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For calendar year 2015, or tax year beginning 07-01-2015, and ending 06-30-2016

Name of foundation THE ANSELL GRIMM & AARON FOUNDATION INC C/O MICHAEL BENEDETTO ESQ		A Employer identification number 26-0757646	
Number and street (or P O box number if mail is not delivered to street address) 1500 LAWRENCE AVE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code OCEAN TNSHP, NJ 07712		B Telephone number (see instructions) (732) 922-1000	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,543		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	147,500			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	147,500	0	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 150	0	0	150
	24 Total operating and administrative expenses. Add lines 13 through 23	150	0	0	150
	25 Contributions, gifts, grants paid	145,917			145,917
	26 Total expenses and disbursements. Add lines 24 and 25	146,067	0	0	146,067
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,433			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	110	1,543	
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	110	1,543	1,543
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	110	1,543	
	30	Total net assets or fund balances (see instructions)	110	1,543	
	31	Total liabilities and net assets/fund balances (see instructions)	110	1,543	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	110
2	Enter amount from Part I, line 27a	2	1,433
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,543
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,543

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013	137,309	19,707	6 967524
2012	136,795	30,346	4 507843
2011	136,649	11,112	12 297426
2010	124,329	9,376	13 260346

2	Total of line 1, column (d).	2	37 033139
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	9 258285
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	814
5	Multiply line 4 by line 3.	5	7,536
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7	Add lines 5 and 6.	7	7,536
8	Enter qualifying distributions from Part XII, line 4.	8	146,067

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VIIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____
(attach copy of letter if necessary—see instructions)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5

Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0-

6

Credits/Payments

7

Total credits and payments Add lines 6a through 6d.

8

Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached

9

Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed

10

Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

11

Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded

1

0

0

0

0

0

0

0

0

0

0

6a

6b

6c

6d

Part VII-AStatements Regarding Activities

1a	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?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			No
1b				No
c	Did the foundation file Form 1120-POL for this year?			No
1c				No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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?	6		No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7		No
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? <i>If "No," attach explanation</i>	8b		
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)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

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Part 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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>ANSELL GRIMM & AARON PC</u> Telephone no ► <u>(732) 922-1000</u> Located at ► <u>1500 LAWRENCE AVENUE OCEAN NJ</u> ZIP+4 ► <u>07712</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> 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 over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b			
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
c	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? 1c			No
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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		No
<i>If "Yes" to 6b, file Form 8870</i>				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part 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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	826
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	826
e	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	826
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	12
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	814
6	Minimum investment return. Enter 5% of line 5.	6	41

Part XI Distributable Amount
 (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	41
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	41
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	41
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	41

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	146,067
b	Program-related investments—total from Part IX-B.	1b	0
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		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	146,067
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	146,067

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				41
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	123,860			
b From 2011.	136,093			
c From 2012.	135,278			
d From 2013.	136,324			
e From 2014.	144,867			
f Total of lines 3a through e.	676,422			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 146,067				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				41
e Remaining amount distributed out of corpus	146,026			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	822,448			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
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 required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	123,860			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	698,588			
10 Analysis of line 9				
a Excess from 2011. . . .	136,093			
b Excess from 2012. . . .	135,278			
c Excess from 2013. . . .	136,324			
d Excess from 2014. . . .	144,867			
e Excess from 2015. . . .	146,026			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

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.

b

Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
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				

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i)

b

"Endowment" alternative test— enter 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)(iii).

(3)

Largest amount of support from an exempt organization

(4)

Gross investment income

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

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))

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

2

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

Check here ☐ 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

MICHAEL V BENEDETTO ESQ CO ANSELL G
1500 LAWRENCE AVENUE
OCEAN,NJ 07712
(732) 922-1000

b

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

NO APPLICATION, REQUIRES DETAIL OF PURPOSE OF GRANT AND VERIFICATION OF EXEMPT STATUS OF DONEE

c

Any submission deadlines

NONE

d

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

NO RESTRICTIONS OR LIMITATIONS ON AWARDS

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	145,917
<div>b Approved for future payment</div>				
<div>Total</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.		1a(1)	No
(2) Other assets.		1a(2)	No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.		1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)	No
(3) Rental of facilities, equipment, or other assets.		1b(3)	No
(4) Reimbursement arrangements.		1b(4)	No
(5) Loans or loan guarantees.		1b(5)	No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** _____ Signature of officer or trustee	2016-11-07 _____ Date	***** _____ Title

May the IRS discuss this return with the preparer shown below?
 (see instr.)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name ROSE ANN SLAWSON	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00408845
	Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099	
	Firm's address ▶ 23 Christopher Way Eatontown, NJ 07724			Phone no (732) 578-0700	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
micHAEL V BENEDETTO	tRUSTEE	0	0	0
1500 LAWRENCE AVENUE	10 00			
oCEAN,NJ 07712				
JAMES AARON	TRUSTEE	0	0	0
1500 LAWRENCE AVENUE	10 00			
OCEAN,NJ 07712				
RICHARD B ANSELL	TRUSTEE	0	0	0
1500 LAWRENCE AVENUE	10 00			
OCEAN,NJ 07712				
MITCHELL J ANSELL	TRUSTEE	0	0	0
1500 LAWRENCE AVENUE	10 00			
OCEAN,NJ 07712				
PETER B GRIMM	TRUSTEE	0	0	0
1500 LAWRENCE AVENUE	10 00			
OCEAN,NJ 07712				
BRIAN ANSELL	TRUSTEE	0	0	0
1500 LAWRENCE AVENUE	10 00			
OCEAN,NJ 07712				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
15-40 CONNECTION PO BOX 2540 WORCHESTER,MA 01623	NONE	PC	UNRESTRICTED	250
180 TURNING LIVES AROUND ONE BETHANY RD BLDG 3 STE 42 HAZLET,NJ 07730	NONE	PC	UNRESTRICTED	4,150
200 CLUB MONMOUTH COUNTY-GOLF OUTING PO BOX 6518 FREEHOLD,NJ 07728	NONE	PC	UNRESTRICTED	1,000
5 UNDER 40 FOUNDATION 36 WEST 9TH STREET STE 1A NEWYORK,NY 10011	NONE	PC	UNRESTRICTED	500
AMERICAN RED CROSS-JERSEY COAST CHAPTER 1540 WEST PARK AVENUE OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	10,650
AMERIGO VESPUCCI SOCIETY 286 WILLOW AVENUE LONG BRANCH,NJ 07740	NONE	PC	UNRESTRICTED	650
ASBURY PARK CHAMBER OF COMMERCE PO BOX 649 ASBURY PARK,NJ 07712	NONE	PC	UNRESTRICTED	450
ASBURY PARK RECREATION DEPARTMENT ONE MUNICIPAL PLAZA ASBURY PARK,NJ 07712	NONE	PC	UNRESTRICTED	475
ATHLETE ALLY INC 105 WEST 86TH STREET 238 NEW YORK,NY 10024	NONE	PC	UNRESTRICTED	1,000
ATLANTIC HIGHLANDS PBA LOCAL NO 242 PO BOX 9 ATLANTIC HIGHLANDS,NJ 07716	NONE	PC	UNRESTRICTED	200
AXELROD PERFORMING ARTS CENTER 100 GRANT AVENUE DEAL PARK,NJ 07723	NONE	PC	UNRESTRICTED	750
BBBSMMC 174 MAIN STREET EATONTOWN,NJ 07724	NONE	PC	UNRESTRICTED	3,500
BONDS OF COURAGE INC 500 RAHWAY AVENUE WESTFIELD,NJ 07090	NONE	PC	UNRESTRICTED	200
BOYS AND GIRLS CLUB OF MONMOUTH COUNTY 1201 MONROE AVENUE ASBURY PARK,NJ 07712	NONE	PC	UNRESTRICTED	1,600
BOYS SCOUTS OF AMERICA 705 GINESI DRIVE MORGANVILLE,NJ 07751	NONE	PC	UNRESTRICTED	1,000
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROOKDALE COMMUNITY COLLEGE FOUNDATION 765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	NONE	PC	UNRESTRICTED	2,125
BURLINGTON COUNTY BAR ASSOCIATION 137 HIGH STREET 3RD FLOOR MOUNT HOLLY,NJ 08060	NONE	PC	UNRESTRICTED	1,095
CAMP OAKHURST-NY SERVICE FOR THE HANDICAPPED 1140 BROADWAY STE 903 NEW YORK,NY 100017504	NONE	PC	UNRESTRICTED	2,250
CASA OF MERCER COUNTY 1450 PARKSIDE AVENUE STE 22 EWING,NJ 08638	NONE	PC	UNRESTRICTED	350
CASA OF MONMOUTH COUNTY 40 BROAD STREET STE 202 EATONTOWN,NJ 07724	NONE	PC	UNRESTRICTED	1,800
CHARITABLE FUND OF MICHAEL W THORNE RUN SPONSORSHIP PO BOX 442 WEST LONG BRANCH,NJ 07764	NONE	PC	UNRESTRICTED	250
CHHANGE-BCC CENTER FOR HOLOCAUST EDUCATION 765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	NONE	PC	UNRESTRICTED	500
CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION 150 NEW PROVIDENCE ROAD MOUNTAINSIDE,NJ 07092	NONE	PC	UNRESTRICTED	1,000
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	NONE	PC	UNRESTRICTED	150
COLTS NECK PBA LOCAL 333 PO BOX 517 COLTS NECK,NJ 07722	NONE	PC	UNRESTRICTED	500
COMMUNITY CELEBRATION COMMITTEE 399 MONMOUTH ROAD OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	300
CONGREGATION TORAT EL 301 MONMOUTH ROAD OAKHURST,NJ 07712	NONE	PC	UNRESTRICTED	3,500
COUNT BASIE THEATRE FOUNDATION 99 MONMOUTH STREET RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	6,500
CPC FOUNDATION 10 INDUSTRIAL WAY WEST EATONTOWN,NJ 07724	NONE	PC	UNRESTRICTED	1,000
CYSTIC FIBROSIS FOUNDATION 1719 ROUTE 10 STE 229 PARSIPPANY,NJ 07054	NONE	PC	UNRESTRICTED	250
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DEAL FIRE CO 110 BRIGHTON AVENUE DEAL,NJ 07723	NONE	PC	UNRESTRICTED	200
DUNESDAY FOUNDATION 108 SHREWSBURY AVENUE RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	1,500
EMACC-EASTERN MONMOUTH CHAMBER OF COMMERCE 8 RECKLESS PLACE STE 1 RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	200
EMMANUEL CANCER FOUNDATION 67 WALNUT AVENUE STE 107 CLARK,NJ 07066	NONE	PC	UNRESTRICTED	500
ESSEX COUNTY LEGAIL AID ASSOCIATION 41 WATCHUNG PLAZA 233 MONTCLAIR,NJ 07042	NONE	PC	UNRESTRICTED	500
FOOD CIRCUS GOLF TOURNAMENT 853 HIGHWAY 35 PO BOX 278 MIDDLETOWN,NJ 07748	NONE	PC	UNRESTRICTED	2,650
FRIENDS OF DARRYL BRECKENRIDGE SR FAIR HAVEN pba PO BOX 263 FAIR HAVEN,NJ 07704	NONE	PC	UNRESTRICTED	500
GIRLS SCOUTS OF THE JERSEY SHORE 242 ADELPHIA ROAD FARMINGDALE,NJ 07727	NONE	PC	UNRESTRICTED	1,000
GREATER LONG BRANCH CHAMBER OF COMMERCE PO BOX 625 LONG BRANCH,NJ 07740	NONE	PC	UNRESTRICTED	4,850
HEADLINER VOLLEYBALL 62 KOSTER DRIVE FREEHOLD,NJ 07727	NONE	PC	UNRESTRICTED	485
HENRY SPUD DOBENSKI SCHOLARSHIP FUND 13 HILLSIDE AVENUE JAMESBURG,NJ 08831	NONE	PC	UNRESTRICTED	320
HILLEL YESHIVA 1025 DEAL ROAD OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	1,800
HOLIDAY EXPRESS 968 SHREWSBURY AVE TINTON FALLS,NJ 07724	NONE	PC	UNRESTRICTED	1,500
HOLMDEL PBA #239 PO BOX 214 HOLMDEL,NJ 07733	NONE	PC	UNRESTRICTED	250
HORIZONS STUDENT ENRICHMENT PROGRAM PO BOX 52 RUMSON,NJ 07760	NONE	PC	UNRESTRICTED	500
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IAATO PO BOX 424 OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	200
INTERFAITH FOOD PANTRY 2 EXECUTIVE DRIVE MORRIS PLAINS,NJ 07950	NONE	PC	UNRESTRICTED	500
JACKSON MEMORIAL BAND PARENTS INC PO BOX 800 JACKSON,NJ 08527	NONE	PC	UNRESTRICTED	150
JDRF 560 SYLVAN AVENUE ENGLEWOOD CLIFFS,NJ 07632	NONE	PC	UNRESTRICTED	4,000
JERSEY SHORE GREEK FESTIVAL CO ST GEORGE GREEK CHURCH 700 GRAND AVENUE ASBURY PARK,NJ 07712	NONE	PC	UNRESTRICTED	500
JEWISH FAMILY AND CHILDREN'S SERVICE 705 SUMMERFIELD AVENUE ASBURY PARK,NJ 07712	NONE	PC	UNRESTRICTED	1,000
JJ HOOPS 25 EASTWOOD AVENUE LONG BRANCH,NJ 07740	nONE	PC	UNRESTRICTED	150
JOSHUA GEARY MEMORIAL FUND C/O FARM CREDIT EAST 29 LANDIS AVENUE BRIDGETON,NJ 08302	NONE	PC	UNRESTRICTED	500
LSAHFA-LITTLE SILVER ANIMAL HOSPITAL FOUNDATION 675 BRANCH AVENUE LITTLE SILVER,NJ 07739	NONE	PC	UNRESTRICTED	1,070
LADACIN NETWORK 1703 KNEELEY BLVD WANAMASSA,NJ 07712	NONE	PC	UNRESTRICTED	1,600
LAWYERS CONCERNED FOR LAWYERS PO BOX 1685 TRENTON,NJ 08607	NONE	PC	UNRESTRICTED	170
