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DAA

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

For	calend	lar year 2015 or tax year beginning , a	and ending				
	me of fou				A Empl	oyer identification number	
		ara C. Noyes Charitable			1		
		dation, Inc.				<u>-3518583</u>	.
		street (or P O box number if mail is not delivered to street address)	om/suite	1	hone number (see instructions)		
7 Highland Place, P.O. Box 217 City or town, state or province, country, and ZIP or foreign postal code						<u>3-763-3900</u>	
		ewood NJ 07040			C If exe	mption application is pending, o	theck here ④
			n of a former public cha	antv	D 1. Fo	oreign organizations, check hen	a @ 🗆
		Final return Amended	<u>-</u>	Δi ity	1	-	
		Address change Name cha				oreign organizations meeting the	
ш.	Shook 4						
		ype of organization X Section 501(c)(3) exempt private				ate foundation status was termi in 507(b)(1)(A), check here	nated under (4)
			e private foundation X Cash Acc				· .
			X Cash Acc	ruai		foundation is in a 60-month terr section 507(b)(1)(B), check he	
	na or ye ne 16) •	ear (from Part II, col. (c), ◆ \$ 43,481 (Part I, column (d) must be	a an asah hasis \			2001011 201 (2)(1)(2), 0.1001110	
_	art i				<u> </u>	<u> </u>	(d) Disbursements
Г	ait i ,	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions))	books	incor		income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	10,000				·
	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	4		4	4	
	5a	Gross rents					
<u>o</u>	b	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10					
‰‱	b	Gross sales price for all assets on line 6a					
٥	7	Capital gain net income (from Part IV, line 2)			0		
الغوار	8	Net short-term capital gain				0	
CENTRACION Revenue	9	Income modifications					
1	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
: :Ž	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
<u></u>	12	Total. Add lines 1 through 11	10,004		4	4	
	13	Compensation of officers, directors, trustees, etc	0		•	-	
Ses	14	Other employee salaries and wages					
E	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule) See Stmt 1	708		708		k _i
ē	b	Accounting fees (attach schedule)			<u>.</u>	RECEIVING	<u> </u>
美	17	Other professional fees (attach schedule)	<u>-</u>		1:2	Personal At Land At L A 1	72
Operating and Administrative Ex	17	Interest Toyor (attach schodula) (acc instructions)			- (1)	MAY 12 7016	19
ij	18 19	Taxes (attach schedule) (see instructions)				alletti i i i i i i i i i i i i i i i i i i	12
<u> </u>	20	Depreciation (attach schedule) and depletion Occupancy	-			TEACH IN	
Ad	21	Travel, conferences, and meetings			i i i i i i i i i i i i i i i i i i i		metra mali
פר	22	Printing and publications					
ā	23	Other expenses (att sch) Stmt 2	25		25		<u> </u>
Ë	24	Total operating and administrative expenses.			23		
īā		Add lines 13 through 23	733.		733	0	О
þe	25	Contributions, grits, grants paid	4,500	-	, , , ,	<u> </u>	4,500
0	26	Total expenses and disbursements. Add lines 24 and 25	5,233		733	0	4,500
	27	Subtract line 26 from line 12	3,233		,,,,	<u> </u>	7,500
	a	Excess of revenue over expenses and disbursements	4,771				
	ь	Net investment income (if negative, enter -0-)			0		
	c	Adjusted net income (if negative, enter -0-)			<u>_</u>	4	
For		work Reduction Act Notice, see instructions.	- ,-			<u> </u>	Form 990-PF (2015)

