income and Distributions

Date	Activity	Quantity	Description	Total	Cash	Money Market	Margin
12/6/2017	Dividend		XYLEM INC 120617 225 CUSIP 98419M100	40.50	40.50		
12/11/2017	Dividend		CHEVRON CORP 121117 1,250 CUSIP: 166764100	1,350 00	1,350.00		
12/11/2017	Dividend		MSA SAFETY INC 121017 450 CUSIP: 553498106	157.50	157.50		
12/15/2017	Dividend		HUBBELL INC 121517 500 CUSIP. 443510607	385 00	385 00		
12/15/2017	Dividend		INTERNATIONAL PAPER COMPANY 121517 824 CUSIP: 460146103	391.40	391.40		
12/20/2017	Dividend		AMETEK INC NEW 122017 2,800 CUSIP· 031100100	252 00	252.00		
12/20/2017	Dividend		ROYAL DUTCH SHELL PLC SPONSORED ADR REPSTG A SHARES 122017 1,500 CUSIP: 780259206	1,410.00	1,410 00		
12/20/2017	Withholding		FRGN-W/H @ SOURCE ROYAL DUTCH SHELL ADR CUSIP· 780259206	-211 50	-211.50		
12/21/2017	Dividend		BP PLC SPONSORED ADR 122117 2,000 CUSIP: 055622104	1,200.00	1,200 00		

STIFEL

JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

December 1 -
December 31, 2017
Account Number.

ACTIVITY DETAILS continued | CASH EQUIVALENTS continued

Income and Distributions continued

Date	Activity	Quantity	Description	Total	Cash	Money Market	Ma
12/29/2017	Interest		INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC 122917 3,365 CUSIP 09999435	0.17	0 17		
Total Income and Distributions				**$4,975.07**	**$4,975.07**		

Money Market Activity

Date	Activity	Description	Total	Cash	Money Market	Margin
12/5/2017	Sale	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		707.13	-707.13	
12/6/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-6 70	6.70	
12/8/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-254 17	254 17	
12/12/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-1,257.50	1,257 50	
12/18/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-776.40	776 40	
12/20/2017	Sale	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		70 00	-70.00	
12/21/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-1,450 50	1,450.50	
12/22/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-1,200 00	1,200.00	
12/27/2017	Sale	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		1,010.00	-1 010 00	

STIFEL

ACTIVITY DETAILS continued — CASH EQUIVALENTS continued

Money Market Activity continued

Date	Activity	Description	Total	Cash	Money Market	Margin
12/29/2017	Purchase	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		-0.17	0 17	
12/29/2017	Sale	INSURED BANK PROGRAM MONEY MARKET FDIC INSD NOT INSURED BY SIPC		500 00	-500.00	
Total Money Market Activity			**$0.00**	**-$2,658.31**	**$2,658.31**	

Other Transactions

Date	Activity	Quantity	Price	Description	Total	Cash	Money Market	Margin
12/27/2017	Fee			BP PLC 2000 CUSIP 055622104	-10 00	-10.00		
	****note****			ADR FEE				
Total Other Transactions					**-$10.00**	**-$10.00**		

CASH MANAGEMENT ACTIVITY

To report a lost or stolen Visa® Debit Card, at any time, call toll-free (800) 382-4368 and select option 2.
For all other questions, call (800) 679-5446 on any business day between 7:30 am and 5:00 pm CST

Checkwriting Activity
(Activity sorted in check number order.)

Date Paid	Check no	Payee	Expense Category	Expense Code	Amount	Cash	Money Market	Margin
11/13/17	1201	NP PIONEER FOR COOP	Client Defined	0	-160.00	-160 00		
11/22/17	1202	PET PAINTING	Client Defined	0	-500.00	-500 00		
11/17/17	1203	HUMANE LEAGUE OF	Client Defined	0	-500 00	-500.00		
11/13/17	1204	MALDA RABER	Client Defined	0	-500 00	-500 00		
12/08/17@	1205	ROTARY CLUB OF NEW ROCHEL	Client Defined	0	-1,500.00	-1.500 00		
12/06/17@	1206	LEHIGH UNIVERSITY	Client Defined	0	-250 00	-250 00		
12/12/17@	1207	COMMUNITY FOOD BANK	Client Defined	0	-250.00	-250.00		
12/05/17@	1208	MULTIPLE SCLEROSIS FDN	Client Defined	0	-1,500.00	-1,500 00		
12/07/17@	1209	UNITED CEREBRAL PALSY	Client Defined	0	-1,000 00	-1,000.00		

STIFEL

CASH MANAGEMENT ACTIVITY continued

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For all other questions, call (800) 679-5446 on any business day between 7:30 am and 5.00 pm CST.

Checkwriting Activity continued

Date Paid	Check no.	Payee	Expense Category	Expense Code	Amount	Cash	Money Market	Margi
12/20/17@	1210	NPPAL	Client Defined	0	-70.00	-70.00		
12/27/17@	1211	CITY OF MEALS ON WHEELS	Client Defined	0	-1,000 00	-1,000.00		
12/29/17@	1212	KIDS IN CRISIS	Client Defined	0	-500 00	-500 00		
01/05/17	1232	CASH	Client Defined	0	-1,640 00	-1,640.00		
01/12/17	1233	KALAHARI RESORTS	Client Defined	0	-328 00	-328 00		
01/03/17	1234	DANELLE MITCHEL	Client Defined	0	-687.00	-687 00		
01/24/17	1235	NPEF	Client Defined	0	-200 00	-200 00		
03/24/17	1236	BROOK HEALEY FOUNDATION	Client Defined	0	-5,000 00	-5,000 00		
03/06/17	1237	CSA	Client Defined	0	-100 00	-100 00		
03/06/17	1238	HUMANE PENNSYLVANIA	Client Defined	0	-1,000 00	-1,000 00		
03/08/17	1240	CASH	Client Defined	0	-340.00	-340.00		
03/20/17	1241	PAYEE UNRECORDED	Undefined	N/A	-5,000 00	-5,000 00		
03/20/17	1242	MALDA RABER	Client Defined	0	-1,150 00	-1,150.00		
03/28/17	1243	SALT BROOK PTA	Client Defined	0	-145 00	-145 00		
05/05/17	1244	BROOKE HEALEY FOUNDATION	Client Defined	0	-150 00	-150 00		
05/11/17	1245	RELAY FOR LIFE	Client Defined	0	-1,000.00	-1,000 00		
04/25/17	1246	CASH	Client Defined	0	-487 00	-487.00		
05/01/17	1247	UCAPA PTSO	Client Defined	0	-40 00	-40.00		
05/04/17	1248	OLP	Client Defined	0	-75.00	-75 00		
05/04/17	1249	OLP	Client Defined	0	-120 00	-120.00		
05/10/17	1250	BATTIATO & BATTIATO	Client Defined	0	-2,700 00	-2,700 00		
06/16/17	1252	DEPT OF L	Client Defined	0	-150 00	-150 00		
05/10/17	1253	UNITED STATES TREASURY	Client Defined	0	-252.00	-252 00		
06/15/17	1254	ST JUDE'S CHILDRENS HOSPI	Client Defined	0	-1,000.00	-1,000 00		

STIFEL

CASH MANAGEMENT ACTIVITY continued

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For all other questions, call (800) 679-5446 on any business day between 7:30 am and 5:00 pm CST

Checkwriting Activity continued

Date Paid	Check no.	Payee	Expense Category	Expense Code	Amount	Cash	Money Market	Margin
05/16/17	1257	CASH	Client Defined	0	-496 00	-496 00		
05/30/17	1258	BAGEL CAFE NP	Client Defined	0	-275 00	-275 00		
06/01/17	1259	RADBURN ELEMENTARY SCHOOL	Client Defined	0	-2,000.00	-2,000.00		
05/23/17	1260	CASH	Client Defined	0	-1,550.00	-1,550 00		
06/02/17	1261	MISTY MEADOWS MITEY RIDER	Client Defined	0	-500 00	-500 00		
06/05/17	1262	ALZHEIMERS ASSOC	Client Defined	0	-200.00	-200.00		
05/31/17	1263	THE LEUKEMIA & LYMPHOMA S	Client Defined	0	-250.00	-250.00		
06/06/17	1264	NJ SHARING NETWORK FOUNDA	Client Defined	0	-570.00	-570.00		
06/06/17	1265	NJ SHARING NETWORK FOUNDA	Client Defined	0	-55.00	-55 00		
06/05/17	1266	CASH	Client Defined	0	-255.00	-255.00		
06/09/17	1267	THE OVERLOOK FOUNDATION	Client Defined	0	-5,000.00	-5,000.00		
07/26/17	1269	DANIELLE MITCHELL	Client Defined	0	-1,100.00	-1,100 00		
08/09/17	1270	MALDA RABER	Client Defined	0	-1,650 00	-1,650.00		
09/18/17	1271	CASH	Client Defined	0	-385 00	-385 00		
10/17/17	1272	PAOLOS KITCHEN	Client Defined	0	-650.00	-650.00		
10/30/17	1274	NP PIONEERS FOR COOPERSTO	Client Defined	0	-500.00	-500 00		
11/16/17	1275	AUTISM SPEAKS	Client Defined	0	-250.00	-250.00		
Total Checkwriting Activity					**-$44,980.00**	**-$44,980.00**		

