

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	12,483	39,311	39,311
	2 Savings and temporary cash investments	739,855	441,756	441,756
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	0	3,180,203	3,190,896
	b Investments—corporate stock (attach schedule)	5,956,971	4,961,693	5,689,189
	c Investments—corporate bonds (attach schedule)	77,405	203,040	202,789
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	40,350	25,000	26,413
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	6,827,064	8,851,003	9,590,354	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	6,827,064	8,851,003	
30 Total net assets or fund balances (see instructions)	6,827,064	8,851,003		
31 Total liabilities and net assets/fund balances (see instructions) .	6,827,064	8,851,003		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,827,064
2 Enter amount from Part I, line 27a	2	2,028,496
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	8,855,560
5 Decreases not included in line 2 (itemize) ▶ _____	5	4,557
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	8,851,003

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 	2	1,670,755
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	286,565	6,115,169	0 046861
2015	246,588	4,673,718	0 052761
2014	214,500	4,015,533	0 053418
2013	64,500	2,857,261	0 022574
2012	102,000	2,023,240	0 050414

2 Total of line 1, column (d)	2	0 226028
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 045206
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	8,475,986
5 Multiply line 4 by line 3	5	383,165
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	18,035
7 Add lines 5 and 6	7	401,200
8 Enter qualifying distributions from Part XII, line 4	8	374,500

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	36,070
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	36,070
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	36,070
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	8,053
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	45,553
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	9,483
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 9,483 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ ABRAHAM LITTENBERG Telephone no ▶ (732) 495-9480			

Located at ▶ 100 HIGHWAY 36 MIDDLETOWN NJ

ZIP+4 ▶ 07748

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

Part VIII

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ABRAHAM C LITTENBERG 41 HICKORY LANE LINCROFT, NJ 07738	PRESIDENT 2 00	0	0	0
LINDA LITTENBERG 41 HICKORY LANE LINCROFT, NJ 07738	VICE PRESIDENT 2 00	0	0	0
SHERYL LITWACK 850 ECHO HILL ROAD WEST CHESTER, PA 19382	SECRETARY 1 00	0	0	0
SUSAN LITTENBERG 59 DUDLEY AVENUE VENICE, CA 90291	TREASURER 1 00	0	0	0

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

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

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CONTRIBUTIONS MADE	374,500
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	7,818,933
b	Average of monthly cash balances.	1b	762,205
c	Fair market value of all other assets (see instructions).	1c	23,924
d	Total (add lines 1a, b, and c).	1d	8,605,062
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	8,605,062
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	129,076
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,475,986
6	Minimum investment return. Enter 5% of line 5.	6	423,799

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

1	Minimum investment return from Part X, line 6.	1	423,799
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	36,070
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	36,070
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	387,729
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	387,729
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	387,729

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	374,500
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	374,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	374,500

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				387,729
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				20,787
d From 2015.				21,726
e From 2016.				
f Total of lines 3a through e.	42,513			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 374,500				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				374,500
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	13,229			13,229
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	29,284			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	29,284			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				7,558
c Excess from 2015.				21,726
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
ABRAHAM C LITTENBERG

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	374,500
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

Part XVII

		Yes	No
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1a(1)	No
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1a(2)	No
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1b(1)	No
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1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

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

b If "Yes," complete the following schedule

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

Sign Here 	*****	2018-11-08	*****	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	ANTHONY FAUGNO					
	Firm's name ► EISNERAMPER LLP					Firm's EIN ► 13-1639826
	Firm's address ► 111 WOOD AVENUE SOUTH ISELIN, NJ 088302700					Phone no (732) 243-7000

Form **990-PF** (2017)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
JP MORGAN 442	D		
JP MORGAN 443	D		
JP MORGAN 443	P		
US TRUST	P		
US TRUST	P		
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
5,542,594		4,124,707	1,417,887
13,582		9,469	4,113
389,969		324,392	65,577
266,428		251,481	14,947
409,027		241,820	167,207
1,024			1,024


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,417,887
			4,113
			65,577
			14,947
			167,207
			1,024


