Form **4990-PF**

Department of the Treasury

Return of Private Foundation

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

OMB No. 1545-0052

► Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

Inter	nai Hever	Tue Service ► Go to www.irs.gov/Form990PF fo	or instructions and	the late:	st information	on. ' '	Open Open	to Public Inspec	uoi
		dar year 2018 or tax year beginning	Jul 1, 201	8, and	ending		Jı	ın 30 ,20 19	
Nan	ne of four	ndation			A Employe	r identii	fication numb	er	
		RAEL & EDITH EDELSTEIN FOUNDATION			04-61				
Nun	ber and	street (or P O box number if mail is not delivered to street address)	Roon	n/suite	B Telephon	e numb	er (see instruct	ions)	
		UTHERN ARTERY			(617)	471-	-5700		
City	or town,	state or province, country, and ZIP or foreign postal code			C If exempt	ion app	lication is pend	ling, check here ▶	٦٠
_		MA 02169							
G	Check		n of a former public	charity	D 1. Foreign	n organi	zations, check	here •	<u> </u>
		☐ Final return ☐ Amended			2. Foreign	organi	zations meetin	g the 85% test,	
		Address change Name cha	_ 	o.i			d attach compu		<u> </u>
H		type of organization: X Section 501(c)(3) exempt p		04			A), check here	terminated under	-
Щ		on 4947(a)(1) nonexempt charitable trust					,		_
l		narket value of all assets at J Accounting method	i: 🗵 Cash 📙 A	ccrual			is in a 60-mont		_
		f year (from Part II, col. (c), Other (specify)			under sec	otion 50	7(b)(1)(B), chec	k here •	- L
	line 16		e on cash basis)	1	<u> </u>			1	
ľ	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) A	djusted net	(d) Disburseme for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books		ncome		income	purposes (cash basis on	
	1							(00011 00010 011	"
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ► ☑ if the foundation is not required to attach Sch. B		ŀ	'	•	•		
	3	Interest on savings and temporary cash investments	31.					-	
	4	Dividends and interest from securities			31.				
	5a	Gross rents	14,012.	-	14,012.				_
	(Np	Net rental income or (loss)		 					
മ	Ş	Net gain or (loss) from sale of assets not on line 10	7,683.	 					_
Revenue	Žb Zb	Gross sales price for all assets on line 6a 26, 123.	7,003.	T6a	Stmt				_
Š		Capital gain net income (from Part IV, line 2)		1 00	7,683.				
æ	NE 9	Net short-term capital gain			7,003.		5505	N/ED	1
	ئي 9 ـــ	Income modifications				1	RECE	IVEU	#
	9 10a	Gross sales less returns and allowances				7		l l	श
	Ь	Less: Cost of goods sold				02	MAY 0	4 2020	汁
-	2 0 c	Gross profit or (loss) (attach schedule)				ᅵ의			2
	131	Other income (attach schedule)				Τ,	OGDE	NUT	7
	0726	Total. Add lines 1 through 11	21,726.		21,726.				
S	43	Compensation of officers, directors, trustees, etc.							
enses	14	Other employee salaries and wages							
ē	15	Pension plans, employee benefits							
×	16a	Legal fees (attach schedule) . L-16a Stmt	1,250.		1,000.			25	0.
e	b	Accounting fees (attach schedule) L-1.6b Stmt	1,800.		1,000.			80	0.
ڲ۬	С	Other professional fees (attach schedule)							
ta	17	Interest							
Operating and Administrative Exp	18	Taxes (attach schedule) (see instructions)e. Stimt.	35.		35.				
Ē	19	Depreciation (attach schedule) and depletion							
Ad	20	Occupancy							
Ď	21	Travel, conferences, and meetings		ļ					
a	22	Printing and publications		ļ		-			_
ng	23	Other expenses (attach schedule)							
ati	24	Total operating and administrative expenses.							_
ĕ	0.5	Add lines 13 through 23	3,085.		2,035.			1,05	
Ö	25	Contributions, gifts, grants paid	45,300.	 - -	0.005		•	45,30	
	26_	Total expenses and disbursements. Add lines 24 and 25	48,385.	 	2,035.			46,35	υ.
	27	Subtract line 26 from line 12:	26.650						
	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-26,659.		19,691.				
	1 D	Net investment income (ii negative, enter -U-) .	1	I	19.691.1			I	

For Paperwork Reduction Act Notice, see instructions. BAA

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

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Form **990-PF** (2018)

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Pá	art II	Balance Sheets Attached schedules and amounts in the description column		E	nd o	f year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash-non-interest-bearing	561.	7,20	7.	7,207.
	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) ▶		<u> </u>	•	
		Less: allowance for doubtful accounts ▶		<u> </u>		_
ß	8	Inventories for sale or use				· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges				·
As	10a	Investments—U.S. and state government obligations (attach schedule)				
•	b	Investments—corporate stock (attach schedule) L-10b Stmt		64,78	6	391,948.
	c	Investments—corporate bonds (attach schedule)		04,70	0.	
	11	Investments—land, buildings, and equipment: basis ▶				
		Less accumulated depreciation (attach schedule) ▶	-			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) . L-13. Stmt	05 220	 E7 22		65 171
	14	I and buildings and antimoral back N		57,23	9.	65,171.
	17	Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe				
	16	Other assets (describe ►) Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)	155 001	100 00	_	164 206
	17	Accounts payable and accrued expenses	155,891.	129,23	۷.	464,326.
	18	Grants payable				* * *
Liabilities	19	Deferred revenue				
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons]
ab.	21	Mortgages and other notes payable (attach schedule)				
Ë	22					_
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	-			,
	20					
alances		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26, and lines 30 and 31.				,
2	24	Unrestricted				•
ᇣ	25	Temporarily restricted				
œ	26	Permanently restricted			-	,
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ ☒				
Ī		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	365,085.	365,08	5	•
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund		300,00	<u> </u>	
Se	29	Retained earnings, accumulated income, endowment, or other funds	-209,194.	-235.85	3	
¥	3029	Total net assets or fund balances (see instructions)	155,891.	-235,853. 129,232.		
et	3120	Total liabilities and net assets/fund balances (see	133/031.	123,23	~-	
Z	יטנייד	instructions)	155,891.	129,23	2	, ,
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	133/031.	123,23	<u></u> -	+
		Il net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 (must	agree with	\Box	-
		of year figure reported on prior year's return)			1	155,891.
2		er amount from Part I, line 27a			2	-26,659.
3				_	3	
4		lines 1, 2, and 3			4	129,232.
5		reases not included in line 2 (itemize)		-	5	127,232.
	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b). lin	ie 30	6	129,232.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			

Part	(a) List and describe the kind(osses for Tax on Investmen s) of property sold (for example, real estate 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	ALTRIA GROUP INC 300	SHS		P	08/19/2009	07/30/2018
	PGIM HIGH YIELD 1208			P	02/05/1999	07/30/2018
С	PGIM HIGH YIELD 435	SHS		P	02/05/1999	09/21/2018
d	PGIM HIGH YIELD 4.98	SHS		P	02/05/1999	09/25/2018
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		ain or (loss) s (f) minus (g))
<u>a</u>	17,215.			5,325.		11,890.
<u>b</u>	6,533.			9,610.		-3,077.
<u> </u>	2,355.			3,465.		-1,110.
<u>d</u>	20.			40.		-20.
ее	Complete only for assets show	ng gain in column (h) and owned by th	ne foundation	on 12/31/69		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but r	ol (h) gain minus ot less than -0-) or (from col (h))
а						11,890.
b						-3,077.
С						-1,110.
d						-20.
е						
2	Capital gain net income or (i	ier Capital 1055) (enter in Par ter -0- in Par		2	7,683.
3	If gain, also enter in Part I,	or (loss) as defined in sections 122 line 8, column (c). See instructio	ns. If (loss),	, enter -0- ın Ì	3	
Part	V Qualification Under	Section 4940(e) for Reduce	d Tax on N	et Investment		······································
Was t		ection 4942 tax on the distributable alify under section 4940(e). Do not			base period?	☐ Yes ⊠ No
1		nt in each column for each year; s	ee the instru	ictions before m	akıng any entries	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) nonchantable-use a		(d) istribution ratio) divided by col (c))
	2017	49,204.		507,3	325.	0.096987
	2016	46,756.		505,7		0.092444
	2015	61,133.		533,9		0.114502
	2014	55,042.		616,2		0.089314
	2013	43,528.		591,4	141.	0.073597
2	Total of line 1, column (d)				. 2	0.466844
3		r the 5-year base period—divide ndation has been in existence if le				0.093369
4	Enter the net value of nonch	aritable-use assets for 2018 from	Part X, line	5	. 4	473,222.
5	Multiply line 4 by line 3 .				. 5	44,184
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	197.
7	Add lines 5 and 6				. 7	44,381
8	-	s from Part XII, line 4				46,35

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Part		<u>e instruction</u>	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.	•				
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ► 🗵 and enter 1% of Part I, line 27b	_				
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-)	0.				
3	Add lines 1 and 2	197.				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	197.				
6	Credits/Payments:					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 118.					
b	Exempt foreign organizations—tax withheld at source]			
С	Tax paid with application for extension of time to file (Form 8868) . 6c 300.	• •				
d	Backup withholding erroneously withheld 6d		ا لــــا			
7	Total credits and payments. Add lines 6a through 6d	418.				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	221.				
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 221. Refunded ▶ 11		<u> </u>			
	VII-A Statements Regarding Activities	ıt Yes	No			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	1a Yes	No ×			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	ne 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.					
C	Did the foundation file Form 1120-POL for this year?	1c	×			
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		_			
2	on foundation managers. ► \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>			
2	If "Yes," attach a detailed description of the activities		×			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	es	×			
4a	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	×			
	If "Yes," attach the statement required by General Instruction T.	-	1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1			
	By language in the governing instrument, or					
	• 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?	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 >	(V 7 x				
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 Gener					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ×				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
		· 1 1				
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes		しょつ			
10	complete Part XIV	9	_×_2			
10		9	_ <u>×</u> _2 _×			

Pala	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	×	L
	Website address ► N/A			
14	The books are in care of ► HENRY S LEVIN, ESQUIRE Telephone no. ► (617)	1/1-	5/00	
15	Located at ► 875 SOUTHERN ARTERY QUINCY MA ZIP+4 ► 02169 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			
13	and enter the amount of tax-exempt interest received or accrued during the year	· ·		<u> </u>
16	At any time during calendar year 2018, 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		<u> × </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		ŀ	·
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		L	<u></u>
t en	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Г	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		1.00	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	,		_
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(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	-11		-{
	termination of government service, if terminating within 90 days.)	1.	•	.
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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
h	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			i i
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2018 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			1
	foundation had excess business holdings in 2018.)	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 2018?	4b		×

	Statements negarding Activities					 					
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt t						🗌 Yes	⊠ No		,	1
	(2) Influence the outcome of any specific public	c election	on (see secti	on 495	5); or to ca	arry on,					- 1
	directly or indirectly, any voter registration dr	ive?					TYes	⊠ No	1	•	· 1
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							1 - 1		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									l	
	purposes, or for the prevention of cruelty to children or animals?										. 1
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne trans	actions fail t	o qualit	fy under th	e excer	otions des	scribed			
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regardi	na disa	ster assistan	ce. che	ck here .			▶□			$\overline{}$
С	If the answer is "Yes" to question 5a(4), does t	_				the tax					
	because it maintained expenditure responsibility							□No			- 1
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45–5(d)).		_	_			1
6a	Did the foundation, during the year, receive any					emiums					- 1
	on a personal benefit contract?		=	-			☐ Yes	⊠ No			1
b	Did the foundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract	? .	6b		×
	If "Yes" to 6b, file Form 8870.	•	•	•	•						
7a	At any time during the tax year, was the foundation	a party t	to a prohibited	tax sh	elter transac	ction?	☐ Yes	⊠ No			
b	If "Yes," did the foundation receive any proceed						ransactio	n? .	7b		
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) de	uring th	e year?				☐ Yes	⊠ No			ļ
Par	VIII Information About Officers, Direct	tors, T	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and found	lation n	nanagers ar	nd their	compens	ation. S	See instru	uctions	i.		
	(a) Name and address		e, and average rs per week		mpensation not paid,		Contribution yee benefit		(e) Expe	nse aci	
		devote	ed to position	en	ter -0-)		erred compe		Ollier		
HAR	RIET EDELSTEIN	TRUS	-	en							
	RIET EDELSTEIN HARCOURT ST APT 8G BOSTON MA 02116		-	en							0.
16			ree	en	iter -0-)			ensation			0.
16 DON	HARCOURT ST APT 8G BOSTON MA 02116	TRUS:	0.00 0.00	en	iter -0-)			ensation	Other		0.
16 DON BEI	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN	TRUS	0.00 0.00 PEE	en	0 .			0.	Other		
16 DON BEI SAR	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN I KAKEREM JERUSALEM IS 96264	TRUS:	0.00 0.00	en	0 .			0.	Other		
16 DON BEI SAR	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER	TRUS:	0.00 0.00 PEE	en	0 .			0 . 0 .	Officer		0.
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043	TRUS:	0.00 0.00 0.00 TEE 0.00		0. 0.	and defe	erred compe	0. 0.			0.
16 DON BEI SAR	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER	TRUS:	0.00 0.00 0.00 TEE 0.00		0. 0.	and defe	erred compe	0. 0.			0.
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employed	TRUST	0.00 0.00 0.00 TEE 0.00	se incl	0. 0.	ne 1—	erred compe	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	ne 1—	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	ne 1—	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employed "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	ne 1—	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	ne 1—	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employed "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	ne 1—	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	ne 1—	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	and defe	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	and defe	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUST	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	and defe	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUS	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	and defe	see instr	0. 0. uction:	s). If no	one,	0. 0. enter
16 DON BEI SAR 32	HARCOURT ST APT 8G BOSTON MA 02116 ALD EDELSTEIN T KAKEREM JERUSALEM IS 96264 A ADER HIGHVIEW DRIVE HINGHAM MA 02043 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	TRUS	O.00 O.00 TEE O.00 er than those hours per visite hou	se incl	0. 0. 0. uded on li	and defe	see instr	0. 0. uctions to benefit deferred sation	s). If no	one, ones accommodaliowan	0. 0. enter

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		<u> </u>
	I number of others receiving over \$50,000 for professional services	0
	t IX-A Summary of Direct Charitable Activities	
	at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	THE FOUNDATION MAKES VARIOUS CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS	
	DURING THE YEAR- SEE PART XV FOR DETAIL	
•		45,300.
2		
3		
4		
Par	t IX-B Summary of Program-Related Investments (see instructions)	
_	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
		0.
2		
Δ11	other program-related investments. See instructions	
3	one program reactor meaning one mandetions	
•		
	······································	
Tota	I. Add lines 1 through 3	0.
BAA	REV 02/01/19 PRO	Form 990-PF (2018

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		_
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	4-	476 544
a	Average monthly fair market value of securities	1a	476,544.
b	Average of monthly cash balances	1b	3,884.
C	Fair market value of all other assets (see instructions)	1c	400 400
d	Total (add lines 1a, b, and c)	1d	480,428.
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	100 100
3	Subtract line 2 from line 1d	3	480,428.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	7,206.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	473,222.
6	Minimum investment return. Enter 5% of line 5	6	23,661.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	ounda	ations
			22.661
1	Minimum investment return from Part X, line 6	1	23,661.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		107
C	Add lines 2a and 2b	2c	197.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,464.
4	Recoveries of amounts treated as qualifying distributions	4	00.464
5	Add lines 3 and 4	5	23,464.
6 7	Deduction from distributable amount (see instructions)	6	
,	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	00.464
Dowl	line 1	7	23,464.
	Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		46.250
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	46,350.
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	
ь	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	46,350.
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	_	107
^	·	5 6	197.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		46,153.
	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

art	Undistributed income (see instruction	<u>18) </u>			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				23,464.
2	Undistributed income, if any, as of the end of 2018:				
а	Enter amount for 2017 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013 14,400.				!
b	From 2014		:		
С	From 2015 34,772.				
d	From 2016				!
е	From 2017				
f	Total of lines 3a through e	171,291.			
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$ 46,350.				:
	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus	46,350.			
5	Excess distributions carryover applied to 2018 (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	217,641.			!
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 2017. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				23,464.
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 2013 not applied on line 5 or line 7 (see instructions).	14,400.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	203,241.			
0	Analysis of line 9:				
а	Excess from 2014 25, 644.				
b	Excess from 2015 34,772.				}
С	Excess from 2016 46,900.				
d	Excess from 2017 49,575.				
е	Excess from 2018 46,350.				

	70 1 1 (2010)					1 290 10
Part	XIV Private Operating Founda	tions (see instru	ictions and Part	VII-A, question 9	3)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the four		operating foundate		ection 🗌 4942(j)(3) or 🗌 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax yèar		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(6) (6.8)
	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:		/			
-	"Assets" alternative test—enter:					
а	(1) Value of all assets					
	1.7				\	
	(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		1			
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross		İ			
	investment income (Interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)		<u></u>			
	(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		n (Complete th	nis part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	see instruction	าร.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation v	who have contribi	uted more than 2%	6 of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more th	ian \$5,000). (See s	ection 507(d)(2).)	
1	NONE					
b	List any managers of the foundation	who own 10% o	r more of the stoo	ck of a corporatio	n (or an equally la	arge portion of the
	ownership of a partnership or other er	ntity) of which the	foundation has a	10% or greater int	erest.	•
1	NONE					
2	Information Regarding Contribution	, Grant, Gift, Loa	ın, Scholarship, e	tc., Programs:		· · · · · · · · ·
	Check here ► 🗵 If the foundation		•		organizations and	d does not accept
	unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See in		3 -, 3 ,		. 3	, , , , , , , , , , , , , , , , , , , ,
a	The name, address, and telephone nu		dress of the perso	n to whom applica	ations should be a	ddressed:
_	The hame, address, and telephone ha	mber of omalia	areas or the perso	ii to whom applice	ations should be a	iddressed.
b	The form in which applications should	he submitted an	d information and	materials they sho	uld include:	
	The form in which applications should	be submitted an	a intormation and	materials triey site	ula iriciade.	
	Any submission deadlines:					
С	Any submission deadlines:					
	Any restrictions or limitations on an	rarde such as h	v geographical a	roge charitable "	oldo kinda af ta	neidu iet iomo
a	Any restrictions or limitations on aw factors:	raius, sucii as D	y geographical ar	cas, chantable fi	elas, kinas ot ins	sututions, or other
	1401013.					

Part XV Supplementary Information (continued)

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	status of	Purpose of grant or contribution		Amount	
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year						
CONGREGATION SHA'ARAY SHALOM 1112 MAIN STREET						
HINGHAM MA 02043		DUBLIC CHARITY	GENERAL SUPPORT		3,250.	
DANA FARBER CANCER INSTITUTE		TODDIC CIMATII	GENERAL BOLLOKI		3,230.	
PO BOX 849168						
BOSTON MA 02284		PUBLIC CHARITY	GENERAL SUPPORT	•	7,000.	
P.E.F. ISRAEL ENDOWMENT FUNDS INC						
317 MADISON AVE SUITE 607				ŀ		
NEW YORK NY 21000		PUBLIC CHARITY	GENERAL SUPPORT		21,000.	
SOUTH COASTAL CHAPTER OF HADASSAH						
32 HIGHVIEW DRIVE						
HINGHAM MA 02043		PUBLIC CHARITY	GENERAL SUPPORT		3,250.	
THE CHILDREN'S MELANOMA FOUNDATION						
PO BOX 254					0 500	
HINGHAM MA 02043		PUBLIC CHARITY	GENERAL SUPPORT		2,500.	
THE SOUTHERN POVERTY LAW CENTER						
400 WASHINGTON AVE MONTGOMERY AL 36104		DIENT C CHARTEY	GENERAL SUPPORT		3,250.	
THE SUSAN KORMAN BREAST CENTER		FUODIC CRAKITI	GENERAL SUFFORT		3,230.	
5005 LBJ FREEWAY STE 250						
DALLAS TX 75244		PUBLIC CHARITY	GENERAL SUPPORT		3,250.	
WORLD UNION FOR PROGRESSIVE JUDAISM				ŀ	0,200	
633 THIRD AVE				ľ		
NEW YORK NY 10017		PUBLIC CHARITY	GENERAL SUPPORT		1,800.	
				a		
				•		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	3a	45,300.	
b Approved for future payment						
				l		
				1		
Total			<u> </u>	3b		

		/I-A Analysis of Income-Producing Across amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	(e)
1	Pro	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions)
•	а	gram corrido rotondo.					
	b						
	C						
	d						
	е				·		
	f				"		
	g	Fees and contracts from government agencies					-
2	-	mbership dues and assessments					
3		rest on savings and temporary cash investments			14	31.	-
4		dends and interest from securities			14	14,012.	-
5		rental income or (loss) from real estate:				,	
		Debt-financed property			-		
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					·
8		or (loss) from sales of assets other than inventory					7,683.
9	Net	income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a					
	b						
	С						
	d						
	е						
12	Sub	ototal. Add columns (b), (d), and (e)				14,043.	7,683.
		al. Add line 12, columns (b), (d), and (e)				13	21,726.
		ksheet in line 13 instructions to verify calculation	*				
	_	Relationship of Activities to the A					·
	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo rposes (other tha	orted in column n by providing fur	e) of Part XVI) ds for such purp	l-A contributed ii oses). (See instrud	mportantly to the ctions)
8		INCOME NEEDED TO COVER FOR OR	GANIZATION	S EXPENSES	AND DISBUI	RSEMENTS	
			·				
							
					<u> </u>		
							
		·				 .	
		 					
							
				<u> </u>			
			_				
				,			
				-			

•												
orm 99	0-PF	(2018)									Pag	e 13
Part	XVI			sfers to and Transac	tions and F	Relations	hips Wit	h Non	charita	ble	Exe	npt
		Organizati	ons									
1	Did	the organization of	directly or indirectly	engage in any of the follo	wing with an	y other or	ganizatior	descril	ped	<u> </u>	'es	No
			other than section	501(c)(3) organizations)	or in sect	ion 527,	relating	to polit	ical			
	-	anizations?										
а	Trai	nsfers from the re	porting foundation to	o a noncharitable exempt	organization	of:						
	(1)	Cash								a(1)		×
	(2)	Other assets .							. 18	a(2)		×
b	Oth	er transactions:										
				empt organization					_	(1)		×
				able exempt organization						(2)		×
	(3)	Rental of facilities	s, equipment, or othe	er assets					11	(3)		×
	(4)	Reimbursement a	rrangements						. <u> 11</u>	(4)		×
	(5)	Loans or loan gua	arantees						. 11	(5)		×
	(6)	Performance of se	ervices or membersh	nip or fundraising solicitat	ions				. 11	(6)		×
C	Sha	ırıng of facilities, e	equipment, mailing li	sts, other assets, or paid	employees				Ŀ	lc		×
d				s," complete the followin								
				ces given by the reportin								
	valu	ie in any transacti	on or sharing arrang	ement, show in column (o	d) the value of	of the goo	ds, other	assets,	or servi	ces r	eceiv	ed.
(a) Lin	e no	(b) Amount involved	(c) Name of noncl	nantable exempt organization	(d) Desc	ription of tran	nsfers, trans	actions, ai	nd shanne	arran	gemer	nts
_												
								_				
2a				ffiliated with, or related								
				ction 501(c)(3)) or in secti	on 527? .	• •				Yes	X	No
b	<u>If "Y</u>	· · · · · · · · · · · · · · · · · · ·	e following schedule	•								
		(a) Name of organization (b) Type of organization (c) Description of relationship										

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

Here	Signature of officer or trustee	Date TRUSTE	CE CONTRACTOR OF THE CONTRACTO	with the preparer shown below? See instructions
Paid	Print/Type preparer's name	Preparer's signature	Date	eck X if PTIN
Prepar	er MARK D. ALPERT	Jelan D. alpert		f-employed P00155739
	-			

MARK D ALPERT CPA Firm's name **Use Only** Firm's address ▶ 1399 WASHINGTON ST

BAA

MA 02339

Form **990-PF** (2018)

Firm's EIN ▶ 04-2773455

Phone no (781)829-8868

HANOVER

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose	
MASS FORM PC	35.	35.	_		
Total	35.	35.			

Name	 -					Employer Identification No
DR.	ISRAEL	&	EDITH	EDELSTEIN	FOUNDATION	 04-6116126
				<u> </u>		

Asset Information:	
Description of Property ALTRIAGROUP INC 300SHS	
Business Code Exclusion Code	
Date Acquired . 08/19/09 How Acquired . Purchased	
Date Sold07/30/18 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price 17, 215. Cost or other basis (do not reduce by depreciation) 5, 3	25
Sales Expense Valuation Method	
Total Gain (Loss)	
Description of Property PGIM HIGH YIELD 1208.87 SHS	
Business Code Exclusion Code	
Date Acquired02/05/99 How Acquired . Purchased	
Date Sold07/30/18 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price6, 533. Cost or other basis (do not reduce by depreciation)9, 6	10.
Sales Expense Valuation Method	
Total Gain (Loss)3,077. Accumulated Depreciation	
Description of Property PGIM_HIGH_YIELD_435.823_SHS	
Business Code Exclusion Code	
Date Acquired02/05/99 How Acquired . Purchased	
Date Sold 09/21/18 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price 2, 355. Cost or other basis (do not reduce by depreciation) 3, 4	<u>65.</u>
Sales Expense Valuation Method	
Total Gain (Loss) -1,110. Accumulated Depreciation	. – –
Description of Property PGIM HIGH YIELD 4.98 SHS	
Business Code Exclusion Code	
Date Acquired02/05/99 How Acquired . Purchased	
Date Sold 09/25/18 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price20_ Cost or other basis (do not reduce by depreciation)	40.
Sales Expense Valuation Method Valuation Valuat	
Total Gain (Loss)20 . Accumulated Depreciation	
Description of Description	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation)	
Sales Expense Valuation Method	· – –
Total Gain (Loss) Accumulated Depreciation	
Fotals:	
Total Gain (Loss) of all assets	
Gross Sales Price of all assets <u>26, 123.</u>	
Unrelated Business IncomeBusiness Code	
Excluded by section 512, 513, 514 Exclusion Code	
Related/Exempt Function Income7,683.	
2 1-13 - 1 - 1 - 5 200 DE D 4	
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	

Legal and Professional Fees

Form 990-PF Part I, Lines 16a - 16c

Name
DR. ISRAEL & EDITH EDELSTEIN FOUNDATION

Employer Identification No 04-6116126

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEVIN & LEVIN	FIDUCIARY	1,250.	1,000.		250.
Total to Form 990-	PF, Part I, Line 16a	1,250.	1,000.		250.

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARK D ALPERT	TAX RETURN PREP	1,800.	1,000.		800.
Total to Form 990-	PF, Part I, Line 16b	1,800.	1,000.		800.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-F	PF, Part I, Line 16c				

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Name DR. ISRAEL & EDITH EDELS	TEIN FOUNDATIO	ON _			yer Identification No 116126
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ions	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Bool Value	k	f Year Fair Market Value
CAPITAL ONE FINANCIAL ALTRIA			15,	,276. ,975.	229,209. 42,615.
See L-10b Stmt Totals to Form 990-PF, Part II, I	_ine 10b			,535. ,786.	120,124. 391,948.
Line 10c - Investme	ents - Corporate I	Bonds:	Bool Value	k	f Year Fair Market Value
Totals to Form 990-PF, Part II, I	_ine 10c				
Line 12 - Investme	ents - Mortgage I	oans:	Bool Value	k	f Year Fair Market Value
Totals to Form 990-PF, Part II, I	_ine 12				
Line 13 - Inve	estments - Other	:	Bool Value	k	f Year Fair Market Value
MONEY MARKET -SWEEP ACC				,422. ,033.	10,422. 18,632.
MPLX LP Totals to Form 990-PF, Part II, I	_ine 13			784.	36,117. 65,171.

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF Part II Line 10, 12 and 13 Investments

L-10b Stmt

Continuation Statement

Line 10b Description	Line 10b Book	Line 10b FMV
JOHNSON & JOHNSON	18,196.	41,784.
MCDONALDS	16,915.	62,298.
TEVA PHARM	10,351.	1,846.
WELLS FARGO	2,073.	14,196.
Total	47,535.	120,124.