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SCANNED DEC 1 0 2015

# **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf. Open to Public Inspection

F	or ca	llendar year 2014 or tax year beginning			, 2014,	and ending	,		, 20
_		of foundation				_	A	Employer identif	ication number
	BRI.	AR ROSE FAMILY FOUNDATION						46-436729	4
_	Numb	er and street (or P O box number if mail is not deliven	ed to stree	et address)		Room/suite	В	Telephone numb	er (see instructions)
								(73	2) 501-1111
	90	WOODBRIDGE CENTER DRIVE, STE	600					•	•
_		r town, state or province, country, and ZIP or foreign p		)			+		
	, -	, , , , , , , , , , , , , , , , , , ,					c	If exemption applica	
	พดด	DBRIDGE, NJ 07095						pending, check here	
<u>-</u>		eck all that apply   Initial return	-	Initial return	of a former r	uhlic charity	∄_		ightharpoonup
G	Cile	Final return	<u> </u>	Amended ref	•	Jubile charity	D	1 Foreign organiza	
		X Address change	-	Name change			İ	2 Foreign organiza 85% test, check I	
_	Cho	eck type of organization: X Section 501	(0)(3) (	<u> </u>	,		$\dashv$	computation .	
ſ		· · · · · · · · · · · · · · · · · · ·					E		n status was terminated
Ţ		section 4947(a)(1) nonexempt charitable trust	<del></del>	Other taxable pr			4	under section 507(b	(1)(A), check here . P
ı	_	1	_	method X C	asnAcc	rual	F		in a 60-month termination
				pecify)			-	under section 507(b	((1)(B), check here . ▶
-				(d) must be on cas	in basis )				(d) Disbursements
Ŀ	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	1 (4)	Revenue and	(b) Net inve	estment	(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	e	xpenses per books	incom		(.,	ıncome	purposes
_		column (a) (see instructions) )	<del> </del>						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	<u></u>	97,500.					
	2	Check ► if the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments.							
	4	Dividends and interest from securities							
	5a	Gross rents						_	
	b	Net rental income or (loss)							
PE	6a	Net gain or (loss) from sale of assets not on line 10				5			
Ē	ь	Gross sales price for all assets on line 6ar							
Revenue	7	Capital gain net income (from art (Mine)).							
ď	8	Net short-term capital gain.	المار						
	9	Income modifications	OS			i!			
	10 a	Gross sales less etems . NOV 3 0 2015	P						
		Less Cost of goods sold	38						
	С	Gross profit on (loss) (and somethie)	<u>'[=                                    </u>						
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11		97,500.					
	13	Compensation of officers, directors, trustees, etc		0					
es		Other employee salaries and wages							
ns	15	Pension plans, employee benefits							
pe	16a	Legal fees (attach schedule)					•		
ũ	b	Accounting fees (attach schedule)							
Ş	14 15 16a b c 17 18 19 20 21	Other professional fees (attach schedule)		-					
ati	17	Interest				_		-	
str	10	Taxes (attach schedule) (see instructions)		_					
Ξ	10								
Ĕ	19	Depreciation (attach schedule) and depletion.  Occupancy							
ĕ	20	Travel, conferences, and meetings						<del></del>	
Б	21	_							
e	22	Printing and publications						<del></del> .	<del> </del>
ij	23 24 25	Other expenses (attach schedule)							
ral	24	Total operating and administrative expenses.		0					
be	_	Add lines 13 through 23		208,200.					208,200
0		Contributions, gifts, grants paid		208,200.					208,200
-	26	Total expenses and disbursements Add lines 24 and 25	+-	200,200.					200,200
	27	Subtract line 26 from line 12		-110,700.					
		Excess of revenue over expenses and disbursements	<u> </u>	-110,700.		0		<del></del>	
		Net investment income (if negative, enter -0-)	<u> </u>			<del></del>		-	
	C	Adjusted net income (if negative, enter -0-)							<u> </u>

