

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation THE ROSALIE KATZ FAMILY FOUNDATION INC		<b>A Employer identification number</b> 31-1757404	
Number and street (or P O box number if mail is not delivered to street address) Room/suite 360 HAMILTON AVE RM/STE 1110		<b>B Telephone number (see instructions)</b> (914) 683-9610	
City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10601		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 4,902,178		<b>J</b> 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)	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	559,667			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	12,732	12,732		
	<b>4</b> Dividends and interest from securities	47,911	47,911		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	198,247			
	<b>b</b> Gross sales price for all assets on line 6a	2,509,648			
	<b>7</b> Capital gain net income (from Part IV, line 2)		198,247		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	818,557	258,890			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	5,000	5,000		
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	676			
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	10,498	10,498		
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	16,174	15,498		
	<b>25</b> Contributions, gifts, grants paid	424,519			424,519
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	440,693	15,498		424,519	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	377,864				
<b>b Net investment income</b> (if negative, enter -0-)		243,392			
<b>c Adjusted net income</b> (if negative, enter -0-)					

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	-70,495	172,059	172,059
	<b>2</b> Savings and temporary cash investments . . . . .	63,157	798,675	798,675
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 1,500,000 Less allowance for doubtful accounts ▶ _____		1,500,000	1,500,000
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	3,965,843	1,865,735	2,431,444
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	100		
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,958,605	4,336,469	4,902,178	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	3,958,605	4,336,469		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	3,958,605	4,336,469		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	3,958,605	4,336,469		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	3,958,605
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	377,864
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	4,336,469
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	4,336,469

**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)		
<b>1a</b> See Additional Data Table						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
(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)			
<b>a</b> See Additional Data Table						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
<b>a</b> See Additional Data Table						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>2</b> Capital gain net income or (net capital loss)					<b>2</b>	198,247
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }						
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)					<b>3</b>	-6,477
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8						

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	495,167	4,270,533	0.115950
2015	313,298	4,160,843	0.075297
2014	352,188	3,857,709	0.091295
2013	203,441	3,342,734	0.060861
2012	193,396	2,906,374	0.066542
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.409945
<b>3</b> 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			<b>3</b> 0.081989
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 4,663,817
<b>5</b> Multiply line 4 by line 3			<b>5</b> 382,382
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 2,434
<b>7</b> Add lines 5 and 6			<b>7</b> 384,816
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 424,519

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)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total tax due. Includes sub-tables 6a-6d for credits and payments.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, tax returns, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(2)</b> 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	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> 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	
	<b>(5)</b> 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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . .			<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			<input type="checkbox"/>
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b>	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>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>6b</b>
	<i>If "Yes" to 6b, file Form 8870</i>			<b>No</b>
<b>7a</b>	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>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>

**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	(e) Expense account, other allowances
MEREDITH GANTCHER 360 HAMILTON AVE WHITE PLAINS, NY 10601	PRESIDENT 000 00	0	0	0
GARY KATZ 360 HAMILTON AVE WHITE PLAINS, NY 10601	VICE PRES 000 00	0	0	0
WENDY WAXMAN 360 HAMILTON AVE WHITE PLAINS, NY 10601	SECRETARY 000 00	0	0	0

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

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

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

**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. . . . . ▶

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,177,125
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	245,215
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	312,500
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	4,734,840
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	4,734,840
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	71,023
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	4,663,817
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	233,191

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	233,191
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	2,434
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	2,434
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	230,757
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	230,757
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	230,757

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	424,519
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	424,519
<b>5</b>	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).	<b>5</b>	2,434
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	422,085

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				230,757
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .			159,469	
<b>d</b> From 2015. . . . .			105,762	
<b>e</b> From 2016. . . . .			282,414	
<b>f</b> Total of lines 3a through e. . . . .	547,645			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 424,519				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				230,757
<b>e</b> Remaining amount distributed out of corpus	193,762			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	741,407			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	741,407			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .			159,469	
<b>c</b> Excess from 2015. . . . .			105,762	
<b>d</b> Excess from 2016. . . . .			282,414	
<b>e</b> Excess from 2017. . . . .			193,762	

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

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

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

**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) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> 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) )

**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

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**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

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

---

**c** Any submission deadlines

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**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets other than inventory, and Subtotal.

