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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2012

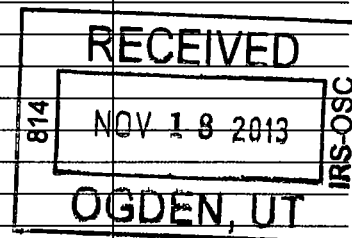
Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

Name of foundation <b>NAMASTE FOUNDATION, INC.</b>		A Employer identification number <b>26-2541411</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>187 BAYBERRY LANE</b>		B Telephone number <b>908 769-9501</b>
City or town, state, and ZIP code <b>WATCHUNG, NJ 07069</b>		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) \$ <b>97,639.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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).)		(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	65,096.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	146.	146.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	77,268.			
	b Gross sales price for all assets on line 6a	94,533.			
	7 Capital gain net income (from Part IV, line 2)		77,268.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	142,510.	77,414.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	20,084.	0.		14,975.
	24 Total operating and administrative expenses. Add lines 13 through 23	20,084.	0.		14,975.
	25 Contributions, gifts, grants paid	98,061.			98,061.
26 Total expenses and disbursements. Add lines 24 and 25	118,145.	0.		113,036.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	24,365.				
b Net investment income (if negative, enter -0-)		77,414.			
c Adjusted net income (if negative, enter -0-)			N/A		



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	73,094.	97,459.	97,459.
	3 Accounts receivable ▶ 180.			
	Less: allowance for doubtful accounts ▶	180.	180.	180.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	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			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	73,274.	97,639.	97,639.
	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			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	73,274.	97,639.		
30 Total net assets or fund balances	73,274.	97,639.		
31 Total liabilities and net assets/fund balances	73,274.	97,639.		

## 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	73,274.
2 Enter amount from Part I, line 27a	2	24,365.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	97,639.
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	97,639.

**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>	<b>1,000 SHS WHOLE FOODS MARKET INC</b>	<b>D</b>	<b>08/16/12</b>	<b>10/12/12</b>
<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> 94,533.		17,265.	77,268.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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>			77,268.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	77,268.
<b>3</b> 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). If (loss), enter -0- in Part I, line 8		<b>3</b>	N/A

**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 the 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))
2011	81,722.	94,769.	.862328
2010	58,530.	76,970.	.760426
2009	86,165.	53,421.	1.612942
2008	94,432.	42,374.	2.228536
2007			

<b>2</b> Total of line 1, column (d)	<b>2</b>	5.464232
<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>	1.366058
<b>4</b> Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	<b>4</b>	82,268.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	112,383.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	774.
<b>7</b> Add lines 5 and 6	<b>7</b>	113,157.
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	<b>8</b>	113,036.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1,548.
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	1,548.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,548.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	40.	
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	40.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> <b>SEE STATEMENT 3</b>	9	1,508.	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10		
11 Enter the amount of line 10 to be: <b>Credited to 2013 estimated tax</b> <b>Refunded</b>	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?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <b>\$ 0.</b> (2) On foundation managers. <b>\$ 0.</b>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>\$ 0.</b>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b <i>If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?</i>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
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?		
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <b>NJ</b>		
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 <b>General Instruction G</b> ? <i>If "No," attach explanation</i>	X	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> <b>STMT 4</b>	X	

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**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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>GAYLE BERNHAUT</u> Telephone no. ► <u>908-769-9501</u> Located at ► <u>187 BAYBERRY LANE, WATCHUNG, NJ</u> ZIP+4 ► <u>07069</u>			
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 ► <u>15</u> <u>N/A</u>			
16	At any time during calendar year 2012, 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<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 checked="" type="checkbox"/> Yes <input 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)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
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 2012?	1c	X
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If "Yes," list the years ► _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.)	N/A	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. ► _____, _____, _____		
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 2012 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 2012.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b

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**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))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ 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?

☐ Yes ☒ 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)?

N/A

**5b**

Organizations relying on a current notice regarding disaster assistance check here

☒**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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b****X**

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**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.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID BERNHAUT	TREASURER			
187 BAYBERRY LANE				
WATCHUNG, NJ 07060	0.50	0.	0.	0.
GAYLE BERNHAUT	TRUSTEE			
187 BAYBERRY LANE				
WATCHUNG, NJ 07060	0.50	0.	0.	0.
ERIC WITMONDT	PRESIDENT			
560 ILLINGWORTH AVENUE				
ENGLEWOOD, NJ 07631	0.50	0.	0.	0.
JACQUELINE WITMONDT	VICE PRESIDENT			
560 ILLINGWORTH AVENUE				
ENGLEWOOD, NJ 07631	0.50	0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week 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

0

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**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	16,179.
b Average of monthly cash balances	1b	67,342.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	83,521.
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	83,521.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,253.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	82,268.
6 Minimum investment return. Enter 5% of line 5	6	4,113.

**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	4,113.
2a Tax on investment income for 2012 from Part VI, line 5	2a	1,548.
b Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	1,548.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,565.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	2,565.
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	2,565.

**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	113,036.
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	113,036.
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	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	113,036.

**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.

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

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7				2,565.
<b>2</b> Undistributed income, if any, as of the end of 2012				
<b>a</b> Enter amount for 2011 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2012:				
<b>a</b> From 2007				
<b>b</b> From 2008	94,261.			
<b>c</b> From 2009	83,497.			
<b>d</b> From 2010	56,120.			
<b>e</b> From 2011	76,985.			
<b>f</b> Total of lines 3a through e	310,863.			
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4: ► \$ 113,036.				
<b>a</b> Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2012 distributable amount				2,565.
<b>e</b> Remaining amount distributed out of corpus	110,471.			
<b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<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	421,334.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<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		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				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)	0.			
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	421,334.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2008	94,261.			
<b>b</b> Excess from 2009	83,497.			
<b>c</b> Excess from 2010	56,120.			
<b>d</b> Excess from 2011	76,985.			
<b>e</b> Excess from 2012	110,471.			

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

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling



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

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<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					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation 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).)

**SEE STATEMENT 7**

**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.

**NONE****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 e-mail 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 Paid during the year				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	EXEMPT	HEALTH ORGANIZATION DEDICATED TO ELIMINATING CANCER AS A MAJOR HEALTH PROBLEM.	350.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	EXEMPT	MEDICAL RESEARCH	150.
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	500.
AMERICAN SOCIETY FOR YAD VASHEM 500 FIFTH AVENUE, 42ND FLOOR NEW YORK, NY 10110-4299	NONE	EXEMPT	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	720.
ANIMAL RESCUE ADOPT DANIELS HOLE ROAD WALNSCOTT, NY 11975	NONE	EXEMPT	SOCIAL PROGRAMS	50.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	98,061.
b Approved for future payment				
NONE				
Total			▶ 3b	0.



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |  |   | Yes   | No |
|--|---|-------|----|
| 1  | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |       |    |
|  | a Transfers from the reporting foundation to a noncharitable exempt organization of:  |       |    |
|  | (1) Cash  | 1a(1) | X  |
|  | (2) Other assets  | 1a(2) | X  |
|  | b Other transactions:   |       |    |
|  | (1) Sales of assets to a noncharitable exempt organization  | 1b(1) | X  |
|  | (2) Purchases of assets from a noncharitable exempt organization  | 1b(2) | X  |
|  | (3) Rental of facilities, equipment, or other assets  | 1b(3) | X  |
|  | (4) Reimbursement arrangements  | 1b(4) | X  |
|  | (5) Loans or loan guarantees  | 1b(5) | X  |
|  | (6) Performance of services or membership or fundraising solicitations  | 1b(6) | X  |
|  | c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  | 1c    | X  |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |   |       |    |

[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
N/A		

**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.

and belief, it is true, correct, and complete. Declaration of

► Dan Miller

Date \_\_\_\_\_

TRUSTEE

Title

May the IRS discuss this return with the preparer shown below (see instr )?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if  
self-employed

PTIN
------

CHRISTINE N KOENIG

Christine Y Koena 11 7 13

11 7 13

P01022180

Firm's name ▶ **DEMING MALONE LIVESAY & OSTROFF PSC**

Firm's EIN ▶ 61-1064249

Firm's address ► 9300 SHELBYVILLE RD STE 1100  
LOUISVILLE, KY 40222-5187

Phone no. (502) 426-9660

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

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2012**

Name of the organization

Employer identification number

NAMASTE FOUNDATION, INC.

26-2541411

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 foundationCheck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

**NAMASTE FOUNDATION, INC.****26-2541411****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>DAVID W AND GAYLE D BERNHAUT</u> <u>187 BAYBERRY LANE</u> <u>WATCHUNG, NJ 07069</u>	\$ <u>17,265.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>DONALD WITMONDT SPECIAL TRUST</u> <u>19 CANOE BROOK ROAD</u> <u>LIVINGSTON, NJ 07039</u>	\$ <u>13,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>	<u>WOODMONT PROPERTIES, LLC</u> <u>1 MAIN STREET, 2ND FLOOR</u> <u>CHATHAM, NJ 07928</u>	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Employer identification number

26-2541411

[illegible]

Name of organization	Employer identification number
NAMASTE FOUNDATION, INC.	26-2541411

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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) ▶ \$

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
	(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

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MORGAN STANLEY	143.	0.	143.
SMITH BARNEY	3.	0.	3.
TOTAL TO FM 990-PF, PART I, LN 4	146.	0.	146.

FORM 990-PF	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HOMELESS DRIVE AND RED CROSS				
MOONACHIE RELIEF	14,876.	0.		14,876.
ADVERTISING	5,109.	0.		0.
ADMINSTRATIVE EXPENSES	99.	0.		99.
TO FORM 990-PF, PG 1, LN 23	20,084.	0.		14,975.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 4

NAME OF CONTRIBUTORADDRESS

DAVID BERNHAUT

187 BAYBERRY LANE  
WATCHUNG, NJ 07060

GAYLE BERNHAUT

187 BAYBERRY LANE  
WATCHUNG, NJ 07060

ERIC WITMONDT

560 ILLINGWORTH AVENUE  
ENGLEWOOD, NJ 07631

JACQUELINE WITMONDT

560 ILLINGWORTH AVENUE  
ENGLEWOOD, NJ 07631

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
AWARD OF COURAGE CORPORATION 9 WINCHESTER LANE HOLMDEL, NJ 07733	NONE	EXEMPT	CHARITABLE, EDUCATIONAL, SCIENTIFIC AND LITERARY PURPOSES	3,650.
BACHMANN-STRAUSS DYSTONIA & PARKINSON FOUNDATION INC. 551 FIFTH AVENUE NEW YORK, NY 10176	NONE	EXEMPT	MEDICAL RESEARCH	365.
BEN PORAT YOSEF, INC. 243 FRISCH COURT PARAMUS, NJ 07652	NONE	EXEMPT	EDUCATIONAL	274.
CEREBRAL PALSY OF NORTH JERSEY 220 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	NONE	EXEMPT	MEDICAL RESEARCH	5,000.
CHILDREN'S HOSPITAL 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092	NONE	EXEMPT	MEDICAL RESEARCH	5,000.
COLUMBIA UNIVERSITY 622 W. 113TH STREET NEW YORK, NY 10025	NONE	EXEMPT	EDUCATIONAL	15,000.
CYSTIC FIBROSIS FUNDRAISER IN MEMORY OF LAUREEN CODGAN 2 UNIVERSITY PLAZA, STE 312 HACKENSACK, NJ 070601	NONE	EXEMPT	MEDICAL RESEARCH	100.
DAYTOP VILLAGE OF NEW JERSEY 80 W MAIN STREET MENDHAM, NJ 07945	NONE	EXEMPT	SUBSTANCE ABUSE AND EDUCATIONAL PROGRAMS	2,825.
DOWNTOWN NEW JERSEY, INC PO BOX 63 SPRING LAKE, NJ 07762	NONE	EXEMPT	SOCIAL AND ECONOMICAL PROGRAMS	300.
DWIGHT ENGLEWOOD SCHOOL FUND 315 EAST PALISADE AVENUE ENGLEWOOD, NJ 07631	NONE	EXEMPT	EDUCATIONAL	8,895.
Total from continuation sheets				96,291.