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICARES88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	PUBLIC CHARITY	SUPPLY MEDICINES AND MEDICAL EQUIPMENT WORLDWIDE	30,000
CAMP KETCHA336 BLACK POINT ROAD SCARBOROUGH, ME 04074	NONE	PUBLIC CHARITY	PROVIDE SCHOLARSHIPS AND FUNDS FOR CAMP MAINTENANCE COSTS	10,000
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102	NONE	PUBLIC CHARITY	PROVIDE SUPPORT FOR INDIGENT FAMILIES	4,000
Total ▶ 3a				374,500

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 <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND F NEW YORK, NY 10001	NONE	PUBLIC CHARITY	PROVIDE DOCTORS TO INDIGENT FAMILIES WORLDWIDE	30,000
FAMILY PROMISE OF BCSP BOX 11232 COLLEGE STATION, TX 77845	NONE	PUBLIC CHARITY	PROVIDE SHELTER AND FOOD FOR INDIGENT FAMILIES	30,000
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	NONE	PUBLIC CHARITY	PROVIDE FOOD FOR INDIGENT FAMILIES	10,000
Total ▶ 3a				374,500

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				
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 90058	NONE	PUBLIC CHARITY	PROVIDE FOOD FOR INDIGENT FAMILIES	10,000
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	PUBLIC CHARITY	PROVIDE FOOD TO SHUT-INS & FREE CLOTHING DISTRIBUTION	75,000
PARKER FAMILY HEALTH CLINIC 211 SHREWSBURY AVENUE RED BANK, NJ 07701	NONE	PUBLIC CHARITY	PROVIDE LOW COST HEALTHCARE SERVICES TO FAMILIES	25,000
Total ▶ 3a				374,500

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 <i>Paid during the year</i>				
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE	PUBLIC CHARITY	PROVIDED HIGH-QUALIITY MEDICAL CARE AND ADDRESSED THE ROOT CAUSES OF DISEASE	30,000
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	NONE	PUBLIC CHARITY	PROVIDE FOOD FOR INDIGENT FAMILIES	10,000
SAINT ANDREW EPISCOPAL CHURCH PO BOX 405 BRYAN, TX 77806	NONE	PUBLIC CHARITY	SUPTS THE CHURCH FOOD BANK, NAVAJO MISSION TRIP AND THE CHURCH'S SCHOLAR FUND	18,000
Total 				374,500
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOLAR ENERGY INTERNATIONAL 39845 MATTHEWS LANE PAONIA, CO 81428	NONE	PUBLIC CHARITY	PROVIDE TRAINING AND EXPERTISE IN RENEWABLE ENERGY TO EMPOWER PEOPLE	17,500
ST VINCENT DE PAUL SOCIETY PO BOX 655 HOLMDEL, NJ 07733	NONE	PUBLIC CHARITY	PROVIDE SUPPORT FOR THOSE WHO NEED ASSITANCE IN PAYING RENT, UTILITIES, FOOD	2,000
THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES 3300 ROUTE 66 NEPTUNE, NJ 07753	NONE	PUBLIC CHARITY	PROVIDE FOOD FOR INDIGENT FAMILIES	12,000
Total 3a				374,500

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 <i>Paid during the year</i>				
UT HEALTH MEDICAL CENTER 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	NONE	PUBLIC CHARITY	PROVIDING MEDICAL RESEARCHERS FUNDS TO CONTINUE RESEARCH	50,000
DRIVEN TO CURE 8601 GEORGIA AVE SUITE 200 SILVER SPRING, MD 20910	NONE	PUBLIC CHARITY	RAISING AWARENESS AND PROVIDING FUNDING FOR THE RESEARCH OF RARE KIDNEY CANCERS	1,000
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE STE 500 MINNEAPOLIS, MN 55413	NONE	PUBLIC CHARITY	PROVIDING OPPORTUNITIES AND EXPERTISE TO REFUGEES, DISPLACED PEOPLE AND HOST COMMUNITIES	10,000
Total 				374,500
3a				

TY 2017 Accounting Fees Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,875	7,875	0	0