3 •	NO8583		•		•	•
F	orm 990	O-PF(2015) Barbara C. Noyes Charitable		27-35185	.83	Page 2
				Beginning of year		of year
	Part l	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash – non-interest-bearing				
	2	Savings and temporary cash investments		38,710	43,481	43,481
	3	Accounts receivable ◆			THE MAN THE PARTY OF	
		Less allowance for doubtful accounts ◆				
	4	Pledges receivable ◆			MATTER STATE OF THE STATE OF TH	and and a decimal and an arm
		Less allowance for doubtful accounts ◆				i
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att schedule)		SECRECAL TO THE	Mildelinessens Survey of a second	See the second of
		Less allowance for doubtful accounts ◆	0			
ts	8	Inventones for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ą	10a	Investments – U.S. and state government obligations (attach schedule)			ļ	
	b	Investments – corporate stock (attach schedule)				<u> </u>
	С	Investments - corporate bonds (attach schedule)				
	11	Investments – land buildings, and equipment basis 🔷		The first of the same back to the same	a a sept.	
		Less accumulated depreciation (attach sch.) ◆				
	12	Investments - mortgage loans				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis $lacktriangle$		4. 地名美国西班牙斯坦克里	THE MARKET WAS TO	The state of the s
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ◆)			
	16	Total assets (to be completed by all filers – see the				1
_		instructions. Also, see page 1, item I)		38,710	43,481	
	17	Accounts payable and accrued expenses			 	3,3
'n	18	Grants payable				
Ë	19	Deferred revenue			ļ <u>.</u>	Santa Santa Santa
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			<u> </u>	355 1 (2) 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
Liabilities	21	Mortgages and other notes payable (attach schedule)				Allegate in a fine
_	24	Other liabilities (describe ◆)			then the strike is the strike in
_	23	Total liabilities (add lines 17 through 22)		0		Althor service by
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	•			They washing
Ses		•				
aŭ	24	Unrestricted				Market of Section 1
34	25	Temporarily restricted		<u> </u>		Difference of the second
ă	26	Permanently restricted	、 (対	<u></u>	 	Principal St.
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	◆ X			
Ö	27	Capital stock, trust principal, or current funds		38,710	43,481	24年四年初期
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund				· 新山 高田山 (1)
ASS	29	Retained earnings, accumulated income, endowment, or other funds				To the contraction
et	30	Total net assets or fund balances (see instructions)		38,710	43,481	
Z	31	Total liabilities and net assets/fund balances (see				性与恐恐症
_	<u> </u>	instructions)		38,710	43,481	Ast production of the
_	Part I	III Analysis of Changes in Net Assets or Fund Balance	es			
	1 Total	linet assets or fund balances at beginning of year – Part II. column (a), line 3	0 /must	agree with	1	1

Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ◆

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ◆

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

6

43, 481

Form 990-PF (2015)

(a) List and des	nd Losses for Tax on Investme cnbe the kind(s) of property sold (e.g., real estate, rarehouse, or common stock, 200 shs MLC Co.)	<u>int Income</u>	<u> </u>	(b) How acquired P – Purchase D – Donation		ite acquired , day, yr)	(d) Date sold (mo , day, yr)
1a N/A				D - Donation			
p ,							
C							·
d						•	
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis ise of sale			n or (loss) f) minus (g)
a							
<u>b</u>							
С							
d							
е		<u> </u>					
Complete only for assets showing	gain in column (h) and owned by the fou	ndation on 12/	31/69			(I) Gains (Col	(h) gain minus
(I) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69		(k) Excess over col				t less than -0-) or rom col (h))
a							
b							
С							
d							
е							
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in is) as defined in sections 1222(5) and (6).				2		
	column (c) (see instructions) If (loss), en	ter -0- ın	}.		3		
	nder Section 4940(e) for Reduc	ed Tax on	Net In	vestment Incom	ne		
	is part blank ion 4942 tax on the distributable amount o fy under section 4940(e). Do not complete		he base	period?			Yes X No
1 Enter the appropriate amount in e	each column for each year, see the instruc	tions before m	naking a	ny entries			
(a) Base penod years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions		Net value	(c) of nonchantable-use asset	s		(d) stribution ratio divided by col (c))
2014	3	,000		40,	415		0.074230
2013	2	,300		34,	367	·	0.066925
2012	1	,700		22,	536		0.075435
2011		500		9,	335		0.053562
2010		500		9,	423		0.053062
2 Total of line 1, column (d)						2	0.323214
	5-year base period – divide the total on lin as been in existence if less than 5 years	e 2 by 5, or by	the			3	0.064643
4 Enter the net value of noncharitat	ole-use assets for 2015 from Part X, line 5	ı				4	42,056
5 Multiply line 4 by line 3						5	2,719
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	2,719
8 Enter qualifying distributions from		and namelets t	hat sod	10/ tourst-		8	4,500
Part VI instructions	line 7, check the box in Part VI, line 1b, a	na complete t	наг рап	using a 1% tax rate	see the		

18 Exempt operating foundations described in section 4940(c)(2), check here ● I and enter "NA* on line 1 Coate of fitting or determination letter (attach copy of letter if necessary—see Instructions) to Discontinuous that meet the section 4940(c) requirements in Part V, check here ● [3] and enter 150 for Part I, line 27b	orm	990-PF(2015) Barbara C. Noyes Charitable 27-3518583				<u>Ра</u>	age 4
Date of ruling or determination letter Call order discussion of the section 494(6) requirements in Part V, check Name	Pa	irt VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	,				
Date of fulling or determination letter Comesite fundations that meet the section 4940(e) requirements in Part V, check here ♦ Main and enter 1% of Part I, line 27b	1a	Exempt operating foundations described in section 4940(d)(2), check here ◆ ☐ and enter "N/A" on line 1	1	Walter Ch	ري الرياسي	45	
nere ◆ ⊠ and enter 1% of Part I, line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b) Part I, line 12, col. (c) Part I, line 2, co		Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		4	در میرد میر از ماهید میرد	الماءة المئت	g
All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 7, Co. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 end 2 Subblis & (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0- CredityPayments 2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign organizations – tax withheld at source Tax pad with application for extension of time to file (Form 8868) Backup withholding erroreously withined Total credits and payments. Add line 6a through 64 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached Total credits and payments. Add line 6a through 64 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid Total credits and 9 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and 8 is more than line 7, enter amount overpaid Total credits and 9 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and 8 is more than line 7, enter amount overpaid Total credits a year, did the foundation attempt to influence any national, state, or local legislation or did it participate for influence any national, state, or local legislation or did it participate for influence any national, state, or local legislation or did it participate for influence any national purposes (see Instructions for the definition)? By the answer is "Yes" to 1 ao 11b, attach a detailed description of the activities and copies of any materials published or influence in the feet of instructions of th	b		1				
Part I, Ine 12, cot (b) 1 Tax under section \$11 (domestic section \$497(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 4 Subtite A (income) tax (domestic section \$497(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Credits/Payments 2 Oth setimated tax payments and 2014 overpayment credited to 2015 8 Exempt foreign organizations — tax withheld at source 6 Exempt foreign organizations — tax withheld at source 7 Tax pad with application for extension of time to file (Form 8869) 8 Exempt foreign organizations — tax withheld at source 7 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerd 10 Total credits and payments Add lines 8 at through 6d 11 Enter the amount of line 10 to be Credited to 2015 12 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerd 12 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerd 13 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerd 14 Tax due. If the total of lines 5 and 8 is more than line 7 enter amount owerd 15 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerd 16 Tax due. If the total of lines 5 and 8 enter the amount overpaid 17 Total credits and payments Add lines 8 through 6d 18 Tax due. If the total of lines 5 and 8 enter the amount overpaid 19 Tax due. If the total of lines 5 and 8 enter the amount overpaid 10 Line the mount of line 10 to be Credited to 2016 sestimated tax ◆ 10 Line the foundation of the Company of the State of the Company of the Company of the Company of the State of the Company of the Co		_	F-10-1	Carried A	Electric Co	ا ما الما الما الما الما الما الما الما	` [*]
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d Backup withholding erroneously withheld Total credits and payments. Add lines 6 at brough 6d Backup withholding erroneously withheld Total credits and payments. Add lines 6 at brough 6d Backup withholding erroneously withheld Total credits and payments. Add lines 6 at brough 6d Total credits and payments. Add lines 6 at brough 6d Total credits and payments. Add lines 6 at brough 6d Total credits and payments. Add lines 6 at brough 6d Total credits and payments. Add lines 6 at brough 6d Total credits and payments. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Total credits and line 10 to be. Credited to 2016 estimated tax ◆ Refunded ◆ 10 Part VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? It has a single or intervene in any political campaign? It has a single or intervene in any political campaign. Total treatment for any total campaign and the single or intervene in any political campaign. To the foundation in a connection with the activities and copies of any materials by published or distributed by the foundation during the year? To the foundation managers ◆ S N/A Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation and any changes, not previously reported to the IRS? If Yes, a tatch the state law remain in the governing instrument in the govern	а		14,00	ماراز بارابه	رُدُون حجمه	1	٠.
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	þ		1000	\ -` '` ·			•
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ↑ 10 11 Enter the amount of line 10 to be Credited to 2016 estimated tax ◆ Refunded ↑ 11 12 Part VII.4 Statements Regarding Activities 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 15 If the answer is Yes' to 1 a 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 and copies of any materials published or distributed by the foundation in connection with the activities of the foundation file Form 1120-PDL for this year? 16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \(\) \(-				
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5 Was there a liquidation termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? 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 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 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," complete Part XIV 9 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				א / זא	$\overline{}$		<u>X</u>
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4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9	·				X	٠:
complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	٠				1 400.00	ever and a	:
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					٩		Х
	10	·			-		
Dull 1 III			3		10	x	

Pa	art 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				Yes	No
	meaning 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					ļ
	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 applica	tion?		13_	Х	<u> </u>
	Website address ♦ Not applicable					
14	The books are in care of ◆ Barbara C. Noyes Charitable Te	elephone no 🔸	973-7	63 -	390	0
	Foundation, Inc., 7 Highland Place					
	Located at ◆ Maplewood NJ	ZIP+4 ◆	07040	1		سے
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here		1			◆ L
	and enter the amount of tax-exempt interest received or accrued during the year	◆ ∟	15			
16	At any time during calendar year 2015, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of					
	the foreign country ♦			L		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u>a</u>				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)		₩.			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		X No			
	disqualified person?	Yes Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?(5) Transfer any income or assets to a disqualified person (or make any of either available for	[] Tes	<u> </u>			
	the benefit or use of a disqualified person)?	Yes	X No	'		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		11 110			
	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)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulati					
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		•			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2015?		N/A	1c		
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 2015, did the foundation have any undistributed income (lines 6d and		(C)			
	6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No			
	If "Yes," list the years ◆ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					ŀ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		NT / 70	مد		
_	all years listed, answer "No" and attach statement – see instructions)		N/A	<u>2b</u>		-
С	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 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				'	1
3a	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or		(1)		,	
IJ	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 penod? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2015)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes	₅ ?	,	4a		Х
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 20			4b		X

	1990-PF (2015) Barbara C. Noye			518583	·		Р	age 6
_ <u>P</u> 8		activities for Which Form	4720 May Be Re	equired (contin	nued)			
5a	3 / me realisation pay or moun							
	(1) Carry on propaganda, or otherwise attempt			Y	′es 🏻 No		. 1	
	(2) Influence the outcome of any specific public		carry on,	,,,,,,			, 4, 4,	
	directly or indirectly, any voter registration of			ү	′es ∑ No	٠, 4	`:\.	
	(3) Provide a grant to an individual for travel, si			Y	′es 🏻 No			
	(4) Provide a grant to an organization other tha	in a charitable, etc., organization d	escribed in			17.0	. `	
	section 4945(d)(4)(A)? (see instructions)			Y	′es ⊠ No	·* ,	. >	
	(5) Provide for any purpose other than religious	-	educational		(2.2)			ĺ
	purposes, or for the prevention of cruelty to			السما	es X No		. '	
b	If any answer is "Yes" to 5a(1)–(5), did any of the	·	•	cribed in	/-	İ		l
	Regulations section 53 4945 or in a current noti				N/A	5b		
_	Organizations relying on a current notice regard	•			◆ ∐		- 1	
С	If the answer is "Yes" to question 5a(4), does the		n the tax	»7/» 🗀 .		, .	٤,	
	because it maintained expenditure responsibility	•		N/A 📙 Y	es No		,	
c -	If "Yes," attach the statement required by Regul					* 3"	.,1,2,	١,٠
6a	Did the foundation, during the year, receive any	tunds, directly or indirectly, to pay	premiums	r	, তো.,	,	v	
	on a personal benefit contract?			ليب	es X No		.	١.,
b	Did the foundation, during the year, pay premiul	ms, directly or indirectly, on a pers	onal benefit contract	7		6b		X
٠.	If "Yes" to 6b, file Form 8870			Г1 .	. I U I	•		
7a	At any time during the tax year, was the foundar				es X No		· ·	
	If "Yes," did the foundation receive any proceed Irt VIII Information About Officer			···-	N/A	7b		L
ra	art VIII information About Officer and Contractors	s, Directors, Trustees, Fo	unuation Mana	gers, migniy r	alu Employee	35,		
1 L	ist all officers, directors, trustees, foundation	n managers and their compens	ation (see instruction	one)				
					(d) Contributions to	T		
	(a) Name and address		(b) Title, and average hours per week	(c) Compensation (if not paid,	employee benefit		pense ac	
			devoted to position	enter -0-)	plans and deferred compensation	othe	er allowar	nces
Ba	rbara C Noyes, M D (Died 12/3/15)	Maplewood	Pres , Ttee					
	3 Elmwood Avenue, Apt D443	NJ 07040	0 10	٥	0			0
Вe	verly S Sirota	Maplewood	Tres, Sec, Ttee					i.
7	Highland Place	NJ 07040	0 10	o	0			0
Jo	nathan E Sirota	Maplewood	V-P, Ttee					
7	Highland Place	NJ 07040	0 25	o	0			0
2	Compensation of five highest-paid employe	es (other than those included o	n line 1 – see instru	uctions). If none,	enter			
	"NONE "			,				
			(b) Title and average		(d) Contributions to	(0) 5		
	(a) Name and address of each employee paid more	than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		pense ac er allowar	
			devoted to position		compensation			
NO	NE							
						ļ		
		 	 			<u> </u>		
			ļ			ļ		
								
Total	number of other completions and a second					L		
rota	number of other employees paid over \$50,000							0
					F	om 99	10-PF	(2015)

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Part VIII Information About Officers, Directors, Trustees, Found	ation Managers, Highly Paid Emp	oloyees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instruc	ctions). If none, enter "NONE."	<u> </u>
(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		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such organizations and other beneficianes served, conferences convened, research papers produced, etc.	n as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruc	ctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A	-	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

Forr	990-PF(2015) Barbara C. Noyes Charitable 27-3518583		Page 8
.P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ons,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	177.3	
_	purposes		
a	Average monthly fair market value of securities	1a	0
ь	Average of monthly cash balances	16	42,696
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	42,696
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	42,696
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	640
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	42,056
6	Minimum investment return. Enter 5% of line 5	6	2,103
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundation	S
	and certain foreign organizations check here ◆ ☐ and do not complete this part)	r.··	
1	Minimum investment return from Part X, line 6	1	2,103
2a	Tax on investment income for 2015 from Part VI, line 5	'- ·	
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,103
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,103
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	2,103
Pa	art XII 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	4,500
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	

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4,500

4,500

3b

4

5

b Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

		(a)	(b)	(c)	
		1-7	\-',	(0)	(d)
	Distributable amount for 2015 from Part XI,	Corpus	Years pnor to 2014	2014	2015
l	ine 7		·		2,103
2 (Undistributed income, if any, as of the end of 2015				
a E	Enter amount for 2014 only				
b 1	Total for pnor years 20 , 20 , 20				
3 E	Excess distributions carryover, if any, to 2015				
a F	From 2010 344				
b F	From 2011 33				
C F	From 2012 573				
d F	From 2013 582				
e F	From 2014 979	1			
fΠ	Total of lines 3a through e	2,511			
4 (Qualifying distributions for 2015 from Part XII,				
l	ine 4 ♦ \$4 , 500	İ			
a /	Applied to 2014, but not more than line 2a				
b A	Applied to undistributed income of prior years				
((Election required – see instructions)				
c 1	Treated as distributions out of corpus (Election				_
г	required – see instructions)				
d A	Applied to 2015 distributable amount				2,103
	Remaining amount distributed out of corpus	2,397			<u> </u>
	Excess distributions carryover applied to 2015	,			· · · · · · · · · · · · · · · · · · ·
	If an amount appears in column (d), the same				
	emount must be shown in column (a))				
6 E	Enter the net total of each column as	j			
i	ndicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,908			
	Pnor years' undistributed income Subtract				
	ine 4b from line 2b				
c E	Enter the amount of pnor years' undistributed				
	ncome for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	ax has been previously assessed				
d S	Subtract line 6c from line 6b Taxable				<u></u>
á	amount – see instructions				
еl	Undistributed income for 2014 Subtract line				·
4	4a from line 2a Taxable amount – see				
1	nstructions				
fι	Undistributed income for 2015 Subtract lines				
4	4d and 5 from line 1. This amount must be				
c	distributed in 2016				0
7 /	Amounts treated as distributions out of corpus				
t	to satisfy requirements imposed by section				
1	170(b)(1)(F) or 4942(g)(3) (Election may be			,	
r	required—see instructions)				
8 E	Excess distributions carryover from 2010 not				
á	applied on line 5 or line 7 (see instructions)	344			
9 E	Excess distributions carryover to 2016.				
5	Subtract lines 7 and 8 from line 6a	4,564			
10 A	Analysis of line 9				
a E	Excess from 2011 33	ļ			
b E	Excess from 2012 573				
c 6	Excess from 2013 582				
d E	Excess from 2014 979	Ì			
е (Excess from 2015 2,397				

N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, ` Recipient Purpose of grant or show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year South Mountain YMCA 139 E. McClellan Ave. N/A Public General Charitable Purposes Livingston NJ 07039 1,500 Goodwill Rescue Mission, Inc. 79 University Avenue N/A Public Newark NJ 07102 General Charitable Purposes 1,500 The Salvation Army, Orange Corps c/o NJ Div.HQ, 4 Gary Rd N/A Public Union NJ 07083 General Charitable Purposes 1,500 [All grants were made to further the organizations' stated objectives.] ◆ 3a 4,500 **b** Approved for future payment N/A Total **♦** 3b N/A

Enter gross amounts unless otherwise indicated	Unreli	ated business income	Exclude	d by section 512 513 or 514	(e)
4. Dragger against the control of th	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			 		
a			+		
b		 	 		
			 		
de			 		
e					
g Fees and contracts from government agen-	CIAS		<u> </u>		
2 Membership dues and assessments	ole3		 		
3 Interest on savings and temporary cash investments	nents		 		
4 Dividends and interest from securities			14	4	
5 Net rental income or (loss) from real estate		اه يوام و	7 7 -	٠ .	······································
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal prope	rty				
7 Other investment income					
8 Gain or (loss) from sales of assets other than in	iventory				
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			1		
1 Other revenue a					
b					
c					
d					
е					
2 Subtotal Add columns (b), (d), and (e)	;) :	4	0
3 Total Add line 12, columns (b), (d), and (e)	-			13 _	4
See worksheet in line 13 instructions to verify calcu				-	4
See worksheet in line 13 instructions to verify calculated Part XVI-B Relationship of Activ	ities to the Accomplish			<u> </u>	4
Part XVI-B Relationship of Activ Line No. Explain below how each activity	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
Part XVI-B Relationship of Activ Line No. Explain below how each activity accomplishment of the foundation	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
Part XVI-B Relationship of Activ Line No. Explain below how each activity	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
Part XVI-B Relationship of Activ Line No. Explain below how each activity accomplishment of the foundation	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
Part XVI-B Relationship of Activ Line No. Explain below how each activity accomplishment of the foundation	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
Part XVI-B Relationship of Activ Line No. Explain below how each activity accomplishment of the foundation	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
Part XVI-B Relationship of Activ Line No. Explain below how each activity accomplishment of the foundation	ities to the Accomplishm for which income is reported in co	olumn (e) of Part XVI-A	contribut	s ed importantly to the	
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	,	Exempt C)rganiza	tions				,				
1 D	id the orga				in any of the follow	ring with any other	er organization described				Yes	No
	_	-	-				on 527, relating to politic					
	rganization				(), ()	,	J P					
	-		ing foundat	tion to a non	nchantable exempt	organization of						
	I) Cash	····								1a(1)		<u>X</u>
	2) Other a	ecate								1a(2)		X
	ther transa									10(2)		
_			onahantah	ala avamnt a	rannization					15/4		Y
	•	f assets to a r		=	-					1b(1)		X
•	•				xempt organization					1b(2)		X
	•	of facilities, eq		or other asse	ets					1b(3)		X
	•	rsement arrar	_							1b(4)		<u>X</u>
		r Ioan guaran								1b(5)		<u>X</u>
	•			-	fundraising solicitat					1b(6)		X
	_	· ·		-	ner assets, or paid e	, -				1c		<u>X</u>
		-					(b) should always show					
				=			e foundation received les					
						**	e goods, other assets, or					
	Line no	(b) Amount	involved	(c) Nam	ne of nonchantable exemp	ot organization	(d) Description of	transfers, tra	nsactions, and sharing arr	angemen	ts	
N/A		 										
		 										
		<u> </u>			·····							
	·					- ·						
								 				
					<u> </u>					<u>-</u>		
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		<u> </u>]									
2a ls	the found	ation directly	or indirectly	y affiliated w	nth, or related to, or	ne or more tax-ex	cempt organizations					
d	escribed in	section 501(c) of the C	ode (other th	han section 501(c)(3)) or in section :	527?			Y€	es X	No
b If	"Yes," con	nplete the follo	owing sche	edule								
		a) Name of organ	ızatıon		(b) Type of o	rganization		(c) Descript	tion of relationship			
N/	<u>/ A</u>							_				
					<u> </u>							
							ules and statements, and to the		knowledge and belief, it is	true,		
	Confect, an	nd complete Dec	adiadon or pro	eparer (outer tr	iaii taxpayei) is based of	ii ali lilloimallon oi wi	nich preparer has any knowledg	le	May the IRS discu	iss this re	tum	
Sign				^	•				with the preparer			¬
Here	ĺ	Λ.	#	Q'	Stiole		-/6/16		(see instructions)	<u> X</u>	Yes	No
		\mathbb{Q}^{n}	Lella.	· ·	7466	3	18/16	V-P,	Ttee.			
	Signa	ature of officer or t	trustee			Date		itle				
	Pnnt/Ty	pe preparer's nam	ne			Preparer's signatur	9		Date		Ch.	$\overline{\Box}$
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Paid	Jona	than E.	Sirota			l &	rattar . The	W	05/03	3/16		,
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										Juli Vt		(2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Foundation,

Barbara C. Noyes Charitable

Inc.

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)

27-3518583

2015

Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	rered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See				
General Rule					
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.				
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 / ₃ % support test of the sins 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during the y contributions totaled mo during the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, chantable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the or this organization because it received nonexclusively religious, chantable, etc., contributions during the year.				
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 ertify 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.

Page 1 of 1

Page 2

Name of organization

Employer Identification number

Barbara C. Noyes Charitable 27-3518583

Part !	Contributors (see instructions) Use duplicate copies of Pa	art I if additional space is nee	eded ,
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) , Type of contribution
1	Barbara C. Noyes, M.D. 333 Elmwood Avenue, Apt. D443 Maplewood NJ 07040	\$ 10,000	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
		\$	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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

3NO8583 Barbara C. Noyes Charitable 27-3518583

FYE: 12/31/2015

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

Charitable Purpose	w	\$
Adjusted Net	₩	0
Net Investment	708	708
Inves	৵	w
Total	708	708
Description	Legal Fees & DisbursementsPreparation \$ & filing of 2014 Form 990-PF	Total

Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	· v
Adjusted Net	. w
Net Investment	25
Total	25
Description	Expenses State of NJ Annual Report Fee Total

Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Barbara C. Noyes, MD (Died 12/3/15) 333 Elmwood Ave., Apt. D443 Address

Maplewood NJ 07040

City, State, Zip

3NO8583 Barbara C. Noyes Charitable **Federal Statements** 27-3518583 FYE: 12/31/2015 Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000 Amount Name of Manager Barbara C. Noyes, M.D. (Died 12/3/15) 10,000 10,000 Total Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock Name of Manager Amount None \$ Total

3NO8583 Barbara C. Noyes Charitable **Federal Statements** 27-3518583 FYE: 12/31/2015 **Taxable Dividends from Securities** Unrelated Exclusion Postal US
Amount Business Code Code Code Obs (\$ or %) Description MorganStnly-MS ActvAsstsMnyTr \$ 4

Total \$ 4 14 NJ