PAGE 1

E	art II	Balance Sheets description column should be for end-of-year	Beginning or year		End	<u> </u>
		amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	27,700.	26,	000.	26,000
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶		11		
	}	Less allowance for doubtful accounts ▶				
	4	Pledges receivable		1		
	•	Less allowance for doubtful accounts		1		
	5	Grants receivable		<u> </u>		
	-	Receivables due from officers, directors, trustees, and other				<del></del>
	6	· · · · · · · · · · · · · · · · · · ·	i i			
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts ▶				
ssets	8	Inventories for sale or use		<u>-</u>		
SS	9	Prepaid expenses and deferred charges				
4		Investments - U S and state government obligations (attach schedule).				
	Ь	Investments - corporate stock (attach schedule)				
		Investments - corporate bonds (attach schedule)				
	]	and equipment basis Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and				
	1	equipment basis Less accumulated depreciation (attach schedule)	`			
		(attach schedule)				
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the	27 700	26	200	26 000
_		Instructions Also, see page 1, item I)	27,700.	26,0	000.	26,000
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	110,000.	219,0	000.	ATCH 1
abi	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	110,000.	219,0	000.	
_		Foundations that follow SFAS 117, check here				
ès		and complete intes 24 through 20 and intes 50 and 51.	-82,300.	-193.0	200	
anc	24	Unrestricted	-62,300.	-193,	,00.	
3al	25	Temporarily restricted				
dE	26	Permanently restricted				
'n		and complete lines 24 through 26 and lines 30 and 31.  Unrestricted				
Ä		check here and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
Asi	29	Retained earnings, accumulated income, endowment, or other funds				
et /	30	Total net assets or fund balances (see instructions)	-82,300.	-193,0	000.	
ž	31	Total liabilities and net assets/fund balances (see				
	•	instructions)	27,700.	26,0	ooo l	
Б		Analysis of Changes in Net Assets or Fund Balar		207	,,,,,	
		all net assets or fund balances at beginning of year - Part II		nust agree with		
'						-02 300
_		of-year figure reported on prior year's return)			1	-82,300.
		er amount from Part I, line 27a			2	-110,700
		er increases not included in line 2 (itemize) ▶			3	
		lines 1, 2, and 3			4	-193,000
5	Dec	reases not included in line 2 (itemize) ▶			5	
6	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30	6	-193 <u>,000</u> .
						- 000 DE

Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income			
		d describe the kind(s) of property sold		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	orick warehouse, or common stock, 200	shs MLC Co )	P - Purchase D - Donation	1 (mo dou vr.)	(mo , day, yr )
1a						
b						_
<u> </u>						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а				ļ		
b						
C				ļ		
d				ļ		
<u>e</u>			<u> </u>		<del></del>	
	Complete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69		Gains (Col (h) g	
(	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any	col	(k), but not less t Losses (from co	
a						<del></del>
_b						
<u>C</u>						
<u>d</u>						
_e						
2	Capital gain net income	or (net capital loss)	gain, also enter in Part I, line 7 { (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ain or (loss) as defined in sections				
		art I, line 8, column (c) (see ins	,	1 1		
		· · · · · · · · · · · · · · · · · · ·		3		
Pa			duced Tax on Net Investment I	ncome		
•	ection 4940(d)(2) applies,		e section 4940(a) tax on net invest	ment inco	ine j	
		the section 4942 tax on the distril not qualify under section 4940(e).	butable amount of any year in the b	ase peno	qs [	Yes X No
1			ar, see the instructions before making	na anv ent	rios	
<u> </u>	(a)	<del></del>		ly arry erro	(d)	
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution r	
Cal	endar year (or tax year beginning in) 2013	82,300.		<u> </u>	(col (b) divided by	(0)
	2012	02,300.				
	2012				<del></del>	
	2010		1			
					<del></del>	<del>-</del>
	2009	<u> </u>		<del>                                     </del>		
_	<b>T</b> .4.1.5.6			2		0
3	_	- · · · · · · · · · · · · · · · · · · ·	de the total on line 2 by 5, or by the	,		
	number of years the four	ndation has been in existence if les	ss than 5 years	3		
4	Enter the net value of no	oncharitable-use assets for 2014 fr	rom Part X, line 5	4		27,791.
5	Multiply line 4 by line 3			5		
J						-
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributi	ions from Part XII, line 4		8 that part		208,200.
	Part VI instructions	reater than time 7, theth the DOX	m ran vi, inic ro, and complete	mai part	using a 170 la	. rate. See tile