TY 2017 General Explanation Attachment

Name: ABE LITTENBERG FOUNDATION INC

EIN: 59-3773771

General Explanation Attachment

Identifier	Return Reference	Explanation	
1		PART V11-A LINE 8B	NO STATE FILING IS REQUIRED, PART VII-8B

TY 2017 Investments Corporate Bonds Schedule

Name: ABE LITTENBERG FOUNDATION INC

EIN: 59-3773771

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
US TRUST 679 CORPORATE BONDS	203,040	202,789

TY 2017 Investments Corporate Stock Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771

Name of Stock	End of Year Book Value	End of Year Fair Market Value
JP MORGAN 442 EQUITIES	2,966,379	3,172,001
JP MORGAN 443 EQUITIES	860,238	1,143,306
US TRUST EQUITIES	1,077,662	1,373,882
UNREALIZED GAIN	25,878	0
UNREALIZED GAIN	31,536	0

TY 2017 Investments Government Obligations Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771**US Government Securities - End
of Year Book Value:**

3,180,203

**US Government Securities - End
of Year Fair Market Value:**

3,190,896

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2017 Investments - Other Schedule

Name: ABE LITTENBERG FOUNDATION INC

EIN: 59-3773771

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HEDGE FUNDS	AT COST	25,000	26,413

TY 2017 Legal Fees Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	760	760	0	0

TY 2017 Other Decreases Schedule

Name: ABE LITTENBERG FOUNDATION INC
EIN: 59-3773771

Description	Amount
ADJUSTMENT TO BASIS OF INVESTMENTS	4,557

TY 2017 Other Expenses Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	9,082	9,082	0	0
MISCELLANEOUS	550	550	0	0
INVESTMENT INCOME ADJUSTMENT	8,972	8,972	0	0

TY 2017 Other Professional Fees Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKERAGE FEES	14,376	14,376	0	0
OUTSIDE CONTRACT SERVICES	2,758	2,758	0	0

TY 2017 Taxes Schedule**Name:** ABE LITTENBERG FOUNDATION INC**EIN:** 59-3773771

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	6,800	0	0	0
FOREIGN TAXES PAID	1,288	1,288	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
	Name of the organization ABE LITTENBERG FOUNDATION INC	Employer identification number 59-3773771

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization ABE LITTENBERG FOUNDATION INC	Employer identification number 59-3773771
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Part I **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization ABE LITTENBERG FOUNDATION INC	Employer identification number 59-3773771
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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
—	See Additional Data Table	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____