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions).



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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
JP MORGAN CORE BOND SELECT FUND	P	2016-08-23	2017-03-21
BLACKROCK TOTAL RETURN FUND	P	2017-06-12	2017-10-26
SPDR S & P 500 ETF TR	P	2014-06-12	2017-10-25
JP MORGAN CORE BOND SELECT FUND	P	2010-10-01	2017-10-26
BLACKROCK TOTAL RETURN FUND	P	2014-10-29	2017-10-26
ANNA'S LINENS, INC	P	2014-07-18	2017-12-31

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
215,568		219,260	-3,692
220,808		223,593	-2,785
1,009,073		793,034	216,039
530,900		534,822	-3,922
533,299		540,592	-7,293
		100	-100

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			-3,692
			-2,785
			216,039
			-3,922
			-7,293
			-100

**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)				
<b>a</b> <i>Paid during the year</i>				
ACCELERATION PROJECT PO BOX 335 SCARSDALE, NY 10583		PUBLIC	UNRESTRICTED	750
ACCESS SUPPORT FOR LIVING FUND 15 FORTUNE ROAD WEST MIDDLETOWN, NY 10941		PUBLIC	UNRESTRICTED	500
ALEPH SOCIETY 25 W 45TH STREET NEW YORK, NY 10036		PUBLIC	UNRESTRICTED	5,000
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN COMM FOR SHAARE ZEDEK MED 55 WEST 389TH STREET NEW YORK, NY 10018		PUBLIC	UNRESTRICTED	180
AMERICAN JEWISH WORLD SERVICE 45 W 36TH ST 11 NEW YORK, NY 10018		PUBLIC	UNRESTRICTED	720
B FOUNDATION 101 ROCKLAND CIRCLE WILMINGTON, DE 19803		PUBLIC	UNRESTRICTED	180
<b>Total</b> . . . . . <b>3a</b>			▶	424,519



**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)				
<b>a</b> <i>Paid during the year</i>				
BACKYARD SPORTS CARES 75 SOUTH BROADWAY WHITE PLAINS, NY 10601		PUBLIC	UNRESTRICTED	250
BANK STREET COLLEGE OF EDUCATION 610 WEST 112TH STREET NEW YORK, NY 10025		PUBLIC	UNRESTRICTED	1,000
BETH EL SYNAGOGUE CENTER 1324 NORTH AVENUE NEW ROCHELLE, NY 10804		PUBLIC	UNRESTRICTED	1,800
<b>Total</b> . . . . .				424,519
<b>3a</b>				

**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)				
<i>a Paid during the year</i>				
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453		PUBLIC	UNRESTRICTED	180
BURKE REHABILITATION CENTER 785 MAMARONECK AVE WHITE PLAINS, NY 10605		PUBLIC	UNRESTRICTED	1,000
CAJACINC360 HAMILTON AVENUE WHITE PLAINS, NY 10601		PUBLIC	UNRESTRICTED	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
CHABAD JEWISH ENRICHMENT 822 EASTERN PARKWAY BROOKLYN, NY 11213				
CHABAD ON CAMPUS 719 EASTERN PARKWAY BROOKLYN, NY 11213				
CHILDCARE COUNCIL OF WESTCHESTER 313 CENTRAL PARK AVENUE SCARSDALE, NY 10583				
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S HOSPITAL COLORADO FO 111 SOUTH TEJON STREET S COLORADO SPRINGS, CO 80903		PUBLIC	UNRESTRICTED	100
CITY HARVEST6 E 32ND ST NEW YORK, NY 10016		PUBLIC	UNRESTRICTED	4,000
CL CENTER1228 NORTH AVENUE NEW ROCHELLE, NY 10808		PUBLIC	UNRESTRICTED	2,750
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
CMNH DANCE MARATHON 801 7TH AVENUE FORT WORTH, TX 76104		PUBLIC	UNRESTRICTED	350
COLUMBIA UNIVERSITY 1130 AMSTERDAM AVE NEW YORK, NY 10027		PUBLIC	UNRESTRICTED	500
CONGREGATION RODEPH SHOLOM 615 N BROAD ST PHILADELPHIA, PA 19123		PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
DARTMOUTH COLLEGE FUND 1 PENN PLAZA NEW YORK, NY 10119		PUBLIC	UNRESTRICTED	5,000
DARTMOUTH HILLEL5 OCCOM RDG HANOVER, NH 03755		PUBLIC	UNRESTRICTED	125
EL CENTRO HISPANO 346 SOUTH LEXINGTON AVENU WHITE PLAINS, NY 10606		PUBLIC	UNRESTRICTED	1,000
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322		PUBLIC	UNRESTRICTED	12,500
FOOTSTEPS INC 114 JOHN STREET NEW YORK, NY 10272		PUBLIC	UNRESTRICTED	500
FOUNDATION FOR JEWISH CAMP 253 W 35TH ST NEW YORK, NY 10001		PUBLIC	UNRESTRICTED	3,000
<b>Total . . . . .</b> ▶				424,519
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF ISRAEL DEFENSE FORCES 1430 BROADWAY NEW YORK, NY 10018				
FRIENDS OF RODEPH SHOLOM SCHOOL 10 W 84TH ST NEW YORK, NY 10024				
FRIENDS OF THE SCARSDALE LIBRARY 244 HEATHCOTE ROAD SCARSDALE, NY 10583				
<b>Total . . . . .</b> <b>3a</b>	▶			424,519



**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)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF UNITED HATZALAH 300 EAST 51ST STREET NEW YORK, NY 10022			UNRESTRICTED	5,380
GIFT OF LIFE BONE MARROW FOUNDATION 800 YAMATO ROAD SUITE 10 BOCA RATON, FL 33431			UNRESTRICTED	13,258
GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVE NEW YORK, NY 10024			UNRESTRICTED	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
HAZON125 MAIDEN LANE NEW YORK, NY 10038		PUBLIC	UNRESTRICTED	500
HEBREW FREE BURIAL ASSOCIATION 224 WEST 35TH STREET NEW YORK, NY 10001		PUBLIC	UNRESTRICTED	1,752
HEBREW INSTITUTE OF WHITE PLAINS 20 GREENRIDGE AVE WHITE PLAINS, NY 10605		PUBLIC	UNRESTRICTED	16,287
<b>Total</b> . . . . . <b>3a</b>			▶	424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023				
HIAS411 5TH AVE 1006 NEW YORK, NY 10016				
HONORABLE TINA BROZMAN FOUNDATION 31 W 52ND STREET NEW YORK, NY 10019				
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
HUDSON VALLEY SHAKESPEARE FESTIVAL 1601 ROUTE 9D GARRISON, NY 10524				
ISRAEL GUIDE DOG CENTER 968 EASTON ROAD WARRINGTON, PA 18976				
JCC MID-WESTCHESTER 999 WILMOT RD SCARSDALE, NY 10583				
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
JDRF26 BROADWAY 15TH FLOOR NEW YORK, NY 10004		PUBLIC	UNRESTRICTED	365
JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NEW YORK, NY 10027		PUBLIC	UNRESTRICTED	5,000
KARYN RESEARCH FUND 765 MOUNTAIN AVENUE SPRINGFIELD, NJ 07081		PUBLIC	UNRESTRICTED	500
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
LEGION ALPHA INC33 7TH AVENUE NEW YORK, NY 10001		PUBLIC	UNRESTRICTED	500
LEKET ISRAELPO BOX 2090 TEANECK, NJ 07666		PUBLIC	UNRESTRICTED	36
LIMON FOUNDATION 307 W 38TH STREET NEW YORK, NY 10018		PUBLIC	UNRESTRICTED	5,000
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030				
MECHON HADAR 190 AMSTERDAM AVENUE NEW YORK, NY 10023				
MOVING TRADITIONS 261 OLD YORK ROAD JENKINTOWN, PA 19046				
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL MS SOCIETY 733 3RD AVE NEW YORK, NY 10017		PUBLIC	UNRESTRICTED	3,500
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024		PUBLIC	UNRESTRICTED	500
NEW YORK PUBLIC RADIO 160 VARICK STREET NEW YORK, NY 10013		PUBLIC	UNRESTRICTED	2,000
<b>Total</b> . . . . . <b>3a</b>			▶	424,519



**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)				
<b>a</b> <i>Paid during the year</i>				
NY PHILHARMONIC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023		PUBLIC	UNRESTRICTED	750
NY PIRG9 MURRAY STREET NEW YORK, NY 10007		PUBLIC	UNRESTRICTED	365
OCEANA1025 CONNECTICUT AVENUE WASHINGTON, DC 20036		PUBLIC	UNRESTRICTED	1,500
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
PBS FOUNDATION 2100 CRYSTAL DRIVE 3RD FL ARLINGTON, VA 22202		PUBLIC	UNRESTRICTED	2,000
PJ LIBRARY67 HUNT STREET AGAWAM, MA 01001		PUBLIC	UNRESTRICTED	30,000
PLAN INTERNATIONAL USA 155 PLAN WAY WARWICK, RI 02886		PUBLIC	UNRESTRICTED	396
<b>Total</b> . . . . . <b>3a</b>			▶	424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
PROJECT MORRY 350 EXECUTIVE BOULEVARD ELMSFORD, NY 10523		PUBLIC	UNRESTRICTED	1,000
RABBI TUCKER DISCRETIONARY FUND 280 OLD MAMARONECK ROAD WHITE PLAINS, NY 10605		PUBLIC	UNRESTRICTED	1,000
RAMAH IN THE ROCKIES 300 S DAHLIA STREET DENVER, CO 80246		PUBLIC	UNRESTRICTED	19,000
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
RAMAH NYACK3080 BROADWAY NEW YORK, NY 10027		PUBLIC	UNRESTRICTED	56,000
ROCKVILLE NURSING HOME 303 ADCLARE RD ROCKVILLE, MD 20850		PUBLIC	UNRESTRICTED	1,000
RONALD MCDONALD HOUSE 405 E 73RD ST NEW YORK, NY 10021		PUBLIC	UNRESTRICTED	54
<b>Total . . . . . ▶</b> <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
SAFE HORIZON2 LAFAYETTE ST 3 NEW YORK, NY 10007		PUBLIC	UNRESTRICTED	7,500
SCARSDALE VOLUNTEER AMBULANCE 5 WEAVER STREET SCARSDALE, NY 10583		PUBLIC	UNRESTRICTED	1,000
SEEDS OF PEACE 370 LEXINGTON AVENUE NEW YORK, NY 10017		PUBLIC	UNRESTRICTED	7,010
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
SEIVAH69 GRANDVIEW AVENUE WHITE PLAINS, NY 10605		PUBLIC	UNRESTRICTED	250
SELFHHELP COMMUNITY SERVICES 520 8TH AVE 5 NEW YORK, NY 10018		PUBLIC	UNRESTRICTED	11,000
SHARSHERET1086 TEANECK ROAD TEANECK, NJ 07666		PUBLIC	UNRESTRICTED	250
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
SLOAN KETTERING 1275 YORK AVENUE NEW YORK, NY 10065				
SOLOMON SCHECHTER SCHOOL 555 WEST HARTSDALE AVENUE HARTSDALE, NY 10530				
SUPPORT JEVIN-BOSTON UNIVERSITY 213 BAY STATE ROAD BOSTON, MA 02215				
<b>Total</b> . . . . . <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
TEMPLE ISRAEL CENTER 280 OLD MAMARONECK RD WHITE PLAINS, NY 10605				
UJA FEDERATION OF NY 130 EAST 59TH STREET NEW YORK, NY 10022				
UNITED SYNAGOGUE OF CONSERVATIVE JU EQUITABLE LIFE BUILDING NEW YORK, NY 10271				
<b>Total</b> . . . . .	<b>3a</b> . . . . . ▶			424,519




