

For Paperwork Reduction Act Notice, see instructions. Cat No 11289X Form **990-PF** (2017)

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	86,066	56,090	56,090
	2	Savings and temporary cash investments	110,578	50,252	50,252
	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)			
	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)	1,302,387	1,429,599	1,677,251
	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)	1,499,031	1,535,941	1,783,593	
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 <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	1,499,031	1,535,941	
	30	Total net assets or fund balances (see instructions)	1,499,031	1,535,941	
31	Total liabilities and net assets/fund balances (see instructions) .	1,499,031	1,535,941		

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	1,499,031
2	Enter amount from Part I, line 27a	2	42,067
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,541,098
5	Decreases not included in line 2 (itemize) ▶ _____	5	5,157
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,535,941

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a MERRILL LYNCH 02201	P	2017-08-11	2017-12-05
b MERRILL LYNCH 02201	P	2015-01-15	2017-12-05
c CAPITAL GAINS DIVIDENDS	P		
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 74,022		70,851	3,171
b 387,881		330,861	57,020
c 93			93
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(j) F M V as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col (j) over col (k), if any	
a			3,171
b			57,020
c			93
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	60,284
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 does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see 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	9,192	1,396,698	0 006581
2015	38,832	1,527,092	0 025429
2014	30,084	1,433,853	0 020981
2013	13,142	1,163,599	0 011294
2012	21,702	1,095,592	0 019808

2 Total of line 1, column (d)	2	0 084093
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 016819
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	1,558,883
5 Multiply line 4 by line 3	5	26,219
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	781
7 Add lines 5 and 6	7	27,000
8 Enter qualifying distributions from Part XII, line 4	8	36,082

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 <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	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	1	781
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	781
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	781
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	3,253
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	0
7	Total credits and payments. Add lines 6a through 6d.	7	3,253
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,472
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 2,472 Refunded <input type="checkbox"/>	11	0

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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA		
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? <i>If "No," attach explanation</i> .	8b	Yes
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 taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of JESSE PALAGANAS Telephone no (818) 999-2828			

Located at **6636 VARIEL AVENUE CANOGA PARK CA** ZIP+4 **91303**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> 1b			
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? <input type="checkbox"/> 1c			No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a			No
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			No

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

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))?	<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	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.	<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, foundation managers and their compensation (see instructions).**

(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
DAVID SARRAF 6636 VARIEL AVENUE CANOGA PARK, CA 91303	PRESIDENT 2 00	0	0	0
NATALIE SARRAF 6636 VARIEL AVENUE CANOGA PARK, CA 91303	CFO 2 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

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. **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
1	
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	0

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	1,460,195
b	Average of monthly cash balances.	1b	122,427
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,582,622
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,582,622
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	23,739
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,558,883
6	Minimum investment return. Enter 5% of line 5.	6	77,944

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.)

1	Minimum investment return from Part X, line 6.	1	77,944
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	781
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	781
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	77,163
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	77,163
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	77,163

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	36,082
b	Program-related investments—total from Part IX-B.	1b	0
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	36,082
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	781
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	35,301

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				77,163
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			35,360	
b Total for prior years 20____, 20____, 20____		0		
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.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 36,082				
a Applied to 2016, but not more than line 2a			35,360	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				722
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				76,441
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
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.				

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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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 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))
See Additional Data Table

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	36,082
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

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

	Yes	No
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1a(1)	No
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1a(2)	No
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1b(1)	No
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1b(2)	No
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1b(3)		No
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1b(4)		No
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1b(5)		No
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1b(6)		No
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1c		No
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value
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

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

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.

**Sign
Here**

* * * * *

2018-02-27

* * * * *

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name STEVE CUPINGOOD	Preparer's Signature	Date 2018-02-27	Check if self-employed ▶ <input type="checkbox"/>	PTIN P00244344
Firm's name ▶ SINGERLEWAK LLP				Firm's EIN ▶ 95-2302617
Firm's address ▶ 10960 WILSHIRE BLVD STE 700 LOS ANGELES, CA 900243783				Phone no (310) 477-3924

Form 990PF Part XV Line 1a - 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).