Name of organization ABE LITTENBERG FOUNDATION INC	Employer identification number 59-3773771
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 59-3773771
Name: ABE LITTENBERG FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 230,440	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 11,570	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 50,460	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 19,848	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 21,180	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 23,545	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 202,320	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	ABRAHAM C LITTENBERG (FOUNDER)	\$ 317,209	Person <input type="checkbox"/>
	41 HICKORY LANE		Payroll <input type="checkbox"/>
	LINCROFT, NJ07738		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	SHERYL M LITWACK (FOUNDER)	\$ 7,960	Person <input type="checkbox"/>
	850 ECHO HILL ROAD		Payroll <input type="checkbox"/>
	WEST CHESTER, PA19382		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	SHERYL M LITWACK (FOUNDER)	\$ 11,164	Person <input type="checkbox"/>
	850 ECHO HILL ROAD		Payroll <input type="checkbox"/>
	WEST CHESTER, PA19382		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	SHERYL M LITWACK (FOUNDER)	\$ 18,003	Person <input type="checkbox"/>
	850 ECHO HILL ROAD		Payroll <input type="checkbox"/>
	WEST CHESTER, PA19382		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>12</u>	SHERYL M LITWACK (FOUNDER)	\$ 34,543	Person <input type="checkbox"/>
	850 ECHO HILL ROAD		Payroll <input type="checkbox"/>
	WEST CHESTER, PA19382		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	SHERYL M LITWACK (FOUNDER)	\$ 12,415	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	850 ECHO HILL ROAD		
	WEST CHESTER, PA 19382		
<u>14</u>	THE LAIKA TRUST (FOUNDER)	\$ 21,273	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA 90026		
<u>15</u>	THE LAIKA TRUST (FOUNDER)	\$ 4,819	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA 90026		
<u>16</u>	THE LAIKA TRUST (FOUNDER)	\$ 8,422	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA 90026		
<u>17</u>	THE LAIKA TRUST (FOUNDER)	\$ 11,990	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA 90026		
<u>18</u>	THE LAIKA TRUST (FOUNDER)	\$ 11,972	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA 90026		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE LAIKA TRUST (FOUNDER)	\$ 11,216	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA90026		
20	THE LAIKA TRUST (FOUNDER)	\$ 16,130	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA90026		
21	THE LAIKA TRUST (FOUNDER)	\$ 79,469	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	1650 CICERO DRIVE		
	LOS ANGELES, CA90026		
22	SHERYL M LITWACK (FOUNDER)	\$ 10,296	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	850 ECHO HILL ROAD		
	WEST CHESTER, PA19382		
23	SHERYL M LITWACK (FOUNDER)	\$ 3,310	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	850 ECHO HILL ROAD		
	LINCROFT, PA19382		
24	SHERYL M LITWACK (FOUNDER)	\$ 6,455	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	850 ECHO HILL ROAD		
	LINCROFT, PA19382		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SHERYL M LITWACK (FOUNDER)	\$ 14,480	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	850 ECHO HILL ROAD		
	LINCROFT, PA19382		
26	SHERYL M LITWACK (FOUNDER)	\$ 3,456	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	850 ECHO HILL ROAD		
	LINCROFT, PA19382		
27	ABRAHAM C LITTENBERG (FOUNDER)	\$ 197,817	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
28	ABRAHAM C LITTENBERG (FOUNDER)	\$ 205,840	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
29	LINDA LITTENBERG (FOUNDER)	\$ 51,730	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
30	MATTHEW LITTENBERG (FOUNDER)	\$ 5,310	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	MATTHEW LITTENBERG (FOUNDER)	\$ 24,024	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
<u>32</u>	MATTHEW LITTENBERG (FOUNDER)	\$ 11,160	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
<u>33</u>	MATTHEW LITTENBERG (FOUNDER)	\$ 28,454	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
<u>34</u>	MATTHEW LITTENBERG (FOUNDER)	\$ 50,696	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
<u>35</u>	MATTHEW LITTENBERG (FOUNDER)	\$ 167,275	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		
<u>36</u>	MATTHEW LITTENBERG (FOUNDER)	\$ 58,063	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ07738		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	MATTHEW LITTENBERG (FOUNDER)	<u>\$ 49,770</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	41 HICKORY LANE		
	LINCROFT, NJ 07738		

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>	4000 SHARES LEVEL 3 COMMUNICATIONS, INC (LVLT)	<u>\$ 230,440</u>	<u>2017-02-24</u>
<u>2</u>	1000 SHARES BGC PARTNERS INC (BGCP)	<u>\$ 11,570</u>	<u>2017-02-24</u>
<u>3</u>	1000 SHARES DELTA AIR LINES INC(DAL)	<u>\$ 50,460</u>	<u>2017-02-24</u>
<u>4</u>	300 SHARES MERCK & CO INC (MRK)	<u>\$ 19,848</u>	<u>2017-02-24</u>
<u>5</u>	500 SHARES AT&T INC (T)	<u>\$ 21,180</u>	<u>2017-02-24</u>
<u>6</u>	500 SHARES THE BANK OF NEW YORK MELLON CORPORATION (BK)	<u>\$ 23,545</u>	<u>2017-02-24</u>
<u>7</u>	4000 SHARES WEBMD HEALTH CORP(WBMD)	<u>\$ 202,320</u>	<u>2017-03-21</u>
<u>8</u>	4783 SHARES WEBMD HEALTH GROUP(WBMD)	<u>\$ 317,209</u>	<u>2017-08-23</u>
<u>9</u>	500 SHARES AMERICAN EXPRESS (AMX)	<u>\$ 7,960</u>	<u>2017-05-23</u>
<u>10</u>	200 SHARES WEBMD HEALTH CORP (WBMD)	<u>\$ 11,164</u>	<u>2017-05-23</u>