LEGAL AID SOCIETY OF MONMOUTH COUNTY INC PO BOX 2006 OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	450
LIGHT OF DAY FOUNDATION INC 625 DUCHESS COURT TOMS RIVER,NJ 08753	NONE	PC	UNRESTRICTED	10,200
LOGAN PARKER FUND C/O KATIE DENBERG 19 TOOMIN DRIVE NEPTUNE,NJ 07753	NONE	PC	UNRESTRICTED	250
LOMURRO LAW CHARITABLE FUND ATTN DONNA LOMURRO 4 PARAGON WAY STE 100 FREEHOLD,NJ 07728	NONE	PC	UNRESTRICTED	300
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LONG BRANCH HISTORICAL MUSEUM ASSOC PO BOX 2204 ELBERON,NJ 07740	NONE	PC	UNRESTRICTED	250
LONG BRANCH WRESTLING LBHS 404 INDIANA AVENUE LONG BRANCH,NJ 07740	NONE	PC	UNRESTRICTED	100
LUNCH BREAK PO BOX 2215 RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	375
MARY'S PLACE BY THE SEA 22 MAIN STREET OCEAN GROVE,NJ 07756	NONE	PC	UNRESTRICTED	1,500
MERCER STREET FRIENDS 4 PARAGON WAY STE 100 FREEHOLD,NJ 07728	NONE	PC	UNRESTRICTED	500
MERIDIAN HEALTH FOUNDATION 1345 CAMPUS PARKWAY STE A2 NEPTUNE,NJ 07753	NONE	PC	UNRESTRICTED	1,000
MIDJERSEY CHAMBER OF COMMERCE 1A QUAKERBRIDGE PLAZA DRIVE STE 2 HAMILTON,NJ 08619	NONE	PC	UNRESTRICTED	500
MILLER GROUP HOME PO BOX 112 FARMINGDALE,NJ 07727	NONE	PC	UNRESTRICTED	250
MONMOUTH ARTS COUNCIL 107 MONMOUTH STREET RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	1,850
MONMOUTH BAR ASSOCIATION COURT HOUSE 71 MONUMENT PARK FREEHOLD,NJ 07728	NONE	PC	UNRESTRICTED	1,300
MONMOUTH COUNTY HISTORICAL ASSOC 70 COURT STREET FREEHOLD,NJ 07728	NONE	PC	UNRESTRICTED	500
MONMOUTH COUNTY POLICE CHIEFS ASSOC CHEIF ED KERR SPRING LAKE PD 311 WASHINGTON AVE SPRING LAKE,NJ 07762	NONE	PC	UNRESTRICTED	1,750
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH,NJ 07740	NONE	PC	UNRESTRICTED	900
MONMOUTH OCEAN FOUNDATION FOR CHILDREN 900 HOPE ROAD TINTON FALLS,NJ 07712	NONE	PC	UNRESTRICTED	1,000
MONMOUTH PARK CHARITY FUND 175 OCEANPORT AVENUE OCEANPORT,NJ 07757	NONE	PC	UNRESTRICTED	1,300
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MONMOUTH UNIVERSITY KISLAK REAL ESTATE INSTITUTE 400 CEDAR AVE WEST LONG BRANCH,NJ 07764	NONE	PC	UNRESTRICTED	2,875
MONMOUTH UNIVERSITY 400 CEDAR AVE WEST LONG BRANCH,NJ 07764	NONE	PC	UNRESTRICTED	1,000
NEW JERSEY STATE BAR FOUNDATION ONE CONSTITUTION SQUARE NEW BRUNSWICK,NJ 089011520	NONE	PC	UNRESTRICTED	300
NJALA 600 SOUTH AVENUE WEST WESTFIELD,NJ 07090	NONE	PC	UNRESTRICTED	150
OCEAN BASEBALL 922 GRASSMERE AVENUE OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	500
OCEAN COUNTY COLLEGE FOUNDATION COLLEGE DRIVE PO BOX 2001 TOMS RIVER,NJ 087542001	NONE	PC	UNRESTRICTED	1,500
OCEAN OF LOVE 1709 HIGHWAY 37 EAST TOMS RIVER,NJ 08753	NONE	PC	UNRESTRICTED	150
OCEAN TOWNSHIP ELEMENTARY SCHOOL-PTA 555 DOW AVENUE OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	200
OCEAN TOWNSHIP INTERMEDIATE SCHOOL 1200 WEST PARK AVENUE OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	600
OCEAN TOWNSHIP LITTLE LEAGUE PO BOX 2244 OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	1,000
OTG CHARITIES 352 PARK AVENUE SOUTH NEW YORK,NY 10010	NONE	PC	UNRESTRICTED	2,000
PARISH OF ST MARY'S 1 PHALANX ROAD COLTS NECK,NJ 07722	NONE	PC	UNRESTRICTED	3,500
PBA LOCAL #184-FAIR HAVEN PO BOX 263 FAIR HAVEN,NJ 07704	NONE	PC	UNRESTRICTED	500