@ Activity Posted in December

	This period	Cash	Money Market	Margin
Closing Balance - Net Cash Equivalents	**$3,365.44**	**$0.00**	**$3,365.44**	**$0.00**

STIFEL

JULES PODELL FOUNDATION INC
ATTN JAMA PODELL-VITALE &
MALDA E PROLER

December 1 -
December 31, 2017
Account Number.

UN84 4960-8C

CHECKWRITING EXPENSE SUMMARY

Expense Category	Expense Code	This Period	Year-to-date	Pct. of I
Client Defined	0	-39,980.00	-39,980.00	88.8
Undefined	N/A	-5,000 00	-5,000.00	11.1
Expense Summary		**-$44,980.00**	**-$44,980.00**	**100.00%**

REALIZED GAINS/(-)LOSSES

This section provides estimated realized gains or losses for informational purposes only. Cost basis may be adjusted due to, but not limited to, the following: amortization, accretion, principal paydowns, capital changes, listed option premiums, gifting rules, inheritance step-up, or wash sales. Unless another method was in effect at the time of the trade, the trading tax lot relief method indicated on the first page of the statement was used to calculate gains or losses Please review this information carefully for accuracy, and contact your Financial Advisor with any questions

Equities	Closing Transaction	Date Acquired	Date Sold	Quantity	Cost Basis	Sale Proceeds	Realized Gain/(-)Loss**
AMETEK INC NEW CUSIP. 031100100		12/30/77	05/23/17	37	95 65	2,167.27	2,071 62 (LT)
AMETEK INC NEW CUSIP: 031100100		12/30/77	05/31/17	85	219.74	5,071.24	4,851 50 (LT)
AMETEK INC NEW CUSIP: 031100100		12/30/77	06/09/17	60	155 11	3,676.60	3,521 49 (LT)
AMETEK INC NEW CUSIP. 031100100		12/30/77	08/10/17	40	103.41	2,447 04	2,343 63 (LT)
AMETEK INC NEW CUSIP· 031100100		12/30/77	12/05/17	15	38.78	1,019.07	980 29 (LT)
AMETEK INC NEW CUSIP· 031100100		12/30/77	12/07/17	40	103.41	2,764 17	2,660.76 (LT)
MSA SAFETY INC CUSIP 553498106		06/07/00	03/24/17	100	705 61	6,827.35	6,121 74 (LT)
MSA SAFETY INC CUSIP· 553498106		06/07/00	05/10/17	50	352.81	3,708.27	3,355.46 (L
Total Equities					**$1,774.52**	**$27,681.01**	**$25,906.49**
Total Realized Gains/(-)Losses					**$1,774.52**	**$27,681.01**	**$25,906.49**
Total Net Short-Term (ST)					**$0.00**	**$0.00**	**$0.00**
Total Net Long-Term (LT)					**$1,774.52**	**$27,681.01**	**$25,906.49**
Total Net Other-Term (OT)					**$0.00**	**$0.00**	**$0.00**

** Please note "Realized Gain/(-)Loss" does not equal total sale proceeds minus total cost basis if any cost basis amounts are missing

	Federal Supporting Statements	2017 PG01
Name(s) as shown on return JULES PODELL FOUNDATION INC		Your Social Security Number 13-6122119

FORM 990PF - PART XV - LINE 2
APPLICATION SUBMISSION INFORMATION

GRANT PROGRAM
CHARITY

APPLICANT NAME
JAMA VITALE

ADDRESS
PO BOX 92
SUMMIT, NJ 07902

TELEPHONE

EMAIL ADDRESS

FORM & CONTENT
LETTER

SUBMISSION DEADLINE
NONE

RESTRICTIONS ON AWARD

	Federal Supporting Statements	2017 PG01
Name(s) as shown on return		FEIN
JULES PODELL FOUNDATION INC		13-6122119

FORM 990PF - PART II - LINE 10(B)
INVESTMENTS: CORPORATE STOCK SCHEDULE

STATEMENT #137

CATEGORY	BOY	BOOK VALUE	EOY FMV
STIFEL ACCOUNT	59,086	51,541	789,485
TOTALS	**59,086**	**51,541**	**789,485**