

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

F	or ca	lendar year 2015 or tax year beginning		, 2015, and end	ding		, 20
_	Name	of foundation ABRAMSON FAMILY FOU	NDATION C/O VA	LLEY	Α	Employer identifi	cation number
	NAT	IONAL BANK	•			31-	1504076
	Numb	er and street (or P O box number if mail is not delivered	to street address)	Room/su	ite B	Telephone numbe	r (see instructions)
	119	5 HAMBURG TURNPIKE				97	3-305-3500
_	City or	town, state or province, country, and ZIP or foreign posi-	tal code	· · · · · · · · · · · · · · · · · · ·			
	עגעו	NE, NJ 07470-5055			C	If exemption applicat pending, check here.	ion is
_		ck all that apply: Initial return	Initial return	of a former public cha	rity -		
	CIIC	Final return	Amended ret	•	ם   עיייי	Foreign organizati     Foreign organizati	
		Address change	Name change			85% test, check he	ere and attach
H	Che	ck type of organization: X Section 501(				computation .	
ſ	$\neg$	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri			If private foundation under section 507(b)	E   1
บา ชายช			inting method: X Ca		F		a 60-month termination
<b>?</b>		I —	her (specify)		'		(1)(B), check here
4		1	olumn (d) must be on cas	sh basis )			
Į)	art	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
<u> </u>		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b) Net investment income	(c)	Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule)					••
	2	Check If the foundation is not required to attach Sch B					
9	3	Interest on savings and temporary cash investments-					
5	4	Dividends and interest from securities	37,237.	35,902			STMT 1
:	5a	Gross rents					
f 1	ь	Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 289, 473	-21,796.			REC	EIVED
Š	7	Capital gain net income (from Part IV, line 2)					S
ď	8	Net short-term capital gain				MAY	0 9 2016 19
	9	Income modifications			-	<u> </u>	88
	10a	Gross sales less returns and allowances				665	CALLIT
	b	Less Cost of goods sold .		· .		OGD	EIY, UI
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
_	12	Total Add lines 1 through 11	15,441.	35,902	•		
	13	Compensation of officers, directors, trustees, etc	2,050.	1,435			615
nses	14	Other employee salaries and wages			<u> </u>		
ē	15	Pension plans, employee benefits			1		
, a	16a	Legal fees (attach schedule)	CE 2	30=	-	3703	
9	b	· · · · · · · · · · · · · · · · · · ·	650.	325	+	NONE	325
⋛	_ c	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4,159.		<del> </del>	<del></del>	4,159
itra	17	Interest	F.C.	FC	<del> </del>		
nis	16a b c 17 18 19 20 21 22 23 24	Taxes (attach schedule) (see instructions). 5.		56	<del> </del>		
Ξ	19	Depreciation (attach schedule) and depletion.			<del> </del>		
Ac	20	Occupancy			<del> </del>		
Pu	21	Travel, conferences, and meetings			<del> </del>		· ·
е Б	22	Printing and publications			+	<del>-</del>	
Ę.	24	Other expenses (attach schedule)		<del></del>	<del> </del>		
era.		Add lines 13 through 23	6,915.	1,816		NONE	5,099
Ž	25	Contributions, gifts, grants paid	69,058.	1,010	†	1101111	69,058
_	26	Total expenses and disbursements Add lines 24 and 25	75,973.	1,816		NONE	74,157
_	27	Subtract line 26 from line 12.				3,02,12	, ,
	a	Excess of revenue over expenses and disbursements	-60,532.				
		Net investment income (if negative, enter -0-)	00,000	34,086			
		Adjusted net income (if negative, enter -0-).					

JSA For Paperwork Reduction Act Notice, see instructions.
5E1410 1 000
BMR803 682U 05/03/2016 10:28:47

Form **990-PF** (2015)

Part II-

3

8

10a

12

13

17

18

19

20

21

22

24 25

26

Balances

Accounts receivable ▶\_

Pledges receivable ▶\_

Less allowance for doubtful accounts ▶

Less allowance for doubtful accounts ▶ \_

Less allowance for doubtful accounts ▶ \_

Investments - land, buildings,

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis
Less accumulated depreciation

Other liabilities (describe >\_

and equipment basis

(attach schedule) Other assets (describe

Attached schedules and amounts in the

amounts only (See instructions )

Balance Sheets description column should be for end-of-year

Grants receivable.............. Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . 7 Other notes and loans receivable (attach schedule)

Investments - U S and state government obligations (attach schedule). . b Investments - corporate stock (attach schedule) . STMT .6. . Investments - corporate bonds (attach schedule) . . . . . . .

Total assets (to be completed by all filers - see the 

Accounts payable and accrued expenses . . . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons. .

Mortgages and other notes payable (attach schedule) . . . . .