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	<u>nstru</u>	ction	<u>s) </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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 X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J 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			
3	Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 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			0
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			0
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			
Pai	t VII-A Statements Regarding Activities			
1a	During 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			
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	. 1		
	(1) On the foundation ►\$(2) On foundation managers ►\$	. 1		
0	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			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			, ,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		_^_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			
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	6	Х	
_	conflict with the state law remain in the governing instrument?	7	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			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  NJ,	ľ		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	Х	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			<b></b>
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	9		Х
	complete Part XIV	<u> </u>		<del></del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	Х	
	names and addresses .ATCH. 2	m 990		(2014)

Par	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			
	neaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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	
	Nebsite address   N/A			_ <b></b>
14	The books are in care of ▶BRIAR ROSE FAMILY FOUNDATION Telephone no ▶ 732-501	-111	1	
	ocated at ▶90 WOODBRIDGE CENTER DRIVE, STE. 600 WOODBRIDGE, NJ ZIP+4 ▶ 07095			
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	ı	Yes	
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) If			
	Yes," enter the name of the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
1 a	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?  Yes X No			
	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?			
	, and good, so many a control of the			
	4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	the benefit or use of a disqualified person)?			
	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)			
h	f any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?	1b		Х
	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			
·	vere not corrected before the first day of the tax year beginning in 2014?	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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	Se, Part XIII) for tax year(s) beginning before 2014?			
	f "Yes," list the years			
Ь	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			
	till years listed, answer "No" and attach statement - see instructions )	2b		
C	f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	f "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			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	he 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	oundation had excess business holdings in 2014 )	3b	$\vdash$	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			v
	haritable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	0 DE	X

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (continued)		
5a	During the year did the foundation pay or incur any amo	unt to	-			
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	,	
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	n,		
	directly or indirectly, any voter registration drive?			. Yes X No	•	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?	·	. Yes X No	,	
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	
	(5) Provide for any purpose other than religious, ch		-	[ ] [ <del>[</del> ]		
	purposes, or for the prevention of cruelty to children				<u> </u>	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				I	x
	Regulations section 53 4945 or in a current notice regar	_	·	_	5b	^ ^
	Organizations relying on a current notice regarding disas				니	
С	If the answer is "Yes" to question 5a(4), does the		•			
	because it maintained expenditure responsibility for the			. Yes X No	<b>'</b>	
	If "Yes," attach the statement required by Regulations see	• •				
6a	Did the foundation, during the year, receive any fun	•				
	on a personal benefit contract?				ı	
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	6b	X
	If "Yes" to 6b, file Form 8870		_	П. <del>.</del> .		
7a	At any time during the tax year, was the foundation a pa				1	
	If "Yes," did the foundation receive any proceeds or have tyll Information About Officers, Director					<u> </u>
Pai	Information About Officers, Director and Contractors	15, 1145(665, 10(	indation manager	s, riigiliy r alu Ellip	noyees,	
1	List all officers, directors, trustees, foundation n					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		se account, lowances
		devoted to position	`enter'-0-) '	and deferred compensation	Other an	
7 mc			,	d		0
ATC:	n 3			<del></del>		0
				i		
	<u> </u>			1		
	Companyation of five binbook sold amplesses	/other than the	e included on lin	o 1 ooo instructi	one) If m	
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on iiii	e i - see instructi	ons). II n	one, enter
(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		se account, lowances
		devoted to position		compensation		
	NOVE					
	NONE					
	·					
<u>Total</u>	number of other employees paid over \$50,000		<u></u>	<u></u>		
					Form 99	0-PF (2014)

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employed and Contractors (continued)	oyees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
N/ N	
2	
2	
3	
<u> </u>	
	-
<u> </u>	
Part IX-B Summary of Program-Related Investments (see instructions)	- I
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
·	
	-
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	
	Form <b>990-PF</b> (20

