Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2949132708214 OMB No 1545-0052

Department of the Treasury ▶ Do not enter social security numbers on this form as it may be made public.

inter	nai Rever	nue Service ► Go to www.irs.gov/Form990PF to	or instructions and	the lates	st informati	on.	to Public Inspection
For	calen	dar year 2017 or tax year beginning	, 201	7, and			, 20
Na	me of fo	undation			A Employe	er identification numb	er
DR	. RAI	MON TALLAJ FOUNDATION INC			81-3538487		
Nu	mber an	d street (or P O box number if mail is not delivered to street address)	Room	n/suite	B Telephor	ne number (see instruct	tions)
13	9 SH	EAR HILL RD	:		(212) 567-0550	,
		n, state or province, country, and ZIP or foreign postal code				tion application is pend	fing, check here ▶ □
MΑ	HOPA	C NY 10541			· ·	,,	_
			n of a former public	charity	D 1. Foreigi	n organizations, check	here ►
		☐ Final return ☐ Amended	•	_		-	_
		Address change Name cha	nge			n organizations meetin here and attach comp	
H	Check	type of organization: X Section 501(c)(3) exempt p	rivate foundation	M	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust		dation	section 5	07(b)(1)(A), check here	▶∐
		narket value of all assets at J Accounting method			E If the four	ndation is in a 60-mon	th tarmination
		f year (from Part II, col. (c),				ction 507(b)(1)(B), chec	
	line 16	• • • • • • • • • • • • • • • • • • • •					
Р	art I		(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment icome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	"			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	50,500.				
	2	Check ► ☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
<u>•</u>	6a	Net gain or (loss) from sale of assets not on line 10					
Ĕ	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)					
ď	8	Net short-term capital gain					
=	9	Income modifications					
0/0/	10a	Gross sales less returns and allowances	'				
-	b	Less: Cost of goods sold					
7	С	Gross profit or (loss) (attach schedule)		1			
		Other income (attach schedule)		ļ			<u> </u>
	12	Total. Add lines 1 through 11	50,500.				
S.	13	Compensation of officers, directors, trustees, etc.					
Ses	14	Other employee salaries and wages		ļ	 -		_
e e	15	Pension plans, employee benefits Legal fees (attach schedule) L-16a Stmt	-				
쭚	₹16a		4,375.	ļ			
e/	Б р	Accounting fees (attach schedule)		ļ			-
¥į,	, c	Other professional fees (attach schedule)			•		
štr	1/	Interest RECEIVED			_	-	
ī.	10	Taxes (attach schedule) (see instructions)		 			1
<u>=</u>	19	Occupancy					
Ad	20						
Ď	21	\ \					
a	16a b c 17 18 19 20 21 22 23 24	Other expenses (attach-schedule) See Stime.	749.				
ij	24	Total operating and administrative expenses.	749.	 			-
rat		Add lines 13 through 23	E 104				
bei	25	Contributions, gifts, grants paid	5,124.	 			
ō	26 26	Total expenses and disbursements. Add lines 24 and 25	5,124.				
	27	Subtract line 26 from line 12	3,124.	 			
	a a	Excess of revenue over expenses and disbursements	45,376.	,			
	, i	Net investment income (if negative enter -0-)	30,010.	-			

For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2017)

BAA





De	art, II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	
<u> </u>	11 15 11	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash—non-interest-bearing	0.	45,3	76.	45,376.
	2	Savings and temporary cash investments		-		
	3	Accounts receivable >				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
	•	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less. allowance for doubtful accounts ▶	· - · · ·			
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	-			
Asi	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
	' '	Less. accumulated depreciation (attach schedule) ▶	!			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14					
	14	Land, buildings, and equipment basis				
	45	Less accumulated depreciation (attach schedule)				
	15 16	Other assets (describe) Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item l)		45.2	7.0	45 226
	17	Accounts payable and accrued expenses	0.	45,3	76.	45,376.
	18	Grants payable				
es	19	Deferred revenue				
Ξ		Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	20	Mortgages and other notes payable (attach schedule)				
Ë	21 22					
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)				
	23					
alances		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26, and lines 30 and 31.				·
Ĕ	24	Unrestricted				
	25	Temporarily restricted				
8	26	Permanently restricted				
E C		Foundations that do not follow SFAS 117, check here ► 🗵				
Net Assets or Fund B	07	and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
šet	28	Paid-in or capital surplus, or land, bldg., and equipment fund		45.2	7.0	
AS.	29	Retained earnings, accumulated income, endowment, or other funds	0.	45,3		
ž /	30	Total net assets or fund balances (see instructions)	0.	45,3	76.	J
ž	31	Total liabilities and net assets/fund balances (see instructions)		45.2	76	1
Da	rt III	Analysis of Changes in Net Assets or Fund Balances	0.	45,3	70.	<u>'</u>
		I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (must	agree with		
end-of-year figure reported on prior year's return)						
2		er amount from Part I, line 27a			2	45,376.
3		er increases not included in line 2 (itemize)			3	30,010.
ა 4		lines 1, 2, and 3			4	45,376.
_					5	40,010.
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) Im	e 30	6	45,376.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- , seteration (=), in-	• •		10,0,0.

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries. (a) (b) (c) (c) (c) (d) (col (d) (d) (col (d) (d) (col (d)	Part	V Capital Gains and	Losses for Tax on Investm	nent Income			
b c d d e (e) Gross sales proce (f) Depreciation allowed (car alloweds) (p) Cost or other basis plus expense of basis (p) plus (r) minus (g)) a b c d d e Complete only for assets showing gain in column (fi) and owned by the foundation on 12/31/59. (b) FMV as of 12/31/69 (g) 4/4/4/45 d basis and 12/31/49 (g) Excess of col (g) color (g), but frol loss than -0-1 or Losses (from col (fi)) and owned by the foundation on 12/31/59. (b) FMV as of 12/31/69 (g) 4/4/4/45 d basis and 12/31/49 (g) Excess of col (g) color (g), but frol loss than -0-1 or Losses (from col (fi)) and b color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g), but frol loss than -0-1 or Losses (from col (fi)) and color (g),	-				P-Purchase		
d e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (g) Gross sales price (g) Gross sales pric	1a						
e e (9 Gross sales price (10 Depresation allowed (pr allowable)) (9) Depresation allowable) (9) Depresation all	b						
e (e) Gross sales price (f) Depreciation allowed (or alloweds) (g) Cost or other basis plus expense of sale (like) plus (f) minuts (g)) a	<u>C</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
(e) Gross sales price (f) Depreciation allowed (cyr allowable) (g) Gross sales price (f) Depreciation allowed (cyr allowable) (g) Gross sales price (g) Gross sales (g) Gross sale							
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Second Power of the Section 4940(a) Section 4940(a		Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69.	/I\ Gains (Co	I (h) gain minus
b c d d e 2 Capital gain net income or (net capital loss) { if gain, also enter in Part I, line 7 2 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) 1 1 1 1 1 1 1 1 1			(j) Adjusted basis	(k) Exces	s of col (i)	col (k), but no	t less than -0-) or
C d d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 fill (loss), enter -0- in Part I, line 7 fill (loss), and fill (loss), enter -0- in Part I, line 7 fill (loss), and fill (loss), enter -0- in Part I, line 8 Part I, line 8 Part I, line 8 Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 Part II, line 7 Part II, line 1 Part II	a						<u>-</u>
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 3 Net short-term capital gain or (loss) as defined in sections 122(5) and (6) If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 Part V Qualification 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? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year, see the instructions before making any entries. (a) Base period years (b) Adjusted qualifying distributions (col. b) divided by col. (b) Distribution ratio (col. b) divided by col.	b						
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 fl (loss), enter -0 - in Part I, line 7 fl (gas), enter -0 - in Part I, line 7 gain, also enter in Part I, line 8 gain, also enter in Part I, line 7 gain, also enter in Part I, line 8 gain, also enter in Part I, line 8 gain, also enter in Part I, line 7 gain, also enter in Part I, line 8 gain, also enter in Part I, line 8 gain, also enter in Part I, line 7 gain, also enter in Part I, line 8 gain, also enter in Part I, line 8 gain, also enter in Part I, line 8 gain, also enter in Par							
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If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	2		r (net capital loss) { If (loss)	, enter -0- ın Paı	rt I, line 7	2	
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	3	If gain, also enter in Part	I, line 8, column (c). See instru	ictions. If (loss)	, enter -0- ın }	3	
(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 N if "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year, see the instructions before making any entries. (a) (b) Adjusted qualifying distributions (b) Net value of noncharitable-use assets (col. (b) divided by col. (c) (col. (b) divide	Part					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 Net "Ves," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year, see the instructions before making any entries. Calendar years (b)							
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes N	•		•			•	
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(a) Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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 sales is a sequal 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 sales is a sequal 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 sales is a sequal 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 sales is a sequal 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 sales is a sequal 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 sales is a sequal 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 sales is a sequal 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 sales in the sales is a sequal 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 sales is a sequal 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 sales is a sequal to or greater than line 7.						base period?	☐ Yes ☐ No
Base period years Calendar year (or tax year beginning in) 2016 2015 2014 2013 2012 2 Total of line 1, column (d) Adverage distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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 search of the value of noncharitable-using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable that part using a 1% tax rate. See the value of noncharitable use assets (c) bix ratio of nonchari	1	Enter the appropriate amo	ount in each column for each ye	ar, see the instru	uctions before m	akıng any entries.	
2015 2014 2013 2012 2 Total of line 1, column (d)	Cale	Base period years	Advicted avaliting distribution	s Net value o	• •		tribution ratio
2014 2013 2012 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		2016					
2013 2012 2 Total of line 1, column (d)		2015					
2 Total of line 1, column (d)		2014					
Total of line 1, column (d)							
Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		2012					
Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years							
the number of years the foundation has been in existence if less than 5 years							
5 Multiply line 4 by line 3	3						
6 Enter 1% of net investment income (1% of Part I, line 27b)	4	Enter the net value of none	charitable-use assets for 2017 f	rom Part X, line	5	. 4	
7 Add lines 5 and 6	5	Multiply line 4 by line 3				. 5	
8 Enter qualifying distributions from Part XII, line 4	6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		. 6	
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	7	Add lines 5 and 6				7	
	8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions.	ns from Part XII, line 4 ater than line 7, check the box in	 n Part VI, line 1b	o, and complete		% tax rate. See the

Part \		e ins	<u>stru</u>	ctior	is)
1a '	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.		27 / 7		- 1
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		N/P	7	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ ☐ and enter 1% of Part I, line 27b				l
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of J Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				
3	Add lines 1 and 2			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			_	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0.	
6	Credits/Payments:				ŀ
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a				
b	Exempt foreign organizations—tax withheld at source 6b			j	
C	Tax paid with application for extension of time to file (Form 8868) . 6c				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			0.	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11				
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt T	—	Yes	No
1a	participate or intervene in any political campaign?		1a	103	×
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the second		<u> </u>		<u>^</u>
b	instructions for the definition	Ŀ	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities.	ıls			
С	Did the foundation file Form 1120-POL for this year?	Ľ	1c		<u>×</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$	ī			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2		×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	of			
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		$\overline{}$
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		×
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?		5	-	×
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
U	By language in the governing instrument, or		į	ļ	l
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the	_	_		
_	conflict with the state law remain in the governing instrument?	<u> </u>	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	۰۷ 🛌	7	_×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation		8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	<u> </u>			
J	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes complete Part XIV	3,"	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	⊢	-		
10	names and addresses		10	İ	¥

Part	VII-A Statements Regarding Activities (continued)			
•			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		×
	Website address ► https://drramontallajfoundation.org/			
14	The books are in care of ▶ DR. RAMON TALLAJ Telephone no. ▶ (917) 5 Located at ▶ 5030 BROADWAY STE821 NEW YORK NY ZIP+4 ▶ 10034	15-	9082	·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here 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		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes × No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)	# # #		
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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	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?	1c		×
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)):			
а	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?			
_	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.)	2b		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
C	▶ 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?			
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.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
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?	4h		×