Total liabilities (add lines 17 through 22) . . . . . . . . . . . . Foundations that follow SFAS 117, check here . >

and complete lines 24 through 26 and lines 30 and 31.

33	L-1504076	Page <b>2</b>
Beginning of year	End o	f year
(a) Book Value	(b) Book Value	(c) Fair Market Value
7,805.	69,304.	69,304.
to Atmosphish at the		
		- 1.45
879,657.	757,914.	761,509.
887,462.	827,218.	830,813.
		JELL

7	26	Permanently restricted	<u> </u>			, ,	A. A.		A
Fun		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					* 48		
5 0	27	Capital stock, trust principal, or current funds	887,462.	827,2	18.		4	100 m	20.0
ë	28	Paid-in or capital surplus, or land, bldg , and equipment fund					× ×	**	
SS	29	Retained earnings, accumulated income, endowment, or other funds					7	· 横4	## 1
17	30	Total net assets or fund balances (see instructions)	887,462.	827,2	18.			4	420 0
윈	30 31	Total liabilities and net assets/fund balances (see							-
╝	·	instructions)	887,462.	827,2	18.	E AF		**	
Pá	art III	Analysis of Changes in Net Assets or Fund Balan	nces						
1	Tota	al net assets or fund balances at beginning of year - Part I	II, column (a), line 30 (r	must agree with					
	end-	d-of-year figure reported on prior year's return)			1	l	8	87,	462.
2		er amount from Part I, line 27a			2			60,	532.

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

Form 990-PF (2015)

826,930.

3,621. 823,309.

3

4

5

6

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

5 Decreases not included in line 2 (itemize) DADJUSTMENT TO COST BASIS

7

Part IV Capital Gain	s and Losses for Tax on Inve	estment Income			rage
(a) List ar	nd describe the kind(s) of property sold ( brick warehouse; or common stock, 200	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr )
1a PUBLICLY TRADED	SECURITIES		D - Denation		
b					
C		_			
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	
a 289,473.		311,269.			-21,796.
b					
<b>c</b>					
d					
e_					
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (ı)		(k), but not less t	than -0-) <b>or</b>
(I) F W V as OI 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	ol (h))
а					-21,796.
<b>b</b>					
С					
d					
е					
2 Capital gain net income	or (not canital loce)	gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		-21,796.
3 Net short-term capital ga	'' ) 1 aın or (loss) as defined in sections	,			
· ·	Part I, line 8, column (c) (see inst				
-		•	3		
	Under Section 4940(e) for Red		come		
	r the section 4942 tax on the distrib not qualify under section 4940(e). I	• •	ase period	d?	Yes X No
	nount in each column for each year		any entr	ries	
(a)	(b)	(c)	g diry one	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	ļ	Distribution ra (col (b) divided by	
2014	60,563.	225,666.		· · · · · · · · · · · · · · · · · · ·	0.268375
2013	74,967.	164,404.			0.455993
2012	43,568.	131,475.			0.331379
2011	82,863.				0.545898
2010	80,943.	177,658.			0.455611
				-	
2 Total of line 1. column (	(d)		2		2.057256
	io for the 5-year base period - divide				
•	indation has been in existence if less	• •	3		0.411451
namber of years the roa	nation has been in existence in less	s than 5 years			0,122102
4 Enter the net value of no	oncharitable-use assets for 2015 fro	om Part X, line 5	4		885,897.
5 Multiply line 4 by line 3			5		364,503.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		341.
			7		364,844.
	tions from Part XII, line 4		8		74,157.
	greater than line 7, check the box			using a 1% ta	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
. 1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6	<u>82.</u>
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		6	82.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		6	<u>82.</u>
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 216 .			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)6c NONE			
d	Backup withholding erroneously withheld		_	
7	Total credits and payments Add lines 6a through 6d		2	216.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		4	166.
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			
	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	4.	Yes	No v
	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	4.		X
	Instructions for the definition)?	1b		^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			ĺ
_	published or distributed by the foundation in connection with the activities.  Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation \$\infty\$ \( \)			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			ĺ
٠	foundation managers • \$			ĺ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	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			İ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		l
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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			1
	By language in the governing instrument, or			ı
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			1
	conflict with the state law remain in the governing instrument?	6	<u>X</u>	<b>—</b>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<b>—</b>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
	NJ			l.
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		٠,	ĺ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-	•	ĺ
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			v
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	,,		X
	names and addresses	10   rm 99(	n_DE /	

Par	t VII-A Statements Regarding Activities (continued)			<u> </u>
	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)			Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1 1		
	person had advisory privileges? If "Yes," attach statement (see instructions)	1 1		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1 1	Х	
	Website address ► N/A	اا		
14	The books are in care of ▶ SEE STATEMENT 8 Telephone no ▶		~	
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	$\prod$
	and enter the amount of tax-exempt interest received or accrued during the year			
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		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	f		
	the foreign country >	* (4)		
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	» {		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		À	âi.
	disqualified person?			2007
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	* <b>6</b>	<b>i</b> .	Į.,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	ند	برفق	4
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			66.
	the benefit or use of a disqualified person)?	<b>A</b>	40	Mar.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		<b>\$</b>	2.
	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)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ľ		*
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			Mr.
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	7	¥.	
	were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u>.</u>	شع	Alexander of the second
	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	•	130	*
	6e, Part XIII) for tax year(s) beginning before 2015?		48	<i>*</i>
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		700	4
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2	,	Ž.
_	all years listed, answer "No" and attach statement - see instructions)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		.45	**
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		4	-
Ja	at any time during the year?		K.	
h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or		- 63	***
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		- 4	***
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		. 5	nather.
	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 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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?	4b		X
	F	orm <b>99</b>	0-PF	(2015)

Form 990-PF (2015)			31-15	04076		Page <b>6</b>
Part VII-B St	atements Regarding Activities 1	or Which Form 4	720 May Be Req	uired (continued)		
5a During the year	r did the foundation pay or incur any amo	unt to	<del>-</del>			
(1) Carry on pr	opaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e)) <sup>7</sup>	. Yes X No	,	
(2) Influence t	the outcome of any specific public ele	ection (see section o	1955), or to carry or	n,		
directly or i	indirectly, any voter registration drive?			. Yes X No	<b>,</b>	
(3) Provide a g	rant to an individual for travel, study, or o	ther similar purposes	·	. Yes X No	<b>,</b>	/
(4) Provide a	grant to an organization other than a	charitable, etc., org	anization described i	in		
section 494	45(d)(4)(A)? (see instructions)			. Yes X No	,	
(5) Provide fo	r any purpose other than religious, cl	naritable, scientific,	iterary, or educations			
purposes, o	or for the prevention of cruelty to children	or animals?		. Yes X No	,	1
<b>b</b> If any answer	ıs "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	ո	
Regulations sec	ction 53 4945 or in a current notice regai	dıng disaster assıstan	ce (see instructions)?		5b	
Organizations r	elying on a current notice regarding disas	ster assistance check	nere			
c If the answer	is "Yes" to question 5a(4), does the	foundation claim e	kemption from the t	ax		
because it mair	ntained expenditure responsibility for the	grant?		. Yes No	,	
If "Yes," attach	the statement required by Regulations sec	ction 53 4945-5(d)				
6a Did the found	ation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiur	ms		
on a personal b	enefit contract?			Yes X No	•	
b Did the foundat	tion, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	act?	. 6b	X
If "Yes" to 6b, fi	le Form 8870					
·	ring the tax year, was the foundation a pa					
	foundation receive any proceeds or have					
nto	rmation About Officers, Directo	rs Trustees Fou	ndation Managor	o Hiably Daid Lasi	ninvees	
Part VIII Info	Contractors	15, 11451005, 104	iluation Managei	s, migniy raid Emp	p10 y 000,	
and	Contractors , directors, trustees, foundation m	anagers and their	compensation (see			
and 1 List all officers	Contractors		_		(e) Expense acc other allowan	
and 1 List all officers	Contractors , directors, trustees, foundation management and address	anagers and their (	compensation (see (c) Compensation (If not paid,	instructions).  (d) Contributions to employee benefit plans	(e) Expense acc	
and 1 List all officers  VALLEY NATIONAL BAN	Contractors , directors, trustees, foundation management and address	(b) Title, and average hours per week devoted to position	compensation (see (c) Compensation (If not paid,	instructions).  (d) Contributions to employee benefit plans	(e) Expense acc	
and 1 List all officers  VALLEY NATIONAL BAN	Contractors , directors, trustees, foundation management (a) Name and address K	anagers and their (b) Title, and average hours per week devoted to position CO-TRUSTEE	compensation (see (c) Compensation (If not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc	ces
And  1 List all officers  VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON	Contractors , directors, trustees, foundation management (a) Name and address K	(b) Title, and average hours per week devoted to position  CO-TRUSTEE	compensation (see (c) Compensation (If not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc	ces
And  1 List all officers  VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON	Contractors , directors, trustees, foundation makes (a) Name and address  K KE, WAYNE, NJ 07470	anagers and their (b) Title, and average hours per week devoted to position CO-TRUSTEE 2 CO-TRUSTEE	(c) Compensation (from the paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc	ces
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON	Contractors , directors, trustees, foundation makes (a) Name and address  K KE, WAYNE, NJ 07470	anagers and their (b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1	(c) Compensation (from the paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc	ces
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON	Contractors , directors, trustees, foundation makes (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006	anagers and their  (b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE	(c) Compensation (see (c) Compensation (If not paid, enter -0-)	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0 -	(e) Expense acc	-0- -0-
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N	Contractors , directors, trustees, foundation m. (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE	(c) Compensation (see (f) Compensation (ff not paid, enter -0-)  2,050.	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -() -  -() -	(e) Expense acc other allowar	-0- -0-
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N	Contractors , directors, trustees, foundation makes (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE	(c) Compensation (see (f) Compensation (ff not paid, enter -0-)  2,050.	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-	(e) Expense acc other allowar	-0- -0-
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION COMPENSATION "NONE."	Contractors , directors, trustees, foundation m. (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE	(c) Compensation (see (f) Compensation (ff not paid, enter -0-)  2,050.	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -() -  -() -	(e) Expense acc other allowar	-0- -0- -0- enter
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION NONE."	Contractors , directors, trustees, foundation management (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006  of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE  1  (other than thos	compensation (see (c) Compensation (if not paid, enter -0-)  2,050.  -0-  -0-  e included on line (c) Compensation	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc other allowan	-0- -0- -0- enter
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION COMPENSATION "NONE."	Contractors , directors, trustees, foundation management (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006  of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE  1  (other than thos	(c) Compensation (see (c) Compensation (lf not paid, enter -0-)  2,050.  -0-  e included on line	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	(e) Expense according of the railowan	-0- -0- -0- enter
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION NONE."	Contractors , directors, trustees, foundation management (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006  of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE  1  (other than thos	compensation (see (c) Compensation (if not paid, enter -0-)  2,050.  -0-  -0-  e included on line (c) Compensation	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc other allowan	-0- -0- -0- enter
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION NONE."	Contractors , directors, trustees, foundation management (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006  of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE  1  (other than thos	compensation (see (c) Compensation (if not paid, enter -0-)  2,050.  -0-  -0-  e included on line (c) Compensation	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc other allowan	-0- -0- -0- enter
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION NONE."	Contractors , directors, trustees, foundation management (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006  of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE  1  (other than thos	compensation (see (c) Compensation (if not paid, enter -0-)  2,050.  -0-  -0-  e included on line (c) Compensation	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc other allowan	-0- -0- -0- enter
VALLEY NATIONAL BAN 1195 HAMBURG TURNPI ANDREW ABRAMSON 22 MAYWOOD COURT, N LISA ABRAMSON 22 MAYWOOD COURT, N COMPENSATION NONE."	Contractors , directors, trustees, foundation management (a) Name and address  K KE, WAYNE, NJ 07470  ORTH CALDWELL, NJ 07006  ORTH CALDWELL, NJ 07006  of five highest-paid employees	(b) Title, and average hours per week devoted to position  CO-TRUSTEE  2  CO-TRUSTEE  1  CO-TRUSTEE  1  (other than thos	compensation (see (c) Compensation (if not paid, enter -0-)  2,050.  -0-  -0-  e included on line (c) Compensation	instructions).  (d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	(e) Expense acc other allowan	-0- -0- -0- enter

