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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491134019958

2017

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For | caler | ndar year 2017, or tax year beginning 01-01-20 |)17 , aı | nd er | nding 12-31- | 2017 | | |
|---------------------------------------|----------------|---|------------------------------------|----------------|--|--|---|--|
| | | Indation | | | A Employer ide | entification numbe | r | |
| TH | IE MOSE | KOWITZ FAMILY FOUNDATION | | | 43-1642451 | | | |
| | ber and | d street (or P O box number if mail is not delivered to street address) 16150 | Room/suite | | B Telephone number (see instructions) | | | |
| | | | | (314) 655-5514 | | | | |
| | | n, state or province, country, and ZIP or foreign postal code MO 63105 | | | C If exemption | application is pendin | g, check here | |
| G Ch | neck al | I that apply Initial return Initial return of a | former public charity | | D 1. Foreign or | ganizations, check he | ere | |
| | | ☐ Final return ☐ Amended return | , | | 2 Foreign or | ganizations meeting | the 85% | |
| | | Address change | | | test, chec | k here and attach co | mputation 🕨 🔼 | |
| H C | neck ty | where of organization \mathbf{V} Section 501(c)(3) exempt private | foundation | | | indation status was t n 507(b)(1)(A), chec | | |
| | Section | | e private foundation | | | 00, (2)(2)(,), 000 | | |
| of | year <i>(f</i> | xet value of all assets at end from Part II, col (c), \$\frac{1}{2}\$ Accounting method □ Other (specify) (Part I, column (d) must | Cash Accru | ıal | | ition is in a 60-montl n 507(b)(1)(B), chec | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Davianus and | | | | (d) Disbursements | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc , received (attach | 302,235 | | | | , ,, | |
| | | schedule) | | | | | | |
| | 2 | Check ► ☐ If the foundation is not required to attach | | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | | | | | | |
| | 4 | Dividends and interest from securities | 6,277 | , | 5,157 | | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| <u>e</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | 209,573 | | | | | |
| Revenue | ь | Gross sales price for all assets on line 6a | | | | | | |
| \aleph e | 7 | Capital gain net income (from Part IV, line 2) | | | 209,573 | | | |
| | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | b | Less Cost of goods sold | | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 518,085 | | 214,730 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | C |) | 0 | | (| |
| | 14 | Other employee salaries and wages | | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | | |
| Sue | 16a | Legal fees (attach schedule) | | | | | | |
| ă | b | Accounting fees (attach schedule) | 3,650 |) | 3,650 | | (| |
| e E | С | Other professional fees (attach schedule) | 3,940 |) | 3,940 | | (| |
| ⋛ | 17 | Interest | | | | | | |
| 2 | 18 | Taxes (attach schedule) (see instructions) | 57 | ' | 0 | | (| |
| ≣ | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| Ę | 20 | Occupancy | | | | | | |
| 5 | 21 | Travel, conferences, and meetings | | | | | | |
| Operating and Administrative Expenses | 22 | Printing and publications | | | | | | |
| E | 23 | Other expenses (attach schedule) | | | | | | |
| rat | 24 | Total operating and administrative expenses. | | | | | | |
| <u>8</u> | | Add lines 13 through 23 | 7,647 | - | 7,590 | | | |
| _ | 25 | Contributions, gifts, grants paid | 267,494 | | | | 267,494 | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 275,141 | | 7,590 | | 267,494 | |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | a | Excess of revenue over expenses and disbursements | 242,944 | 1 | | | | |
| | ь | Net investment income (if negative, enter -0-) | | | 207,140 | | | |
| | c | Adjusted net income(If negative, enter -0-) | | | | | | |
| | Dance | work Deduction Ast Notice are instructions | 1 | · | | , - | 000 DE (221 | |

| | | should be for one of year amounts only (bee instructions) | (a) DOOK Value | (D) Dook value | (C) Fall Market Value |
|----------|-----|--|----------------|----------------|-----------------------|
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 8,758 | 19,900 | 19,900 |
| | 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 ▶ | | | |
| Ŋ | 8 | Inventories for sale or use | | | |
| secs | 9 | Prepaid expenses and deferred charges | | | |
| ¥ | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | 102,081 | 116,023 | 462,387 |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe >) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 110,839 | 135,923 | 482,287 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| <u>e</u> | 19 | Deferred revenue | | | |
| Ĭ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u> </u> | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | l | | | | |

22 Other liabilities (describe . Total liabilities(add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶

Analysis of Changes in Net Assets or Fund Balances

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Part III

2

3

4

and complete lines 24 through 26 and lines 30 and 31. Unrestricted Temporarily restricted Permanently restricted . Foundations that do not follow SFAS 117, check here ▶

Net Assets or Fund Balances 24 25 26 and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 63,857 88,941 Paid-in or capital surplus, or land, bldg, and equipment fund 28 29 Retained earnings, accumulated income, endowment, or other funds 46,982 46,982 30 Total net assets or fund balances (see instructions) 110,839 135,923 110,839 135,923 Total liabilities and net assets/fund balances (see instructions) . 31

110,839

242,944

353,783

217,860

135,923

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1 2

3

4

5

6

Page **3**

| | (a) the kınd(s) of property sold (e g , re- ehouse, or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | |
|---|--|--|--|--|--|
| 1 a PUBLICLY TRADED SECU | RITIES | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) r (loss)) mınus (g) |
| a 27 | 6,356 | | 66,783 | | 209,573 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col (ı) (j), ıf any | col (k), but not | h) gain minus less than -0-) or om col (h)) |
| a | | | | | 209,573 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 209,5 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 | | | | | |
| Part V Qualification U | Jnder Section 4940(e) for Re | duced Tax on Net | Investment In | come | |
| For optional use by domestic p | rivate foundations subject to the sec | tion 4940(a) tax on ne | et investment incom | ie) | |
| f section 4940(d)(2) applies, le | eave this part blank | | | _ | _ |
| f "Yes," the foundation does no | e section 4942 tax on the distributable qualify under section 4940(e) Do | not complete this part | · | | es 🗹 No |
| | nount in each column for each year, | see instructions before | making any entrie: | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | | (d) Distribution rati (col (b) divided by c | ol (c)) |
| 2016 | 104,048 | | 343,555 | | 0 302857 |
| 2015 | 173,926 | | 342,659 | | 0 507578 |
| 2014 | 55,530 | | 334,184 | | 0 166166 |
| 2013 | 66,085 | | 324,067 | | 0 203924 |
| 2012 | 95,470 | | 363,286 | ı | 0 262796 |
| 2 Total of line 1, column (d | • | | 2 | | 1 443321 |
| number of years the foun | ofor the 5-year base period—divide to idation has been in existence if less to see the control of the second secon | than 5 years | <u>3</u> | | 0 288664 |
| | ncharitable-use assets for 2017 from | • | 4 | | 422,491 |
| 5 Multiply line 4 by line 3 | | | 5 | | 121,958 |
| | ent income (1% of Part I, line 27b) | | 6 | | 2,071 |
| | | | 7 | | 124,029 |
| | ons from Part XII, line 4 , eater than line 7, check the box in Pa | | <u>8</u> nplete that part usin | g a 1% tax rate Se | 267,494 e the Part VI |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, |
|-----------|--|
| Dort VIII | information About Officers, Directors, Trustees, Foundation Managers, flightly Faid Employees, |
| Lair Attr | and Contractors |

| 1 List all officers, directors, truste | es, f | oundation managers ar | nd their compensation | | 1 |
|--|--------|---|---|---|---------------------------------------|
| (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 |
| MARVIN MOSKOWITZ | TRU: | STEE | 0 | C | (|
| 7 VIA PARAISO TIBURON, CA 94920 | 2 00 | | | | |
| NEVA MOSKOWITZ | | STEE | 0 | C |) (|
| 7 VIA PARAISO TIBURON, CA 94920 | 1 00 | | | | |
| ABBY ELIZABETH MOSKOWITZ | TRU: | STEE | 0 | C |) |
| 31 FULLER PLACE BROOKLYN, NY 11215 | 1 00 | | | | |
| LISA LYNNE MOSKOWITZ | TRU: | STEE | 0 | C | 1 |
| 5038 COCHRANE AVENUE | 1 00 | | | | |
| OAKLAND, CA 94618 2 Compensation of five highest-pa | id ei | nnlovees (other than t | hose included on line 1 | —see instructions). If no | ne. enter "NONE." |
| | iiu ci | | | Contributions to | ne, enter NONE |
| (a) Name and address of each employee p more than \$50,000 | aıd | Title, and average hours per week (b) devoted to position | (c) Compensation | employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | _ | | | |
| | | | | | |
| | | | | | |
| | | - | | | |
| Total number of other employees paid ov | er \$5 | 50,000 | | | |
| 3 Five highest-paid independent of | | | | | E". |
| (a) Name and address of each perso | n pai | d more than \$50,000 | (b) Typ | e of service | (c) Compensation |
| NONE | | | | | |
| | | | | | |
| | | | _ | | |
| | | | | | |
| | | | _ | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | - | | |
| Total number of others receiving over \$5 Part IX-A Summary of Direct | | | | | (|
| List the foundation's four largest direct charitabl | | | | nation such as the number of | Expenses |
| organizations and other beneficiaries served, co | nferen | ces convened, research paper | s produced, etc | | 0 |
| 1 N/A 2 | | | | | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| 4 | | | | | |
| | | | | | |
| | | | | | |
| Part IX-B Summary of Progra | m-R | elated Investments | (see instructions) | | |
| Describe the two largest program-related inv | estme | ents made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 N/A | | | | | |
| 2 | | | | | |
| All other program-related investments | See | ınstructions | | | |
| 3 | | | | | |
| Total. Add lines 1 through 3 . | | | | | Form 990-PE (2017 |

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

1a

1b

2

3a 3h

4

5

267,494

267.494

2.071

265,423

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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

19,054

19.054

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0

(d)

2017

| FORM 990-PF (2 | 017) |
|----------------|------|
| Part XIII | Undi |

b Total for prior years

b From 2013. . . . c From 2014. .

d From 2015. . . .

e From 2016.

From 2012.

| n 990-PF (2017) | | | | |
|-----------------|---|--|--|--|
| art XIII | Undistributed Income (see instructions) | | | |

Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

| F (20 |)1/) | |
|-------|-----------------------------------|-------|
| 11 | Undistributed Income (see instruc | tions |
| | | |

77.999 50,696

39.652

159.697 88,384

> 50.696 39,652

159.697

88.384

248.440

(a)

Corpus

416.428

248.440

664,868

77.999

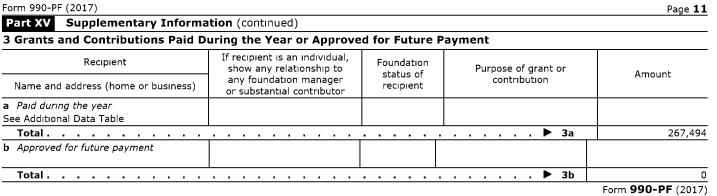
586,869

(b)

Years prior to 2016

(c)

2016



| ter gross | amounts unless otherwise indicated | Unrelated b | isiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--|--|---|-----------------------------------|----------------------------------|----------------------|--|
| _ | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| | | | | | | |
| _ | and contracts from government agencies | | | | | |
| Intere | st on savings and temporary cash | | | | | |
| | ds and interest from securities | | | 14 | 6,277 | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property notes in the state of the | | | | | |
| | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| | ory | | | 18 | 209,573 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| 4 | | | | | | |
| | | | | | | |
| е | | | 0 | | 215 050 | |
| е | | | 0 | 13 | 215,850 | |
| e Subtota Total. / (See wo | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul | lations) | | | 215,850 | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| e Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| e Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |
| eSubtota Total. / (See woo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribut | Bted importantly to | 215,850 |

| orm 990-PF (2 | <u> </u> | | | | | | | | | ge 13 |
|----------------------|---|-------------------|-----------------|----------------|------------|--------------|----------------|--|---------------|--------------|
| Part XVII | Information Rega Exempt Organiza | | fers To and | Transaction | ns and R | elation | ships With Nor | ncharitable | | |
| | janization directly or indir Code (other than section 5 | | | | | | | on 501 | Yes | No |
| a Transfers f | rom the reporting foundat | tion to a noncha | rıtable exempt | organization | of | | | | | |
| (1) Cash. | | | | | | | | . 1a(1 |) | No |
| (2) Other | assets | | | | | | | . 1a(2 |) | No |
| b Other trans | sactions | | | | | | | | | |
| (1) Sales | of assets to a noncharital | ble exempt orga | nization | | | | | 1b(1 |) | No |
| | ases of assets from a non | | | | | | | 1b(2 | - | No |
| | l of facilities, equipment, | | | | | | | 1b(3 | — | No |
| | oursement arrangements. | | | | | | | . 1b(4 | _ | No |
| | or loan guarantees nance of services or mem | | | | | | | . 1b(5 | _ | No No |
| • • | facilities, equipment, mai | • | - | | | | | . 10(0 | ' | No |
| - | racilities, equipment, mai ver to any of the above is | | | | | | | | | NO |
| | ds, other assets, or service saction or sharing arrange (b) Amount involved | | column (d) the | e value of the | goods, oth | ner asset | | ved | rangemer | nts |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| described i | dation directly or indirect n section 501(c) of the Co implete the following sche (a) Name of organization | ode (other than | section 501(c) | | ion 527? . | - | | Yes | ; • | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| of my which | er penalties of perjury, I d y knowledge and belief, it n preparer has any knowlo | is true, correct, | | | | | | | | |
| Sign Here | **** | | 201 | .8-05-04 | ** | ****** retur | | May the IRS return with the prep | | |
| s | Signature of officer or trus | stee | Date | e | Tit | :le | | below (see instr)? | _ | |
| | Print/Type preparer's na | ame Prepa | arer's Signatur | e | Date | | Check if self- | PTIN | | |
| Paid | R CLIFTON SCHULTE | | | | | | employed ▶ □ | P001! | 51040 | |
| Preparer Jse Only | Firm's name ► ANDER: | S MINKLER HUB | ER & HELM LLF |) | | | | Fırm's EIN ▶4 | 3-0831! | 507 |
| • | Firm's address ► 800 f | MARKET STREET | SUITE 500 | | | | | | | |
| | STIC | OUIS, MO 6310: | 12501 | | | | | Phone no (31 | 4) 655- | 5500 |
| | 1 21 2 | , 0010 | | | | | 1 | | | |

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).

NEVA MOSKOWITZ

MARVIN MOSKOWITZ

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALAMEDA COUNTY FOOD BANK NONE PUBLIC GENERAL FUND 250 7900 EDGEWATER DRIVE CHARITY OAKLAND, CA 94621 AMERICAN IEWISH COMMITTEE NONE DUBLIC GENERAL FUND 300

| 165 E 56TH STREET NEW YORK, NY 10022 | NONE | CHARITY | GENERAL TOND | 300 |
|---|------|-------------------|--------------|-------|
| BAIS ABRAHAM CONGREGATION 6910 DELMAR BOULEVARD UNIVERSITY CITY, MO 63130 | NONE | PUBLIC CHARITY | GENERAL FUND | 6,000 |
| BEIT ISSIE SHAPIRO 51 EAST 42ND STREET 11TH FLOOR NEW YORK, NY 10017 | NONE | PUBLIC CHARITY | GENERAL FUND | 540 |
| BELVEDERE-TIBURON LIBRARY FNDN PO BOX 483 | NONE | PUBLIC CHARITY | GENERAL FUND | 300 |

267,494

TIBURON, CA 94920

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BERKELEY REPERTORY THEATRE NONE PUBLIC **GENERAL FUND** 2,000 999 HARRISON ST CHARITY BERKELY, CA 94710 CHARAD AT JOHNS HOPKINS GENERAL FUND NONE DUBLIC 1,500 500 500 BROOKLYN, NY 11215

PUBLIC

CHARITY

GENERAL FUND

3,965

267,494

| 3701 N CHARLES ST BALTIMORE, MD 21218 | HONE | CHARITY | GENERAL TOND | 1,3 |
|---|------|-------------------|--------------|------|
| CONGREGATION BETH ABRAHAM 336 EUCLID AVENUE OAKLAND, CA 94610 | NONE | PUBLIC CHARITY | GENERAL FUND | 2,50 |
| CONGREGATION BETH ELOHIM 274 GARFIELD PLACE | NONE | PUBLIC CHARITY | GENERAL FUND | 2,50 |

NONE

CONGREGATION EMANU-EL

SAN FRANCISCO, CA 94118

2 LAKE STREET

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONTRA COSTA JEWISH DAY SCHOOL NONE PUBLIC GENERAL FUND - EDUCATION 26,165

| 955 RISA ROAD LAFAYETTE, CA 94549 | | CHARITY | | |
|---|------|-------------------|--------------------------|---------|
| CORNELL UNIVERSITY 130 E SENECA STREET SUITE 400 ITHACA, NY 14850 | NONE | PUBLIC CHARITY | GENERAL FUND - EDUCATION | 121,000 |

| HACA, NY 14850 | | CHARITT | | |
|---|------|-------------------|--------------|--|
| ISABLED AMERICAN VETERANS D BOX 14301 INCINNATI, OH 45250 | NONE | PUBLIC CHARITY | GENERAL FUND | |

| 11HACA, NY 14850 | | | | |
|--|------|-------------------|--------------------------|----|
| DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250 | NONE | PUBLIC CHARITY | GENERAL FUND | |
| DUKE UNIVERSITYBOX 90581 | NONE | PUBLIC | GENERAL FUND - EDUCATION | 1, |

| PO BOX 14301 CINCINNATI, OH 45250 | | CHARITY | | |
|--|---------------------------------------|-------------------|---------------------------------------|-------|
| DUKE UNIVERSITYBOX 90581 DURHAM, NC 27708 | NONE | PUBLIC CHARITY | GENERAL FUND - EDUCATION | 1,500 |
| | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |

250

| DUKE UNIVERSITYBOX 90581 DURHAM, NC 27708 | NONE | PUBLIC CHARITY | GENERAL FUND - EDUCATION | 1,500 |
|--|------|-------------------|--------------------------|-------|
| FRIENDS OF ISREAL DEFENSE FORCES 870 MARKET ST SUITE 1015 | NONE | PUBLIC CHARITY | GENERAL FUND | 4,000 |

| DURHAM, NC 27708 | 110112 | CHARITY | | 2,555 |
|---|--------|-------------------|--------------|-------|
| FRIENDS OF ISREAL DEFENSE FORCES 870 MARKET ST SUITE 1015 SAN FRANCISCO, CA 94102 | NONE | PUBLIC CHARITY | GENERAL FUND | 4,000 |

| FRIENDS OF ISREAL DEFENSE FORCES 870 MARKET ST SUITE 1015 SAN FRANCISCO, CA 94102 | NONE | PUBLIC CHARITY | GENERAL FUND | 4 |
|---|------|-------------------|--------------|---------|
| Total | | | | 267,494 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GUIDING EYES FOR THE BLIND NONE PUBLIC: GENERAL FUND 300 611 GRANITE SPRINGS RD CHARITY YORKTOWN HEIGHTS, NY 10598 HEBREW SHELTERING SOCIETY NONE **PUBLIC GENERAL FUND** 500

| 11524 DAFFODIL LANE SILVER SPRING, MD 20902 | | CHARITY | | |
|---|------|-------------------|--------------|-------|
| HILLEL BERKELEY2736 BANCROFT WAY BERKELY, CA 94704 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |
| HILLELL CORNELL548 COLLEGE AVE ITHACA, NY 14850 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |

| BERKELY, CA 94704 | NONE | CHARITY | GENERAL FUND | 1,0 |
|---|------|-------------------|--------------|-----|
| HILLELL CORNELL548 COLLEGE AVE ITHACA, NY 14850 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,0 |
| HILLEL AT UCLA574 HILGARD AVENUE | NONE | PUBLIC | GENERAL FUND | 1,0 |

| HILLELL CORNELL548 COLLEGE AVE ITHACA, NY 14850 | NONE | PUBLIC CHARITY | GENERAL FUND | 1 |
|---|------|-------------------|--------------|---|
| HILLEL AT UCLA574 HILGARD AVENUE LOS ANGELES, CA 90024 | NONE | PUBLIC CHARITY | GENERAL FUND | 1 |

| HILLELL CORNELL548 COLLEGE AVE ITHACA, NY 14850 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,0 |
|---|------|-------------------|--------------|-----|
| HILLEL AT UCLA574 HILGARD AVENUE LOS ANGELES, CA 90024 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,0 |

| ITHACA, NY 14850 | | CHARITY | | |
|---|------|-------------------|--------------|-----|
| HILLEL AT UCLA574 HILGARD AVENUE LOS ANGELES, CA 90024 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,0 |

.000 Total. 267,494 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HILLEL ST LOUIS-WASHINGTON NONE PUBLIC **GENERAL FUND** 1,000 CHARITY UNIVERSITY .000

| 6300 FORSYTH BOULEVARD ST LOUIS, MO 63105 | | | | |
|---|------|-------------------|--------------|-----|
| HILLEL-FOUNDATION FOR JEWISH CAMPUS LIFE 800 EIGHTH STREET NW WASHINGTON, DC 20001 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,0 |
| INVESTIGATIVE PROJECT ON | NONE | PUBLIC | GENERAL FUND | 1,0 |

| WASHINGTON, DC 20001 | | | | |
|---|------|-------------------|--------------|-------|
| INVESTIGATIVE PROJECT ON TERRIORISM FUND 5505 CONNECTICUT AVE NW NO 341 WASHINGTON, DC 20015 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |
| J THE JEWISH NEWS WEEKLY 225 BUSH STREET SUITE 480 SAN FRANCISCO, CA 94104 | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |

| 5505 CONNECTICUT AVE NW NO 341 WASHINGTON, DC 20015 | | | | |
|--|------|-------------------|--------------|-----|
| J THE JEWISH NEWS WEEKLY 225 BUSH STREET SUITE 480 SAN FRANCISCO, CA 94104 | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |
| JEWISH COMMUNITY CENTER OF EAST BAY 1414 WALNUT STREET | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |

| J THE JEWISH NEWS WEEKLY 225 BUSH STREET SUITE 480 SAN FRANCISCO, CA 94104 | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |
|--|---------|-------------------|--------------|-----|
| JEWISH COMMUNITY CENTER OF EAST BAY 1414 WALNUT STREET BERKELEY, CA 94709 | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |
| Total | 267,494 | | | |

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| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
|--|---|-------------------------|----------------------------------|--------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Continuation | |
| a Paid during the year | | | | |
| JEWISH BRAILLE INSTITUTE 110 EAST 30TH STREET NEW YORK, NY 10016 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |
| JEWISH COMMUNITY FEDERATION-SF 121 STEUART STREET SAN FRANCISCO, CA 94105 | NONE | PUBLIC CHARITY | ANNUAL CAMPAIGN | 1,500 |
| JEWISH FAMILY AND CHILDREN'S SERVICES 2150 POST STREE PO BOX 159004 SAN FRANCISCO, CA 94115 | NONE | PUBLIC CHARITY | GENERAL FUND | 3,500 |
| JEWISH FOUNDATION FOR THE RIGHTEOUS 305 7TH AVENUE 19TH FLOOR NEW YORK, NY 10001 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |
| KQED2601 MARIPOSA ST SAN FRANCISCO, CA 94110 | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |

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| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|--|---|---|---|--|--|
| If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | | |
| any foundation manager or substantial contributor | recipient | | | | |
| | | | | | |
| NONE | PUBLIC CHARITY | ANNUAL FUND | 500 | | |
| NONE | PUBLIC CHARITY | GENERAL FUND | 100 | | |
| NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 | | |
| NONE | PUBLIC CHARITY | HIGH HOLIDAY CAMPAIGN | 500 | | |
| NONE | PUBLIC CHARITY | GENERAL FUND | 150 | | |
| | If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE | If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PUBLIC CHARITY NONE PUBLIC CHARITY NONE PUBLIC CHARITY NONE PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY NONE PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY | If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PUBLIC CHARITY PUBLIC CHARITY NONE PUBLIC CHARITY GENERAL FUND PUBLIC CHARITY NONE PUBLIC CHARITY REPUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY REPUBLIC CHARITY PUBLIC GENERAL FUND NONE PUBLIC CHARITY PUBLIC GENERAL FUND REPUBLIC CHARITY REPUBLIC CHARITY PUBLIC GENERAL FUND REPUBLIC CHARITY REPUBLIC GENERAL FUND | | |

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267,494

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL INSTITUTE FOR JEWISH NONE PUBLIC GENERAL FUND

500

| ı | HOSPICE 732 UNIVERSITY STREET NORTH WOODMERE, NY 11581 | | CHARITY | SENEWIE / SNB | |
|---|--|------|---------|---------------|---|
| | NATIONAL JEWISH HEALTH | NONE | PUBLIC | GENERAL FUND | 2 |

| NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206 | NONE | PUBLIC CHARITY | GENERAL FUND | 24,449 |
|---|------|-------------------|--------------|--------|
| PLANNED PARENTHOOD 2185 PACHECO STREET | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |

| ANNED PARENTHOOD L85 PACHECO STREET DNCORD, CA 94520 | NONE | PUBLIC CHARITY | GENERAL FUND | |
|--|------|-------------------|----------------------|--|
| 5 154 PTA1625 11TH AVENUE | NONE | PUBLIC | GENERATIONS CAMPAIGN | |

| CONCORD, CA 94520 | | CHARITI | | |
|--|------|-------------------|----------------------|-----|
| PS 154 PTA1625 11TH AVENUE BROOKLYN, NY 11215 | NONE | PUBLIC CHARITY | GENERATIONS CAMPAIGN | 800 |
| SALVATION ARMY832 FOLSOM STREET | NONE | PUBLIC | GENERAL FUND | 400 |

| CONCORD, CA 94320 | | | | |
|--|------|-------------------|----------------------|-----|
| PS 154 PTA1625 11TH AVENUE BROOKLYN, NY 11215 | NONE | PUBLIC CHARITY | GENERATIONS CAMPAIGN | 800 |
| SALVATION ARMY832 FOLSOM STREET SAN FRANCISCO, CA 94107 | NONE | PUBLIC CHARITY | GENERAL FUND | 400 |

| BROOKLYN, NY 11215 | | CHARITY | | |
|--|------|-------------------|--------------|---------|
| SALVATION ARMY832 FOLSOM STREET SAN FRANCISCO, CA 94107 | NONE | PUBLIC CHARITY | GENERAL FUND | 400 |
| Total | | | | 267,494 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| SAN FRANCISCO CHAMBER ORCHESTRA PO BOX 191564 SAN FRANCISCO, CA 94119 | NONE | PUBLIC CHARITY | GENERAL FUND | 2,500 |
|---|------|-------------------|--------------|-------|
| SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |

| 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107 | NONE | CHARITY | GENERAL FUND | 500 |
|--|------|-------------------|---------------------|-------|
| SHAKESPEARE FESTIVAL OF ST LOUIS 5715 ELIZABETH AVENUE ST LOUIS MO 63110 | NONE | PUBLIC CHARITY | GENERAL FUND - ARTS | 3,000 |

| SHAKESPEARE FESTIVAL OF ST LOUIS 5715 ELIZABETH AVENUE ST LOUIS, MO 63110 | NONE | PUBLIC CHARITY | GENERAL FUND - ARTS | 3,000 |
|---|------|-------------------|---------------------|-------|
| SHAVING ISRAELPO BOX 6991 | NONE | PUBLIC | GENERAL FUND | 50 |

| ST LOUIS, MO 63110 | | | | |
|---|------|-------------------|--------------|-------|
| SHAVING ISRAELPO BOX 6991 CHESTERFIELD, MO 63006 | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |
| SIMON WIESENTHAL CENTER | NONE | PUBLIC | GENERAL FUND | 1,000 |

| SHAVING ISRAELPO BOX 6991 CHESTERFIELD, MO 63006 | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |
|--|------|-------------------|--------------|-------|
| SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |

267,494

| CHESTERFIELD, MO 63006 | 110112 | CHARITY | SEITE IN TELEVISION | 30 |
|--|--------|-------------------|---------------------|------|
| SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,00 |

Total .

| 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 | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| SMILE TRAINPO BOX 96231 WASHINGTON, DC 20090 | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |
| SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104 | NONE | PUBLIC CHARITY | GENERAL FUND | 2,000 |
| SPONSORS FOR EDUCATIONAL OPPORTUNITY 55 EXCHANGE PLACE SUITE 601 NEW YORK, NY 10005 | NONE | PUBLIC CHARITY | GENERAL FUND | 30,000 |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,500 |
| TIBURON VOLUNTEER FIRE DEPARTMENT 1679 TIBURON BLVD TIBURON, CA 94920 | NONE | PUBLIC CHARITY | GENERAL FUND | 250 |

Total . . 3a 267,494

| 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 | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| TORAH PREP SCHOOL 609 NORTH AND SOUTH ROAD ST LOUIS, MO 63130 | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |
| UCSF BENIOFF CHILDREN'S HOSPITAL FOUNDATION 1975 4TH ST SAN FRANCISCO, CA 64158 | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |
| US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20024 | NONE | PUBLIC CHARITY | GENERAL FUND | 6,525 |
| WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET NW 1050 WASHINGTON, DC 20036 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |
| WORLD JEWISH CONGRESS 501 MADISON AVENUE 17TH FLOOR | NONE | PUBLIC CHARITY | GENERAL FUND | 500 |

| US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20024 | NONE | PUBLIC CHARITY | GENERAL FUND | 6,525 |
|---|------|-------------------|--------------|-------|
| WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET NW 1050 WASHINGTON, DC 20036 | NONE | PUBLIC CHARITY | GENERAL FUND | 1,000 |
| | | | | |

За

NEW YORK, NY 10022

267,494 Total .

| efile GRAPHIC print - DO NOT PI | ROCESS As F | iled Data - | | DI | N: 93491134019958 | |
|---------------------------------|------------------|-------------|------------------------|------------------------|---|--|
| TY 2017 Accounting Fe | es Schedule | e | | | | |
| | | | | | | |
| | Name: THE | . MOSKOW | VITZ FAMILY FO | OUNDATION | | |
| | EIN: 43-1 | 1642451 | | | | |
| Accounting Fees Schedule | | | | | | |
| Category | Amount | Net | t Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |

3,650

3,650

ACCOUNTING FEES

| efile GRAPHIC print - DO NOT | PROCESS | As Filed Data - |
|------------------------------|-----------|------------------|
| TY 2017 Investments | Cornorate | e Stock Schedule |

DLN: 93491134019958

Name: THE MOSKOWITZ FAMILY FOUNDATION

| EIN: 43-1642451 | | | | | |
|---------------------------------|---------------------------|----------------------------------|--|--|--|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value | | | |
| 200 SHS EXXON MOBIL CORP COM | 8,354 | 16,728 | | | |
| 300 SHS JOHNSON & JOHNSON COM | 3,436 | 41,916 | | | |
| 550 SHS MICROSOFT CORP COM | 1,754 | 29,939 | | | |
| 500 SHS QUALCOMM INC COM | 7,312 | 32,010 | | | |
| 300 SHS ORACLE | 1,293 | 14,184 | | | |
| 200 SHS CITIGROUP INC | 9,558 | 14,882 | | | |
| 60 SHS GOOGLE | 20,295 | 62,994 | | | |
| 500 SHS FACEBOOK INC CL A | 13,731 | 88,230 | | | |
| 300 SHS APPLE INC | 23,428 | 50,769 | | | |
| 750 SHS CISCO SYSTEMS INC | 2,036 | 15,320 | | | |
| 1000 SHS FRANKLIN RESOURCES INC | 8,900 | 25,998 | | | |
| 200 SHS ELLIE MAE INC | 5,507 | 17,880 | | | |
| 100 SHS BOEING COMPANY | 7,100 | 29,491 | | | |
| 100 SHS UNITEDHEALTH GROUP INC | 3,319 | 22,046 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491134019958 | | | |
|--------------------------------------|-----------------|-----------------------|---------------------|--|--|--|
| TY 2017 Other Decreases Schedule | | | | | | |
| | | | | | | |
| Name: | THE MOSKOW | ITZ FAMILY FOUNDATION | | | | |
| EIN: | 43-1642451 | | | | | |
| Description | | | Amount | | | |
| | | | | | | |

BASIS ADJUSTMENT 217,860

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLI | N: 93491134019958 | | |
|--|---------------|--------------------------|------------------------|------------------------------|--|--|
| TY 2017 Other Professional Fees Schedule | | | | | | |
| | | | | | | |
| No. 22 THE MOCKOWITZ FAMILY FOLING ATTOM | | | | | | |
| Name: THE MOSKOWITZ FAMILY FOUNDATION | | | | | | |
| EIN: 43-1642451 | | | | | | |
| Catagoni | A | Not Tourseton out | A division of Nick | Diahumaamaanta | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable | | |

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------|--------|--------------------------|------------------------|---|
|----------|--------|--------------------------|------------------------|---|

3,940

3,940

OTHER PROFESSIONAL FEES

| efile GRAPHIC print - DO NOT PRO | CESS As Filed Data | - | DLI | N: 93491134019958 | | |
|----------------------------------|------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Taxes Schedule | | | | | | |
| N | lame: THE MOSKO EIN: 43-1642451 | | INDATION | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| 2017 ESTIMATES | 57 | 0 | | 0 | | |

| efile GRAPHIC print - | DO NOT PROCESS | As Filed Data - | | | | DLN: 93491134019958 | |
|--|--|--|--|--|---|--|--|
| Schedule B | | Schedu | ule of Contributors | | | OMB No 1545-0047 | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Attach to Form 990, 990-EZ, or 990-PF of the Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at | | | | ons is at | 2017 | |
| Name of the organization THE MOSKOWITZ FAMIL | | | | | Employer id | entification number | |
| | | | | | 43-1642451 | | |
| Organization type (ch | eck one) | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)(|) (enter number) c | organization | | | | |
| | ☐ 4947(a)(| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | ☐ 527 politi | ☐ 527 political organization | | | | | |
| Form 990-PF | 5 01(c)(3) | exempt private fo | oundation | | | | |
| | 4947(a)(| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | ☐ 501(c)(3) | taxable private fo | undation | | | | |
| | | | PF that received, during the younglete Parts I and II See i | | | | |
| Special Rules | | | | | | | |
| under sections received from a | 509(a)(1) and 170(b) | (1)(A)(vi), that che uring the year, tota | g Form 990 or 990-EZ that macked Schedule A (Form 990 al contributions of the greate plete Parts I and II | or 990-EZ), P | art II, line 13, | 16a, or 16b, and that | |
| during the year | , total contributions o | f more than \$1,000 | , or (10) filing Form 990 or 99 Dexclusively for religious, ch animals Complete Parts I, I | arıtable, scient | | | |
| during the year If this box is che purpose Don't | , contributions <i>exclus</i> ecked, enter here the complete any of the p | eively for religious, total contributions parts unless the G | or (10) filing Form 990 or 990 charitable, etc., purposes, but the twere received during the eneral Rule applies to this or more during the year | ut no such con he year for an rganization be | tributions tota exclusively re cause it recei | led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i> | |
| 990-EZ, or 990-PF), bu | ıt it must answer "No | o" on Part IV, line 2 | ile and/or the Special Rules of the state of the state o | ne box on line | H of its | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | | ructions | Cat No 30613X | Schedu | ıle B (Form 990, | , 990-EZ, or 990-PF) (2017) | |

Name of organization Employer identification number THE MOSKOWITZ FAMILY FOUNDATION 43-1642451 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 MARVIN & NEVA MOSKOWITZ Person **Payroll** PO BOX 16150 \$ 298,585 Noncash ST LOUIS, MO63105 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution MARVIN & NEVA MOSKOWITZ Person Payroll PO BOX 16150 \$3,650 Noncash ST LOUIS, MO63105 (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Name of organization
THE MOSKOWITZ FAMILY FOUNDATION

JNDATION Employer identification number

43-1642451 Part II Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is needed (a) (c) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) See Additional Data Table \$ (c) (a) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$ (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) (c) (d) (b) No. from FMV (or estimate) Date received Description of noncash property given Part I (See instructions) \$ (c) (a) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Additional Data

Software ID:

Software Version:

EIN: 43-1642451

Name: THE MOSKOWITZ FAMILY FOUNDATION

| Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part 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 | | |
| <u>1</u> | 600 SHS EXPRESS SCRIPTS | \$ 35,760 | 2017-05-30 | | |
| <u>1</u> | 240 SHS APPLE INC | \$ 38,395 | 2017-08-23 | | |
| <u>1</u> | 100 SHS BOEING COMPANY | \$ 23,809 | 2017-08-23 | | |
| <u>1</u> | 200 SHS FACEBOOK INC | \$ 33,742 | 2017-08-23 | | |
| <u>1</u> | 100 SHS UNITEDHEALTH GROUP INC | \$ 19,424 | 2017-08-23 | | |
| <u>1</u> | 200 SHS APPLE INC | <u> </u> | 2017-11-13 | | |
| <u>1</u> | 100 SHS BOEING COMPANY | \$ 26,242 | 2017-11-13 | | |
| <u>1</u> | 200 SHS ELLIE MAE INC | <u> </u> | 2017-11-13 | | |
| <u>1</u> | 200 SHS FACEBOOK INC | \$ 35,754 | 2017-11-13 | | |
| <u>1</u> | 100 SHS UNITEDHEALTH GROUP INC | \$ 21,266 | 2017-11-13 | | |
| | | | | | |

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) 100 SHS UNITED TECHNOLOGY CORP \$ 11,707 2017-11-13