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Parl	VII-B Statements Regarding Activities	for W	hich Form	4720 l	May Be R	equire	d (contir	nued)			
5a '	During the year, did the foundation pay or incur a						_	_		Yes	No
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes	X No			
	(2) Influence the outcome of any specific public	_	on (see secti	on 495	5); or to ca	arry on		_			1
	directly or indirectly, any voter registration dri						TYes	⊠ No	1 1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes 🗵 No										- 1
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	section 4945(d)(4)(A)? See instructions										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational										
	purposes, or for the prevention of cruelty to children or animals?										
b											
	Regulations section 53.4945 or in a current notice i	_	-						5b		
	Organizations relying on a current notice regarding										
С	If the answer is "Yes" to question 5a(4), does the										- 1
	because it maintained expenditure responsibility						∐ Yes	∐ No	ŀ		
	If "Yes," attach the statement required by Regula										- 1
6a	Did the foundation, during the year, receive any	runas, e	directly or inc	airectiy,	to pay pre	emums	_	▽ N-			- [
	on a personal benefit contract?						∐ Yes	_⊠ No	_		
b	Did the foundation, during the year, pay premium	is, dire	ctly or indirec	auy, on	a persona	benen	Contract	,	6b		- -
7.	If "Yes" to 6b, file Form 8870.	. namu t	a a probibitor	l tay abo	olter transac	stion?	☐ Yes	₩ No			- 1
	At any time during the tax year, was the foundation a If "Yes," did the foundation receive any proceeds						_		7b		
	VIII Information About Officers, Direct									ees.	
r (al	and Contractors	.013, 1	rustees, r	, and a	uon man	.go.o,	· uguy ·	u.u =		,	
1	List all officers, directors, trustees, and found	ation n	nanagers an	d their	compens	ation.	See instru	ictions			
	······································	(b) Title	e, and average	(c) Cor	npensation	(d)	Contribution	s to	(e) Expe	nse acc	ount,
	(a) Name and address		s per week ed to position		ot paid, ter -0-)		oyee benefit erred compe			allowan	
DR	RAMON TALLAJ	DIREC	CTOR			-					
	CLARKSON COURT PARAMUS NJ 07652		10.00		0.			0.			0.
MAR	IO PAREDES	DIREC	CTOR								
163	EAST 106TH ST, APT4B NEW YORK NY 10029		10.00		0.			0.			0.
ALE	KANDRO DAMIRON	DIREC	CTOR								
3050	CIRKEAR AVEM APT 510 BRONX NY 10463		10.00		0.			0.			0.
					1 1			4	-> 16		
2	Compensation of five highest-paid employee "NONE."	es (oth	er than thos	se incli	uded on II	ne 1 –	see instr	uction	s). It n	one, (enter
	HONE.						(d) Contribi	itions to			
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v	verage /eek	(c) Compe	nsation	employee	benefit	(e) Expe		
	(a) Hains and address of sast, simple, so paid the sast start a		devoted to po				plans and compens		other	allowan	ces
NONE											
NON											
	· · · · · · · · · · · · · · · · · · ·										
											
										-	
							<u> </u>				
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) Compense NONE (c) Compense NONE (d) Compense NONE (e) Compense NONE (fotal number of others receiving over \$50,000 for professional services. (e) Compense NONE (fotal number of others receiving over \$50,000 for professional services. (fotal number of others receiving over \$50,000 for professional services. (g) Compense NONE (g) Compense N		Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	igers, Highly Paid Er	mployees,
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensa NONE Compensa NONE			ons. If none, enter "NON	E."
Fotal number of others receiving over \$50,000 for professional services				(c) Compensation
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 Cotal. Add lines 1 through 3	NONE			
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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 beneficianes served, conferences convened, research papers produced, etc 1	Total number	of others receiving over \$50,000 for professional services	<u> ▶</u>	0
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 beneficianes served, conferences convened, research papers produced, etc 1	Part IX-A	Summary of Direct Charitable Activities		
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 All other program-related investments See instructions All other program-related investments See instructions Total. Add lines 1 through 3				_
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 All other program-related investments See instructions Total. Add lines 1 through 3			nation such as the number of	Expenses
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 All other program-related investments See instructions 3 Cotal. Add lines 1 through 3				
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All other program-related investments. See instructions 3 Cotal. Add lines 1 through 3	1			
All other program-related investments. See instructions 3 Cotal. Add lines 1 through 3				
All other program-related investments. See instructions 3 Cotal. Add lines 1 through 3				_
3				
3				
Total. Add lines 1 through 3	All other progra	am-related investments. See instructions		
	3			
	Total Add line	es 1 through 3		
	. Otali. Add illie	30 Gillough O	· · · · · · · · · · · · · · · · · · ·	Form 990-PF (201

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
۰	see instructions.)	,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part		ounda	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	1 _	
	line 1	7	0.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
•	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	20	
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 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	
5		_	^
_	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation
	qualifies for the section 4340(e) reduction of tax in those years.		

	XIII Undistributed Income (see instruction	ne)			r age S
Fair		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI, line 7	Corpus	Years prior to 2016	2016	2017
_					0.
2	Undistributed income, if any, as of the end of 2017: Enter amount for 2016 only				
a	Total for prior years. 20 ,20 ,20				
ь 3	Excess distributions carryover, if any, to 2017:				
a	From 2012	•			
b	From 2013				
C	From 2014	;			
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$				
а	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	0.			
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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-see instructions		0.		
е	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)		· · · · · · · · · · · · · · · · · · ·		
8	Excess distributions carryover from 2012 not				
9	applied on line 5 or line 7 (see instructions). Excess distributions carryover to 2018.	0.			
3	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:	U.			
10 a	Excess from 2013				
a b	Excess from 2014 0.				
C	Excess from 2015 0.				
d	Excess from 2016 0.		•		
e	Excess from 2017 0.				

_	4	•
Page	ı	ι

	WW D: L O L' - F	A: /	ations and David	VIII A municipalities	0/	
Part					9)	N/A
1a`	If the foundation has received a ruling			private operating		
	foundation, and the ruling is effective for		-			·//0/
b	Check box to indicate whether the four		operating founda		section 49420	(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	each year listed					
b	85% of line 2a		_		/	
С	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					
е	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.					
а	"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					
С	"Support" alternative test-enter.					
	(1) Total support other than gross investment income (interest, dividends, rents payments on securities toans (section 512(a)(5)), or oyalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 1912(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
\angle	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	is part only if t	he foundation	had \$5,000 or r	nore in assets at
	any time during the year-	-see instructior	ıs.)			
1	Information Regarding Foundation					
a	List any managers of the foundation of before the close of any tax year (but of					
b	List any managers of the foundation ownership of a partnership or other er					large portion of the
	omicionip of a particionip of other el	inty) or willow the	TOURIGUE TIES &	.570 or greater in		
2	Information Regarding Contribution	Grant Gift Loa	n Scholarehin	etc Programs:		
-	Check here ► ☑ If the foundation unsolicited requests for funds. If the f complete items 2a, b, c, and d. See in	only makes controundation makes	ributions to prese	elected charitable	•	· ·
а	The name, address, and telephone nu	imber or email add	dress of the perso	n to whom applic	ations should be	addressed.
b	The form in which applications should	l be submitted and	d information and	materials they sh	ould include:	
С	Any submission deadlines:					
	Ann maduations on limitations	anda arrate t-	v apperate == 1 =	roop objects for	iolda lunda af	oditutiona or -th
d	Any restrictions or limitations on av factors.	vards, such as b	y geographical a	reas, charitable t	ieias, kinas of ir	stitutions, or other

Part XV Supplementary Information (continued)

3.	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a	Paid during the year	or substantial contributor	recipient		
	Total		· · · ·	>	3a
D	Approved for future payment				
	LOTAL				2h

-	LV	Analysis of Income-Producing Ad	- LIVILICS				
Ente	r`gro	ss amounts unless otherwise indicated.	Unrelated bu (a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 51 (d) Amount	4 (e) Related or exempt function income (See instructions)
1	Pro	gram service revenue.	Business code	, in our	Exolution code	,	(Occ manachons)
	а	g					
	b						
	C						
	ď						
	e			<u> </u>			
	f						
	` .	Fees and contracts from government agencies					
2	_	mbership dues and assessments					
_		rest on savings and temporary cash investments	-				
3		dends and interest from securities					
4							
5		rental income or (loss) from real estate:					
		Debt-financed property					
_		Not debt-financed property	_	-	1		
6		rental income or (loss) from personal property	<u> </u>		 		
7		er investment income					<u> </u>
8		or (loss) from sales of assets other than inventory	-				<u> </u>
9		income or (loss) from special events					+
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue. a					
	b						
	C						<u> </u>
	d						
	е						
40	Colle	total Add columns (b) (d) and (c)					
14	Suc	ototal. Add columns (b), (d), and (e)					
						13	
13 See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	ıs.)			13	
13 (See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the
13 See Pa Lin	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation //-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)
13 See Pa Lin	Tot wor it X\ e No.	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		importantly to the uctions.)

•		Organization	ons								
1	ın se	he organization d	lirectly or indirectly	y engage in any of t n 501(c)(3) organiz						Yes	No
а	Trans	sfers from the rep	orting foundation	to a noncharitable	exempt orga	anızatıon of	•				
	(1) C	ash								1a(1)	×
	(2) C	ther assets .								1a(2)	×
b	Othe	r transactions:									
	(1) S	ales of assets to	a noncharitable ex	kempt organization						1b(1)	×
				itable exempt organ						1b(2)	×
				ner assets						1b(3)	×
	• •		• •							1b(4)	×
		oans or loan gua	-							1b(5)	×
		•		ship or fundraising						1b(6)	×
С				lists, other assets,						1c	×
		_		es," complete the							
u				vices given by the r							
				gement, show in co							
(a) Line		(b) Amount involved		charitable exempt organ						ring arrangem	
(4) 4		(2)	(0)			(-,				- 3 3	
	<u> </u>										
										-	
				,							
				- -							
							<u> </u>				
					-						
											
			-								
2a b	desc	ribed in section 5		affiliated with, or re section 501(c)(3)) or le.] Yes ⊠	No
		(a) Name of organi	ization	(b) Type of	forganization			(c) Descriptio	n of relation	nship	
				+					- 		
		 		·							
											
				 							
	Lower		declare that I have an	and this values is all district		bodulos and -+	atamanta a	to the best -f	mu knowlad	lan and holist	it in true
2ian				ined this return, including a than taxpayer) is based on							
Sign Here	<u>}</u>	nature of officer or trus	i)	05/31/2 Date	L	RECTOR			with the pr	RS discuss this reparer shown tions Yes	below?
	L9'	Print/Type preparer		Preparer's signature	1 11 -		Date	<u> </u>	P	TIN	
Paid				G. Muk	Kavilli		11/1/10	Chec self-e	k I I II I	20055041	3
Prep		GANGA MUKK		& ASSOCIATES	D C		<u> </u>	Firm's EIN			<u></u>
Jse (Only		CPAS, TAXES		F.C.					3788 <u>9</u> 84-2727	
		Firm's address ▶	NEW YORK	KM 1205	NY	10016-6	l 6601	Phone no		orm 990-PI	(2017)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

DR. I	RAMON TALLAJ FO	OUNDATION INC		81-3538487
	ation type (check on			
Filers of	:	Section:		
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization	
		☐ 4947(a)(1) nor	nexempt charitable trust not treated as a private fou	ndation
		☐ 527 political o	organization	
Form 99	0-PF	▼ 501(c)(3) exer	npt private foundation	
		☐ 4947(a)(1) nor	nexempt charitable trust treated as a private founda	tion
		501(c)(3) taxa	ble private foundation	
			ID In the Control Date	
	nly a section 501(c)(7	•	neral Rule or a Special Rule. ization can check boxes for both the General Rule a	and a Special Rule. See
General	Rule			
X	For an organization or more (in money o contributor's total co	or property) from an	0-EZ, or 990-PF that received, during the year, contry one contributor. Complete Parts I and II. See instr	tributions totaling \$5,000 ructions for determining a
Special	Rules			
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) and that received from	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 d 170(b)(1)(A)(vi), that checked Schedule A (Form 99 any one contributor, during the year, total contributorm 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line tions of the greater of (1)
	contributor, during the	he year, total contr	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that butions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Cor	, charitable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contribution of more than \$1,000 on exclusively religion of this organizat	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ons <i>exclusively</i> for religious, charitable, etc., purposed. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any of non because it received <i>nonexclusively</i> religious, chart	es, but no such utions that were received if the parts unless the aritable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
DR. RAMON TALLAJ FOUNDATION INC

Employer identification number

81-3538487

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is n	s needed.
---	-----------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	BALANCE MEDICAL IPA INC 5030 BROADWAY #821 NEW YORK NY 10034	\$ <u>25,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CORINTHIAN MEDICAL IPA 5030 BROADWAY #821 NEW YORK NY 10034	\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Name of organization

DR. RAMON TALLAJ FOUNDATION INC

Employer identification number

81-3538487

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(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
		\$	

Employer identification number Name of organization 81-3538487 DR. RAMON TALLAJ FOUNDATION INC 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee