990-PF

Return of Private Foundation

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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. , 2014, and ending 20 For calendar year 2014 or tax year beginning A Employer identification number Name of foundation 13-3425940 The Diamonstein/Spielvogel Fdn Inc Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 720 Park Avenue City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here New York, NY 10022 D 1. Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation · · · H Check type of organization |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method. X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here end of year (from Part II, col. (c), line 16) ▶ \$ (Part I, column (d) must be on cash basis.) Analysis of Revenue and Expenses (The total of Part I (d) Disbursements (a) Revenue and for charitable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes income books the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check ► | X | If the foundation is not required to attach Sch B . . . 2 Interest on savings and temporary cash investments 3 4 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 7 8 9 *** *** *** 10a Gross sales less returns and allowances Ç. b Less: Cost of goods sold ॐ NUN W B C 11 12 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 14 15 Pension plans, employee benefits 16a b 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings...... 22 23 Total operating and administrative expenses. 24 0 25 0 26 Total expenses and disbursements. Add lines 24 and 25. 27 Subtract line 26 from line 12. Excess of revenue over expenses and disbursements . Net investment income (if negative, enter -0-)

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

	msudodono)		
P	Part 相 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 pnor year's return)	1_	
2	2 Enter amount from Part I, line 27a	2	
3	3 Other increases not included in line 2 (itemize) ▶	_ 3	
	4 Add lines 1, 2, and 3	4	
5	5 Decreases not included in line 2 (itemize) ▶	_ 5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	
_			

(a) List and describ	the kind(s) of property sold (e.g., real enhouse, or common stock, 200 shs MLC	estate.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a						
b						
C						
d						
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o		(h) Gain or (loss) (e) plus (f) minus (g)		
_a						
b				 		
С	 					
d		<u> </u>				
<u>e</u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Complete only for assets sho	wing gain in column (h) and owned	by the foundation of	n 12/31/69	(I) Gains (C	ol. (h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j	of col. (ı)), ıf any	col (k), but no	ot less than -0-) or from col (h))	
a				· ~~		
b						
С				 		
d				 		
е		L		<u> </u>		
2 Capital gain net income or (ne	et canital loss)	lso enter in Part I, lin enter -0- in Part I, lin	>	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and (6):	1			
If gain, also enter in Part I, line	e 8, column (c) (see instructions). If	(loss), enter -0- in	1	1		
Part I, line 8			3	3		
	nder Section 4940(e) for Re		let Investme	nt Income		
(For optional use by domestic priviles of the section 4940(d)(2) applies, leave	ate foundations subject to the sect e this part blank.	on 4940(a) tax on n	et investment inc	ome.)		
	section 4942 tax on the distributable qualify under section 4940(e). Do no		•	od? 	Yes No	
	in each column for each year; see	the instructions before	ore making any e	ntries.		
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying distribution	ns Net value of n	(c) Distribution ratio (col (b) divided by col (c))			
2013						
2012						
2011						
2010						
2009						
2 Total of line 1, column (d)				2		
3 Average distribution ratio for the	he 5-year base period - divide the t	otal on line 2 by 5, o	r by the			
number of years the foundation	on has been in existence if less than	n 5 years		3		
4 Enter the net value of noncha	ritable-use assets for 2014 from Pa	rt X, line 5		. 4		
5 Multiply line 4 by line 3				. 5	00	
6 Enter 1% of net investment in	come (1% of Part I, line 27b)			. 6		
7 Add lines 5 and 6				. 7	0	
	rom Part XII, line 4					
If line 8 is equal to or greater the Part VI instructions.	han line 7, check the box in Part VI	, line 1b, and comple	ete that part using	g a 1% tax rate See	the	

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-	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instr	uction	s)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			_ 0			
	here ▶ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						
	Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .			0			
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .			0			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0			
6	Credits/Payments.						
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a						
b	Exempt foreign organizations - tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be. Credited to 2015 estimated tax ▶ Refunded ▶ 11						
	rt VII-A Statements Regarding Activities			,—–			
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No			
_	participate or intervene in any political campaign?	1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?	1b		X			
	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.	1					
	Did the foundation file Form 1120-POL for this year?	1c		X			
d	-		i				
	(1) On the foundation. > \$ (2) On foundation managers. > \$	1 1					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
_	on foundation managers. • \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
•	If "Yes," attach a detailed description of the activities.	1 1					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1 1		7.7			
40	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b		X			
3	If "Yes," attach the statement required by General Instruction T	3					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
•	By language in the governing instrument, or	1					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1					
	conflict with the state law remain in the governing instrument?	6		х			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		<u>x</u>			
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NY						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1					
-	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		ł				
	complete Part XIV	9	ľ	Х			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	- -+					
_	names and addresses	10	1	Х			

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Par	t VII-A Statements Regarding Activities (continued)						
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1 1					
	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?	13		X			
	Website address ► N/A						
14	The books are in care of ▶ Carl Spielvogel Telephone no. ▶ 212-	641-65	522				
• •	Located at ▶ 720 Park Avenue, New York, NY ZIP+4 ▶ 10021-						
15	Section 4947(a)(1) nonexempt chantable 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						
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No			
	over a bank, securities, or other financial account in a foreign country?	16					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90.22.1) If	1					
	"Yes," enter the name of the foreign country						
Da	TVI-B Statements Regarding Activities for Which Form 4720 May Be Required		<u>.</u>	<u></u>			
L. CH	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
4.	Dunng the year did the foundation (either directly or indirectly):						
та	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?						
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1 1					
	1 1 11						
	disqualified person?	1 1					
	(b) Farmon goods, os. visse, e. results at (c)						
	(1) 1 d) compensation (c) (c) (c) (c)	1 1					
	(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)?	1					
	tio politime is and an arrange because it is a second and arrange because it is a second and are a second and a second a second and a second a second and a second a second and a second an	1 1					
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1					
	foundation agreed to make a grant to or to employ the official for a period after	1 1					
_	termination of government service, if terminating within 90 days.)	1					
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	46					
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b					
	Organizations relying on a current notice regarding disaster assistance check here						
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 4- 1		Х			
	were not corrected before the first day of the tax year beginning in 2014?	1c		<u> </u>			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private						
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):						
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	1 1					
	6e, Part XIII) for tax year(s) beginning before 2014?						
	If "Yes," list the years ▶,						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1 25					
	all years listed, answer "No" and attach statement - see instructions.)	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.						
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No						
	attany and daming and your in the second and an incident and a	1 1					
b	If "Yes," did it have excess business holdings in 2014 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	1					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1 . 1					
	foundation had excess business holdings in 2014)	3b		7,			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		X			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1 . 1		7,			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X			
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Pa	rt VII-B	Statements Rega	rding Activitie	s for \	Which Forn	1 4720	May Be I	Required	(continued)	- , ,		
5a	-	e year did the foundation						_				
	(1) Carry	y on propaganda, or othe	legislation (se	ction 494	45(e))?		Yes X No					
		ence the outcome of any				•	•		. —			
	direc	tly or indirectly, any voter	registration drive?	·				• • •	Yes X No			
	(3) Prov	ide a grant to an individua	al for travel, study,	or other	sımilar purpos	ses?			Yes X No			
	• •	ide a grant to an organiza						_	, —			
		on 4945(d)(4)(A)? (see in							Yes X No			
	• •	de for any purpose other				•		_) E			
	-	oses, or for the prevention							Yes X No			ĺ
b	•	swer is "Yes" to 5a(1)-(5)	•				•					ĺ
	•	ons section 53.4945 or in		-		•		•	· · · · · · · · · · ·	5b		ļ
	_	itions relying on a current							▶ 📋			ĺ
С		wer is "Yes" to question	• •		-			Γ~	ı., [7]			
		it maintained expenditure	-	_				٠٠٠ ـــ	Yes No			
6-		attach the statement requ	• -		-	•						į
6a		oundation, during the yea sonal benefit contract?.	-		-			_	Yes X No			i
b	-	oundation, during the yea							res A NO	6.	Í	X
		o 6b, file Form 8870.	r, pay premiums, c	in ecuy c	n indirectly, on	a perso	mai benem c	Diniact?		6b	• • • •	
72		ne during the tax year, wa	es the foundation a	a narty t	n a probibited t	av shelt	er transactio	,n2	Yes X No			
	-	tid the foundation receive		•	•				· —	7b	1	
	t VIII	Information About									ees.	
[+ -4++	. 3 .7 .7.1 .1	and Contractors	· · · · · · · · · · · · · · · · · · ·	,	,	04			g,	p	,	
1 L	ist all offi	cers, directors, trustees	s. foundation man	nagers a	and their com	pensatio	on (see inst	ructions).				
				(b) Tit	e, and average	(c) Co) Compensation (d) Contributions to			(e) Expe	nse ac	count.
		(a) Name and address			rs per week ed to position				ee benefit plans ed compensation	other allowance		ces
Barl	paralee	Diamonstein-Spi	elvogel	Presi	dent							
720	Park A	venue, New York,	NY 10021		0.00	l	0		0			0
Carl	l Spiel	vogel		VP an	and Treasure							
720	Park A	venue, New York,	NY 10021		0.00	0 0			0	 		0
Dr - I	Peter A	D Rubin		Secre	tary					}		
139	Playa	Rienta Way, FL 3	3410	<u> </u>	0.00	<u> </u>	0	L	0			0
				ŀ				}				
				L		L		L				
	-	tion of five highest-paid	l employees (othe	er than t	those include	d on line	e 1 - see ins	tructions).	. If none, enter			
	NONE."						г	· · · · · · · · · · · · · · · · · · ·				
	(a) Nome o	nd address of each employed	a nord more than \$50	000	(b) Title, and average		(d) Contributions to employee benefit		(e) Expense accou		count,	
	(a) Name a	nd address of each employed	e paid more tran \$50	,000	hours per v devoted to po		(c) Comper	isation pl	ans and deferred compensation	other a	llowand	es
NONI					 							
240141	•				1			{	}			
					 		<u> </u>					
					1			}	Į.			
												
								}				
												
					[}	}			
			·		<u> </u>							
					l			}	}			
Total	number o	f other employees paid o	ver \$50,000	<u> </u>	<u> </u>		<u></u>	<u></u>				0
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3 Five highest-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		
		
		
		
stal number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant st organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
N/A		
2		
3		
		
art IX-B Summary of Program-Related Investments (see instr	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
N/A		
	1	
_ 		
2		
	ì	
Ill other program related investments. See instructions		
All other program-related investments See instructions	J.	
,		
otal. Add lines 1 through 3		
EA	····	Form 990-PF (2

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Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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qualifies for the section 4940(e) reduction of tax in those years

EEA

_	Datable services 2014 from Bort VI	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,		Today prior to 2010		0
_	line 7	······································			<u> </u>
2	Undistributed income, if any, as of the end of 2014:	:			1
a	Enter amount for 2013 only		ļ		<u> </u>
b	Total for pnor years:,,		 		
3	Excess distributions carryover, if any, to 2014:				1
а	From 2009				‡
þ	From 2010				‡
C	From 2011				1
d	From 2012				1
е	From 2013				1
f	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part XII,	:			1
	line 4: ▶ \$				‡
а	Applied to 2013, but not more than line 2a	· :			<u> </u>
b	Applied to undistributed income of prior years				1
	(Election required - see instructions)		_		<u> </u>
С	Treated as distributions out of corpus (Election				
	required - see instructions)				<u> </u>
đ	Applied to 2014 distributable amount	:			
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014			, , , , , , , , , , , , , , , , , , , 	
•	(If an amount appears in column (d), the same			······································	
	amount must be shown in column (a).)				‡
6	Enter the net total of each column as				1
·	indicated below:				‡
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.			•	1
b	Pnor years' undistributed income. Subtract		<u> </u>	 	
D	line 4b from line 2b	:			‡
_	Enter the amount of prior years' undistributed	(L - 14 , , , , , , , , , , , , , , , , , ,			
С	· -				!
	income for which a notice of deficiency has				‡
	been issued, or on which the section 4942(a)				1
_	tax has been previously assessed		 	, , , , , , , , , , , , , , , , , , , 	
a	Subtract line 6c from line 6b. Taxable			:	‡
	amount - see instructions	·		·	}
е	Undistributed income for 2013 Subtract line	:			
	4a from line 2a. Taxable amount - see				<u> </u>
_	Instructions	· · · · · · · · · · · · · · · · · · ·			
f	Undistributed income for 2014. Subtract lines			[1
	4d and 5 from line 1. This amount must be	:		: -	
_	distributed in 2015	- 	 	· 	0
7	Amounts treated as distributions out of corpus		1	•	‡ ‡
	to satisfy requirements imposed by section			:	‡
	170(b)(1)(F) or 4942(g)(3) (Election may be				-
	required - see instructions)		 		
8	Excess distributions carryover from 2009 not				1
	applied on line 5 or line 7 (see instructions)		 	· 	
9	Excess distributions carryover to 2015.				‡
	Subtract lines 7 and 8 from line 6a		_		}
10	Analysis of line 9 ⁻				1
а		•			‡
b	Excess from 2011				1
С	Excess from 2012				‡
d	Excess from 2013				1
e	Excess from 2014	·	1		<u> </u>
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Any restrictions or limitations on awards, such as by geographical areas, chantable fields, kinds of institutions, or other

Any submission deadlines

factors:

3	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	Foundation status of recipient	Purpose of grant or contribution	Amount					
	Name and address (home or business)	or substantial contributor		ļ	<u></u>					
a										
		}								
	Total	·		▶ 3a						
b	Approved for future payment									
	Total		<u> </u>							

Enter gross amounts unless otherwise indicated.			h	Evaluded by a	notion 512 512 as 514	(2)			
		(a) Business	(b) Amount	(c) Exclusion code	ection 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)			
1	Program service revenue:	code		ļ <u>-</u>					
	a								
	b	— —		 		<u> </u>			
	c			<u> </u>					
	d								
	e			<u> </u>		<u> </u>			
	f	ļ		<u> </u>					
	g Fees and contracts from government agencies	<u> </u>							
	Membership dues and assessments			 					
	Interest on savings and temporary cash investments .			<u> </u>					
	Dividends and interest from securities				·····				
5	Net rental income or (loss) from real estate:	<u> </u>		<u> </u>					
	a Debt-financed property			ļ <u>.</u>					
_	b Not debt-financed property	\vdash	 _	 	 -				
	Net rental income or (loss) from personal property			 	 				
	Other investment income			 					
	Gain or (loss) from sales of assets other than inventory		-	 	-				
	Net income or (loss) from special events			 	<u> </u>				
	Gross profit or (loss) from sales of inventory			<u> </u>					
11	Other revenue: a								
	b			 					
	d			 					
		 		 					
12	Subtotal Add columns (b), (d), and (e)								
	Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	<u></u>			
	ee worksheet in line 13 instructions to verify calculations.)					 _			
	art XVI-B Relationship of Activities to the		shment of Exe	mpt Purpos	es				
	Explain below how each activity for which inc					the			
L	ine No. accomplishment of the foundation's exempt								
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FARIL			ganizations		actions and	i itelation.	ompo with	Hononana	DIE	
1 D				age in any of the following	with any other of	organization	described		Yes	No
ın	section	501(c) of the (Code (other than sec	ction 501(c)(3) organization	s) or in section	527, relating	to political			
o	rganızatı	ons?]	
аТ	ransfers	from the repor	rting foundation to a	nonchantable exempt orga	nization of:				1	
(1) Cash							1a(1)	X
(2) Other	assets						1a(2)	X
b O	ther tran	sactions								
(1) Sales	of assets to a	nonchantable exem	pt organization				1b(1)	X
(2) Purch	ases of assets	from a noncharitable	e exempt organization				1b(2)	X_
(3) Renta	l of facilities, e	quipment, or other a	ssets				1b(3)	X
(4) Reimb	oursement arra	angements					1b(4)	X
(5) Loans	or loan guara	ntees					1b(5)	X
(€) Perfor	mance of serv	rices or membership	or fundraising solicitations				1b(6)	X
c S	haring of	facilities, equ	pment, mailing lists,	other assets, or paid emplo	yees			1c		X
d If	the ansv	ver to any of th	ne above is "Yes," co	implete the following sched	ule. Column (b) should alwa	ys show the f	air market		
V	alue of th	e goods, othe	r assets, or services	given by the reporting four	idation. If the fo	oundation rec	eived less tha	ın fair market		
v	alue in ai	ny transaction	or sharing arrangem	nent, show in column (d) the	e value of the g	oods, other a	ssets, or serv	ices received.		
(a) Line	no (b) A	mount involved	(c) Name of non	charitable exempt organization	(d) Des	cription of trans	sfers, transaction	ns, and sharing ar	rangeme	ents
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			L							
2a Is	the four	dation directly	or indirectly affiliate	d with, or related to, one or	more tax-exem	npt organizati	ons		_	,
d	escribed	in section 501	(c) of the Code (other	er than section 501(c)(3)) o	r in section 527	?		Y	es X	No
b If	"Yes," co	omplete the fo	llowing schedule.			т———				
	(a) Name of organ	nization	(b) Type of organiz	ration	<u> </u>	(c) Descriptio	n of relationship		
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Ci	correct, a	naities of perjury, I nd complete Deck	deciare that I-have examily aration of preparer (office th	ed this return, including accompany an taxpayer) is based on all informa	ing scriedules and s tion of which prepar	er has any knowl	edge	owiedge and belief, i	ıs true,	
Sign			- / VM/V X	n Nadall				May the IRS discus		
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	Signa		<i></i>	Preparer's signature		Date		, PTIN		
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	oro-	Carol Mol		Carol Molnar Es	<u>a</u>	09-15-20	-	nployed P0032	1377	
Prep		Firm's name	McManus & A				Firm's EIN			
Use	Unly	Firm's address	> 571 Central	l Avenue Suite 12 ence NJ 07974	U		Phone no	3-898-0100		
		ı	NEW PROVICE	ECCE NO 0/974			90)	っっちょう・ひょいひ		