

Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Open to Public inspection

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.

For calendar year 2015 or tax year beginning , and ending Employer identification number Name of foundation 22-3695700 THE WIETSCHNER FAMILY FDN, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 1335 TRAFALGAR STREET City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here TEANECK 07666 NJ G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Accrual I Fair market value of all assets at J Accounting method Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c), line 16) ▶ \$ 943 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses pe amounts in columns (b), (c), and (d) may not necessarily equal ıncome income purposes books the amounts in column (a) (see instructions)) (cash basis only) 63,400 Contributions, gifts, grants, etc., received (attach schedule) 1 Check ▶ If the foundation is **not** required to attach Sch B 2 Interest on savings and temporary cash investments 3 Dividends and interest from securities Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) 63,400 Total. Add lines 1 through 11 12 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) C 17 Taxes (attach schedule) (see instructions) 18 Depreciation (attach schedule) and depletion 19 20 Occupancy JAN 0 4: 2017 21 Travel, conferences, and meetings 22 Printing and publications 2,189 2,189 23 Other expenses (att sch) Total operating and administrative expenses. 24 0 2,189 2,189 Add lines 13 through 23 60,314 60,314 25 Contributions, gifts, grants paid 62,503 0 0 62,503 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 897 0 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

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98,670

98,670

3

4

5

6

3 Other increases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

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

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62.503

7

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2015) THE WIETSCHNER FAMILY FDN, INC. 22-3695700	_	F	age 4
Pa	rt ¥1 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 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 ► 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			
	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			<u>~</u>
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	2015 estimated tax payments and 2014 overpayment credited to 2015			
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 6d			
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 2016 estimated tax ▶ Refunded ▶ 11			
Pa	rt 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			
С	Did the foundation file Form 1120-POL for this year?	1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
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	ļ	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			
4-	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	+	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?	5	-	X
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ů	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	<u>6</u> 7	X	\vdash
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		+^	1
O.	DE		1	
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	A 8b	1	[
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		1	Ì
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<u> </u>	†	广
	names and addresses	10		X
			90-P	F (2015)

Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

20 , 20 , 20 , 20

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

If "Yes," did it have excess business holdings in 2015 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 2015)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2015?

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N/A

X No

N/A

Yes

2b

3b

4a

4b

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P		ding Activities for Which F	orm 4720 May Be R	equired (cont	inued)	-	
5a	During the year did the foundation pay	-			. 📆		
	(1) Carry on propaganda, or otherwise			 \	∕es ⊠ No		
	(2) Influence the outcome of any spec	· · · · · · · · · · · · · · · · · · ·	5), or to carry on,	┌ .	. 🔽		
	directly or indirectly, any voter regi			<u> </u>	res X No		
	(3) Provide a grant to an individual for	• • • • • • • • • • • • • • • • • • • •			res X No		
	(4) Provide a grant to an organization		zation described in		♥ 		
	section 4945(d)(4)(A)? (see instruc	•			res X No		
	(5) Provide for any purpose other than		rary, or educational	┌,	, v		
_	purposes, or for the prevention of o	•	6		∕es ∑ No		
b	If any answer is "Yes" to 5a(1)–(5), did				NI / 7\		
	Regulations section 53 4945 or in a cu			,	N/A	5b	-
_	Organizations relying on a current notic	•					
С	If the answer is "Yes" to question 5a(4)	•	tion from the tax	N/A 🗌 Y	/		
	because it maintained expenditure res		. J.	N/A 📙 1	∕es ∐ No		
c-	If "Yes," attach the statement required		=				
6a	Did the foundation, during the year, rec	zeive any funds, directly or indirectly	y, to pay premiums	г,	/aa ▽ Na		
.	on a personal benefit contract? Did the foundation, during the year, pa	v promiume, directly or indirectly o	n a naraanal banafit saat		∕es ∑ No	C L	X
b	If "Yes" to 6b, file Form 8870	y premiums, directly or indirectly, of	n a personal benefit contr	act /		6b	
7-	At any time during the tax year, was th	a foundation a party to a prohibited	toy chalter transaction?		res X No		
	If "Yes," did the foundation receive any	` • • •			/es ⊠ No N/A	7b	
		Officers, Directors, Trustee					!
	and Contractors	moore, birectore, rrustee.	o, roundation main	agers, mgmy	i aid Employ	,	
1 1	ist all officers, directors, trustees, fo	undation managers and their con	npensation (see instruc	tions).			
					(d) Contributions to		
	(a) Name and	d address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense account,
	,,		devoted to position	`enter -0-)	plans and deferred compensation	other	allowances
EI	ISSA WIETSCHNER	TEANECK	OFFICER				
	35 TRAFALGAR STREET	NJ 07666	25.00	0	0		0
	HOWARD WIETSCHNER	TEANECK	OFFICER				-
13	35 TRAFALGAR STREET	NJ 07666	10.00	0	0		0
2	Compensation of five highest-paid	mployees (other than those inclu	uded on line 1 - see ins	tructions). If non	e, enter		
	"NONE."			···-			
			(b) Title, and average		(d) Contributions to	(-) Fund	
	(a) Name and address of each employe	e paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position	·	compensation		
NC	NE						
		-				ļ	
						ļ	
						ļ	
					L	<u> </u>	
ota	I number of other employees paid over	550,000					0
					F	orm 99 ()-PF (2015)

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Part VIII	Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five high	hest-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	of others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year include relevant statistical information of the beneficiaries served, conferences convened, research papers produced, etc	on such as the number of	Expenses
1 N/A			
2			
3			
•			
4			
B. 4 W B	O TO		<u> </u>
Part IX-B	Summary of Program-Related Investments (see inst	(ructions)	1
1 N/A	largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
I N/A			
2			
All other program	r-related investments. See instructions		
3			

▶

Total. Add lines 1 through 3

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

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

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Pa	rt XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part X	ı,	Corpus	Years prior to 2014	2014	2015
-	line 7		Ü			0
2	Undistributed income, if any, as of the end	d of 2015				
	Enter amount for 2014 only					
	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2					
а	From 2010					
b	From 2011					
С	From 2012					
d	From 2013					
е	From 2014					
f	Total of lines 3a through e					
4	Qualifying distributions for 2015 from Part	: XII,				
	line 4 ▶ \$ 62,503					
а	Applied to 2014, but not more than line 2a	a				
b	Applied to undistributed income of prior ye	ears	İ			
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection				
	required – see instructions)		,			
d	Applied to 2015 distributable amount					
е	Remaining amount distributed out of corp	us	62,503			
5	Excess distributions carryover applied to	2015				
	(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					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtrac	t line 5	62 , 503			
þ	Prior years' undistributed income Subtraction	ct				
	line 4b from line 2b					
С	Enter the amount of prior years' undistribution	!				
	income for which a notice of deficiency ha					
	been issued, or on which the section 494	2(a)				
	tax has been previously assessed	-				
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2014 Subtract I	ine				
	4a from line 2a Taxable amount – see					
	instructions					
Ť	Undistributed income for 2015 Subtract I					
	4d and 5 from line 1. This amount must be	e				0
_	distributed in 2016					<u> </u>
7	Amounts treated as distributions out of co	· ·				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions) Excess distributions carryover from 2010	not				
8	-					
e.	applied on line 5 or line 7 (see instruction Excess distributions carryover to 2016				<u> </u>	
9	Subtract lines 7 and 8 from line 6a	··	62,503			
10			02,303		†	
10	Analysis of line 9 Excess from 2011					
a	Excess from 2011					
þ	Excess from 2012		•			
c d	Excess from 2014		:			
e	Excess from 2015	62,503	:			

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	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			
a Paid during the year VARIOUS				
VAICIOUS				١
		ED	UCATIONAL	60,314
			ł	
			1	/
			1	
		}		
			ļ	
			1	
			Ì	1
			}	
			}	
Total	<u> </u>		▶ 3a	60,314
b Approved for future payment		Ţ	T	
N/A				
			Ì	
			}	
			}	
			}	
			}	
			1	
		<u> </u>		
Total			▶ 3b	
DAA				Form 990-PF (2015)

THE PERSON NAMED IN COLUMN	2015) THE WIETSCHNER FAMILI		. ZZ	36937	00	Page 1
Part XVI-A		1	41	Cueludes	I h	
Enter gross am	nounts unless otherwise indicated	(a) Business code	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program se	ervice revenue					(Gee manuchors)
a						
b				<u> </u>		
c				4		
d						
e						
f				_		
•	and contracts from government agencies					
	ip dues and assessments			1		
	savings and temporary cash investments					
	and interest from securities					
	income or (loss) from real estate		: 			
	nanced property			-		
	bt-financed property			1		
	income or (loss) from personal property			+	<u> </u>	
	stment income					
•	ss) from sales of assets other than inventory					
	e or (loss) from special events	-	- ·	+		
	it or (loss) from sales of inventory			+		•
	nue a			+		
			-			
						
e						
	Add columns (b), (d), and (e)			0	0	(
	line 12, columns (b), (d), and (e)	<u> </u>		<u>~1 </u>	13	(
	et in line 13 instructions to verify calculations)				· -	
Part XVI-E		ccomplishm	ent of Exempt F	urpose	es	
Line No.	Explain below how each activity for which income					•
▼	accomplishment of the foundation's exempt purp					
N/A						
						<u> </u>
,						
		.				
						. <u>-</u> -
	···					
				-		