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>11</u>	300 SHARES LEVEL 3 COMMUNICATIONS INC (LVLTT)	<u>\$ 18,003</u>	<u>2017-05-23</u>
<u>12</u>	2996 SHARES BGC PARTNERS INC (BGCP)	<u>\$ 34,543</u>	<u>2017-05-23</u>
<u>13</u>	100 SHARES WYNN RESORTS LTD(WYNN)	<u>\$ 12,415</u>	<u>2017-05-23</u>
<u>14</u>	700 SHARES ROYAL PHILIPS NV (PHG)	<u>\$ 21,273</u>	<u>2017-03-08</u>
<u>15</u>	100 SHARES BANK OF NEW YORK MELLON (BK)	<u>\$ 4,819</u>	<u>2017-03-08</u>
<u>16</u>	128 SHARES MERCK & CO INC (MRK)	<u>\$ 8,422</u>	<u>2017-03-08</u>
<u>17</u>	1000 SHARES BGC PARTNERS INC(BGCP)	<u>\$ 11,990</u>	<u>2017-06-01</u>
<u>18</u>	150 SHARES WALMART INC(WMT)	<u>\$ 11,972</u>	<u>2017-06-01</u>
<u>19</u>	200 SHARES UNILEVER PLC(UL)	<u>\$ 11,216</u>	<u>2017-06-01</u>
<u>20</u>	1000 SHARES AMERICAN EXPRESS (AMX)	<u>\$ 16,130</u>	<u>2017-06-01</u>

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>21</u>	1197 SHARES WEBMD HEALTH CORP (WBMD)	<u>\$ 79,469</u>	<u>2017-08-29</u>
<u>22</u>	800 SHARES CK HUTCHISON HOLDINGS LTD (CKHUY)	<u>\$ 10,296</u>	<u>2017-05-23</u>
<u>23</u>	20 SHARES BERKSHIRE HATHAWAY (BRKB)	<u>\$ 3,310</u>	<u>2017-05-23</u>
<u>24</u>	100 SHARES MERCK & CO INC (MRK)	<u>\$ 6,455</u>	<u>2017-05-23</u>
<u>25</u>	75 SHARES FEDEX CORP (FDX)	<u>\$ 14,480</u>	<u>2017-05-23</u>
<u>26</u>	52 SHARES WEBMD HEALTH CORP (WBMD)	<u>\$ 3,456</u>	<u>2017-09-13</u>
<u>27</u>	1882 SHARES SERVICENOW INC (NOW)	<u>\$ 197,817</u>	<u>2017-07-06</u>
<u>28</u>	3100 SHARES WEBMD HEALTH CORP (WBMD)	<u>\$ 205,840</u>	<u>2017-09-08</u>
<u>29</u>	780 SHARES WEBMD HEALTH CORP(WBMD)	<u>\$ 51,730</u>	<u>2017-08-23</u>
<u>30</u>	100 SHARES WEBMD HEALTH CORP (WBMD)	<u>\$ 5,310</u>	<u>2017-04-21</u>

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>31</u>	400 SHARES LEVEL 3 COMMUNICATIONS (LVLT)	<u>\$ 24,024</u>	<u>2017-04-21</u>
<u>32</u>	1000 SHARES BGC PARTNERS INC (BGCP)	<u>\$ 11,160</u>	<u>2017-04-21</u>
<u>33</u>	200 SHARES APPLE (AAPL)	<u>\$ 28,454</u>	<u>2017-04-21</u>
<u>34</u>	800 SHARES MERCK & CO INC (MRK)	<u>\$ 50,696</u>	<u>2017-06-14</u>
<u>35</u>	2523 SHARES WEBMD HEALTH CORP (WBMD)	<u>\$ 167,275</u>	<u>2017-08-04</u>
<u>36</u>	400 SHARES APPLE (AAPL)	<u>\$ 58,063</u>	<u>2017-06-14</u>
<u>37</u>	1000 SHARES BANK OF NEW YORK MELLON (BK)	<u>\$ 49,770</u>	<u>2017-06-14</u>