PBA LOCAL #48-SANDY HOOK PO BOX 141 HIGHLANDS,NJ 07732	NONE	PC	UNRESTRICTED	1,000
POLICE UNITY TOUR CHAPTER 10 548 OCEAN BLVD LONG BRANCH,NJ 07740	NONE	PC	UNRESTRICTED	100
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PREFERRED BEHAVIORAL HEALTH FOUNDATION 1405 HIGHWAY 35 NORTH OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	1,000
RARITAN BAY MEDICAL CENTER FOUNDATION 471 LAWRIE STREET PERTH AMBOY,NJ 08861	NONE	PC	UNRESTRICTED	2,300
RED BANK CATHOLIC HIGH SCHOOL 112 BROAD STREET RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	1,000
RED BANK MAYOR'S CHARITY BALL PO BOX 2157 RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	575
RED BANK PBA LOCAL 39 PO BOX 39 RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	1,500
RUMSON ST PATRICK'S DAY PARADE PO BOX 646 RUMSON,NJ 07760	NONE	PC	UNRESTRICTED	400
SHORE HOUSE 279 BROADWAY STE 400 LONG BRANCH,NJ 07740	NONE	PC	UNRESTRICTED	2,500
SHORE PLAYERSSSHORE REGIONAL HIGH SCHOOL MONMOUTH PARK HWY 36 WEST LONG BRANCH,NJ 07764	NONE	PC	UNRESTRICTED	150
SHORE TO HELP 32A BEACH ROAD MONMOUTH BEACH,NJ 07750	NONE	PC	UNRESTRICTED	350
SPARTAN FOOTBALL CLUB PO BOX 1094 OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	1,000
SPRINGFIELD MAYORS DAY SCHOLARSHIP FUND AT BALTUSROL INC PO BOX 242 SPRINGFIELD,NJ 07081	NONE	PC	UNRESTRICTED	450
ST MARY'S HEALTHCARE SYSTEM FOR CHILDREN 29-01 216 STREET BAYSIDE,NY 11360	NONE	PC	UNRESTRICTED	250
THE ARC OF MONMOUTH 1158 WAYSIDE ROAD TINTON FALLS,NJ 07712	NONE	PC	UNRESTRICTED	1,000
THE ASBURY PARK ROTARY FOUNDATION PO BOX 512 ASBURY PARK,NJ 07712	NONE	PC	UNRESTRICTED	250
THE AZTEC CORPORATION WOODBRIDGE PLACE 517 ROUTE ONE SOUTH ISELIN,NJ 08830	NONE	PC	UNRESTRICTED	1,875
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE COMMUNITY YMCA 170 PATTERSON AVENUE SHREWSBURY,NJ 07702	NONE	PC	UNRESTRICTED	2,422
THE JERSEY STRONG FOUNDATION 1800 RT 34 BLDG 4 STE 402 WALL,NJ 07719	NONE	PC	UNRESTRICTED	1,000
THE KORTNEY ROSE FOUNDATION 41 SUMMERFIELD AVENUE OCEANPORT,NJ 07757	NONE	PC	UNRESTRICTED	300
THE LT DENNIS W ZILINSKI II MEMORIAL FUND PO BOX 35 HOLMDEL,NJ 07733	NONE	PC	UNRESTRICTED	500
THE MONMOUTH COUNTY CONFERENCE OF DELEGATES PO BOX 50 BRADLEY BEACH,NJ 07720	NONE	PC	UNRESTRICTED	500
THE MYA LIN TERRY FOUNDATION PO BOX 249 OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	2,750
THE OCEAN REBELS 43 HILLSIDE TERRACE OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	100
THE PARKINSON ALLIANCE PO BOX 308 KINGSTON,NJ 08528	NONE	PC	UNRESTRICTED	1,000
THE SANDY HOOK FOUNDATION 84 MERCER ROAD LIGHTHOUSE KEEPERS QTRS FORT HANCOCK,NJ 07732	NONE	PC	UNRESTRICTED	280
THE VALERIE FUND C/O ROOK COFFEE 1701 VALLEY ROAD OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	2,500
TIGGER HOUSE INC PO BOX 276 RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	1,000
TOUR DE FORCE CO KEANSBURG PBA 68 PO BOX 161 KEANSBURG,NJ 07734	NONE	PC	UNRESTRICTED	250
TOWNSHIP OF OCEAN HISTORICAL MUSEUM 163 MONMOUTH ROAD OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	250
TOWNSHIP OF OCEAN HOLIDAY PARTY COMMITTEE 399 MONMOUTH ROAD OAKHURST,NJ 07755	NONE	PC	UNRESTRICTED	350
TRINITY EPISCOPAL CHURCH 503 ASBURY AVENUE ASBURY PARK,NJ 07712	NONE	PC	UNRESTRCTED	1,000
Total ▶ 3a				145,917

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VERITEXT 290 WEST MT PLEASANT AVENUE LIVINGSTON,NJ 07039	NONE	PC	UNRESTRICTED	125
VNA HEALTH GROUP FOUNDATION 176 RIVERSIDE AVENUE RED BANK,NJ 07701	NONE	PC	UNRESTRICTED	1,650
VVA CHAPTER 12 PO BOX 276 ALLENHURST,NJ 07711	NONE	PC	UNRESTRICTED	100
WALTER HOVING HOME 40 WALTER HOVING ROAD GARRISON,NY 10524	NONE	PC	UNRESTRICTED	250
WANAMASSA ELEMENTARY SCHOOL PTA 1106 INTERLAKEN AVENUE OCEAN,NJ 07712	NONE	PC	UNRESTRICTED	200
WAYSIDE ELEMENTARY SCHOOL PTA 733 BOWNE ROAD WAYSIDE,NJ 07712	NONE	PC	UNRESTRICTED	125
WEST LONG BRANCH FOUNDATION FOR PUBLIC EDUCATION PO BOX 113 WEST LONG BRANCH,NJ 07764	NONE	PC	UNRESTRICTED	150
WEST LONG BRANCH PTA 135 LOCUST AVENUE WEST LONG BRANCH,NJ 07764	NONE	PC	UNRESTRICTED	200
YARDVILLE CYO 453 YARDVILLE-ALLENTOWN RD YARDVILLE,NJ 08620	NONE	PC	UNRESTRICTED	125
Total ▶ 3a				145,917

TY 2015 Other Expenses Schedule

Name: THE ANSELL GRIMM & AARON FOUNDATION INC
C/O MICHAEL BENEDETTO ESQ

EIN: 26-0757646

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	150	0	0	150

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE ANSELL GRIMM & AARON FOUNDATION INC</div> <div>C/O MICHAEL BENEDETTO ESQ</div>	<div>Employer identification number</div> <div>26-0757646</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE ANSELL GRIMM & AARON FOUNDATION INC C/O MICHAEL BENEDETTO ESQ	Employer identification number 26-0757646
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANSELL GRIMM & AARON PC	\$ 147,500	Person <input checked="" type="checkbox"/>
	1500 LAWRENCE AVENUE		Payroll <input type="checkbox"/>
	OCEAN TOWNSHIP, NJ 07712		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number
26-0757646

Noncash Property

[illegible]

Name of organization THE ANSELL GRIMM & AARON FOUNDATION INC C/O MICHAEL BENEDETTO ESQ	Employer identification number 26-0757646
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	