DAVID SARRAF
NATALIE SARRAF

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)				
a Paid during the year				
ALZHEIMER'S ASSOCIATION PO BOX 96011 WASGHINGTON, DC 200906011	NONE	EXEMPT	GENERAL	26
ALZHEIMER'S DISEASE RESEARCH 22512 GATEWAY CENTER DRIVE PO BOX 1950 CLARKSBURG, MD 208711950	NONE	EXEMPT	GENERAL	26
ALZHEMER'S DISEASE RESEARCH PO BOX 1950 CLARKSBURG CLARKSBURG, MD 208711950	NONE	EXEMPT	GENERAL	26
AMBASSADOR RONALD S LAUDER- WORLD JEWISH CONGRESS PO BOX 11032 LEWISTON, ME 042439400	NONE	EXEMPT	GENERAL	26
AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV 9911 WEST PICO BLVD STE 710 LOS ANGELES, CA 90035	NONE	EXEMPT	GENERAL	26
Total 3a				36,082

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)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY PO BOX 7899 SAN FRANCISCO, CA 94120	NONE	EXEMPT	GENERAL	26
AMERICAN CANCER SOCIETY-CALIFORNIA DIVISION PO BOX 79099 LOS ANGELES, CA 900790099	NONE	EXEMPT	GENERAL	26
AMERICAN CANCER SOCIETY-CALIFORNIA DIVISION PO BOX 883490 SAN FRANCISCO, CA 94188	NONE	EXEMPT	GENERAL	26
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE PO BOX 19002 NEW YORK, NY 102770672	NONE	EXEMPT	GENERAL	26
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE PO BOX 19003 NEW YORK, NY 102770672	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION PO BOX 1834 MERRIFIELD, VA 221168034	NONE	EXEMPT	GENERAL	26
AMERICAN DIABETES ASSOCIATION PO BOX 1835 MERRIFIELD, VA 221168034	NONE	EXEMPT	GENERAL	26
AMERICAN DIABETES ASSOCIATION PO BOX 1836 MERRIFIELD, VA 221168034	NONE	EXEMPT	GENERAL	26
AMERICAN FEDERATION OF POLICE & CONCERNED CITIZENSPOLICE FAMILY SURVIVORS 6350 HORIZON DRIVE TITUSVILLE, FL 32780	NONE	EXEMPT	GENERAL	26
AMERICAN FEDERATION OF POLICE AND CONCERNED CITIZENS 6351 HORIZON DRIVE TITUSVILLE, FL 32781	NONE	EXEMPT	GENERAL	26
Total 3a				36,082

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)				
a <i>Paid during the year</i>				
AMERICAN FEDERATION OF POLICE AND CONCERNED CITIZENS 6352 HORIZON DRIVE TITUSVILLE, FL 32781	NONE	EXEMPT	GENERAL	26
AMERICAN FOUNDATION FOR THE BLIND PO BOX 96051 WASHINGTON, DC 200777624	NONE	EXEMPT	GENERAL	26
AMERICAN FOUNDATION FOR THE BLIND PO BOX 96052 WASHINGTON, DC 200777624	NONE	EXEMPT	GENERAL	26
AMERICAN FOUNDATION FOR THE BLIND PO BOX 96053 WASHINGTON, DC 200777624	NONE	EXEMPT	GENERAL	26
AMERICAN FRIENDS OF MAGEN DAVID ODOM PO BOX 96402 WASHINGTON, DC 200906402	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
AMERICAN FRIENDS OF MAGEN DAVID ODOM PO BOX 96403 WASHINGTON, DC 200906402	NONE	EXEMPT	GENERAL	26
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 850628851	NONE	EXEMPT	GENERAL	26
AMERICAN HEART ASSOCIATION PO BOX 78852 PHOENIX, AZ 850628851	NONE	EXEMPT	GENERAL	26
AMERICAN INSTITUTE FOR CANCER RESEARCH 1759 R STREET NW PO BOX 97167 WASHINGTON, DC 200907167	NONE	EXEMPT	GENERAL	26
AMERICAN INSTITUTE FOR CANCER RESEARCH PO BOX 97167 WASHINGTON, DC 20077	NONE	EXEMPT	GENERAL	26
Total 3a				36,082

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)				
a <i>Paid during the year</i>				
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE PO BOX 97168 WASHINTON, DC 20077	NONE	EXEMPT	GENERAL	26
AMERICAN KIDNEY FUNDPO BOX 1837 MERRIFIELD, VA 221169743	NONE	EXEMPT	GENERAL	26
AMERICAN KIDNEY FUNDPO BOX 1838 MERRIFIELD, VA 221169744	NONE	EXEMPT	GENERAL	26
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852	NONE	EXEMPT	GENERAL	26
AMERICAN LUNG ASSOCIATION IN CALIFORNIA PO BOX 7000 ALBERT LEA, MN 560078000	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
AMERICAN LUNG ASSOCIATION IN CALIFORNIA PO BOX 7001 ALBERT LEA, MN 560078000	NONE	EXEMPT	GENERAL	26
AMERICAN PARKINSON DISEASE PO BOX 97216 WASHINGTON, DC 200907216	NONE	EXEMPT	GENERAL	26
AMERICAN PARKINSON DISEASE ASSOCIATION PO BOX 97217 WASHINGTON, DC 200907217	NONE	EXEMPT	GENERAL	26
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BLVD LOS ANGELES, CA 900255031	NONE	EXEMPT	GENERAL	26
B'NAI B'RITH INTERNATIONAL PO BOX 170305 MILWAUKEE, WI 532178091	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
BRaille BOOKS FOR BLIND CHILDREN PO BOX 17294 BALTIMORE, MD 212988405	NONE	EXEMPT	GENERAL	26
BRaille BOOKS FOR BLIND CHILDREN PO BOX 17295 BALTIMORE, MD 212988405	NONE	EXEMPT	GENERAL	26
BRaille BOOKS FOR BLIND CHILDREN PO BOX 7481 HALETHORPE, MD 212270481	NONE	EXEMPT	GENERAL	26
CALIFORNIA POLICE ACITIVITIES LEAGUE 1731 HOWE AVE269 SACRAMENTO, CA 95825	NONE	EXEMPT	GENERAL	35
CHABAD TELETHON741 GAYLEY AVE LOS ANGELES, CA 90024	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
CHILDRENS HOSPITAL LOS ANGELES FOUNDATION PO BOX 847924 LOS ANGELES, CA 900847924	NONE	EXEMPT	GENERAL	26
CHILDRENS CANCER RESEARCH FUND PO BOX 7006 ALBERT LEA, MN 560078006	NONE	EXEMPT	GENERAL	26
CHILDREN'S CANCER RESEARCH FUND PO BOX 96790 WASHINGTON, DC 200906790	NONE	EXEMPT	GENERAL	26
CHILDREN'S CANCER RESEARCH FUND PO BOX 96791 WASHINGTON, DC 200906790	NONE	EXEMPT	GENERAL	26
COLEL CHABAD806 EASTERN PKWAY BROOKLYN, NY 112139818	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 4929 WILSHIRE BLVD702 LOS ANGELES, CA 90010	NONE	EXEMPT	GENERAL	26
CYSTIC FIBROSIS FOUNDATION PO BOX 52074 PHOENIX, AZ 850722074	NONE	EXEMPT	GENERAL	26
CYSTIC FIBROSIS FOUNDATION PO BOX 52075 PHOENIX, AZ 850722074	NONE	EXEMPT	GENERAL	26
DAVPO BOX 14301 CINCINNATI, OH 452500301	NONE	EXEMPT	GENERAL	26
DAVPO BOX 14302 CINCINNATI, OH 452500301	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
DAVPO BOX 14303 CINCINNATI, OH 452500301	NONE	EXEMPT	GENERAL	26
DAVID HOROWITZ FREEDOM CENTER PO BOX 55089 SHERMAN OAKS, CA 914991964	NONE	EXEMPT	GENERAL	26
DIABETES RESEARCH & WELLNESS FOUNDATION PO BOX 1834 MERRIFIELD, VA 221168034	NONE	EXEMPT	GENERAL	26
DIABETES RESEARCH & WELLNESS FOUNDATION PO BOX 96070 WASHINGTON, DC 200777000	NONE	EXEMPT	GENERAL	26
DISABLED POLICE AND SHERIFFS FOUNDATION PO BOX 250860 MILWAUKEE, WI 53225	NONE	EXEMPT	GENERAL	35
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
DISABLED VETERANS NATL FOUNDATION PO BOX 96648 WASHINGTON, DC 200906648	NONE	EXEMPT	GENERAL	26
DISABLED VETERANS NATL FOUNDATION PO BOX 96649 WASHINGTON, DC 200906648	NONE	EXEMPT	GENERAL	26
DISABLED VETERANS NATL FOUNDATION PO BOX 96650 WASHINGTON, DC 200906658	NONE	EXEMPT	GENERAL	26
EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE EAST LANDOVER, MD 207852353	NONE	EXEMPT	GENERAL	26
EPILEPSY FOUNDATIONPO BOX 96546 WASHINGTON, DC 200777222	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
EPILEPSY FOUNDATIONPO BOX 96547 WASHINGTON, DC 200777222	NONE	EXEMPT	GENERAL	26
FOOD FOR THE POOR INC 6401 LYONS ROAD PO BOX 979005 COCONUT CREEK, FL 330979005	NONE	EXEMPT	GENERAL	26
FOOD FOR THE POOR INC PO BOX 979002 COCONUT CREEK, FL 330979005	NONE	EXEMPT	GENERAL	26
FOUNDATION FIGHTING BLINDNESS PO BOX 17279 BALTIMORE, MD 21297	NONE	EXEMPT	GENERAL	26
FRIENDS OF ISRAEL DISABLED VETERANS INC 1133 BROADWAY STE 232 NEW YORK, NY 10010	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
FRIENDS OF ISRAEL DISABLED VETERANS INC PO BOX 1548 NEW YORK, NY 10277	NONE	EXEMPT	GENERAL	26
FRIENDS OF SHEBA MEDICAL CENTER 9465 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90210	NONE	EXEMPT	GENERAL	1,000
FRIENDS OF THE ISRAEL DEFENSE FORCES 6505 WILSHIRE BLVD STE 625 LOS ANGELES, CA 900489139	NONE	EXEMPT	GENERAL	26
FRIENDS OF THE ISRAEL DISABLED VETERANS INC PO BOX 1549 NEW YORK, NY 10277	NONE	EXEMPT	GENERAL	26
FRIENDS OF YAD SARAH 445 PARK AVE STE 1702 NEW YORK, NY 100228621	NONE	EXEMPT	GENERAL	26
Total 3a				36,082