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Par	X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	28,214.
С	Fair market value of all other assets (see instructions)	1c	
ď	<b>Total</b> (add lines 1a, b, and c)	1d	28,214.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	28,214.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	423.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	27,791.
6	Minimum investment return. Enter 5% of line 5	6	1,390.
Par	Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private operating foun and certain foreign organizations check here ▶ ☐ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	1,390.
2а	00		
b	Income tax for 2014 (This does not include the tax from Part VI).	•	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,390.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,390.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
'	line 1	7	1,390.
D		<u> </u>	1,030.
Pan	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	208,200.
b	Program-related investments - total from Part IX-B	1b	
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		
а	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	208,200.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		_
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	208,200.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating whether t	he foundation

Form 990-PF (2014)

d Excess from 2013 . . .

e Excess from 2014 . . .

82,300.

206,810.

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2014, e	nter the date of the ruling		▶	
b	Check box to indicate v				I	j)(3) or 4942(j)(5)
2 2	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Total
Za	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a			-		
·	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					<del>                                     </del>
	used directly for active conduct					
	Ovalifiera distributions made					<del>                                     </del>
٠	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c					<del>                                     </del>
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					+
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					<del> </del>
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income				ļ	
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),			ı		
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j(X)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income .					
Pa	rt XV Supplemer	ntary Information (	Complete this part	t only if the found	lation had \$5,000	or more in assets
	at any time	during the year - s	ee instructions.)			
1	Information Regarding	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	nave contributed more	e than 2% of the tota	al contributions recei	ved by the foundation
	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000) (So	ee section 507(d)(2) )	
	NONE					
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equall	y large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	ınterest	
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X if t	he foundation only i	makes contributions	to preselected char	table organizations	and does not accept
						or organizations under
	other conditions, comp			•	•	•
	The name, address, a	nd telephone number	or e-mail address of t	he person to whom ap	plications should be ad	dressed
_	,,,,			, .	•	
b	The form in which appl	lications should be sub	omitted and information	on and materials they	should include:	
-	2		. , , , , , , , , , , , , , , , , , , ,			
	Any submission deadli	nes.				
_	,					
d	Any restrictions or li	mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	factors:					

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Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
ATCH 4				
				1
		1		
Total			▶ 3a	208,200.
b Approved for future payment	<u> </u>	· · · · · ·		200,200.
b Approved for future payment				
Total				

JSA 4E1491 1 000

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Part XVI-A Analysis of Income-Produ	icing Activ	vities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
<b>3</b>	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
•					(CCC MONDONOMO)
a b					
		_	<del> </del>	-	
					-
d			<u> </u>		
e			1		<del>.</del>
f					
g Fees and contracts from government agencies	ļ				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			<u> </u>		
4 Dividends and interest from securities			ļ		
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property		_			
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events		1			
10 Gross profit or (loss) from sales of inventory.				·	
11 Other revenue a					
c					
d			<del> </del>	<del>-</del>	
0					
12 Subtotal Add columns (b), (d), and (e)			<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)				· · · · · · · · · · · · · · · · · · ·	
(See worksheet in line 13 instructions to verify calc		and the second of Fig.	amant Decem		
Part XVI-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	OSES	
Line No. Explain below how each activit	y for which	n income is reported i	n column (e	e) of Part XVI-A contrib	uted importantly to the
▼ accomplishment of the foundation	n's exemp	t purposes (other than I	by providing	funds for such purpose	s) (See instructions)
	_				
				· · · · · · · · · · · · · · · · · · ·	
		<del></del> .			
-		<del></del>			
				<del>-</del>	
					<del></del>
				· ·	
				<del> </del>	
			•		
			•		
				• "	<del></del>