NONE Form **990-PF** (2015)

Five highest-paid independent contractors for professional services (see ins	ciactions). Il lione, enter laorai	<b>=.</b> "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		NONE
tal number of others receiving over \$50,000 for professional services		NON
		NON.
art IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the number of	Funance
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
NONE		
2		
	<del> </del>	
		<del></del>
<u> </u>		
art IX-B Summary of Program-Related Investments (see instructions)		•
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
NONE		
All other program-related investments See instructions		
BNONE		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)	gn founda	tions,
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	885,697.
b	Average of monthly cash balances	1b	13,691.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	899,388.
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	NONE
3	Subtract line 2 from line 1d	3	899,388.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	13,491.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	885,897.
6	Minimum investment return. Enter 5% of line 5	6	44,295.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	44,295.
2a			
b	Income tax for 2015 (This does not include the tax from Part VI).	1	
C	Add lines 2a and 2b	2c	682.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	43,613.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	43,613.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	<u> </u>	
•	line 1	7	43,613.
		. , .	
Part	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	74,157.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	74,157.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,157.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2015)

Page 9

Pa	rt XIII Undistributed Income (see instr	uctions)	-		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				43,613.
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only.	· · · · · · · · · · · · · · · · · · ·		NONE	
b	Total for prior years 20_13_,20,20		NONE		
	Excess distributions carryover, if any, to 2015				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
_		301,118.			
	<b>Total</b> of lines 3a through e	301,110.			
4	line 4 $\triangleright$ \$ 74,157.				
2	Applied to 2014, but not more than line 2a			NONE	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	Treated as distributions out of corpus (Election				
·	required - see instructions)	NONE			
d	Applied to 2015 distributable amount				43,613.
е	Remaining amount distributed out of corpus	30,544.			
5	Excess distributions carryover applied to 2015 .	NONE			NONE
	(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:	221 662		i	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	331,662.			
b	Prior years' undistributed income Subtract		NONE		
c	Enter the amount of prior years' undistributed		NONE		
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
_	· · · ·		210212		
a	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount - see instructions			NONE	
•	Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be		•		
	distributed in 2016				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	MONTH			
	required - see instructions)	NONE			
8	Excess distributions carryover from 2010 not	72,194.			
_	applied on line 5 or line 7 (see instructions)	12,174.			
9	Excess distributions carryover to 2016.  Subtract lines 7 and 8 from line 6a	259,468.			
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012 37,106.				
	Excess from 2013 66,929.				
d	Excess from 2014 49,496.				
	Excess from 2015 30,544.				

Form 9,90-PF (2015) 31-1504076 Page 10 Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE Part XIV 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling . . . . . . . . . . . . . 4942(i)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) Tax year Prior 3 years 2a Enter the lesser of the ad-(e) Total (a) 2015 (c) 2013 justed net income from Part (b) 2014 (d) 2012 I or the minimum investment return from Part X for each year listed . . . . . . . **b** 85% of line 2a . . . . . C Qualifying distributions from Part XII, line 4 for each year listed . d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . . e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets . . . (2) Value of assets qualifying under section 4942(j)(3)(B)(i).... b "Endowment" alternative testenter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . C "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)..... (2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(m) . . . . . . (3) Largest amount of support from an exempt organization.... (4) Gross investment income . Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

## ANDREW ABRAMSON

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (	continued)	ared for F	intura Barra ant	
S Grants and Contributions Faid Durm	If recipient is an individual.	Secondation	uture rayment	-
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient	i deministration	
a Paid during the year				
SEE STATEMENT 15				69,058.
				•
		}		
		;		
Total	<u> </u>	<del></del>	▶ 3a	69,058.
<b>b</b> Approved for future payment				
		Ì		
		1		
		1		
		1		
Total	· · · · · · · · · · · · · · · · · · ·		b 3b	

JSA 5E1491 1 000

Form **990-PF** (2015)

Part XVI-A	Analysis of Income-Produ	ucing Acti	ivities			
Enter gross an	nounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program s	ervice revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
=					-	(Dec mandenons)
f						
g Fees an	d contracts from government agencies					-
2 Membersh	ip dues and assessments					
3 Interest on s	avings and temporary cash investments -					
4 Dividends	and interest from securities			14	37,237.	
5 Net rental	income or (loss) from real estate				*	
a Debt-fir	nanced property					
<b>b</b> Not del	ot-financed property					<del></del>
6 Net rental in	come or (loss) from personal property					
7 Other inve	stment income					
8 Gain or (loss	s) from sales of assets other than inventory			18	-21,796.	
9 Net income	e or (loss) from special events · · ·					·
10 Gross profi	t or (loss) from sales of inventory					
11 Other reve	nue a					
ь						
						<del></del>
		_				
e						<del>-</del>
	dd columns (b), (d), and (e)			Χ.	15,441.	
13 Iotal. Add	line 12, columns (b), (d), and (e) t in line 13 instructions to verify calcu				13	15,441.
Part XVI-B			soomplishment of I	Evenent Burn		
Line No.	Explain below how each activity					
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	tunds for such purposes	). (See instructions )
						-
		<del></del>	···			
					· .	
						· · · · · · · · · · · · · · · · · · ·
	7					
-						
			···		· , · ,,	······································
				-	4.	<del></del>
		,	NOT APPLICAB	LE		
		***************************************				-,.
	****					
_	******					,
						<del></del>
						·
			<del>,</del>			
			<del></del> ··			<del></del>
			<del></del>		·	
			<del></del>			

Form S#0-l	PF (20						31-1504076				ge <b>1</b> 3
Part X'		Exempt Orgai	nizations				nd Relationships		chari	table	)
							any other organization			Yes	No
			de (other than	section 501(c)(3)	organization	s) or in	section 527, relatin	g to political			
		itions? s from the reporting	a foundation to	a noncharitable e	vomnt organi	ization (	of.				
			=						1a(1)		X
											X
		ansactions:									
											X
											X
											X
											X
											X
											X
							Column (b) should			faır m	•
							n. If the foundation				
val	ue in		sharing arran	gement, show in a	column (d) th	ne valu	e of the goods, othe	er assets, or s	service	s rece	eived
(a) Line n	0	(b) Amount involved	(c) Name of	noncharitable exempt or	rganization	(d) D	escription of transfers, tran	isactions, and sha	ring arra	ingeme	nts
	$\perp$										
	+										
	+										
	_							·			
		· · · · · · · · · · · · · · · · · · ·	1								
								-			
	-							<del></del>			
								_,			
				<del></del>							
<b>2a</b> Is 1	the fe	oundation directly	or indirectly af	filiated with, or re	elated to, one	e or mo	ore tax-exempt orga	nızations			
des	scribe	d in section 501(c)	of the Code (c	ther than section !	501(c)(3)) or	ın secti	on 527 <sup>7</sup>		Y	es 🔼	🛚 No
<u>b lf "</u>	Yes,"	complete the follow									
		(a) Name of organization	n	(b) Type of	organization		(c) Desc	ription of relation	nship		
		_			<del></del> -						
		·									
		penalties of perjury, I declar and complete Declaration of					nd statements, and to the b	est of my knowled	ige and b	oelief, it	is true
Sign	correct,		preparer (other than			preparer na	s any knowledge	May the IR	S discus	e this	return
Here	<u>M</u>	7)( <i>Juwo</i>	-	05/03/	2016		T		reparer		below
11016	Sığna	ture of officer or trustee		Date		Title		(see instruction	ons)? X	Yes	No
	Т	Print/Type preparer's na	me .	Stenare	ire		Date		PTIN		
Paid		DIEGO RESTRE					05/03/2016	Check if	P006	7000	مم
D	ļ	PIEGO VEGIKE	<u> </u>			-	107/02/4010	Jon Shiployed	FUUD	100	<i>)</i> U

08830

732-767-9100 Form **990-PF** (2015)

Firm's EIN ► 34-6565596

Phone no

Preparer

►ERNST & YOUNG U.S. LLP

ISELIN, NJ

Use Only Firm's address ▶ 99 WOOD AVE SOUTH

Firm's name

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2015

OMB No 1545-0047

Name of the organization

Employer identification number

ARRAMSON FAMILY FOUND	ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on				
	501(c)(3) taxable private foundation					
. •	ered by the <b>General Rule</b> or a <b>Special Rule.</b> B), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributed property) from any one contributor. Complete Parts I and II. See instruction ributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
For 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.						
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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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) (2015)

Name of organ	ization			
ABRAMSON	FAMILY	FOUNDATION	C/0	VALLEY

Employer identification number 31-1504076

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ABRAMSON-CLAYMAN FOUNDATION Person **Payroll** 16584 IRONWOOD DRIVE Noncash (Complete Part II for DELRAY BEACH, FL 33445 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ABRAMSON-CLAYMAN FOUNDATION Person **Pavroll** 16584 IRONWOOD DRIVE Noncash (Complete Part II for DELRAY BEACH, FL 33445 noncash contributions.) (a) (c) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 ABRAMSON-CLAYMAN FOUNDATION Person **Payroll** 16584 IRONWOOD DRIVE Noncash (Complete Part II for DELRAY BEACH, FL 33445 noncash contributions) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 ABRAMSON-CLAYMAN FOUNDATION Person **Payroll** 16584 IRONWOOD DRIVE Noncash (Complete Part II for DELRAY BEACH, FL 33445 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Person
Payroll
Noncash
(Complete Part II for noncash contributions)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	1. 381. 850. 850. 850. 1,381. 850. 147. 569. 147. 148. 125. 391. 246. 317. 448. 152. 141. 142. 144. 147. 148. 152. 141. 144. 147. 148. 147. 148. 147. 148. 147. 149. 149. 149. 149. 149. 149. 149. 149. 149. 149. 149. 149. 149. 149. 141. 149. 149. 149. 149. 149. 141. 149.
REVENUE AND EXPENSES PER BOOKS	, , , , , , , , , , , , , , , , , , ,
DESCRIPTION	VNB CASH MANAGEMENT FUND VNB CASH MANAGEMENT FUND VNB CASH MANAGEMENT FUND VNB CASH MANAGEMENT FUND ANGEL OAK MULTI-STRATEGY INCOME FD CL I ANGELORMITTAL SA RATE 10.35% MATURES 06/ AVENUE CREDIT STRATEGIES FUND CLASS INST BLACKROCK GLOBAL LONG SHORT EQUITY FUND CALAMOS GROWTH FUND & INCOME FUND CLASS CENTURYLINK INC RATE 5.8% DUE 03/15/22 DIAMOND HILL STRATEGIC INCOME FUND CLASS FIRST EAGLE GLOBAL FUNDS CLASS I GENWORTH FUNDAL LNC NOTE RATE 7.70% M GILEAD SCIENCES INC GOLUB CAPOTAL BDC INC INTERNATIONAL PAPER CO ISHARES SELECT DIVIDEND ETF ISHARES TRUST CORE S&P SMALL-CAP ETF ISHARES TRUST CORE S&P SMALL-CAP ETF ISHARES UNTERNATIONAL SELECT DIVIDEND ET ISHARES CURRENCY HEDGED MSCI EUROZONE JP MORGAN STRATEGIC INCOME OPPORTUNITIES KEYCORP MICROSOFT CORP POWERSHARES QOQ TRUST ETF SER 1 SLA MATURES 10 SALIENT MLP & ENERGY INFRASTRUCTURE II C VALLEY NATIONAL BANCORP ANGEL OAK MULTI-STRATEGY INCOME CLASS IN VANGUARD FTSE EMERGING MARKETS

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

NET INVESTMENT INCOME	 	
REVENUE AND EXPENSES PER BOOKS	2,223. 134. 162. 115. 37,237.	
DESCRIPTION	WELLS FARGO ADVANTAGE MULTI WISDOMTREE INTL HEDGED QUALITY DIV GROWT WISDOMTREE US QUALITY DIV GROWTH WISDOMTREE TRUST EUROPE HEDGED EQUITY FD	

0

# FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	325.	325.
ADJUSTED NET INCOME		NONE
NET INVESTMENT INCOME	325.	325.
REVENUE AND EXPENSES PER BOOKS	.050	.050
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC	TOTALS

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE	AND	EXPENSES	PER BOOKS		
			DESCRIPTION	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	

3,909.	250

CUSTODIAN & MANAGEMENT FEES (A OTHER ALLOCABLE EXPENSE-PRINCI

4,159.

TOTALS

CHARITABLE PURPOSES	3,909	4,159
------------------------	-------	-------

FORM 990PF, PART I - TAXES

REVENUE AND DESCRIPTION

EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

FOREIGN TAXES

56. 56. 

56.

56.

Ŋ

328,793. 9,154.

30,731. 15,325. 15,415. 15,030.

- CORPORATE STOCK

FORM 990PF, PART II

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
VALLEY NATIONAL BANCORP COM MICROSOFT CORP COM GOLUB CAPITAL BDC INC	326,268.	328,7 9,1
SCIENCES IN S TRUST CORE S TRUST CORE	28,795.	30,7
TRUST CORE SELECT DIVI INTL SELECT	5,00 4,57	വവ
ISHARES CORE MSCI EAFE ETF ISHARES CORE MSCI EMERGING MAR INTL PAPER CO		
KEICOKP NEW POWERSHARES QQQ TRUST ETF VERITIV CORP	12,225.	14,5
0/0	1,69	<b>ω</b> Ο ο
GENWORTH FINANCIAL INC 7.7% SLM CORP NTS 8.45%	20,146. 20,886. 20,985.	1 1 1 0 1 1 0 0 1 1 0 0 0 0 0 0 0 0 0 0
DIAMOND HILL LONG SHORT FUND C DIAMOND HILL STRATEGIC INCOME JP MORGAN STRATEGIC INC OPP FD CALAMOS GROWTH FD & INC FD CL ROBECO BP LONG/SHORT EQ FD INV	5,13 6,50 8,63	വ വ
SALIENI MLF & ENEKGI INFKA II ANGEL OAK MULTI-STRATEGY INC C	26,910.	25,4

14,542.

18,750. 10,212. 18,330. 18,800. 21,050. 25,529. 25,199.

25,468.

9

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV 
AVENUE CREDIT STRATEG FD CL IN BLACKROCK GLBL LONG SHORT EQ F FIRST EAGLE GLOBAL FDS CL I	. 25, 290.	24,317
BLACKROCK GLBL ALLOCATION FUND ISHARES CURRENCY HEDGED MSCI E VANGUARD FTSE EMERGING MARKETS	15,008.	14,976
WISDOTREE US QUALITY DIVID GROWISDOMTREE INTL HEDGED QUALITY	15,269.	15,175
MAINGATE MLP FUND CL I EATON VANCE LTD DURATION INC F	20,000. 25,136.	2,0
TOTALS	757,914.	761,509

7

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF 

ABRAMSON FAMILY FOUNDATION C/O VALLEY NATIONAL BANK NAME:

ADDRESS: 1195 HAMBURG TURNPIKE

WAYNE, NJ 07470

TELEPHONE NUMBER: (973)305-3500

. ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CONGEREGATION AGUDATH ISRAEL OF WEST ESSEX ADDRESS: 20 ACADEMY STREET CALDWELL, NJ 07006 **RELATIONSHIP:** NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: 501(C)(3) 3,758. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: JEWISH ASSOCIATION FOR RESIDENTIAL CARE ADDRESS: 21160 95TH AVE SOUTH BOCA RATON, FL 33428 RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 1,800. RECIPIENT NAME: CROHN'S & COLITIS FDTN OF AMERICA, NJ CHAPTER ADDRESS: 45 WILSON AVE MANALAPAN, NJ 07726 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUND FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

. ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CURE BREAST CANCER FOUNDATION, INC ADDRESS: 1122 CLIFTON AVE CLIFTON, NJ 07013 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUND FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 50,000. RECIPIENT NAME: LISA B. FISHMAN FDTN ADDRESS: 11 WEDGEWOOD DRIVE MONTVILLE, NJ 07045 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUND FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 1,500. RECIPIENT NAME: MIGRAINE RESEARCH FOUNDATION ADDRESS: 300 EAST 75TH STREET SUITE 3K NEW YORK, NY 10021 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL FUND FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

• ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

TIKVA CHILDREN'S HOME

ADDRESS:

501 TENTH AVENUE 7TH FLOOR

NEW YORK, NY 10018

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUND

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

RECIPIENT NAME:

CHAI CENTER

ADDRESS:

1 JEFFERSON AVENUE

SHORT HILLS, NJ 01078

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUND

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

RECIPIENT NAME:

MUSEUM OF JEWISH HERITAGE

DEVELOPMENT OFFICE

ADDRESS:

36 BATTERY PLACE

NEW YORK, NY 10280

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUND

FOUNDATION STATUS OF RECIPIENT:

501(C)(3)

11

ABRAMSON FAMILY FOUNDATION C/O VALLEY  FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	L-1504076
3=====================================	
RECIPIENT NAME: SAINT BARNABAS MEDICAL CENTER ADDRESS: 95 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07052 RELATIONSHIP: NONE PURPOSE OF GRANT: THE COMFORT PROJECT 360 (ONCOLOGY CTR) FOUNDATION STATUS OF RECIPIENT:	
501(C)(3) AMOUNT OF GRANT PAID	1,500.
RECIPIENT NAME:  JVS	
ADDRESS: 111 PROSPECT STREET EAST ORANGE, NJ 07107 RELATIONSHIP:	
NONE FOUNDATION STATUS OF RECIPIENT: 501(C)(3)	
AMOUNT OF GRANT PAID	2,000.
RECIPIENT NAME: CEREBRAL PALSY OF NORTH JERESY ADDRESS: 220 SOUTH ORANGE AVENUE, STE 300 LIVINGSTON, NJ 07039 RELATIONSHIP:	
NONE FOUNDATION STATUS OF RECIPIENT:	
501(C)(3) AMOUNT OF GRANT PAID	600.

. ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: THE ARC OF BERGEN AND PASSAIC COUNTIES ADDRESS: 223 MOORE STREET HACKENSACK, NJ 07601 RELATIONSHIP: NONE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: MOUNT SINAI HEALTH SYSTEM ADDRESS: ONE GUSTAVE L. LEVY PLACE, BOX 1049 NEW YORK, NY 10029 **RELATIONSHIP:** NONE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: UJA OF GREATER METROWEST NJ ADDRESS: 901 ROUTE 10 WHIPPANY, NJ 07981 RELATIONSHIP: NONE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ...... 1,000. RECIPIENT NAME: KESSLER FOUNDATION ADDRESS: 300 EXECUTIVE DREIVE WEST ORANGE, NJ 07052 **RELATIONSHIP:** NONE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ...... 500. , ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_ RECIPIENT NAME: FOOD ALLERGY RESEARCH & EDUCATION ADDRESS: 515 MADISON AVENUE, STE 1912 , NJ 10022 RELATIONSHIP: NONE FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ...... 3,000. RECIPIENT NAME: PROGERIA RESEARCH FOUNDATION ADDRESS: PO BOX 3453 PEABODY, MA 01961-3453 **RELATIONSHIP:** NONE PURPOSE OF GRANT: MEDICAL FOUNDATION STATUS OF RECIPIENT: 501(C) 3 AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: JEWISH FAMILY SERVICES OF NORTH JERSEY INC ADDRESS: 1 PIKE DRIVE WAYNE, NJ 07470 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 500. , ABRAMSON FAMILY FOUNDATION C/O VALLEY 31-1504076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CONGREGATION AGUDATH ISRAEL OF WEST ESSEX NJ ADDRESS: 20 ACADEMY RD CALDWELL, NJ 07006 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUND FOUNDATION STATUS OF RECIPIENT: 501(C)(3) RECIPIENT NAME: JESPY HOUSE ADDRESS: 102 PROSPECT ST SOUTH ORANGE, NJ 07079 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUND FOUNDATION STATUS OF RECIPIENT: 501(C)(3) AMOUNT OF GRANT PAID ..... 400. TOTAL GRANTS PAID: 69,058.

==========