Form 990-PF

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning and ending A Employer identification number

Na	me o	f foundation ,				A Employer identification	number
R	ΑY	& SHARON HABER FOUNDAT	ION INC	,		20-2059762	
_		and street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·		
C	/0	FLEET STREET - 18 ENGE		732-382-84	05		
Cıt	y or t	own, state or province, country, and ZIP or foreign \overline{NEL} , \overline{NJ} 07001				C If exemption application is pe	
		call that apply: Initial return	Initial return of a f	ormer public (harity	D 1. Foreign organizations	check here
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return	Amended return	orritor public s	and my	b 1. Foreign organizations	s, unduk nere
		Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test,
Н (Check	type of organization X Section 501(c)(3) e			نا ذ	E If private foundation sta	· —
	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	04	under section 507(b)(1)	
1 Fa			ing method: X Cash	Accr	ual	F If the foundation is in a	` '
		· I	Other (specify)			under section 507(b)(1)	
	\$	213,361. (Part I, colu		ıs.)		(,,,	. , ,
P	irt.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net⊲n	vestment	(c) Adjusted net	(d) Disbursements
		 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,867,000.			N/A =	
	2	Check In the loundation is not required to attach Sch. B. ,		76.66			
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities .					· · · · · · · · · · · · · · · · · · ·
	5a	Gross rents	,				を 1847に対象
	Ь	Net rental income or (loss)	观 证的学习。(基础		數條條三。	题。2017年19日 1980年1980年1980年1980年1980年1980年1980年1980年	國統治。行政政治國
_		Net gain or (loss) from sale of assets not on line 10	•			等的45000000000000000000000000000000000000	
nge	Ь	Gross sales price for all assets on line 6a	数等公司从市场沿岸级	Marie 20	A MATERIA		经验证证证据
evenue	7	Capital gain net income (from Part IV, fine 2)			0.		《新聞》。 第122章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第1
ă	8	Net short-term capital gain					第 45年7月2日
	9	Income modifications		が、液の機		-	NO CONTRACTOR
	10a	Gross sales less returns and allowances		砂川では野郷	ROSE TO Y	MENT NATIONS	
	Ь	Less Cost of goods sold	解源的人子·艾尔斯	完成的過		ernyaareaa	
	С	Gross profit or (loss)		WAR SHA			BURELY CORRESPONDED
	11	Other income					的数据 实现的
	12	Total. Add lines 1 through 11	1,867,000.		0.	·	WEST COMMENT
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
_	-15	Pension plans, employee benefits					
ses		RECEIVED					
e e	П	Accounting fees STMT 1	2,000.		0.	· ··	2,000.
	C	of the profession of the profe					
Į Š	17	interest . , [D)					
rati		Faxes STMT 2	50.		0.	•	50.
ist		Designation !				•	
E	20	Occupancy	-				
γĄ	21	Travel, conferences, and meetings					
, pr	22	Printing and publications					
9	23	Other expenses STMT 3	1,267.		0.		1,267.
,at	24	Total operating and administrative			١		
Oper		expenses. Add lines 13 through 23	3,317.	2.002 2000 20 0 0 0 0 0	0.		3,317.
O	25	Contributions, gifts, grants paid	1,712,475.		ria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela		1,712,475.
	26		<u>, </u>		_		
		Add lines 24 and 25	1,715,792.	are accepted to a company	0.	\$300 \$45 OM / 30	1,715,792.
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	151,208.	WWW.XXX			
	_	Net investment income (if negative, enter -0-)	*280*1	Way Filler of the all actions	0.		
	Ĉ	Adjusted net income (if negative, enter -0-)				N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

RAY & SHARON HABER FOUNDATION INC Form 990-PF (2017) Part | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year (a) Book Value (b) Book Value 62,153 4,961 1 Cash - non-interest-bearing 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 7 Other notes and loans receivable 208,400. 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 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 62,153. 213,361 instructions Also, see page 1, item I) 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 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily 26 Permanently 25 Temporarily restricted 26 Permanently restricted **▶** 🗓 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ŏ 27 Capital stock, trust principal, or current funds 27 Capital stock, trust principal, or current lunds
28 Paid-in or capital surplus, or land, bldg., and equipment fund
29 Retained earnings, accumulated income, endowment, or other funds 0. 62,153. 213,361 62,153. 213,361 30 Total net assets or fund balances 62,153. 213,361 31 Total liabilities and net assets/fund balances Partill 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		Т	
•	(must agree with end-of-year figure reported on prior year's return)	1	1	62,153.
2	Enter amount from Part I, line 27a	2		151,208.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4	П	213,361.
5	Decreases not included in line 2 (itemize)	5	\Box	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	Т	213,361.