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)				
a <i>Paid during the year</i>				
HABIB LEVY FOUNDATION 6636 VAREL AVE CANOGA PARK, CA 91303	NONE	EXEMPT	GENERAL	5,500
HABIB LEVY FOUNDATION 6637 VAREL AVE CANOGA PARK, CA 91303	NONE	EXEMPT	GENERAL	10,000
HADASSAH HAIFA (HOSPITAL ISRAEL) SOUTHERN CAL 455 ROBERTSON BLVD BEVERLY HILLS, CA 90211	NONE	EXEMPT	GENERAL	260
HIASPO BOX 97077 WASHINGTON, DC 200907077	NONE	EXEMPT	GENERAL	26
HOPE FOUNDATIONPO BOX 18280 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
HOPE FOUNDATIONPO BOX 18281 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18282 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18283 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18284 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18285 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
HOPE FOUNDATIONPO BOX 18286 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18287 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18288 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18289 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
HOPE FOUNDATIONPO BOX 18290 BEVERLY HILLS, CA 90209	NONE	EXEMPT	GENERAL	100
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS PO BOX 97339 WASHINGTON, DC 200777472	NONE	EXEMPT	GENERAL	26
IRANIAN JEWISH WOMEN'S ORG 620 ENDRINO PL BEVERLY HILLS, CA 90210	NONE	EXEMPT	GENERAL	300
ISRAEL CANCER RESEARCH FUND 159 SOUTH BEVERLY DRIVE STE 207 BEVERLY HILLS, CA 90212	NONE	EXEMPT	GENERAL	26
ISRAEL CANCER RESEARCH FUND PO BOX 8266 TOPEKA, KS 666080266	NONE	EXEMPT	GENERAL	26
ISRAEL CHILDREN'S CANCER FOUNDATION 141 WASHINGTON AVENUE SUITE 205 LAWRENCE, NY 115591669	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
ISRAEL CHILDREN'S CANCER FOUNDATION 142 WASHINGTON AVENUE SUITE 205 LAWRENCE, NY 115591669	NONE	EXEMPT	GENERAL	26
ISRAEL CHILDREN'S CANCER FOUNDATION 143 WASHINGTON AVENUE SUITE 205 LAWRENCE, NY 115591669	NONE	EXEMPT	GENERAL	26
JERUSALEM CENTER FOR BLIND CHILDREN 350 SEVENTH AVE STE 701 NEW YORK, NY 10001	NONE	EXEMPT	GENERAL	26
JEWISH WAR VETERANS OF THE USA PO BOX 1575 MERRIFIELD, VA 221169944	NONE	EXEMPT	GENERAL	26
JEWISH WAR VETERANS OF THE USA PO BOX 1575 MERRIFIELD, VA 221169944	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
JUNIOR BLIND OF AMERICA 5300 ANGELES VISTA BLVD LOS ANGELES, CA 900439923	NONE	EXEMPT	GENERAL	26
JUNIOR BLIND OF AMERICA 5301 ANGELES VISTA BLVD LOS ANGELES, CA 900439923	NONE	EXEMPT	GENERAL	26
JUNIOR BLIND OF AMERICA 5302 ANGELES VISTA BLVD LOS ANGELES, CA 900439923	NONE	EXEMPT	GENERAL	26
KIDS WISH NETWORK- WISH FULFILLMENT CENTER PO BOX 2013 MILFORD, NH 030552013	NONE	EXEMPT	GENERAL	26
KIDS WISH NETWORK- WISH FULFILLMENT CENTER PO BOX 0968 WILTON, NH 030860968	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
KIDS WISH NETWORK- WISH FULFILLMENT CENTER PO BOX 9569 WILTON, NH 030869569	NONE	EXEMPT	GENERAL	26
LIGHTHOUSE GUILDPO BOX 569 ETNA, NH 037509904	NONE	EXEMPT	GENERAL	26
LOS ANGELES COUNTY POLICE CANINE ASSOCIATION 1223 WILSHIRE BLVD STE 435 SANTA MONICA, CA 90403	NONE	EXEMPT	GENERAL	50
MACULAR DEGENERATION RESEARCH PO BOX 1950 CLARKSBURG CLARKSBURG, MD 208711950	NONE	EXEMPT	GENERAL	26
MACULAR DEGENERATION RESEARCH PO BOX 1950 CLARKSBURG CLARKSBURG, MD 208711950	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
MAGBIT FOUNDATION 433 N CAMDEN DR 4TH FLOOR NO 102 BEVERLY HILLS, CA 90210	NONE	EXEMPT	GENERAL	2,000
MEMORAH FOUNDATION 1 SAN SEBASTIAN NEWPORT BEACH, CA 92660	NONE	EXEMPT	GENERAL	500
MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 5028 HAGERSTOWN, MD 217415028	NONE	EXEMPT	GENERAL	26
MOTHER AGAINST DRUNK DRIVING PO BOX 758522 TOPEKA KS, KS 666758522	NONE	EXEMPT	GENERAL	26
MOTHER AGAINST DRUNK DRIVING PO BOX 758522 TOPEKA KS, KS 666758522	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<div>a <i>Paid during the year</i></div>				
<div>MOUTH AND FOOT PAINTING ARTISTS 2070 PEACHTREE INDUSTRIAL COURT STE 1011 ATLANTA, GA 303412240</div>	<div>NONE</div>	<div>EXEMPT</div>	<div>GENERAL</div>	<div>26</div>
<div>MOUTH AND FOOT PAINTING ARTISTS 2071 PEACHTREE INDUSTRIAL COURT STE 1011 ATLANTA, GA 303412240</div>	<div>NONE</div>	<div>EXEMPT</div>	<div>GENERAL</div>	<div>26</div>
<div>MULTIPLE SCLEROSIS ASSOCIATION OF AMERICA PO BOX 96219 WASHINGTON, DC 200906219</div>	<div>NONE</div>	<div>EXEMPT</div>	<div>GENERAL</div>	<div>26</div>
<div>MULTIPLE SCLEROSIS ASSOCIATION OF AMERICA PO BOX 96219 WASHINGTON, DC 200906219</div>	<div>NONE</div>	<div>EXEMPT</div>	<div>GENERAL</div>	<div>26</div>
<div>MUSUCULAR DYSTROPHY ASSOCIATION PO BOX 97075 WASHINGTON, DC 200777258</div>	<div>NONE</div>	<div>EXEMPT</div>	<div>GENERAL</div>	<div>26</div>
<div>Total ▶ 3a</div>				<div>36,082</div>

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)				
a <i>Paid during the year</i>				
MUSUCULAR DYSTROPHY ASSOCIATION PO BOX 97075 WASHINGTON, DC 200907075	NONE	EXEMPT	GENERAL	26
NATIONAL ASSOCIATION OF POLICE ORGANIZATION PO BOX 96541 WASHINGTON, DC 200777362	NONE	EXEMPT	GENERAL	26
NATIONAL CAMPS FOR BLIND CHILDREN PO BOX 6097 LINCOLN, NE 685060097	NONE	EXEMPT	GENERAL	26
NATIONAL FEDERATION FOR CANCER RESEARCH PO BOX 96024 WASHINGTON, DC 200906024	NONE	EXEMPT	GENERAL	26
NATIONAL FEDERATION OF THE BLIND PO BOX 17252 BALTIMORE, MD 212988342	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
NATIONAL FEDERATION OF THE BLIND PO BOX 17252 BALTIMORE, MD 212988342	NONE	EXEMPT	GENERAL	26
NATIONAL FEDERATION OF THE BLIND PO BOX 17252 BALTIMORE, MD 212988342	NONE	EXEMPT	GENERAL	26
NATIONAL FOUNDATION FOR CANCER RESEARCH PO BOX 96024 WASGHINGTON, DC 200906024	NONE	EXEMPT	GENERAL	26
NATIONAL FOUNDATION FOR CANCER RESEARCH PO BOX 96024 WASGHINGTON, DC 200906024	NONE	EXEMPT	GENERAL	26
NATIONAL GLAUCOMA RESEARCH PO BOX 1962 CLARKSBURG, MD 208711962	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
NATIONAL GLAUCOMA RESEARCH 22513 GATEWAY CENTER DRIVE PO BOX 1950 CLARKSBURG, MD 208711950	NONE	EXEMPT	GENERAL	26
NATIONAL GLAUCOMA RESEARCH PO BOX 1962 CLARKSBURG, MD 208711950	NONE	EXEMPT	GENERAL	26
NATIONAL HEMOPHILIA FOUNDATION PO BOX 516 ETNA, NH 037500516	NONE	EXEMPT	GENERAL	26
NATIONAL HEMOPHILIA FOUNDATION PO BOX 516 ETNA, NH 037500516	NONE	EXEMPT	GENERAL	26
NATIONAL HEMOPHILIA FOUNDATION PO BOX 516 ETNA, NH 037500516	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND PO BOX 97072 WASHINGTON, DC 200907072	NONE	EXEMPT	GENERAL	26
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 512098 LOS ANGELES, CA 900510098	NONE	EXEMPT	GENERAL	26
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4594 NEW YORK, NY 101634594	NONE	EXEMPT	GENERAL	26
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4594 NEW YORK, NY 101634594	NONE	EXEMPT	GENERAL	26
NATIONAL OSTEOPOROSIS FOUNDATION PO BOX 96173 WASHINGTON, DC 200777456	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
NATIONAL OSTEOPOROSIS FOUNDATION PO BOX 96173 WASHINGTON, DC 200777456	NONE	EXEMPT	GENERAL	26
NATIONAL PARKINSON FOUNDATION PO BOX 5018 HAGERSTOWN, MD 217415018	NONE	EXEMPT	GENERAL	26
PARALYZED VETERANS OF AMERICA PO BOX 758532 TOPEKA, KS 666759910	NONE	EXEMPT	GENERAL	26
PARALYZED VETERANS OF AMERICA PO BOX 758532 TOPEKA KS, KS 666759910	NONE	EXEMPT	GENERAL	26
PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD PO BOX 914 WILTON, NH 030860914	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
PARKINSON DISEASE FOUNDATION PO BOX 6012 ALBERT LEA, MN 560079805	NONE	EXEMPT	GENERAL	26
PARKINSON RESEARCH FOUNDATION PO BOX 96318 WASHINGTON, DC 200906318	NONE	EXEMPT	GENERAL	26
PARKINSON RESEARCH FOUNDATION PO BOX 96318 WASHINGTON, DC 200906318	NONE	EXEMPT	GENERAL	26
PARKINSON'S DISEASE FOUNDATION PO BOX 6012 ALBERT LEA, MN 560079805	NONE	EXEMPT	GENERAL	26
PAYAM CULTURAL SOCIETY INC PO BOX 222078 GREAT NECK, NY 11022	NONE	EXEMPT	GENERAL	100
Total ▶ 3a				36,082

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)				
a <i>Paid during the year</i>				
PAYAM CULTURAL SOCIETY INC PO BOX 222078 GREAT NECK, NY 11022	NONE	EXEMPT	GENERAL	26
PAYAM CULTURAL SOCIETY INC PO BOX 222078 GREAT NECK, NY 11022	NONE	EXEMPT	GENERAL	120
PAYAM CULTURAL SOCIETY INC-MR FAREYDON FOZONMEHR 2025 JERRY MURPHY ROAD 220 PUEBLO, CO 81001	NONE	EXEMPT	GENERAL	5,000
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON ST WATERFRONT, MA 024722790	NONE	EXEMPT	GENERAL	26
PERKINS SCHOOL FOR THE BLIND 176 NORTH BEACON ST WATERFRONT, MA 024722791	NONE	EXEMPT	GENERAL	26
Total 				36,082
3a				


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)				
a Paid during the year				
PERKINS SCHOOL FOR THE BLIND 177 NORTH BEACON ST WATERFRONT, MA 024722792	NONE	EXEMPT	GENERAL	26
PROSTATE CANCER FOUNDATION PO BOX 7006 ALBERT LEA, MN 560078015	NONE	EXEMPT	GENERAL	26
RABBI YECHIEL ECKSTEIN- INTL FELLOWSHIP OF CHRISTIANS & JEWS PO BOX 97339 WASHINGTON, DC 200777945	NONE	EXEMPT	GENERAL	26
RABBI YECHIEL ECKSTEIN- INTL FELLOWSHIP OF CHRISTIANS & JEWS PO BOX 97339 WASHINGTON, DC 200777472	NONE	EXEMPT	GENERAL	26
RABBI YECHIEL ECKSTEIN- INTL FELLOWSHIP OF CHRISTIANS & JEWS PO BOX 96105 WASHINGTON, DC 200906105	NONE	EXEMPT	GENERAL	26
Total 3a				36,082

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)				
a <i>Paid during the year</i>				
REB MEIR BAAL HANESS- KOLEL SHOMRE HACHOMOS 18 HEYWARD ST BROOKLYN, NY 11249	NONE	EXEMPT	GENERAL	26
REBBE MEIR BAAL HANES CHARITIES PO BOX 191188 BROOKLYN, NY 112199870	NONE	EXEMPT	GENERAL	26
REBBE MEIR BAAL HANES CHARITIES PO BOX 191188 BROOKLYN, NY 112199870	NONE	EXEMPT	GENERAL	26
SHAARE ZEDEK MEDICAL CENTER-MRS SHAHLA JAVDAN 1430 LOMA VISTA DR BEVERLY HILLS, CA 90210	NONE	EXEMPT	GENERAL	250
SHAARE ZEDEK MEDICAL CENTER-MRS SHAHLA JAVDAN 1431 LOMA VISTA DR BEVERLY HILLS, CA 90210	NONE	EXEMPT	GENERAL	5,000
Total 3a				36,082


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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)				
a <i>Paid during the year</i>				
SHINERS HOSPITAL FOR CHILDRED PO BOX 1510 RANSON, WV 254384510	NONE	EXEMPT	GENERAL	26
SHRINERS HOSPITALS FOR CHILDREN PO BOX 1510 RANSON, WV 254384510	NONE	EXEMPT	GENERAL	26
SHRINERS HOSPITALS FOR CHILDREN PO BOX 1511 RANSON, WV 254384510	NONE	EXEMPT	GENERAL	26
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 50 MEMPHIS, TN 381019929	NONE	EXEMPT	GENERAL	26
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 50 MEMPHIS, TN 381019929	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 50 MEMPHIS, TN 381019929	NONE	EXEMPT	GENERAL	26
THE ARTHRITIS FOUNDATION PO BOX 96280 WASHINGTON, DC 200906280	NONE	EXEMPT	GENERAL	26
THE ARTHRITIS FOUNDATION PO BOX 96280 WASHINGTON, DC 200906280	NONE	EXEMPT	GENERAL	26
THE B'NAI B'RITH INTERNATIONAL PO BOX 170306 MILWAUKEE, WI 532178091	NONE	EXEMPT	GENERAL	26
THE GLAUCOMA FOUNDATION 80 MAIDEN LN STE 700 NEW YORK, NY 102730672	NONE	EXEMPT	GENERAL	26
Total 				36,082
3a				

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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)				
a <i>Paid during the year</i>				
THE HOME OF THE SAGES OF ISRAEL 25 BIALYSTOKER PLACE WILLETT ST NEW YORK, NY 100024008	NONE	EXEMPT	GENERAL	26
THE JEWISH FEDERATIONPO BOX 54269 LOS ANGELES, CA 900540269	NONE	EXEMPT	GENERAL	26
THE JEWISH GUILD FOR THE BLIND PO BOX 569 ETNA, NH 037509904	NONE	EXEMPT	GENERAL	26
THE JEWISH GUILD FOR THE BLIND PO BOX 569 ETNA, NH 037509904	NONE	EXEMPT	GENERAL	26
THE JEWISH HERITAGE FOR THE BLIND 1655 EAST 24TH STREET BROOKLYN, NY 11229	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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)				
a <i>Paid during the year</i>				
THE JEWISH HERITAGE FOR THE BLIND 1656 EAST 24TH STREET BROOKLYN, NY 11229	NONE	EXEMPT	GENERAL	26
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4733 PITTSFIELD, MA 012029928	NONE	EXEMPT	GENERAL	26
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4261 PITTSFIELD, MA 012029928	NONE	EXEMPT	GENERAL	26
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4733 PITTSFIELD, MA 012029928	NONE	EXEMPT	GENERAL	26
THE NATIONAL CHILDREN'S CANCER SOCIETY PO BOX 8966 TOPEKA, KS 666089916	NONE	EXEMPT	GENERAL	26
Total 				36,082
3a				

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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)				
a <i>Paid during the year</i>				
THE NATIONAL CHILDREN'S CANCER SOCIETY PO BOX 8966 TOPEKA, KS 666088966	NONE	EXEMPT	GENERAL	26
THE NATIONAL CHILDREN'S CANCER SOCIETY PO BOX 8966 TOPEKA, KS 666088966	NONE	EXEMPT	GENERAL	26
THE NATIONAL CHILDREN'S CANCER SOCIETY PO BOX 8966 TOPEKA, KS 666088966	NONE	EXEMPT	GENERAL	26
THE USOPO BOX 96860 WASHINGTON, DC 200777677	NONE	EXEMPT	GENERAL	26
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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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)				
a Paid during the year				
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200777677	NONE	EXEMPT	GENERAL	26
UNITED STATES DEPUTY SHERIFFS' ASSOCIATION PO BOX 2010 MILFORD, NH 030552010	NONE	EXEMPT	GENERAL	26
UNITED STATES DEPUTY SHERIFFS' ASSOCIATION PO BOX 2011 MILFORD, NH 030552010	NONE	EXEMPT	GENERAL	26
UNITED STATES DEPUTY SHERIFFS' ASSOCIATION PO BOX 9567 WILTON, NH 030869567	NONE	EXEMPT	GENERAL	26
UNITED TIBERIAS INSTITUTIONS PO BOX 576 NEW YORK, NY 100029915	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

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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)				
a <i>Paid during the year</i>				
UNITED TIBERIAS INSTITUTIONS PO BOX 576 NEW YORK, NY 100029915	NONE	EXEMPT	GENERAL	26
VETERANS OF FOREIGN WARS OF THE UNITED STATES PO BOX 8958 TOPEKA, KS 666089805	NONE	EXEMPT	GENERAL	26
WOMENS INTL ZIONIST ORGANIZATION (WIZO) 10269 CENTURY WOODS DRIVE LOS ANGELES, CA 90067	NONE	EXEMPT	GENERAL	180
WOMENS INTL ZIONIST ORGANIZATION- WIZO 9461 CHARLEVILLE BLVD207 BEVERLY HILLS, CA 90212	NONE	EXEMPT	GENERAL	180
WORLD JEWISH CONGRESS- AMBASSADOR RONALD LAUDER PO BOX 11033 LEWISTON, ME 042439400	NONE	EXEMPT	GENERAL	26
Total ► 3a				36,082

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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)				
a <i>Paid during the year</i>				
WORLD JEWISH CONGRESS- AMBASSADOR RONALD LAUDER PO BOX 11035 LEWISTON, ME 042439400	NONE	EXEMPT	GENERAL	26
WORLD JEWISH CONGRESS- AMERICAN SECTION PO BOX 11034 LEWISTON, ME 042439400	NONE	EXEMPT	GENERAL	26
WORLD JEWISH CONGRESS AMERICAN SECTION PO BOX 11036 LEWISTON, ME 042439400	NONE	EXEMPT	GENERAL	26
WOUNDED WARRIOR PROJECT PO BOX 758540 TOPEKA KS, KS 666758540	NONE	EXEMPT	GENERAL	26
WOUNDED WARRIOR PROJECT PO BOX 758541 TOPEKA KS, KS 666758540	NONE	EXEMPT	GENERAL	26
Total ▶ 3a				36,082

TY 2017 Investments - Other Schedule

Name: THE ABNER LEVY FOUNDATION

EIN: 20-1824387

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MERRILL LYNCH #2201	AT COST	1,429,599	1,677,251

TY 2017 Other Decreases Schedule

Name: THE ABNER LEVY FOUNDATION

EIN: 20-1824387

Description	Amount
UNREALIZED LOSS	5,157

TY 2017 Other Expenses Schedule**Name:** THE ABNER LEVY FOUNDATION**EIN:** 20-1824387**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	15,978	15,978	0	0

TY 2017 Taxes Schedule**Name:** THE ABNER LEVY FOUNDATION**EIN:** 20-1824387

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX WITHHELD	976	976	0	0