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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491313011138

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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year	r beginning 01-01-20	)17 , a	nd er	nding 12-31-			
SU	INSHIN	indation E FOUNDATION NE SHALIK				56-6615926	entification numbe	r	
		d street (or P O box number if mail is n SWAYS PARK DRIVE WEST	ot delivered to street address)	Room/suite		B Telephone number (see instructions)			
		, state or province, country, and ZIP or , NY 11797	foreign postal code			(516) 338-8700  C If exemption application is pending, check here			
G CH	neck al neck ty Section	I that apply	Amended return  ge Name change  501(c)(3) exempt private e trust Other taxabl	e private foundation		2 Foreign or test, chec E If private for under sectio	ganizations, check he ganizations meeting k here and attach coi undation status was t n 507(b)(1)(A), chec	the 85% mputation	
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 9,676,734	■ Accounting method	Cash Accru	ıaı		ition is in a 60-month n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and of amounts in columns (b), (c), and equal the amounts in column (a) (se	(d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc ,	received (attach	9,721,648	3			,	
	2								
	3 4	Interest on savings and temporal Dividends and interest from secu	•	709 5,223	1	709 5,223	709 5,223		
	5a	Gross rents	indes	3,223	1	3,223	3,223		
Revenue	b	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of as	ssets not on line 10						
	ь 7	Gross sales price for all assets of Capital gain net income (from Pa	<u> </u>			0			
_	8	Net short-term capital gain .					0		
	9	Income modifications							
	10a	Gross sales less returns and allo	wances						
	b	Less Cost of goods sold							
	C .	Gross profit or (loss) (attach sch Other income (attach schedule)	•						
	11	Total. Add lines 1 through 11		9,727,580		5,932	5,932		
	12 13	Compensation of officers, director		9,727,380		0,932	3,932		
	14	Other employee salaries and war	•		1	0	0	C	
s	15	Pension plans, employee benefit	-						
)se	16a	Legal fees (attach schedule)							
<u>ē</u>	ь	Accounting fees (attach schedule	e)						
Operating and Administrative Expenses	c	Other professional fees (attach s	schedule)						
EI Ve	17	Interest							
i L	18	Taxes (attach schedule) (see ins	tructions)	<b>9</b>		0	0	С	
<u>=</u>	19	Depreciation (attach schedule) a	nd depletion						
E	20	Occupancy							
₹	21	Travel, conferences, and meeting	gs						
Ē	22	Printing and publications							
<u> </u>	23	Other expenses (attach schedule	e)	<b>9</b> 601		0	0	601	
ב ב	24	Total operating and administ	rative expenses.						
<u>8</u>		Add lines 13 through 23		612		0	0	601	
ر	25	Contributions, gifts, grants paid		443,500				443,500	
	26	Total expenses and disburser 25	ments. Add lines 24 and	444,112	!	0	0	444,101	
	27	Subtract line 26 from line 12		0.202.153					
	а	Excess of revenue over exper disbursements	rses and	9,283,468					
	ь	Net investment income (if neg	•			5,932			
	С	Adjusted net income(if negative	<u> </u>				5,932		
or	Daner	work Reduction Act Notice, se	e instructions			Cat No. 11280)	Eor	m <b>000-DF</b> (2017)	

	3	Accounts receivable -	i		
		Less allowance for doubtful accounts ▶	l		
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶	l		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	l		
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶	l		
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	91,284	9,487,87	5 9,580,323
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶	l		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			

# 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Total liabilities and net assets/fund balances (see instructions) .

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

Analysis of Changes in Net Assets or Fund Balances

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

31 Part III

2

		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)	300,818	9,584,286	9,676,734
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Į	20	Loans from officers, directors, trustees, and other disqualified persons			
lat tet	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	
35		Foundations that follow SFAS 117, check here  and complete lines 24 through 26 and lines 30 and 31.			
DC6	24	Unrestricted			
Balance	25	Temporarily restricted			
Fund E	26	Permanently restricted			
٥		Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.			
ssets	27	Capital stock, trust principal, or current funds	0	0	
356	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
⋖	29	Retained earnings, accumulated income, endowment, or other funds	300,818	9,584,286	
Net	30	Total net assets or fund balances (see instructions)	300,818	9,584,286	