Form 990-		5) THE WIETS							Pa	ge 13
Part X		Information Regarization	-	ansfers To an	d Transactio	ns and Relations	hips With Noncharitat	le	_	
1 Did 1				e in any of the fol	llowing with any	other organization desc	cribed	T	Yes	No
	_	•		·	-	ection 527, relating to p				
	nization			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, ,		1		
-		om the reporting found	lation to a no	ncharitable exemi	nt organization o	ıf			ł	
	Cash	on the reporting loans	istion to a no	menantable exem	pt organization o			1a(1)	1	X
. ,										
	Other as							1a(2)	-	X
	er transa							.	1	١.,
		assets to a noncharit		-				1b(1)	-	X
(2)	Purchas	es of assets from a no	oncharitable	exempt organizati	ion			1b(2)		X
(3)	Rental o	f facilities, equipment,	, or other ass	ets				1b(3)	ļ	X
(4)	Reimbui	rsement arrangements	5					1b(4)	<u> </u>	X
(5)	Loans o	r loan guarantees						1b(5)		X
(6)	Perform	ance of services or mi	embership oi	r fundraising solici	itations			1b(6)	Ĺ	X
c Sha	ring of fa	acilities, equipment, m	ailing lists, o	ther assets, or pa	id employees			1c		X
d If the	e answe	r to any of the above i	s "Yes," com	plete the following	schedule Colu	mn (b) should always:	show the fair market	·		
							ed less than fair market			
							ts, or services received			
(a) Line		(b) Amount involved		e of noncharitable exem			of transfers, transactions, and sharing a	rrangeme	ents	
N/A	3110	(B) Fallodik intoleca	1 (0) (10)	- OTTIONORIAL MODIC OXCIN	ipt organization	(2) 2000.15.10.11		- goine		
14/ A						 				
			 	 		 				
			<u> </u>			 				
										
			_			 	<u> </u>			
			i							
										
										
			 			 				
			 							
		<u> </u>	<u> </u>							
			=			c-exempt organizations	i		(- ;	a
des	cribed in	section 501(c) of the	Code (other	than section 501(c)(3)) or in section	on 527?		<u> </u>	es X	No
<u>b</u> If "Y	'es," con	nplete the following so	hedule			 				
	(a) Name of organization		(b) Type of (organization		(c) Description of relationship			
N/A	4									
				I						
										
	Under pen	alties of perjury, I declare th	nat I have exami	ned this return, including	ng accompanying sch	edules and statements, and	to the best of my knowledge and belie	f, it is tru	е,	
						which preparer has any know				
Ciam							with the prepare			
Sign				•		/	(see instructions		Yes	No
Here					1/2	la. 111 x				
1						20/16	OFFICER			
	Signa	ature of officer or trustee			Date	, /	Title			
	Print/Ty	pe preparer's name			Preparer's signatu	ırė	Date		Check	
	}				1	A)			1	nployed
Paid	Jera:	ld Berger			Jerald Be	erger 💋	12/2	2/16		-
Preparer	Firm's n		er & Co	D., P.A.		//		017.		5
Use Only				Boulevard				-320		
				d, NJ 07				1-38		
	L	nerde	-117 T C T (110 U/	<u> </u>		Figure no 20	<u>- 20</u>	, 3 (, 0 0

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

THE WIETSCHNER	R FAMILY FDN, INC.	22-3695700				
Organization type (check one	*)					
Filoso of	Continu					
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	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See				
General Rule						
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5					
contributor's total cont	property) from any one contributor. Complete Parts I and II. See instructions for determinations.	illig a				
Special Rules						
For an organization de	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test	of the				
-	tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pal					
13, 16a, or 16b, and the	hat received from any one contributor, during the year, total contributions of the greater of	of (1)				
\$5,000 or (2) 2% of th	e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts	I and II				
For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	NV ORE				
-	eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scienti					
	purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, ar					
C For an arganization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	NY 070				
	escribed in section 501(c)(r), (o), or (10) filling Form 990 or 990-E2 that received from an experience from an	ly one				
	nore than \$1,000. If this box is checked, enter here the total contributions that were rece	ived				
	exclusively religious, charitable, etc., purpose Do not complete any of the parts unless t					
• •	to this organization because it received nonexclusively religious, charitable, etc., contrib					
• •	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 (F	Form 990				
•	st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form					
	certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, o					

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

THE WIETSCHNER FAMILY FDN, INC.

Employer identification number 22-3695700

Part I	Contributors (see instru	eded		
(a) No.	Name, add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C. HOWARD WIETSO 1335 TRAFALGAR S TEANECK		\$ 63,400	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, aud	ress, and an investment	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, add	(b) ress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Training add		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, add	(b) iress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, add	(b) iress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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Federal Statements

Statement 2 - Form 990-PF, Part II, Line 15 - Other Assets

Description	E	Beginning of Year	 End of Year		Fair Market Value
RELIGIOUS ARTICLES	\$	97,728	\$ 97,727	\$_	
Total	\$	97 , 728	\$ 97,727	\$	0

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
C. HOWARD WIETSCHNER	\$
Total	\$0

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager		Amount	
N/A		\$	
Total		\$0	