Part XV	Information R	egarding Tra	ansfers To and Tra	insactions a	nd Relationships With Non	chari	table	ge 13 e
1 Did 1	Exempt Organization direct		engage in any of the	following with	any other organization described		Yes	No
					section 527, relating to political			
orga	nizations?				,			
a Tran	sfers from the reporting	ng foundation to	a noncharitable exem	pt organization	of			
(1) (	Cash					1a(1)		Х
						1a(2)		X
	r transactions							
								X
								X
								X
								X
								Х
								X
	-				c. Column (b) should always show		fair m	ıarke
				-	on. If the foundation received less			
value	e in any transaction of	r sharing arrang	gement, show in colur	nn (d) the valu	e of the goods, other assets, or s	service	s rec	eived
(a) Line no	(b) Amount involved	(c) Name of r	noncharitable exempt organiz	ation (d) D	Description of transfers, transactions, and sha	nng апа	ıngeme	nts
	N/A			N/A	<u> </u>			
			<u>-</u>					
			_					
-			<del>.</del>					
			-					
<del></del>								
					-			
			·					
2a Is th	e foundation directly	or indirectly af	filiated with, or related	to, one or m	ore tax-exempt organizations			
desc	ribed in section 501(c)	) of the Code (o	ther than section 501(d	c)(3)) or in sect	ion 527?	Y6	es X	] No
b If "Ye	es," complete the follo	wing schedule						
	(a) Name of organizatio	n	(b) Type of organ	nization	(c) Description of relation	ship		
	··							
7.0-					A statements and to the heat of my brouded		alad is	
			ned this return, including accordance axpayer) is based on all information		and statements, and to the best of my knowled as any knowledge	ge and c	ener, it	is trui
a. I.							o this	return
Sign 📗	JEREMY HALPERN		11111511	יו מייי	STEE May the R	s discus repar <u>er</u>		below

Form **990-PF** (2014)

PTIN

732-243-7000

self-employed P00960763

Firm's EIN ▶13-1639826

Paid

Preparer

Use Only

► EISNERAMPER LLP

ISELIN, NJ

▶ 111 WOOD AVE SO STE €00

Preparer

Print/Type preparer's name

JORDAN D AMIN

Firm's address

Date

11/13/2015

08830-2700 Phone no

#### 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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990

BRIAR ROSE FAMILY FOUND	Limployer identification number							
Organization type (check one).	46-4367294							
	Section:							
Filers of:								
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
[	4947(a)(1) nonexempt charitable trust not treated as a private fou	indation						
]	527 political organization							
Form 990-PF [	X 501(c)(3) exempt private foundation							
[	4947(a)(1) nonexempt charitable trust treated as a private founda	lion						
[	501(c)(3) taxable private foundation							
Note. Only a section 501(c)(7), (8 instructions  General Rule	), or (10) organization can check boxes for both the General Rule and a S	Special Rule See						
X For an organization filing	g Form 990, 990-EZ, or 990-PF that received, during the year, contribution operty) from any one contributor. Complete Parts I and II. See instructions							
Special Rules								
regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 it received from any one contributor, during the year, total contributions amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	or 990-EZ), Part II, line s of the greater of (1)						
contributor, during the y	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that relear, total contributions of more than \$1,000 exclusively for religious, charposes, or the prevention of cruelty to children or animals. Complete P	narıtable, scientific,						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 190-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)								

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) (2014)

Employer identification number 46-4367294

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	RATTO CONSTRUCTION CO.  19 SPEAR ROAD, SUITE 106  RAMSEY, NJ 07446	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	C. LATORRE CONTRACTING, LLC  357 MONROE AVENUE  KENILWORTH, NJ 07033	\$72,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization BRIAR ROSE FAMILY FOUNDATION

Employer identification number 46-4367294

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(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 BRIAR ROSE FAMILY FOUNDATION

Employer identification number

46-4367294

	following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additions.	s completing Part III, e year. (Enter this in	enter the total of enformation once. S	exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	fer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	fer of gift		
	Transferee's name, address, ar	Relatio	telationship of transferor to transferee		
		•=			
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	· · · · · · · · · · · · · · · · · · ·	(e) Transf	er of gift		
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee	
i		·			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift	······································	
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

## ATTACHMENT 1

#### FORM 990PF, PART II - LOANS FROM OFFICERS, DIRECTORS, ETC.

LENDER: JEREMY HALPERN - TRUSTEE ORIGINAL AMOUNT: 110,000.

DATE OF NOTE: 12/31/2013

BEGINNING BALANCE DUE ..... 110,000.

ENDING BALANCE DUE ..... 110,000.

LENDER: JEREMY HALPERN - TRUSTEE

DATE OF NOTE: 07/07/2014

ENDING BALANCE DUE ..... 4,000.

LENDER: JEREMY HALPERN - TRUSTEE

DATE OF NOTE: 08/15/2014

ENDING BALANCE DUE ..... 100,000.

46-4367294

<u>A</u> T	TTACHMENT 1 (CONT'D)
LENDER: JEREMY HALPERN - TRUSTEE DATE OF NOTE: 11/13/2014	
ENDING BALANCE DUE	5,000.
TOTAL BEGINNING LOANS FROM OFFICERS, DIRECTORS, ETC.	110,000.
TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC.	219,000.

BRIAR ROSE FAMILY FOUNDATION

46-4367294

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 2

NAME AND ADDRESS

RATTO CONSTRUCTION CO. 19 SPEAR ROAD, SUITE 106 RAMSEY, NJ 07446

C. LATORRE CONTRACTING, LLC 357 MONROE AVENUE KENILWORTH, NJ 07033

BRIAR ROSE FAMILY FOUNDATION

46-4367294

#### FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 3

NAME AND ADDRESS		TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
JEREMY HALPERN 90 WOODBRIDGE CENTER SUITE 600 WOODBRIDGE, NJ 07095	DRIVE	TRUSTEE	0
ABBI HALPERN 90 WOODBRIDGE CENTER SUITE 600 WOODBRIDGE, NJ 07095	DRIVE	TRUSTEE	0
ARI WISE 90 WOODBRIDGE CENTER SUITE 600 WOODBRIDGE, NJ 07095	DRIVE	TRUSTEE	0
		GRAND TOTALS	0

BRIAR ROSE FAMILY FOUNDATION

46-4367294

FORM 990PF, PART AV - GRANTS AND CONTRIBUTIONS F	AID DURING THE YEAR		
			ATTACHMENT 4
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	TNUOMA
JEWISH NATIONAL FUND	NONE	CHARITABLE	30,000
2100 ARCH STREET, 3RD FLOOR	PC		
PHILADELPHIA, PA 19103			
JEWISH FEDERATION OF GREATER METROWEST NJ	NONE	CHARITABLE	45,000
901 NEW JERSEY 10	PC		
WHIPPANY, NJ 07981			
JOSEPH KUSHNER HEBREW ACADEMY	NONE	CHARITABLE	7,500
110 s ORANGE AVENUE	PC		
LIVINGSTON, NJ 07039			
BLUE KNIGHTS NEW JERSEY III	NONE	CHARITABLE	500
P O BOX 1600	PC		
CRANFORD, NJ 07016			
CONGREGATION ETZ CHAIM	NONE	CHARITABLE	18,000
1 LAFAYETTE ROAD	PC		
LIVINGSTON, NJ 07039			
MARKET STREET MISSION	NONE	CHARITABLE	2,000
9 MARKET STREET	PC		
MORRISTOWN, NJ 07960			

ATTACHMENT 4

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46-4367294 BRIAR ROSE FAMILY FOUNDATION

FORM 990PE, PART AV - GRANTS AND CONTRIBUTIONS			ATTACHMENT 4 (CONT'D)
			ATTACHMENT 4 (CONT.II)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	THUOMA
ARYEH ADVENTURES	NONE	CHARITABLE	3,600
65 SHREWSBURY DRIVE	PC		
LIVINGSTON, NJ 07039			
AMERICAN SOCIETY YAD VASHEM	NONE	CHARITABLE	74,500
500 5TH AVE, #42	PC		
NEW YORK, NY 10110			
CHABAD OF WEST ORANGE	NONE	CHARITABLE	3,600
395 PLEASANT VALLEY WAY	PC		
WEST ORANGE, NJ 07052			
ASPIR INTERNATIONAL	NONE	CHARITABLE'	500
3 MOLLY STARK LANE	PC		
NEW BOSTON, NH 03070			
THE KIDUSH FOUNDATION	NONE	CHARITABLE	5,000
2897 NORTH DRUIS HILLS ROAD, SUITE 249	PC		
ATLANTA, GA 30329			
LIFE TOWN	NONE	CHARITABLE	18,000
10 MICROLAB ROAD	PC		
LIVINGSTON, NJ 07039			
			<del></del>

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 4

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208,200