

For calendar year 2016, or tax year beginning 10-01-2016, and ending 09-30-2017

Name of foundation MASADA FOUNDATION		A Employer identification number 16-1622664	
Number and street (or P.O. box number if mail is not delivered to street address) C/O R KIRSCHNER 137-05 72ND ROAD		B Telephone number (see instructions) (718) 762-8700	
City or town, state or province, country, and ZIP or foreign postal code FLUSHING, NY 11367		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 85,865	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	654,265			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	89	89	89	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a _____ 654,200				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	654,354	89	89	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	369	309	0	50
	24 Total operating and administrative expenses. Add lines 13 through 23	369	309	0	50
	25 Contributions, gifts, grants paid	653,600			653,600
	26 Total expenses and disbursements. Add lines 24 and 25	653,969	309	0	653,650
	27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements		385			
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)				89	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash—non-interest-bearing	85,161	85,865	85,865		
	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 ▶ _____					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	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 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15 Other assets (describe ▶ _____)						
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	85,161	85,865	85,865			
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶ _____)	3,904	3,904			
	23 Total liabilities (add lines 17 through 22)	3,904	3,904			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds	0	0			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29 Retained earnings, accumulated income, endowment, or other funds	81,257	81,961			
30 Total net assets or fund balances (see instructions)	81,257	81,961				
31 Total liabilities and net assets/fund balances (see instructions) .	85,161	85,865				

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	81,257
2 Enter amount from Part I, line 27a	2	385
3 Other increases not included in line 2 (itemize) ▶ _____	3	319
4 Add lines 1, 2, and 3	4	81,961
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	81,961

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a LESLIE COINVEST LLC K-1	D	2001-01-01	2017-02-28
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 654,200		654,200	0
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 </div>	3	0

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	18,152	92,835	0 195530
2014	16,503	128,897	0 128032
2013	22,254	102,171	0 217811
2012	22,331	123,806	0 180371
2011	58,795	165,989	0 354210
2 Total of line 1, column (d)			2 1 075954
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 215191
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 85,541
5 Multiply line 4 by line 3			5 18,408
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 18,408
8 Enter qualifying distributions from Part XII, line 4			8 653,650

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
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	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NY _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of RICHARD KIRSCHNER Telephone no (718) 762-8700			

Located at **137-05 72ND ROAD FLUSHING NY** ZIP+4 **11367**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 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 2016). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a			No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? 4b			No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICHARD KIRSCHNER 137-05 72ND ROAD FLUSHING, NY 11367	PRESIDENT/DIRECTOR 0 50	0	0	0
RACHELLE KIRSCHNER 137-05 72ND ROAD FLUSHING, NY 11367	TREASURER/DIRECTOR 0 50	0	0	0
STANLEY FLEISHMAN 98 RYE RIDGE ROAD HARRISON, NY 10528	SECRETARY/DIRECTOR 0 50	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 GRANTS PAID & OPERATING COSTS	653,650
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	86,844
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	86,844
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	86,844
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,303
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	85,541
6	Minimum investment return. Enter 5% of line 5.	6	4,277

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

1	Minimum investment return from Part X, line 6.	1	4,277
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	4,277
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	4,277
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,277

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	653,650
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	653,650
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	653,650

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				4,277
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				50,509
b From 2012.				16,149
c From 2013.				17,150
d From 2014.				10,061
e From 2015.				13,510
f Total of lines 3a through e.	107,379			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 653,650				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				4,277
e Remaining amount distributed out of corpus	649,373			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	756,752			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . .	50,509			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	706,243			
10 Analysis of line 9				
a Excess from 2012.				16,149
b Excess from 2013.				17,150
c Excess from 2014.				10,061
d Excess from 2015.				13,510
e Excess from 2016.				649,373

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

RICHARD KIRSCHNER

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

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

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

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

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

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	653,600
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments			14	89	
4	Dividends and interest from securities.					
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). . .		0		89	0
13	Total. Add line 12, columns (b), (d), and (e).			13		89

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

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

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name RANDI LEE OWENCPA	Preparer's Signature	Date 2018-06-18	Check if self-employed <input type="checkbox"/>	PTIN P00627547
Firm's name ▶ NUSSBAUM YATES BERG KLEIN & WOLPOW LLP				Firm's EIN ▶ 26-0221653
Firm's address ▶ 445 BROAD HOLLOW RD STE 319 MELVILLE, NY 11747				Phone no (631) 845-5252

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MACHZIKEI HADAS 4404 14TH AVE BROOKLYN, NY 11210	NONE	EXEMPT	TEMPLE/SYNAGOGUE	150
KOLLEL TORAS CHAIM 977 E 26TH ST BROOKLYN, NY 11210	NONE	EXEMPT	RELIGIOUS EDUCATION	36
ARACHIM 5014E 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	OUTREACH	36
CONG TORAH LODAA 53 77TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	120
ZICHRON MAYER 20 IGROS CT STATEN ISLAND, NY 10309	NONE	EXEMPT	INDIGENT FAMILIES	50
Total ► 3a				653,600

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ORPHAN POOR AND SICK FUND 824 EASTERN PKWY BROOKLYN, NY 11213	NONE	EXEMPT	ORPHANAGE	25
CHILDREN VILLAGE OF JERUSALEM 15 BEEKMAN STREET NEW YORK, NY 10002	NONE	EXEMPT	ORPHANAGE	25
TALMUDCIAL YESH OF PHILA 6063 DREXEL ROAD PHILA PITTSBURGH, PA 15217	NONE	EXEMPT	RELIGIOUS EDUCATION	25
HEBREW FREE BURIAL 224 W 35 STR NEW YORK, NY 10117	NONE	EXEMPT	OTHER	25
COUNT ME IN 788 E 4TH STRET BROOKLYN, NY 11218	NONE	EXEMPT	OTHER	25
Total 3a				653,600


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MACHZIKEI HADAS 4404 14TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	TEMPLE/SYNAGOGUE	50
QUEENS J INSPIRE KGH NY 11367 KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	250
CONG CHOMOS YERUSHALAYIM RECHOV ZERITZKY RAMOT ISRAEL 99999 IS	NONE	EXEMPT	TEMPLE/SYNAGOGUE	180
MESIVTA TIFERETH JERUSALEM 145 E BDWY NEW YORK, NY 10002	NONE	EXEMPT	TEMPLE/SYNAGOGUE	360
CHAI LIFELINE 151 W 30TH ST NEW YORK, NY 10002	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	180
Total 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEP QUEENS 76-01 147 ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	180
ORLANDO TORAH ACADEMY 8651 COMMODITY CIRCLE ORLANDO, FL 32819	NONE	EXEMPT	RELIGIOUS EDUCATION	180
TORAH PREP SCHOOL ST LOUIS 609 NORTH SOUTH RD ST LOUIS, MO 63130	NONE	EXEMPT	RELIGIOUS EDUCATION	250
SHEMIRAH B'DRACHIM 5014 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	OTHER	149
ERNA LINDENFELD 147-32 77 RD KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	50
Total ▶ 3a				653,600


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONG MIKVEJ ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	36
YESHIVA RABBI SAMSON RAPHAEL HIRSCH 100 BENNEETT AVE NEW YORK, NY 10033	NONE	EXEMPT	RELIGIOUS EDUCATION	100
YESHIVA KNESSSET YEHUDA 848 E 13TH ST BROOKLYN, NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	150
CONG BAIS AHARON 2166 83 RD ST BROOKLYN, NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	150
BNEI TORA 1689 48 TH ST BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	25
Total ▶ 3a				653,600


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMG CHASIN VCHESED 560 EMPIRE BLVD BROOKLYN, NY 11225	NONE	EXEMPT	INDIGENT FAMILIES	25
MESAMCHE LEV 1364 53 ST BROOKLYN, NY 11219	NONE	EXEMPT	INDIGENT FAMILIES	300
EZRAT CHOLIM 5014 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	36
CHASDEI CHASHE 1863 13 TH BROOKLYN, NY 11229	NONE	EXEMPT	OTHER	180
ICHUD HAYESIVOS 1274 49TH ST BROOKLYN, NY 11229	NONE	EXEMPT	RELIGIOUS EDUCATION	360
Total ▶ 3a				653,600

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACHIEZER 1960 E 7TH ST BROOKLYN, NY 11223	NONE	EXEMPT	INDIGENT FAMILIES	180
KOLLEL BAIS AHARON TZVI 235 PENN ST BROOKLYN, NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	25
SATMAR BIKUR CHOLIM 545 BEDFORD AVE BROOKLYN, NY 11223	NONE	EXEMPT	OTHER	36
HEBRON FUND 1760 OCEAN AVE BROOKLYN, NY 11223	NONE	EXEMPT	OTHER	250
YOUNG ISRAEL OF QUEENS VALLEY 141-55 77 AVE KEW GARDEN HILLS, NY 11249	NONE	EXEMPT	TEMPLE/SYNAGOGUE	250
Total 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHOMROI KOLLEL HACHOMOSS 18 HEYWARD ST BROOKLYN, NY 11249	NONE	EXEMPT	INDIGENT FAMILIES	250
KEREN SIMCHAS CHOSSON V'KALLAH 712 MONTGOMERY ST BROOKLYN, NY 11213	NONE	EXEMPT	OTHER	250
CHILD LIFE SOCIETY 1347 43RD ST BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	150
YESH ATERET TORAH 215 LENTZ PARAMUS, NJ 07652	NONE	EXEMPT	OTHER	100
ZICHRON SHLOMO REFUAH 1319 51 ST BROOKLYN, NY 11218	NONE	EXEMPT	SICK/ DISABLED FAMILIES /CHILDREN	100
Total 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MESIVTA TIFERET TORAH 84-15 ABINGDON RD KEW GARDEN HILLS, NY 11317	NONE	EXEMPT	RELIGIOUS EDUCATION	100
YESH NETIVAT SHALOM 5014 16TH AVE BROOKLYN, NY 11204	NONE	EXEMPT	RELIGIOUS EDUCATION	100
AFO TIFERES YEHOSHUA 1281 E 23RD ST BROOKLYN, NY 11210	NONE	EXEMPT	OUTREACH	100
LMAN ACHAI 1781 E 23 ST BROOKLYN, NY 11367	NONE	EXEMPT	SICK/ DISABLED FAMILIES /CHILDREN	100
KEREN ANIYIM 864 E 26TH STREET BROOKLYN, NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	220
Total 				653,600
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEREN ANIYIM 864 E 26TH STREET BROOKLYN, NY 11230	NONE	EXEMPT	INDIGENT FAMILIES	70
CONG BAIS MEDRAH AVREICHIIM 45 BROADWAY NEW YORK, NY 10002	NONE	EXEMPT	RELIGIOUS EDUCATION	250
YAD BATYA L KALLAH 1256 E 26 TH ST BROOKLYN, NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	250
EZRAS YISROEL 4415 14TH AVE BROOKLYN, NY 11230	NONE	EXEMPT	RELIGIOUS EDUCATION	100
KEW GARDENS HILLS ERUV POB 671017 NEW YORK, NY 10002	NONE	EXEMPT	OTHER	25
Total 				653,600
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS TOWN JERUSALEM 1 PENN PLAZA NEW YORK, NY 10003	NONE	EXEMPT	ORPHANAGE	100
CHESED POB 1076 NEW YORK, NY 10002	NONE	EXEMPT	INDIGENT FAMILIES	100
BEIS MEDRASH OF KEW GARDENS HILLS 75-02 137 ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	200
SKKM - SURI KOPS FUND 72-25 136TH STREET KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	INDIGENT FAMILIES	75
DARCHEI MENACHEM 432 RUTLAND AVE BROOKLYN, NY 11203	NONE	EXEMPT	RELIGIOUS EDUCATION	250
Total ▶ 3a				653,600

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YESHIVA WATERBURY 47 BUCKINGHAM ST WATERBURY, CT 06703	NONE	EXEMPT	RELIGIOUS EDUCATION	250
CONG GEMACH SANHDRIA MURCHECVET 100 CHURCH ST NEW YORK, NY 11415	NONE	EXEMPT	INDIGENT FAMILIES	50
JINSPIRE QUEENS KEW GARDEN HILLS NEW YORK, NY 11367	NONE	EXEMPT	OUTREACH	36
YESHIVA CHASAN SOFER 1876 50TH STREET BROOKLYN, NY 11203	NONE	EXEMPT	RELIGIOUS EDUCATION	150
AFO BAIS CHAIM YITCHOK 1054 43 RD STREET BROOKLYN, NY 10016	NONE	EXEMPT	RELIGIOUS EDUCATION	200
Total ► 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DARCHEI TORAH U ' MUSSAR 1134 E 15TH STREET BROOKLYN, NY 10017	NONE	EXEMPT	RELIGIOUS EDUCATION	120
OSIM CHESED 1837 E 24 TH STREET BROOKLYN, NY 11229	NONE	EXEMPT	INDIGENT FAMILIES	54
ISRAEL PURIM FUND 205 W BEECH LONG BEACH, NY 11561	NONE	EXEMPT	INDIGENT FAMILIES	100
LI TORAH NETWORK 147-33 76TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	100
BNOS MALKA 71-02 113 ST FLUSHING, NY 11375	NONE	EXEMPT	RELIGIOUS EDUCATION	120
Total ▶ 3a				653,600

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GO KOSHER PROJECT 550 EMPIRE BLVD BROOKLYN, NY 10016	NONE	EXEMPT	OTHER	36
NECHAMAS CLOSET 1227 PRESIDENT ST BROOKLYN, NY 10016	NONE	EXEMPT	INDIGENT FAMILIES	100
ATIME 1310 48TH STREET BROOKLYN, NY 10016	NONE	EXEMPT	OTHER	180
AGUDAS TOV V CHESED 46 MAIN STREET MONSEY, NY 00952	NONE	EXEMPT	OTHER	36
OTSAR FAMILY SERVICES 2334 W13TH STREET BROOKLYN, NY 10017	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	36
Total ► 3a				653,600

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YACHAD 333 7TH AVE NEW YORK, NY 10001	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	18
SHEEARIM POB 747 BALA CYNWIYD, PA 19004	NONE	EXEMPT	OUTREACH	100
BAIS MEDRAH TAHAROT PRESIDENT ST POB 150564 BROOKLYN, NY 11215	NONE	EXEMPT	RELIGIOUS EDUCATION	200
BAIS MEDRAH TAHAROT PRESIDENT ST POB 150564 BROOKLYN, NY 11215	NONE	EXEMPT	RELIGIOUS EDUCATION	200
CHAI LIFELINE 151 W 30TH ST NEW YORK, NY 10003	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	120
Total 				653,600
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIMPATORIN AID 1324 50 TH STREET BROOKLYN, NY 10017	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	250
HAKAV HAMEACHED 5014 16TH AVE BROOKLYN, NY 11203	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	54
YAD LACHIM 580 5TH AVE NEW YORK, NY 10002	NONE	EXEMPT	OUTREACH	200
OHR TORAH 4 PHILLS TERRACE MONSEY, NY 00952	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	54
TORAH TEMIMAH CONG 5504 16TH AVE BROOKLYN, NY 11219	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	54
Total ► 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JINSPIRE QUEENS KEW GARDEN HILLS KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	100
CHES LAVRAHAM 73-48 136 ST KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	180
BAIS MEDRAH ATERES YISROEL POB 901052FAR ROCKAWAY, NY 11690	NONE	EXEMPT	RELIGIOUS EDUCATION	36
YESHIVA MEONM HATORAH POB 428 MONSEY, NY 00952	NONE	EXEMPT	RELIGIOUS EDUCATION	36
CHESE FUND 1928 51 ST BROOKLYN, NY 11204	NONE	EXEMPT	INDIGENT FAMILIES	54
Total ► 3a				653,600


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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
SHEMIRAH B'DRACHIM 5014 16TH AVE BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	149
CHAI LIFELINE 151 W 30TH ST NEW YORK, NY 10004	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	120
CONG MIKVEH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	21
AM COMMITTEE SHAAREI TZEDEK MED CTR 55 W 39 ST NEW YORK, NY 10002	NONE	EXEMPT	OTHER	100
BETH JACOB EZER YOLDOT 4403 15TH AVE BROOKLYN, NY 11219	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	100
Total 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YESHIVA KETANA BENSONHURST 2025 67TH STREET BROOKLYN, NY 11204	NONE	EXEMPT	RELIGIOUS EDUCATION	120
AGUDAS TOV V CHESED 46 MAIN STREET MONSEY, NY 10952	NONE	EXEMPT	INDIGENT FAMILIES	120
YIQV 141-55 77 TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	775
JINSPIRE QUEENS KEW GARDEN HILLS KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OUTREACH	36
KOLLEL CHASDEI GUR 38 SADDLE RIVER ROAD MONSEY, NY 10952	NONE	EXEMPT	RELIGIOUS EDUCATION	180
Total 				653,600
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TORAH IMAGES 411 AVE F BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	54
YOUNG ISRAEL OF QUEENS VALLEY 141-55 77 TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	TEMPLE/SYNAGOGUE	180
BINAT SHLOMO 1134 E 15TH STREET BROOKLYN, NY 11219	NONE	EXEMPT	OTHER	100
SHALOM YITZCHOK TORAH INSTITUTE 208 5TH ST LAKEWOOD, NJ 08701	NONE	EXEMPT	RELIGIOUS EDUCATION	120
BNEI TORAH MOVEMEENT 1689 468TH STREET BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	72
Total 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONG MIKVAH ISRAEL 71-11 VLEIGH PLACE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	OTHER	18
CONG NACHLAS YITCHOK 141-43 73 AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	500
CONG TORAH LODAAS 53 77TH AVE KEW GARDEN HILLS, NY 11367	NONE	EXEMPT	RELIGIOUS EDUCATION	100
CONG SHAAREI ZION 2030 OCEAN PKWY BROOKLYN, NY 11223	NONE	EXEMPT	RELIGIOUS EDUCATION	36
BNEI TORAH MOVEMEENT 1689 468TH STREET BROOKLYN, NY 11219	NONE	EXEMPT	RELIGIOUS EDUCATION	36
Total ▶ 3a				653,600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHEVRA SIIMCHAS SHABBOS 596 MONTGOMERY STREET BROOKLYN, NY 11223	NONE	EXEMPT	INDIGENT FAMILIES	100
GOLDMAN SACHS PHILANTHROPY FUND 200 W ST 15TH FL NEW YORK, NY 10282	NONE	EXEMPT	SICK/DISABLED FAMILIES/CHILDREN	640,000
Total 				653,600
3a				

TY 2016 Other Expenses Schedule**Name:** MASADA FOUNDATION**EIN:** 16-1622664**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEE	50	0	0	50
INVESTMENT EXPENSE -K-1(LESLIE'S COINVESTMENT,LLC)	309	309	0	0
NONDEDUCTIBLE EXPENSES - PER K1	10	0	0	0

TY 2016 Other Increases Schedule

Name: MASADA FOUNDATION

EIN: 16-1622664

Description	Amount
DEDUCTIONS PER K-1	319

TY 2016 Other Liabilities Schedule**Name:** MASADA FOUNDATION**EIN:** 16-1622664

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO JETRO	3,904	3,904

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization MASADA FOUNDATION	Employer identification number 16-1622664

Organization type (check one)

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization MASADA FOUNDATION	Employer identification number 16-1622664
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD KIRSCHNER 137-05 72ND ROAD FLUSHING, NY 11367	\$ 654,265	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization MASADA FOUNDATION	Employer identification number 16-1622664
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SHARES IN LESLIE'S COINVESTMENT LLC EIN 20-2234980	\$ 654 265	2017-02-28
(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
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____	\$ _____	_____

Name of organization MASADA FOUNDATION	Employer identification number 16-1622664
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	