**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)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF MIAMI HILLEL 1100 STANFORD DRIVE CORAL GABLES, FL 33146		PUBLIC	UNRESTRICTED	360
WESTCHESTER HEBREW HIGH SCHOOL 856 ORIENTA AVE MAMARONECK, NY 10543		PUBLIC	UNRESTRICTED	300
WINDWARD SCHOOL 13 WINDWARD AVENUE WHITE PLAINS, NY 10605		PUBLIC	UNRESTRICTED	50,000
<b>Total</b> . . . . .				424,519
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
WJCS845 NORTH BROADWAY WHITE PLAINS, NY 10603		PUBLIC	UNRESTRICTED	500
YEDEI CHESED48 SCOLAND HILL ROAD SPRING VALLEY, NY 10977		PUBLIC	UNRESTRICTED	180
YIVO INSTITUTE FOR JEWISH RESEARCH 15 WEST 16TH STREET NEW YORK, NY 10011		PUBLIC	UNRESTRICTED	6,500
<b>Total . . . . .</b> ▶ <b>3a</b>				424,519

**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)				
<b>a</b> <i>Paid during the year</i>				
YOUNG ISRAEL OF WHITE PLAINS 135 OLD MAMARONECK RD WHITE PLAINS, NY 10605				
<b>Total</b> . . . . . 				424,519
<b>3a</b>				

**TY 2017 Accounting Fees Schedule**

**Name:** THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**EIN:** 31-1757404

**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	5,000	5,000		

**TY 2017 Investments Corporate Stock Schedule**

**Name:** THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**EIN:** 31-1757404

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
BBR PARTNERS,LLC	1,865,735	2,431,444

**TY 2017 Investments - Other Schedule**

**Name:** THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**EIN:** 31-1757404

**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENT IN ANNA'S LINENS INC	AT COST		

**TY 2017 Other Expenses Schedule**

**Name:** THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**EIN:** 31-1757404

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
MANAGEMENT FEES - BBR PARTNER	10,498	10,498		

**TY 2017 Other Notes/Loans Receivable Short Schedule**

**Name:** THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**EIN:** 31-1757404

<b>Name of 501(c)(3) Organization</b>	<b>Balance Due</b>
ALBEE LENDER	1,500,000



**TY 2017 Taxes Schedule**

**Name:** THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**EIN:** 31-1757404

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX	406			
NYS FILING FEES	270			

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**

**Name of the organization**  
THE ROSALIE KATZ FAMILY  
FOUNDATION INC

**Employer identification number**  
31-1757404

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

<b>Name of organization</b> THE ROSALIE KATZ FAMILY FOUNDATION INC	<b>Employer identification number</b> 31-1757404
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<b>Part I</b> <b>Contributors</b> (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	ROSALIE KATZ 2004 CHAR LEAD AN TRUS 360 HAMILTON AVE SUITE 1110  WHITE PLAINS, NY10601	\$ 559,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE ROSALIE KATZ FAMILY FOUNDATION INC	<b>Employer identification number</b> 31-1757404
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> THE ROSALIE KATZ FAMILY FOUNDATION INC	<b>Employer identification number</b> 31-1757404
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee