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## Return of Private Foundation

OMB No 1545-0052

Department of the Treasury  
Internal Revenue Service

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

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2013

Open to Public Inspection

For calendar year 2013 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>	Room/suite	B Telephone number <b>908 769-9501</b>
City or town, state or province, country, and ZIP or foreign postal 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>16,991.</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	104,922.		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	3.	3.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	25,243.			
	b Gross sales price for all assets on line 6a	59,290.			
	7 Capital gain net income (from Part IV, line 2)		25,243.		
	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	130,168.	25,246.			
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	STMT 2	6,250.		6,250.
	c Other professional fees				
	17 Interest				
	18 Taxes	STMT 3	1,737.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 4	11,903.	0.	11,153.
	24 Total operating and administrative expenses. Add lines 13 through 23		19,890.	0.	17,403.
	25 Contributions, gifts, grants paid		192,549.		192,549.
26 Total expenses and disbursements. Add lines 24 and 25		212,439.	0.	209,952.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<82,271.>				
b Net investment income (if negative, enter -0-)		25,246.			
c Adjusted net income (if negative, enter -0-)			N/A		

1P

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	97,459.	15,188.	15,188.
	3 Accounts receivable ▶ 180.			
	Less: allowance for doubtful accounts ▶	180.	180.	1,803.
	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 - see the instructions. Also, see page 1, item 1)	97,639.	15,368.	16,991.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	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.	
	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	97,639.	15,368.	
	30 Total net assets or fund balances	97,639.	15,368.	
	31 Total liabilities and net assets/fund balances	97,639.	15,368.	

## 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	97,639.
2 Enter amount from Part I, line 27a	2	<82,271.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	15,368.
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	15,368.

**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.)
1a 1185 SHS ABBVIE INC		D	12/09/13	12/10/13
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 59,290.		34,047.	25,243.
b			
c			
d			
e			

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))
a			25,243.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	25,243.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	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))
2012	113,036.	82,268.	1.373997
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

2 Total of line 1, column (d)	2	6.838229
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.367646
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	24,969.
5 Multiply line 4 by line 3	5	34,149.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	252.
7 Add lines 5 and 6	7	34,401.
8 Enter qualifying distributions from Part XII, line 4	8	209,952.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	252.
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	252.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	252.
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	1,560.	
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	1,560.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,308.	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input checked="" type="checkbox"/> 280. Refunded <input type="checkbox"/>	11	1,028.	

**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 the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL 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. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		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? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> NJ		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

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Form 990-PF (2013)

**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	15	N/A	
16	At any time during calendar year 2013, 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		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 2013?		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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? 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 <b>not</b> 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	
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 2013 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 2013.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2013?		X

**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)?  
Organizations relying on a current notice regarding disaster assistance check hereN/A  
▶ ☐

5b

**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

Form 990-PF (2013)

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

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

[illegible]**Total** number of others receiving over \$50,000 for professional services

Total number of others receiving over \$50,000 for professional services	
<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

1	N/A	
2		
3		
4		

<b>Part IX-B</b>	<b>Summary of Program-Related Investments</b>
------------------	---

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		
All other program-related investments. See instructions.		
3		

**Total.** Add lines 1 through 3

0.

Form **990-PF** (2013)



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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1a 0.
b	Average of monthly cash balances	1b 25,349.
c	Fair market value of all other assets	1c
d	<b>Total</b> (add lines 1a, b, and c)	1d 25,349.
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 25,349.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 380.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5 24,969.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6 1,248.

**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 1,248.
2a	Tax on investment income for 2013 from Part VI, line 5	2a 252.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c 252.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 996.
4	Recoveries of amounts treated as qualifying distributions	4 0.
5	Add lines 3 and 4	5 996.
6	Deduction from distributable amount (see instructions)	6 0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 996.

**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 209,952.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 209,952.
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	5 252.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6 209,700.

**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.

Form 990-PF (2013)

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

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				996.
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008	94,261.			
<b>b</b> From 2009	83,497.			
<b>c</b> From 2010	56,120.			
<b>d</b> From 2011	76,985.			
<b>e</b> From 2012	110,471.			
<b>f</b> Total of lines 3a through e	421,334.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4: ► \$	209,952.			
<b>a</b> Applied to 2012, 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 2013 distributable amount				996.
<b>e</b> Remaining amount distributed out of corpus	208,956.			
<b>5</b> Excess distributions carryover applied to 2013 (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	630,290.			
<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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7	94,261.			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	536,029.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2009	83,497.			
<b>b</b> Excess from 2010	56,120.			
<b>c</b> Excess from 2011	76,985.			
<b>d</b> Excess from 2012	110,471.			
<b>e</b> Excess from 2013	208,956.			

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- 3 Subtract line 20 from line 23.
  - 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 (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				
ALL STARS PROJECT INC 543 WEST 42ND STREET NEW YORK, NY 10036	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	5,650.
ALZHEIMER'S FOUNDATION OF AMERICA-ASSOCIATION 322 EIGHTH AVENUE, 7TH FLOOR NEW YORK, NY 10001	N/A	PC	MEDICAL RESEARCH	100.
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	N/A	PC	HEALTH ORGANIZATION DEDICATED TO ELIMINATING CANCER AS A MAJOR HEALTH PROBLEM.	100.
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	14,825.
AMERICAN RED CROSS 2025 E STREET WASHINGTON, DC 20006	N/A	PC	MEDICAL RESEARCH	500.
Total	SEE CONTINUATION SHEET(S) ▶ 3a			192,549.
b Approved for future payment				
NONE				
Total				0.

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments						
<b>3</b> Interest on savings and temporary cash investments						
<b>4</b> Dividends and interest from securities				14	3.	
<b>5</b> Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income						
<b>8</b> Gain or (loss) from sales of assets other than inventory				18	25,243.	
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory						
<b>11</b> Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e)			0.		25,246.	0.
<b>13</b> Total. Add line 12, columns (b), (d), and (e)					13	25,246.

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

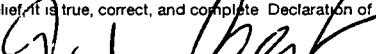

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
<b>1</b>	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?		
	<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	<b>1a(1)</b>	<b>X</b>
	(2) Other assets	<b>1a(2)</b>	<b>X</b>
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>	<b>X</b>
	(2) Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>	<b>X</b>
	(3) Rental of facilities, equipment, or other assets	<b>1b(3)</b>	<b>X</b>
	(4) Reimbursement arrangements	<b>1b(4)</b>	<b>X</b>
	(5) Loans or loan guarantees	<b>1b(5)</b>	<b>X</b>
<b>c</b>	(6) Performance of services or membership or fundraising solicitations	<b>1b(6)</b>	<b>X</b>
	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	<b>X</b>
<b>d</b> 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.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee 	Date <u>11/17/14</u>	Title <b>TRUSTEE</b>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>CHRISTINE N KOENIG</b>		<u>11.14.14</u>		<b>P01022180</b>
	Firm's name ▶ <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>				Firm's EIN ▶ <b>61-1064249</b>
	Firm's address ▶ <b>9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187</b>				Phone no. <b>(502)426-9660</b>

Form **990-PF** (2013)

**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.  
▶ 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

**2013**

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 its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization	Employer identification number
<b>NAMASTE FOUNDATION, INC.</b>	<b>26-2541411</b>

**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>34,047.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	<u>DONALD WITMONDT SPECIAL TRUST</u> <u>19 CANOE BROOK ROAD</u> <u>LIVINGSTON, NJ 07039</u>	\$ <u>11,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>WOODMONT PROPERTIES, LLC</u> <u>1 MAIN STREET, 2ND FLOOR</u> <u>CHATHAM, NJ 07928</u>	\$ <u>23,227.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>ERIC AND JACQUELINE WITMONDT</u> <u>560 ILLINGWORTH AVENUE</u> <u>ENGLEWOOD, NY 07631</u>	\$ <u>26,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	<u>JUDITH I BERNHAUT</u> <u>4404 POINTE GATE DRIVE</u> <u>LIVINGSTON, NJ 07039-1739</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>DAVID W AND GAYLE D BERNHAUT</u> <u>187 BAYBERRY LANE</u> <u>WATCHUNG, NJ 07069</u>	\$ <u>2,218.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Employer identification number

26-2541411

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,185 SHARES OF ABBVIE INC.   	\$ 60,779.	12/09/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   	\$	

Name of organization

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

**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
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS-ASPCA 424 E. 92ND STREET NEW YORK, NY 10128-6804	N/A	PC	PREVENTION OF CRUELTY TO ANIMALS	60.
AMERICAN SOCIETY FOR YAD VASHEM 500 FIFTH AVENUE, 42ND FLOOR NEW YORK, NY 10110-4299	N/A	PC	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	360.
ANIMAL RESCUE ADOPT DANIELS HOLE ROAD WALNSCOTT, NY 11975	N/A	PC	SOCIAL PROGRAMS	75.
BACHMANN-STRAUSS DYSTONIA & PARKINSON FOUNDATION INC. 551 FIFTH AVENUE NEW YORK, NY 10176	N/A	PC	MEDICAL RESEARCH	100.
CEREBRAL PALSY OF NORTH JERSEY 220 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	N/A	PC	MEDICAL RESEARCH	750.
CHABAD CENTER OF NORTHWEST NEW JERSEY 65 PAWNEE AVENUE ROCKAWAY, NJ 07866	N/A	PC	RELIGIOUS PROGRAMS	875.
CLEAN WATER FUND 1444 EYE STREET NW, SUITE 400 WASHINGTON, DC 20005-6538	N/A	PC	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	240.
COLUMBIA UNIVERSITY 622 W. 113TH STREET NEW YORK, NY 10025	N/A	PC	EDUCATIONAL	15,000.
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	N/A	PC	SOCIAL PROGRAMS	142.
CYSTIC FIBROSIS 2 UNIVERSITY PLAZA, STE 312 HACKENSACK, NJ 070601	N/A	PC	MEDICAL RESEARCH	179.
<b>Total from continuation sheets</b>				<b>171,374.</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
DAYTOP VILLAGE OF NEW JERSEY 80 W MAIN STREET MENDHAM, NJ 07945	N/A	PC	SUBSTANCE ABUSE AND EDUCATIONAL PROGRAMS	975.
DWIGHT ENGLEWOOD SCHOOL FUND 315 EAST PALISADE AVENUE ENGLEWOOD, NJ 07631	N/A	PC	EDUCATIONAL PROGRAMS	25,125.
EMPLOYMENT HORIZONS INC 10 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927	N/A	PC	ASSIST PEOPLE WITH BARRIERS TO EMPLOYMENT	795.
GEORGETOWN UNIVERSITY LAW CENTER 600 NEW JERSEY AVENUE, NW WASHINGTON, DC 20001	N/A	PC	EDUCATIONAL PROGRAMS	250.
GIFT OF LIFE BONE MARROW FOUNDATION 800 YAMATO ROAD SUITE 101 BOCA RATON, FL 33431	N/A	PC	MEDICAL RESEARCH	60.
GREEN AMERICA INC 1612 K STREET NW WASHINGTON, DC 20006	N/A	PC	SOCIAL AND ENVIRONMENTAL PROGRAMS	170.
HABITAT FOR HUMANITY 270 PEACHTREE STREET NW ATLANTA, GA 30303	N/A	PC	SOCIAL PROGRAMS	108.
HOLOCAUST MEMORIAL FOUNDATION OF ILLINOIS INC 9603 WOODS DRIVE SKOKIE, IL 60077	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	50,000.
INTERNATIONAL CAMPAIGN FOR TIBET 1825 JEFFERSON PLACE NW WASHINGTON, DC 20036	N/A	PC	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	150.
JEWISH COMMUNITY CENTER ON THE PALISADES 411 E. CLINTON AVENUE TENAFLY, NJ 07670	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	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
JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	920.
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY NEW YORK, NJ 10004	N/A	PC	MEDICAL RESEARCH	1,825.
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, STE 310 WHITE PLAINS, NY 10605	N/A	PC	MEDICAL RESEARCH	100.
MALARIA NO MORE 432 PARK AVENUE S, 4TH FLOOR NEW YORK, NY 10016	N/A	PC	MEDIAL RESEARCH	500.
MANITOU CAMPS FOUNDATION PO BOX 5099 WESTPORT, CT 06881	N/A	PC	EDUCATION AND RECREATION FOR YOUTHS	100.
MARCH OF DIMES 20 CHAPIN ROAD, UNIT 1010 PINE BROOK, NJ 07058	N/A	PC	MEDICAL RESEARCH	200.
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	N/A	PC	MEDICAL RESEARCH	500.
MERCY FOR ANIMALS 8033 SUNSET BLVD. SUITE 864 LOS ANGELES, CA 90046	N/A	PC	PROTECTION OF FARM ANIMALS	100.
MORRISTOWN NEIGHBORHOOD HOUSE ASSOCIATION INC 12 FLAGLER STREET MORRISTOWN, NJ 07960	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND PROGRAMS	488.
MORRISTOWN NEIGHBORHOOD HOUSE/CORNERSTONE FAMILY PROGRAMS 62 ELM STREET MORRISTOWN, NJ 07960	N/A	PC	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	500.
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
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE, 5TH FLOOR NORWALK, CT 06851	N/A	PC	MEDICAL RESEARCH	200.
MUSEUM OF JEWISH HERITAGE 36 BATTERY PL NEW YORK, NY 10280	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	360.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE, 3RD FLOOR NEW YORK, NY 10017	N/A	PC	MEDICAL RESEARCH	50.
NATIONAL VACCINE INFORMATION CENTER 407-H CHURCH STREET VIENNA, VA 22180	NM	PC	MEDICAL PROGRAMS	750.
NEW JERSEY FUTURE INC. 137 W HANOVER STREET TRENTON, NJ 08618	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND PROGRAMS	3,000.
OAK RIDGE PRESBYTERIAN CHURCH 321 OAK RIDGE ROAD OAK RIDGE, NJ 07460	N/A	PC	RELIGIOUS PROGRAMS	300.
ORGANIC CONSUMERS ASSOCIATION 6771 SOUTH SILVER HILL DRIVE FINLAND, MN 55603	N/A	PC	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS	200.
ORPHANED STARFISH FOUNDATION 527 THIRD AVENUE NEW YORK, NY 10016	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	500.
PROJECT A.L.S. 3960 BROADWAY NEW YORK, NY 10032	N/A	PC	SCIENCE RESEARCH	1,625.
RARE 1310 NORTH COURTHOUSE ROAD, STE 110 ARLINGTON, VA 22201	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	750.
<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
SEEING EYE, INC PO BOX 375 MORRISTOWN, NJ 07963	N/A	PC	PROVIDE SEEING EYE DOGS TO THE BLIND	50.
SPECIAL OLYMPICS NEW JERSEY 3 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	N/A	PC	MEDICAL RESEARCH	500.
STARLIGHT'S CHILDREN FOUNDATION CENTURY PARK EAST, SUITE 4320 LOS ANGELES, CA 90067	N/A	PC	MEDIAL PROGRAMS	500.
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD. STATEN ISLAND, NY 10306	N/A	PC	SOCIAL PROGRAMS	1,062.
SUSAN G KOMEN FOR THE CURE 5005 LBJ FREEWAY DALLAS, TX 75244	N/A	PC	MEDIAL RESEARCH	120.
SWIM ACROSS AMERICA, INC ONE INTERNATIONAL PLACE, SUITE 4600 BOSTON, MA 02110	N/A	PC	MEDICAL RESEARCH	100.
TEMPLE EMANUEL STARLIGHT FOUNDATION INC 1101 SPRINGDALE ROAD CHERRY HILL, NJ 08003	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	60.
TEMPLE SINAI 208 SUMMIT AVENUE SUMMIT, NJ 07901	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	2,500.
THE JOHN PERRUCCI SR MEMORIAL 235 FROST AVENUE PHILLIPSBURG, NJ 08865	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	500.
Total from continuation sheets				

### 3 Grants and Contributions Paid During the Year (Continuation)

**Total from continuation sheets**



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FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MORGAN STANLEY	3.	0.	3.	3.	
TO PART I, LINE 4	3.	0.	3.	3.	

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION FEES	6,250.	0.		6,250.
TO FORM 990-PF, PG 1, LN 16B	6,250.	0.		6,250.

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FORM 990-PF	TAXES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	1,737.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,737.	0.		0.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HOMELESS DRIVE	10,928.	0.		10,928.
HTC GOLF TOURNAMENT	225.	0.		225.
ADMINISTRATIVE EXPENSES	750.	0.		0.
TO FORM 990-PF, PG 1, LN 23	11,903.	0.		11,153.

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FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT	5
	PART VII-A, LINE 10		

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NAME OF CONTRIBUTOR	ADDRESS
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

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FORM 990-PF	PART XV - LINE 1A	STATEMENT	6
	LIST OF FOUNDATION MANAGERS		

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NAME OF MANAGER
DAVID BERNHAUT
GAYLE BERNHAUT
ERIC WITMONDT
JACQUELINE WITMONDT

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. 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 (other than individual)	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, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☒ calendar year **2013** 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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>252.</b>
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$ <b>1,560.</b>
<b>c</b> <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.	<b>3c</b>	\$ <b>0.</b>

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

- 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	Employer identification number (EIN) or
	<b>NAMASTE FOUNDATION, INC.</b>	<b>26-2541411</b>
	Number, street, and room or suite no. If a P O box, see instructions.	Social security number (SSN)
	<b>187 BAYBERRY LANE</b>	
	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)

**0 4**

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 (other than individual)	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, 2014**

5 For calendar year **2013**, 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.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	<b>252.</b>
b If this application is for Forms 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.	8b	\$	<b>1,560.</b>
c 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.	8c	\$	<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. Koenig** Title **CPA**

Date **8.1.2014**

Dennis Malone Livesey & Ostroff 9300 Shelbyville Rd, Suite 1100

Form 8868 (Rev. 1-2014)

LD #61-1064249 Louisville, Ky 40222-5187