Part IV Capital Gains a	and Lo	sses for Tax on Inv	vestment	Income					
		s) of property sold (for exan or common stock, 200 shs		ite,	1 P	How acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NO	NE	"							
<u>c</u>			<u> </u>		_				
_d					_				
_e					<u> </u>				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss s (f) minus	
<u>a</u>			-						
<u>b</u>									
<u>C</u>									· · · · · · · · · · · · · · · · · · ·
d									
Complete only for assets showin	o dain in	column (h) and owned by t	he foundation	nn 12/31/69			N Gaine ((Col. (h) gain	minus
Complete only for assets showing		(j) Adjusted basis		xcess of col. (I)			l. (k), but	not leśs thai	n -0-) or
(i) FMV as of 12/31/69		as of 12/31/69		col (j), if any			Losses	(from col. (h))
<u>a</u>									
_b									
<u>c</u>				 					
<u>d</u>									
<u>e</u>				_	$\overline{}$				
2 Capital gain net income or (net ca	pital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	ın Part I, lıne ın Part I, lıne	7 : 7	}	2			
3 Nct short term capital gain or (los	s) as defi	ined in sections 1222(5) and	d (G):		`				
If gain, also enter in Part I, line 8,			` '		}				
If (loss), enter -0- in Part I, line 8		4040/-\4	<u> </u>	T 11-4	Щ	3			
		ection 4940(e) for					ome		
(For optional use by domestic private	foundate	ons subject to the section 49	910(a) tax on	net investment in	come	.)			
If section 4940(d)(2) applies, leave th	ıs part bl	ank.							
.,,,,	·								
Was the foundation liable for the sect					iùď7				Yes X Nu
If "Yee," the foundation deecn't qualify 1 Enter the appropriate amount in e					ntrioc				
(a)	acii colul	· · · · · · · · · · · · · · · · · · ·	50 00000015 001	oro making any ci					(d)
Base period years	\	(b) Adjusted qualifying dist	ributions	Net value of no	(c) Inchai	ritable-use assets		Distrib	(d) oution ratio rided by col. (c))
Calendar year (or tax year beginnin	ig iii)		5,696.	***************************************		34,142		(coi. (b) uiv	50.837561
2016 2015			3,153.		-	$\frac{34,142}{<20,716}$.000000
2014			7,564.			< 35, 229.			.000000
2013	+		4,538.			<1,422.			.000000
2012			7,179.			42,237			34.736818
2012		2,10	, , <u> </u>			12/23/	•		311730010
2 Total of line 1, column (d)							2		85.574379
3 Average distribution ratio for the 5	-voar has	ce period - divide the total o	n line 2 hy 5 (n or hy the number	er of v	oarc	<u> </u>	<u> </u>	
the foundation has been in existen	•	•		0, 0, 0, 0,	J. J.	, our o	3		17.114876
the foundation has been in existen	00 11 1000	aran o youro							
4 Enter the net value of noncharitable	e-USE 25	sets for 2017 from Part X Ju	ne 5				4		33,391.
Total and not value of nononantasi	0 000 00.	5005 101 2017 WOM 7 GIV X, II					1		,
5 Multiply line 4 by line 3							5		571,483.
6 Enter 1% of net investment incom-	e (1% of	Part I. line 27h)					6		0.
	,	·, · · · - · · · · · · · · · · · · · · ·						i	
7 Add lines 5 and 6							7		571,483.
							Ť		
8 Enter qualifying distributions from	-						8		1,715,792.
If line 8 is equal to or greater than	line 7, ch	neck the box in Part VI, line	1b, and comp	olete that part usin	g a 19	% tax rate			

	990-PF (2017) RAY & SHARON HABER FOUNDATION I		340(h) 4940(e) c	or 49		See it		Page 4	
n- 740 x7				, 13	100 M	\$ 100 m	- 98-48-A4-6	89:38/9I	
1a	Exempt operating foundations described in section 4940(d)(2), check here and en								
	Date of ruling or determination letter		<i>12812122</i> 4	7 (SA) TAC	<u> </u>	0.			
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<u> </u>	and enter 1%		<u> </u>	1983 AN		U .	
	of Part I, line 27b	of Doct	L broad Cook (b)			14			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%						2012.5	0.	
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other	ers, ent	er -u-)		2	-		0.	
3	Add lines 1 and 2		O.)		3			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ers, en	ter -u-)		4	<u> </u>		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	-3,00 2 kg.	THE THE SHOW	<u> </u>	
6	Credits/Payments	ا ۔ ا		0.		- A - A - A - A - A - A - A - A - A - A	建分泌		
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	· - · · · · · · · · · · · · · · · · · · ·	0.					
	Exempt foreign organizations - tax withheld at source	6b	•	0.					
	Tax paid with application for extension of time to file (Form 8868)	6c		0.	激烈				
	Backup withholding erroneously withheld	6d		٠.	المتعددات			0.	
	Total credits and payments. Add lines 6a through 6d				7	ļ		0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ned			8	-		0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9			<u> </u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		la		10				
	Enter the amount of line 10 to be Credited to 2018 estimated tax ► **VII*A* Statements Regarding Activities		Refunded		11				
<u> </u>			4.4.4				Ye.	s No	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ition or	did it participate or inte	rvene	ın		W. 25 W 125	X	
	any political campaign?	0.0	41				1a	$\frac{1}{x}$	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose			detini	tion		1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	any ma	iteriais published or						
	distributed by the foundation in connection with the activities.							- S	
	Did the foundation file Form 1120-POL for this year?				1c	X Toward			
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	0							
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers.			0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendituminagers. ► \$ 0	ire tax i	mposed on foundation						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	57					2	X	
	If "Yes," attach a detailed description of the activities						多沙水 多		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strumer	nt, articles of incorporat	ion, or			100		
	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?	1					4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5	X	
	If "Yes," attach the statement required by General Instruction T					`			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	er							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory	directio	ns that conflict with the	state	law				
	remain in the governing instrument?						6 X	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple	te Part	II, col. (c), and Part XV				7 X	<u></u>	
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	s. 🕨							
	NY								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney G	ieneral (or designate)						
	of each state as required by General Instruction G2 If "No," attach explanation						8b X	<u> </u>	7
9	Is the foundation claiming status as a private operating foundation within the meaning of sect	ion 494	12(j)(3) or 4942(j)(5) fo	r calen	dar				
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comp	lete Par	t XIV				9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing th	eir names and addresses				10	X	
						Fo	_{rm} 990-PI	(2017)	

٠٢٥	art Vil-A Statements negarding Activities (continued)	1		
•	,	數據	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		<u> X</u>
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	Х	
	Website address ▶. N/A			
14	The books are in care of ► HOWARD GUTTERMAN Telephone no. ► 732-3	82-8	<u>405</u>	
	Located at ►C/O FLEET STREET - 18 ENGELHARD AVE, AVENEL, NJ ZIP+4 ►0	7001		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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	¥. 34.		
	foreign country >			
Pa	art*VIIEB Statements Regarding Activities for Which Form 4720 May Be Required			
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	A. C.	Yes	No
	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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	- a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?	-78k		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	No.		
	if the foundation agreed to make a grant to or to employ the official for a period after	કે જે છે તે		<i>2</i>
	termination of government service, if terminating within 90 days.) Yes X No			
: [of the 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 N/A	1b	<u> </u>	لاعتنا
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	191	¥ 30%
_	Organizations relying on a current notice regarding disaster assistance, check here		Č.	
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	10	<u> </u>	X
	before the first day of the tax year beginning in 2017? There are follows to distribute vectors (0.42) (does not easily for years the foundation was a private consisting foundation.	1c		957 FF
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			图像
	defined in section 4942(j)(3) or 4942(j)(5)).		P Ny	
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 X No			
	-			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
0	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.) N/A			
	,	2b ১৯৪১	<u>}~</u> y}°,	\$. Z
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>	Property P		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	55.		
	during the year? Yes X No		6 55°	
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	2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(175) (1860)	
	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	12.50°		
	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,	2007	1.62.5	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	st. 5% s	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	SE.	<u> </u>	<u> </u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u> </u>
	` /	orm 990)-PF	(2017)

Form 990-PF (2017) RAY & SHARON HABER FOUND.	ATION INC		20-20597	62 Page 6					
Part VII-B	orm 4720 May Be Re								
5a During the year, did the foundation pay or incur any amount to		10011111	ĵ.	Yes No					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\\2	[v	es 🗓 No	Market State					
(2) Influence the outcome of any specific public election (see section 4955), or				131a 21343					
• •	i to carry on, unechy or mone		🔻 N. 🖏						
any voter registration drive?									
(3) Provide a grant to an individual for travel, study, or other similar purposes?									
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		্তা						
4945(d)(4)(A)? See instructions			es 🗶 No 🚏						
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or	[TE]						
the prevention of cruelty to children or animals?			es X No	sielle (alteil					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations							
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b					
Organizations relying on a current notice regarding disaster assistance, check	nere								
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintail	ned							
expenditure responsibility for the grant?	N	I/A Ye	es 🔛 No 👔						
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			Į.						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		lá:						
a personal benefit contract?		Y6	es 🗶 No 🏻 🗏						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	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?	Ye	es 🗓 No 🤌						
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b					
Part VIII Information About Officers, Directors, Trusto	es, Foundation Mar	agers, Highly							
Paid Employees, and Contractors	•	0 , 0 ;							
1 List all officers, directors, trustees, and foundation managers and t	neir compensation.			_					
	ion compensation								
		(c) Compensation	(d) Contributions to	(e) Expense					
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances					
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances					
(a) Name and address RAYMOND HABER	(b) Title, and average hours per week devoted	(If not paid,	l and deterred	(e) Expense account, other allowances					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET	(b) Title, and average hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	and deterred compensation	allowances					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230	(b) Title, and average hours per week devoted to position PRESIDENT 1.00	(If not paid, enter -0-)	and deterred compensation	(e) Expense account, other allowances					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER	(b) Title, and average hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	and deterred compensation	allowances					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN	(If not paid, enter -0-)	and deterred compensation	allowances 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00	(If not paid, enter -0-)	and deterred compensation	allowances					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN	(If not paid, enter -0-)	and deterred compensation	allowances 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY	(If not paid, enter -0-) O • T	and deterred compensation	0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00	(If not paid, enter -0-)	and deterred compensation	allowances 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY	(If not paid, enter -0-) O • T	and deterred compensation	0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY	(If not paid, enter -0-) O • T	and deterred compensation	0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00	(If not paid, enter -0-) O. T.	and deterred compensation	0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00	(If not paid, enter -0-) O. T.	and deterred compensation O . O .	0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) O. T.	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 luded on line 1). If none, 6 (b) Title, and average	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O . O .	0 . (e) Expense					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					
(a) Name and address RAYMOND HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 SHARON HABER 1010 EAST 7TH STREET BROOKLYN, NY 11230 HOWARD GUTTERMAN *FLEET ST - 18 ENGELHARD AVE AVENEL, NJ 07001 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1.00 VICE PRESIDEN 1.00 SECRETARY 1.00 Juded on line 1). If none, a line is not week	(If not paid, enter -0-) 0. 1. 0. onumber -0-1	and deterred compensation O O O O O O O O O O O O O	0. 0. 0.					

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) () (2)	
		Į.
	- · · ·	ļ
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	<u> </u>
	auch as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	i such as the	Expenses
1 N/A		
	,	
2		
		<u>-</u>
3		
		
Part IX-B Summary of Program-Related Investments	<u></u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
N/A		
All other program-related investments. See instructions		
· · · · · · · · · · · · · · · · · · ·		
	·	

Form 990-PF (2017)

7

_	10 330-1 (2017) KAI & DIAKON HADDK I CONDATION INC		0 2033702 Tage 6
P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	33,900.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	33,900.
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	33,900.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	509.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33,391.
6	Minimum investment return. Enter 5% of line 5	6	1,670.
ĬΡ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,670.
2a	Tax on investment income for 2017 from Part VI, line 5		
ь	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,670.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,670.
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	1,670.
_	art XII Qualifying Distributions (see instructions)		
Ξ		1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	1,715,792.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,715,792.
	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		
	Suitability test (prior IRS approval required)	_3a	
Ь	Cash distribution test (attach the required schedule)	3b	1 715 700
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,715,792.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,715,792.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies	for the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

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,				1 670
line 7				1,670.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only b Total for prior years			0.	
g rotal for prior years		0.		:
3 Excess distributions carryover, if any, to 2017		<u> </u>		
a From 2012 1,465,067.				
b From 2013 1,214,538.				
c From 2014 1,157,564.				
dFrom 2015 1,413,153.				
e From 2016 1,733,989.				
f Total of lines 3a through e	6,984,311.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 1,715,792.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,670.
e Remaining amount distributed out of corpus	1,714,122.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			-	
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,698,433.			
b Prior years' undistributed income. Subtract	,			l
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 instr			0.	ļ
1 Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
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	1 465 067			
not applied on line 5 or line 7	1,465,067.			<u> </u>
9 Excess distributions carryover to 2018.	7 222 266			
Subtract lines 7 and 8 from line 6a	7,233,366.			
10 Analysis of line 9				
a Excess from 2013 1,214,538. b Excess from 2014 1,157,564.				
				! !
c Excess from 2015 d Excess from 2016 1,733,989.				
4 54 455				i
e Excess from 2017 1,714,122.				

_	2	0	5	9	7	6	2	Page
---	---	---	---	---	---	---	---	------

3 Grants and Contributions Paid During the Yo	ear or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	- Amount
Name and address (home or business)	or substantial contributor	recipient	001101001011	
a Paid during the year				
SEE ATTACHED SCHEDULE	NONE		CHARITABLE PURPOSES	
	<u></u>			1,712,475.
			-	
				-
		-		
•				
Total	<u> </u>		<u> </u>	1,712,475.
b Approved for future payment				
NONE		ı		
	•			
				<u></u>
`				
-				
Total	<u> </u>	<u> </u>	▶ 3b	0.
				

Part XVI-A	Analysis of	Income-Producing	Activities

Enter gross amounts unless otherwise indicated.		ed business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		Code		
a	-		 		
b	-		<u> </u>		
·			╁		<u> </u>
d			 		<u>.</u>
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			1		,
5 Net rental income or (loss) from real estate:					
			t		
 a Debt-financed property b Not debt-financed property 			 		
*			t		
6 Net rental income or (loss) from personal					
property 7 Other investment income			 		
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			1		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>		13	0.
(See worksheet in line 13 instructions to verify calculations)				
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which in			contrit	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other the	an by providing fu	nds for such purposes).		· · · · · · · · · · · · · · · · · · ·	· · - · · · · ·
			-		
				 	
					
	-			.,	
		· · · · - · · · · · · · · · · · ·		-	
1				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

	Signature of officer or trustee	Date	Title		
Paid	Print/Type preparer's name LEE M COHEN, CPA	Preparer's signature LEE M COHEN, CPA	Date 10/29/18	self- employed	PTIN P00057568
Prepar Use Or		CO LLP		Firm's EIN ► 4	6-4133700
	Firm's address ► 535 FIFTH NEW YORK.	AVENUE, 12TH FLOOR NY 10017		Phone no. 21	2-967-2300

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number Name of the organization 20-2059762 RAY & SHARON HABER FOUNDATION INC Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

DAV C	SHARON HABER FOUNDATION INC		20-2059762
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	20-2039702
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	STUDIO RAY LLC C/O RAYMOND HABER 512 7TH AVE. NEW YORK, NY 10018	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

noncash contributions)

Name of organization

Employer identification number

RAY & SHARON HABER FOUNDATION INC

20-2059762

art II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ ·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization RAY & SHARON HABER FOUNDATION INC 20-2059762 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) \$ Part III Use duplicate copies of Part III if additional space is needed (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part | (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION .	(A) EXPENSES PER BOOKS	. (B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEE	2,000.	0.		2,000.	
TO FORM 990-PF, PG 1, LN 16B	2,000.	0.		2,000.	
FORM 990-PF	TAXES		· STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
NYS REGISTRATION FEE	50,.	. 0.		50.	
TO FORM 990-PF, PG 1, LN 18	50.	• 0.		50.	
			,		
FORM 990-PF	OTHER EXPENSES		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
OFFICE .	1,267.	0.		1,267.	
TO FORM 990-PF, PG 1, LN 23	1,267.	0.		1,267.	