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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
EASTER SEAL OF NEW JERSEY INC. 25 KENNEDY BOULEVARD NO 600 EAST BRUNSWICK, NJ 08816	NONE	EXEMPT	SOCIAL AND ECONOMICAL PROGRAMS	150.
ELANT FOUNDATION INC. 46 HARRIMAN DRIVE GOSHEN, NY 10924	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	50.
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	2,250.
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS 529 MAIN STREET, SUITE 1102 BOSTON, MA 02129	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	365.
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE, NW WASHINGTON, DC 20001	NONE	EXEMPT	EDUCATIONAL	500.
HABITAT FOR HUMANITY 270 PEACHTREE STREET NW ATLANTA, GA 30303	NONE	EXEMPT	SOCIAL PROGRAMS	700.
HAPI FOUNDATION-A PERMANENT PARTNER OF YCS 235 MAIN STREET, 3RD FLOOR HACKENSACK, NJ 07601	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	250.
HOPE FOR THE WARRIORS 5101C BACKLICK ROAD, SUITE 200 ANNANDALE, VA 22003	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	365.
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY NEW YORK, NJ 10004	NONE	EXEMPT	MEDICAL RESEARCH	2,050.
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, STE 310 WHITE PLAINS, NY 10605	NONE	EXEMPT	MEDICAL RESEARCH	100.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	NONE	EXEMPT	MEDICAL RESEARCH	300.
MONTEFIORE MEDICAL CENTER 111 E 210TH STREET BRONX, NY 10467	NONE	EXEMPT	MEDICAL PROGRAMS	100.
MOUNT SINAI HOSPITAL ONE GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	NONE	EXEMPT	MEDICAL RESEARCH	700.
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE, 5TH FLOOR NORWALK, CT 06851	NONE	EXEMPT	MEDICAL RESEARCH	150.
MUSEUM OF JEWISH HERITAGE 36 BATTERY PL NEW YORK, NY 10280	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	360.
NATIONAL MULTIPLE SCLEROSIS 733 THIRD AVE, 3RD FLOOR NEW YORK, NY 10017	NONE	EXEMPT	MEDICAL RESEARCH	1,304.
NATIONAL PARKS AND CONSERVATION ASSOCIATION 777 6TH STREET, NW, SUITE 700 WASHINGTON, DC 20001-3723	NONE	EXEMPT	SOCIAL PROGRAMS	250.
NATIONAL RESOURCES DEFENSE COUNCIL 40 W. 20TH STREET NEW YORK, NY 10011	NONE	EXEMPT	SOCIAL PROGRAMS	750.
NATIONAL VACCINE INFORMATION CENTER 407-H CHURCH STREET VIENNA, VA 22180	NONE	EXEMPT	MEDICAL PROGRAMS	750.
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PLACE, 9TH FLOOR NEWARK, NJ 07102	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	100.
<b>Total from continuation sheets</b>				

**Part XV. Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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
ORPHANED STARFISH FOUNDATION 527 THIRD AVENUE NEW YORK, NY 10016	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	1,500.
P.E.F. ISRAEL ENDOWMENT FUND 317 MADISON AVENUE, STE 607 NEW YORK, NY 10017	NONE	EXEMPT	MEDICAL, SOCIAL AND ECONOMICAL PROGRAMS	720.
PACIFICA FOUNDATION 1925 MARTIN LUTHER KING, JR. WAY BERKELEY, CA 94704-1037	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	250.
PROJECT A.L.S. 3960 BROADWAY NEW YORK, NY 10032	NONE	EXEMPT	SCIENCE RESEARCH	1,825.
RIDE TO CONQUER CANCER FOR PRINCESS MARGARET CANCER CENTRE 460 RICHMOND STREET WEST, SUITE 500 TORONTO, ON M5V1Y1	NONE	EXEMPT	MEDICAL RESEARCH	150.
RYAN WOLFE KOSSAR FOUNDATION 777 TERRACE AVENUE HASBROUCK HEIGHTS, NJ 07604	NONE	EXEMPT	RESEARCH, MEDICAL TRAINING, AND FAMILY SUPPORT	3,200.
SCHOLARSHIP FUND FOR INNER-CITY CHILDREN 171 CLIFTON AVENUE NEWARK, NJ 07104	NONE	EXEMPT	EDUCATIONAL PROGRAMS	1,000.
SHARSHERET 1086 TEANECK ROAD, SUITE 3A TEANECK, NJ 07666	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	100.
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY LOS ANGELES, CA 90035	NONE	EXEMPT	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	1,000.
SMITHSONIAN 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20004	NONE	EXEMPT	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	600.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
SOUTHERN POVERTY LAW CENTER PO BOX 548 MONTGOMERY, AL 36104	NONE	EXEMPT	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	750.
ST. JOHN'S SOUP KITCHEN 22 MULBERRY STREET NEWARK, NJ 07102	NONE	EXEMPT	SOCIAL PROGRAMS	1,000.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	EXEMPT	MEDICAL RESEARCH	200.
SWIM ACROSS AMERICA, INC ONE INTERNATIONAL PLACE, SUITE 4600 BOSTON, MA 02110	NONE	EXEMPT	MEDICAL RESEARCH	100.
TEMPLE SINAI 208 SUMMIT AVENUE SUMMIT, NJ 07901	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	2,500.
TEMPLE UNIVERSITY 1801 N BROAD STREET PHILADELPHIA, PA 19122	NONE	EXEMPT	EDUCATIONAL	1,825.
THE JEWISH MUSEUM 1109 5TH AVENUE NEW YORK, NY 10128	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	500.
THE SONNY HILL COMMUNITY INVOLVEMENT LEAGUE INC 1528 WALNUT STREET PHILADELPHIA, PA 19102	NONE	EXEMPT	EDUCATION AND RECREATION FOR YOUTHS	500.
TORAH ENCOUNTERS INC. 17 HEWLETT STREET WATERBURY, CT 06710	NONE	EXEMPT	YOUTH OUTREACH THROUGH SOCIAL AND RELIGIOUS PROGRAMS	182.
TRIPLE NGTV BREAST CANCER PO BOX 204 NORWOOD, NJ 07648	NONE	EXEMPT	MEDICAL RESEARCH	100.
Total from continuation sheets				

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

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
UJA FEDERATION METRO WEST NJ 901 ROUTE 10 WHIPPANY, NJ 07981	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	7,400.
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PL, SW WASHINGTON, DC 20024	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	2,550.
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1288	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	14,286.
VOICES AGAINST BRAIN CANCER 1375 BROADWAY, 3RD FLOOR NEW YORK, NY 10018	NONE	EXEMPT	MEDICAL RESEARCH	100.
WORLD WILDLIFE FUND 1250 24TH STREET, NW WASHINGTON, DC 20037	NONE	EXEMPT	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	1,000.
Total from continuation sheets				

FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 7

## NAME OF MANAGER

DAVID BERNHAUT  
GAYLE BERNHAUT  
ERIC WITMONDT  
JACQUELINE WITMONDT

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions <b>NAMASTE FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>26-2541411</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>187 BAYBERRY LANE</b>	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WATCHUNG, NJ 07069</b>		

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**GAYLE BERNHAUT**

- The books are in the care of **187 BAYBERRY LANE - WATCHUNG, NJ 07069**

Telephone No. **908-769-9501**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2013**

**5** For calendar year **2012**, or other tax year beginning , and ending

**6** If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

**7** State in detail why you need the extension

**TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE INFORMATION THAT IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>1.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>40.</b>
<b>c</b> Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

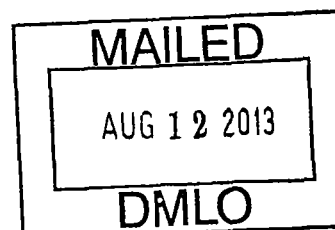
Signature **Christine M. Keeney** Title **CPA**

Date **8.12.13**

Deming Melons Library & Control 9300 Shelbyville Rd, Suite 1100

Form 8868 (Rev. 1-2013)

I.D. #51-1064249 Louisville, Ky. 40222-5187



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>NAMASTE FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>26-2541411</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>187 BAYBERRY LANE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WATCHUNG, NJ 07069</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GAYLE BERNHAUT**

- The books are in the care of ► **187 BAYBERRY LANE - WATCHUNG, NJ 07069**

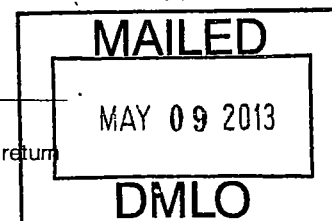
Telephone No ► **908-769-9501**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☒ calendar year **2012** or  
► ☐ tax year beginning , and ending

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period



3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<b>1.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<b>40.</b>
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)