300,818

9,584,286

2

3

4 5

6

9.584.286 Form **990-PF** (2017)

300,818

9,283,468

9,584,286

0

instructions

Page **3** 

(e) Gross sales price  a b c d e Complete only for assets sho (i) F M V as of 12/31/69  a b	(f) Depreciation allowed (or allowable)  wing gain in column (h) and owi	(g) Cost or oth plus expense	er basıs	Gain o	n) r (loss) ) minus (g)
Gross sales price  a b c d Complete only for assets sho (i) FMV as of 12/31/69 a	Depreciation allowed (or allowable)	Cost or other plus expense	er basıs	Gain o	r (loss)
Gross sales price  a b c d Complete only for assets sho (i) FMV as of 12/31/69 a	Depreciation allowed (or allowable)	Cost or other plus expense	er basıs	Gain o	r (loss)
b c d e Complete only for assets sho (i) F M V as of 12/31/69 a	wing gain in column (h) and owi		e or sale	(e) plus (i)	, minus (g)
c d e Complete only for assets sho (i) F M V as of 12/31/69 a	<del>,</del>				
d e Complete only for assets sho (i) F M V as of 12/31/69 a	<del>,</del>				
Complete only for assets sho (i) F M V as of 12/31/69 a	<del>,</del>	and by the formulation and			
Complete only for assets sho (i) F M V as of 12/31/69 a	<del>,</del>				
(i) F M V as of 12/31/69	<del>,</del>	والمراجع والمراجع المراجع المر			
F M V as of 12/31/69	/i\	i			D)
			col (ı) ), ıf any	col (k), but not	h) gain minus less than -0-) <b>oi</b> om col (h))
b					
С					
d	1				
e		If gain, also enter in Part			
• •	or (loss) as defined in sections 1 line 8, column (c) (see instruction	· · · · ·	}	3	
art V Qualification Unde	er Section 4940(e) for Re	duced Tax on Net In	vestment In	come	
r optional use by domestic privat	e foundations subject to the sec	tion 4940(a) tax on net in	vestment incom	ne)	
ection 4940(d)(2) applies, leave s the foundation liable for the sec (es," the foundation does not qu	ction 4942 tax on the distributat		the base period	? \( \sum_{Ye}	es 🗹 No
1 Enter the appropriate amount	t in each column for each year,	see instructions before ma	akıng any entrie		
(a) Base period years Calendar ear (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-u	se assets	( <b>d)</b> Distribution rati (col (b) divided by co	
2016	73,456		250,741		0 292956
2015	72,460		287,969		0 251624
2014	52,958 36,960		331,631		0 159690
2013 2012	5,000		346,690 334,223		0 106608 0 014960
2 Total of line 1, column (d)	3,000		2		0 825838
<b>3</b> Average distribution ratio for			· · · —		
	on has been in existence if less t	than 5 years	3		0 165168
		•	4		729,667
4 Enter the net value of noncha			5		120,518
<ul><li>4 Enter the net value of noncha</li><li>5 Multiply line 4 by line 3</li></ul>	,		· · ·   6		59 120,577
4 Enter the net value of noncha					

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

7b

101111 330 11 (2	7111 750 11 (2017)							
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors							

4 1' 11 60' 1' 1 1 1			, , , , , ,	
1 List all officers, directors, truste	es, roundation managers a	nd their compensation		Т
(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	
EUGENE SHALIK	TRUSTEE	0	(	
400 SE 5TH AVE 704-N BOCA RATON, FL 33432	10 00			,
JAMES DEVITA	TRUSTEE	0	(	
4760 A GREENTREE WAY BOYNTON BEACH, FL 33436	0 00			,
2 Compensation of five highest-pa	id employees (other than t	those included on line 1	l—see instructions). If no	ne. enter "NONE."
_ compensation or me manage pa			Contributions to	,
(a) Name and address of each employee pa more than \$50,000	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				
	—			
<b>Total</b> number of other employees paid ov	er \$50,000			0
3 Five highest-paid independent co	ontractors for professional	services (see instructi	ons). If none, enter "NON	IE".
(a) Name and address of each perso	n paid more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
NONE				
		$\dashv$		
Fatal number of athers recovers aver #E/	0.000 for professional services			
Total number of others receiving over \$50		5	· · · · · •	0
Part IX-A Summary of Direct (				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1 NONE	merences convened, research pape	is produced, etc		0
2				
3				
<u>_</u> -			+	
4				
Part IX-B Summary of Program	m-Related Investments	(see instructions)	•	
Describe the two largest program-related inve		<u> </u>	and 2	Amount
	estiments made by the roundation	daring the tax year on mico 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
3				
Fotal. Add lines 1 through 3 .				0
Totali Add inies I dirough 5		<del></del>		

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

3a 3h

4

5

444.101

444.042

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59

Amounts set aside for specific charitable projects that satisfy the

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

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. . . . . . . . . .

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).

3

4

5

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . . d From 2015. . . . . e From 2016. . . . .

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a) )

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 applied on line 5 or line 7 (see instructions) . . . (d)

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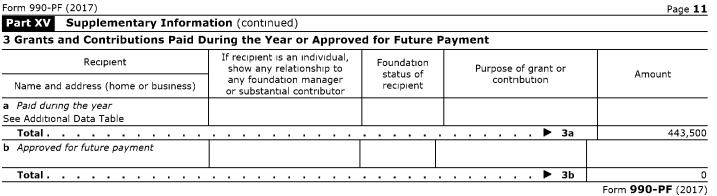
OIII	1 330-F1 (2017)	,					
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions	)
							(a) Corpus
1	Distributable a	mount for	2017 fro	m Part	XI, line 7		
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017		
а	Enter amount	for 2016 o	nly				
b	Total for prior	years 2	.0,	20	_ , 20		

(b)

Years prior to 2016

(c)

2016



Enter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	(e) Related or exempt	
<b>1</b> Progran	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
g Fees	and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash					
	ments			14	709	
Dividends and interest from securities     Net rental income or (loss) from real estate				14	5,223	
	financed property.					
	ebt-financed property.					
6 Net re	ental income or (loss) from personal property					
7 Other i	nvestment income					
	or (loss) from sales of assets other than					
	tory					
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
13 Cubes	-   Add		0	1	5,932	
12 Subtot 13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1	5,932 <b>3</b>	
12 Subtot 13 Total. (See w	-   Add	ations )		1	· · · · · · · · · · · · · · · · · · ·	
12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932
12 Subtot. 13 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 the accomplishment of the foundation's ex	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932
12 Subtot. 13 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 the accomplishment of the foundation's ex	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932
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12 Subtot 13 Total. (See wo Part 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	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932
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12 Subtot.  13 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 the accomplishment of the foundation's ex	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932
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12 Subtot. 13 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 the accomplishment of the foundation's ex	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932
12 Subtot.  13 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 the accomplishment of the foundation's ex	ations ) e Accomplisi income is report		pt Purposes Fart XVI-A contribu	3ited importantly to	5,932

orm 9	90-PI	F (20	17)											Pa	ge <b>13</b>
Part	XV:	ı i	Information Re Exempt Organi		ransi	fers To a	and Transact	tions	and F	Relatio	nships Wi	th Nonchari	table		
			nization directly or in de (other than sectio											Yes	No
<b>a</b> Tra	nsfer	s fro	m the reporting foun	dation to a n	oncha	ırıtable exe	empt organizati	on of							
(1)	Cas	sh.											1a(1)		No
(2)	Oth	ner a	ssets										1a(2)		No
<b>b</b> Oth	er tr	ansa	ctions												
(1)	Sal	les of	assets to a nonchar	ıtable exemp	t orga	nızatıon.							1b(1)		No
(2)	Pur	rchas	es of assets from a r	noncharitable	exem	npt organiz	ation						1b(2)		No
(3)	Rer	ntal c	of facilities, equipmen	nt, or other a	ssets.								1b(3)		No
(4)	Rei	ımbuı	rsement arrangemen	its									1b(4)		No
(5)	Loa	ans o	r loan guarantees.										1b(5)		No
(6)	Perf	forma	ance of services or m	embership o	r fund	raising sol	icitations						1b(6)		No
	_		cilities, equipment, n to any of the above	-		-							1c		No
of t	he go iny tr	oods, ransa	other assets, or ser action or sharing arra	vices given b ingement, sh	oy the low in	reporting to column (d	foundation If t  i) the value of t	he fou the go	ndatior ods, ot	n receive her asse	d less than f ts, or service	air market valu s received	ie		
(a) Line	: No	<u> </u>	<b>b)</b> Amount involved	(c) Name of	noncha	aritable exer	mpt organization	+ '	(d) Desc	ription of	transfers, tran	sactions, and sha	ring arra	ngemen	ts
								1							
								-							
								+							
des	crıbe	ed in com	ation directly or indire section 501(c) of the plete the following so (a) Name of organization	· Code (other chedule		section 50	•	section		-		scription of relati	☐ Yes	<b>✓</b>	No
	of	my l	penalties of perjury, knowledge and belief preparer has any kno	, it is true, co											
Sign Here	•	_	****	rustoo			2018-11-09		- ) -	****		returi with t below	he prepa	rer shov	vn
			nature of officer or t		D:	nunula Com	Date	Ţ		tle			nstr )?	✓ Yes	□No
		- 1	Print/Type preparer's	Hallie	r rep	arer's Sıgr	iature	וטן	ate		ا ما د	PTIN			

Paid **Preparer Use Only** 

Firm's name ▶ SHALIK MORRIS & COMPANY LLP

Firm's address ▶ 80 CROSSWAYS PK DR WEST

WOODBURY, NY 11797

Check if self-P01434208 employed ▶ □ EUGENE SHALIK

Firm's EIN ▶11-2973036

Phone no (516) 338-8700

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 AMERICAN HUMANE PUBLIC PROMOTING THE SAFETY AND 5,000 1400 16TH STREET NW SUITE 360 CHARITY WELFARE OF ANIMALS WASHINGTON, DC 20036 ٥٥ 00

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

THE SALESIAN SISTERS 659 BELMONT AVENUE NORTH HALEDON, NJ 07508	PUBLIC CHARITY	ASSISTANCE TO INDIGENT CHILDREN AND PARENTS	10,000
BLIND CHILDREN'S LEARNING CENTER 18542-B VANDERLIP AVENUE SANTA ANA, CA 92705	PUBLIC CHARITY	PREPARING CHILDREN WITH VISUAL IMPAIRMENTS FOR LIVES OF INDEPENDENCE THROUGH EARLY INTERVENTION, EDUCATION AND FAMILY SUPPORT	10,000
Total	 		443,500

orm 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							
PREVENT CHILD ABUSE AMERICA 228 SOUTH WABASH 10TH FL CHICAGO, IL 60604		PUBLIC CHARITY	PREVENTING CHILD ABUSE AND NEGLECT THROUGH PROGRAMS, ADVOCACY, RESEARCH & COMMUNICATION	5,000			
PARTNERSHIP FOR DRUG-FREE KIDS 352 PARK AVENUE SOUTH 9TH FLOOR NEW YORK, NY 10010		PUBLIC CHARITY	HELPING FAMILIES BATTLE TEENAGE SUBSTANCE ABUSE	5,000			
SPECIAL OLYMPICS		PUBLIC CHARITY	SPORTS EVENTS FOR PEOPLE	1,000			

PARTNERSHIP FOR DRUG-FREE KIDS 352 PARK AVENUE SOUTH 9TH FLOOR NEW YORK, NY 10010	PUBLIC CHARITY	HELPING FAMILIES BATTLE TEENAGE SUBSTANCE ABUSE	5,000
SPECIAL OLYMPICS 1133 19TH ST NW 12TH FLOOR	PUBLIC CHARITY	SPORTS EVENTS FOR PEOPLE WITH INTELLECTUAL	1,000

DISABILITIES

| WASHINGTON, DC 20036

443,500 3a

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 AMERICAN JEWISH WORLD SERVICE PUBLIC HUMANITARIAN AID FOR 10,000 45 WEST 36TH STREET CHARITY DEVELOPING COUNTRIES

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

NEW YORK, NY 10018	J. W. W. 12. 1	FIGHTING POVERTY, HUNGER & DISEASE	
HOLD THE CHILDREN 1509 HUNT CLUB BOULEVARD SUITE 1200 GALLATIN, TN 37066	PUBLIC CHARITY	CONSTRUCTION OF THE CHRISTIAN ALLIANCE SCHOOL IN LIMONADE, HAITI	10,000

MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771  PUBLIC CHARITY HOSPITAL SHIPS PROVIDING URGENT MEDICAL CARE TO DEVELOPING COUNTRIES  5,000	GALLATIN, TN 37066		·	
		CHARITY	URGENT MEDICAL CARE TO	5,000

Total . 3a 443,500

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 LONG ISLAND CARES10 DAVIDS DRIVE PUBLIC FIGHTING HUNGER ON LONG 25,000 HAUPPAUGE, NY 11788 CHARITY ISLAND

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

CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017		PROVIDES NUTRITIOUS FOOD & HUMAN COMPANY TO HOMEBOUND ELDERLY NEW YORKERS	25,000
ISLAND HARVEST 15 GRUMMAN ROAD WEST SUITE 1450 BETHDAGE NY 11714	PUBLIC CHARITY	FIGHTING HUNGER ON LONG ISLAND	25,000

BETHPAGE, NY 11/14

Total . 443,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE SUITE 1004 ARLINGTON, VA 22202		PUBLIC CHARITY	DELIVERING HEALTHY MEALS TO HUNGRY SENIOR CITIZENS	10,000
ACTION AGAINST HUNGER USA ONE WHITEHALL STREET FLOOR 2		PUBLIC CHARITY	FIGHTING HUNGER AND POVERTY IN DEVELOPING	5,000

ACTION AGAINST HUNGER USA ONE WHITEHALL STREET FLOOR 2 NEW YORK, NY 10004	PUBLIC CHARITY	FIGHTING HUNGER AND POVERTY IN DEVELOPING COUNTRIES	5,000
COALITION FOR THE HOMELESS 129 FULTON STREET NEW YORK, NY 10038	PUBLIC CHARITY	SERVING THOUSANDS OF HOMELESS PEOPLE DAILY WITH FOOD, SHELTER, MEDICINE &	5,000

COALITION FOR THE HOMELESS	PUBLIC	SERVING THOUSANDS OF	5,
129 FULTON STREET	CHARITY	HOMELESS PEOPLE DAILY WITH	I
NEW YORK, NY 10038		FOOD, SHELTER, MEDICINE &	I
		TOD TO ATMITMIC	1

COALITION FOR THE HOMELESS	PUBLIC	SERVING THOUSANDS OF	5,00
129 FULTON STREET	CHARITY	HOMELESS PEOPLE DAILY WITH	
NEW YORK, NY 10038		FOOD, SHELTER, MEDICINE &	
		JOB TRAINING	

		JOB TRAINING	1
IEW YORK, NY 10038		FOOD, SHELTER, MEDICINE &	İ
29 FULTON STREET	CHARITY	HOMELESS PEOPLE DAILY WITH	1

·		JOB TRAINING	
Total	 		443,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)		recipient			
a Paid during the year					
THE BLUE CARD INC 171 MADISON AVENUE SUITE 1405 NEW YORK, NY 10016		PUBLIC CHARITY	ASSISTANCE FOR HOLOCAUST SURVIVORS	10,000	
JCC ASSOCIATION520 EIGHT AVENUE NEW YORK, NY 10018		PUBLIC CHARITY	NETWORK OF JEWISH COMMUNITY CENTERS & SUMMER CAMPS	10,000	

JCC ASSOCIATION520 EIGHT AVENUE NEW YORK, NY 10018	PUBLIC CHARITY	NETWORK OF JEWISH COMMUNITY CENTERS & SUMMER CAMPS	10,000
JEWISH NATIONAL FUND	PUBLIC	SUPPORT FOR COMMUNITY	10.000

JEWISH NATIONAL FUND 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	PUBLIC CHARITY	SUPPORT FOR COMMUNITY BUILDING AND DEVELOPMENT ACROSS ISRAEL	10

443,500 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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN FOUNDATION FOR SUICIDE PUBLIC PREVENTING SUICIDE THROUGH 10,000 PREVENTION CHARITY RESEARCH, EDUCATION &

JOYCE HARRIET STAHL SCHOLARSHIP FUND 80 CROSSWAYS PARK DRIVE WEST WOODBURY, NY 11797	PUBLIC CHARITY	PROVIDE EDUCATIONAL SCHOLARSHIPS TO GRADUATING HIGH SCHOOL STUDENTS	
NEW YORK, NY 10005		ADVOCACY	

FUND 80 CROSSWAYS PARK DRIVE WEST WOODBURY, NY 11797			SCHOLARSHIPS TO GRADUATING HIGH SCHOOL STUDENTS	
RAPE ABUSE & INCEST NATIONAL NETWORK 1220 L STREET NW SUITE 505	l 1.	PUBLIC CHARITY	NATION'S LARGEST ANTI- SEXUAL ASSAULT ORGANIZATION	!

WOODBURY, NY 11797			STUDENTS	
RAPE ABUSE & INCEST NATIONAL NETWORK	I		NATION'S LARGEST ANTI- SEXUAL ASSAULT	5,000
1 1220 I CTDEET NIM CHITE EGE			ODCANIZATION I	

WOODBURY, NY 11797		STUDENTS	
RAPE ABUSE & INCEST NATIONAL NETWORK 1220 L STREET NW SUITE 505	PUBLIC CHARITY	NATION'S LARGEST ANTI- SEXUAL ASSAULT ORGANIZATION	5,0

RAPE ABUSE & INCEST NATIONAL	PUBLIC	NATION'S LARGEST ANTI-	5,00
NETWORK	CHARITY	SEXUAL ASSAULT	
1220 L STREET NW SUITE 505		ORGANIZATION	
WASHINGTON, DC 20005			

VASHINGTON, DC 20005			
220 L STREET NW SUITE 505		ORGANIZATION	
IETWORK	CHARITY	SEXUAL ASSAULT	

2,500

WASHINGTON, DC 20005		ORGANIZATION	
Total		•	443 500

WASHINGTON, DC 20005	<u> </u>		
Total			443 500

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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				
HOPE FOR WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151		PUBLIC CHARITY	SUPPORT PROGRAMS FOR SERVICE MEMBERS, VETERANS AND MILITARY FAMILIES	25,000
DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076		PUBLIC CHARITY	PHYSICAL & PSYCHOLOGICAL REHABILITATION FOR ILL, INJURED & WOUNDED VETERANS	10,000

DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	PUBLIC CHARITY	PHYSICAL & PSYCHOLOGICAL REHABILITATION FOR ILL, INJURED & WOUNDED VETERANS	10,000
NATIONAL VETERANS FOUNDATION 5777 WEST CENTURY BOULEVARD SUITE 350 LOS ANGELES, CA 90045	PUBLIC CHARITY	SERVING CRISIS MANAGEMENT, INFORMATION, & REFERRAL NEEDS OF US VETERANS & THEIR FAMILIES	5,000

NATIONAL VETERANS FOUNDATION 5777 WEST CENTURY BOULEVARD SUITE	PUBLIC CHARITY	SERVING CRISIS MANAGEMENT, INFORMATION, & REFERRAL NEEDS OF US VETERANS &	5,0
350 LOS ANGELES, CA 90045		THEIR FAMILIES	

443,500

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 GREATER HOUSTON COMMUNITY PUBLIC: HURRICANE HARVEY 5,000 **FOUNDATION** CHARITY EMERGENCY RELIEF (TEXAS, 5120 WOODWAY DRIVE SUITE 6000 AUGUST '17) HOUSTON, TX 77056

HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	PUBLIC CHARITY	HURRICANE HARVEY EMERGENCY RELIEF (TEXAS, AUGUST '17)	5,000
UNITED WAY- GREATER HOUSTON 50 WAUGH DRIVE HOUSTON. TX 77007	PUBLIC CHARITY	HURRICANE HARVEY EMERGENCY RELIEF (TEXAS, AUGUST '17)	5,000

443,500

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	atus of contribution	Amount		
any foundation manager or substantial contributor	recipient				
	PUBLIC CHARITY	HURRICANE HARVEY EMERGENCY RELIEF, ANIMALS (TEXAS, AUGUST '17)	2,500		
	PUBLIC CHARITY	HURRICANE IRMA & HURRICANE MARIA RELIEF EFFORTS	10,000		
	If recipient is an individual, show any relationship to any foundation manager	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  PUBLIC CHARITY  PUBLIC	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Public  CHARITY  Public  Public  CHARITY  Public  HURRICANE HARVEY  EMERGENCY RELIEF, ANIMALS  (TEXAS, AUGUST '17)  Public  HURRICANE IRMA & HURRICANE		

WALL STREET STATION PO BOX 157 NEW YORK, NY 10268	CHARTT	MANIA NELLE ELITONIS	
ONE AMERICA APPEALPO BOX 14141 COLLEGE STATION, TX 77841	PUBLIC CHARITY	HURRICANE IRMA & HURRICANE MARIA RELIEF EFFORTS (FLORIDA, PUERTO RICO & CARIBBEAN SEPT '17)	10,000

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443,500

## If recipient is an individual, Foundation Purpose of grant or Recipient 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 AMERICARES88 HAMILTON AVENUE PUBLIC HURRICANE IRMA & HURRICANE 10,000

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

(FLORIDA, PUERTO RICO & CARIBBEAN SEPT '17) HEART TO HEART INTERNATIONAL PUBLIC. HURRICANE IRMA & HURRICANE 13250 WEST 98TH STREET CHARITY MARIA RELIEF EFFORTS LENEXA, KS 66215 (FLORIDA, PUERTO RICO & CARIBBEAN SEPT '17)

STAMFORD, CT 06902

PUBLIC HURRICANE IRMA & HURRICANE CHARITY MARIA RELIEF EFFORTS

MARIA RELIEF EFFORTS

10,000

CHARITY

INTERNATIONAL MEDICAL CORPS 5.000 (FLORIDA, PUERTO RICO & CARIBBEAN SEPT '17)

12400 WILSHIRE BOULEVARD SUITE 1500 LOS ANGELES, CA 90025

Total . . 443,500

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation Purpose of grant or status of contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
AMERICAN RED CROSSPO BOX 97089 WASHINGTON, DC 20090		PUBLIC CHARITY	"THOMAS" WILDFIRE RELIEF (SOUTHERN CALIFORNIA, DECEMBER '17)	5,000	
ALZHEIMER'S FOUNDATION OF AMERICA 322 EIGHTH AVENUE 7TH FLOOR NEW YORK, NY 10001		PUBLIC CHARITY	ALZHEIMER'S RESEARCH, SCREENING PROGRAM & PATIENT CARE	5,000	

AMERICA 322 EIGHTH AVENUE 7TH FLOOR NEW YORK, NY 10001		SCREENING PROGRAM & PATIENT CARE	3,000
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET SUITE 200 WELLESLEY HILLS, MA 02481	PUBLIC CHARITY	ALZHEIMER'S RESEARCH	5,000

NEW YORK, NY 10001		PATIENT CARE	
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET SUITE 200 WELLESLEY HILLS, MA 02481	PUBLIC CHARITY	ALZHEIMER'S RESEARCH	5,0

•			
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET SUITE 200 WELLESLEY HILLS, MA 02481	PUBLIC CHARITY	ALZHEIMER'S RESEARCH	5,0

Total			443 500
34 WASHINGTON STREET SUITE 200 WELLESLEY HILLS, MA 02481	CHARITY		
CURE ALZHEIMER S FUND	POBLIC	ALZHEIMER'S RESEARCH	5,000

# Recipient Foundation Purpose of grant or If recipient is an individual, 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 FISHER CENTER FOR ALZHEIMER'S PUBLIC ALZHEIMER'S RESEARCH 5,000 RESEARCH FOUNDATION CHARITY 110 EAST 42ND STREET 16TH ELOOR

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

NEW YORK, NY 10017			
ORGANIZATION FOR AUTISM RESEARCH 2000 NORTH 14TH STREET SUITE 240 ARLINGTON, VA 22201	PUBLIC CHARITY	AUTISM RESEARCH	5,000

000

<b>'</b>			
AUTISM SOCIETY OF AMERICA 4340 EAST WEST HIGHWAY SUITE 350 BETHESDA, MD 20814		IMPROVING THE LIVES OF ALL AFFECTED BY AUTISM	5,00

AUTISM SOCIETY OF AMERICA 4340 EAST WEST HIGHWAY SUITE 350	PUBLIC CHARITY	IMPROVING THE LIVES OF ALL AFFECTED BY AUTISM	5,00
BETHESDA, MD 20814			

443,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient		
a Paid during the year				
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		PUBLIC CHARITY	IMPROVING THE HEALTH OF NEWBORN BABIES	2,500
BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022		PUBLIC CHARITY	BREAST CANCER RESEARCH	10,000
NATIONAL PEDIATRIC CANCER FOUNDATION		PUBLIC CHARITY	PEDIATRIC CANCER RESEARCH	10,000

FOUNDATION 60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022	CHARITY	DREAST CANCER RESEARCH	10,000
NATIONAL PEDIATRIC CANCER FOUNDATION 5550 WEST EXECUTIVE DRIVE SUITE 300 TAMPA, FL 33609	PUBLIC CHARITY	PEDIATRIC CANCER RESEARCH	10,000

443,500 3a

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				
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607		PUBLIC CHARITY	NETWORK OF 22 HOSPITALS SERVING CHILDREN WITH SPECIAL NEEDS	25,000
ST JUDE CHILDREN'S HOSPITAL		PUBLIC	CHILDREN'S HOSPITAL &	25,000

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

501 ST JUDE CHILDREN'S HUSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	CHARITY	RESEARCH CENTER FOR CANCER & OTHER CATASTROPHIC DISEASES & GENETIC DISORDERS	25,000
PARKINSON'S FOUNDATION 200 SE 1ST ST SUITE 800	PUBLIC CHARITY	PARKINSON'S RESEARCH & PATIENT CARE	10,000

Total . 3a 443,500

s 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			
	PUBLIC CHARITY	FIGHTING HUNGER & HOMELESSNESS ON LONG ISLAND	10,000	
	PUBLIC CHARITY	PANCREATIC CANCER RESEARCH, PATIENT SUPPORT, COMMUNITY OUTREACH, ADVOCACY	5,000	
	If recipient is an individual, show any relationship to any foundation manager	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  PUBLIC CHARITY  PUBLIC	show any relationship to any foundation manager or substantial contributor  PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY  PANCREATIC CANCER RESEARCH, PATIENT SUPPORT, COMMUNITY OUTREACH,	

1500 ROSECRANS AVENUE - STE 200 MANHATTAN BEACH, CA 90266	CHARITY	RESEARCH, PATIENT SUPPORT, COMMUNITY OUTREACH, ADVOCACY	-,
HOLD THE CHILDREN 1509 HUNT CLUB BOULEVARD SUITE 1200 GALLATIN, TN 37066	PUBLIC CHARITY	CONSTRUCTION OF THE CHRISTIAN ALLIANCE SCHOOL IN LIMONADE, HAITI	10,000
Total			443,500

Name of Steel		Fred of Voca Book	Fund of Many Fair	
EIN:	56-6615926		,	
	C/O EUGENE SHALIK			
Name:	SUNSHINE FOUNDATION			
TY 2017 Investments Corpora	te Stock Schedule			
efile GRAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 9349131301113				

<b>EIN:</b> 56-6615926		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
E-TRADE FINANCIAL	116,300	208,748

MORGAN STANLEY

9,371,575

9,371,575

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491313011138	
TY 2017 Other Expenses Sche	dule				
Name:	SUNSHINE FOU	NDATION			
	C/O EUGENE SHALIK				
EIN:	<b>EIN:</b> 56-6615926				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
RESEARCH	428	0	0	428	
OFFICE EXPENSES	73	0	0	73	

FILING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491313011138
TY 2017 Taxes Schedule				
Name	: SUNSHINE	FOUNDATION		
	C/O EUGENI	E SHALIK		
EIN	: 56-6615926			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
US TREASURY	11	0	0	0

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DLN: 93491313011138	
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	bout Schedule B (F	Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>I</i>rs <i>gov/form</i>990</u>		ons is at	2017	
Name of the organization SUNSHINE FOUNDATION	1				Employer id	lentification number	
C/O EUGENE SHALIK					56-6615926		
Organization type (check	one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) c	organization				
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	☐ 527 political organization						
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation				
4947(a)(1) nonexempt charitable trust treated as a private foundation							
501(c)(3) taxable private foundation							
			PF that received, during omplete Parts I and II S				
Special Rules							
under sections 509	(a)(1) and 170(b) one contributor, d	(1)(A)(vı), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gro plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year, tot	al contributions of	f more than \$1,000	or (10) filing Form 990 of the control of the contr	s, charitable, scien			
during the year, co If this box is check purpose Don't con	ntributions exclus ed, enter here the aplete any of the p	<i>ively</i> for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 of charitable, etc., purpose is that were received duri eneral Rule applies to the or more during the year	s, but no such con ng the year for an nis organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>	
Caution. An organization of 990-EZ, or 990-PF), but it Form 990-EZ or on its Fori 990-EZ, or 990-PF)	<b>must</b> answer "No	on Part IV, line 2	, of its Form 990, or che	ck the box on line	H of its		
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
<b>Name of organiza</b> SUNSHINE FOUNDA C/O EUGENE SHALI	ATION	Employer identification 56-6615926	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PEARL B KALIKOW IRREVOCABLE TRUST UTA 07162003		Person 🗸
	80 CROSSWAYS PARK DRIVE WEST	\$ 9,721,575	Noncash
	WOODBURY, NY117972000		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person  Payroll
		s	Noncash
(-)	(1-)	(0)	(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution  Person
-			Payroll
		\$	Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions )  (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
-			Payroll
		<u> </u>	Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions )  (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person
-			Payroll
		\$	Noncash
(a)	(6)	(0)	(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person
		\$	Noncash
			(Complete Part II for noncash contributions )

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)		Page 4
Name of organizat SUNSHINE FOUNDAT C/O EUGENE SHALIK	TION		Employer identification number 56-6615926
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) throu of exclusively religious, charit ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
	Transieree s name, address, and		coadonship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	` ,	Relationship of transferor to transferee

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