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Internal Revenue Service

As Filed Data -

DLN: 93491319028267

OMB No 1545-0052

2016

Form 990-PF **Return of Private Foundation** Department of the Treasury

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

or	caler	ndar year 2016, or tax year beginning 01-01-20)16 , aı	nd ending 12-31-	2016	
		ndation ARE FOUNDATION INC		A Employer id	entification numbe	er
F/	K/A NEV	V JERSEY DEVILS FOUNDATION INC	_	20-1776119		
		street (or P O) box number if mail is not delivered to street address) EVILS - 165 MULBERRY STREET	B Telephone nu (973) 757-6120	mber (see instructio	ns)	
		, state or province, country, and ZIP or foreign postal code 0 07102		, ,	application is pendir	ng, check here
G CI	neck al	I that apply	former public charity	2. Foreign o	ganizations, check h rganizations meeting k here and attach co	the 85% ☐
ı C	neck tv	pe of organization Section 501(c)(3) exempt private	foundation		undation status was n 507(b)(1)(A), chec	
		. 4947(a)(1) nonexempt charitable trust \Box Other taxable		under section	11 307(b)(1)(A), clie	ck liefe - —
Fa of	ır mark year <i>(f</i>		☐ Cash ☑ Accru		ation is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		equal the amounts in column (a) (see instructions))	books			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	27,419			
	2	Check ► ✓ If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments				
ıe	4	Dividends and interest from securities				
	5a	Gross rents				
	ь	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	ь	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				
	ь	Less Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	586,997	0		
	12	Total. Add lines 1 through 11	614,416	0		
	13	Compensation of officers, directors, trustees, etc	0	0		C
	14	Other employee salaries and wages				
Š	15	Pension plans, employee benefits				
)Se	16a	Legal fees (attach schedule)				
<u>ē</u>	Ь	Accounting fees (attach schedule)	4,000	0		C
Operating and Administrative Expenses		Other professional fees (attach schedule)	3,079			C
<u>×</u>	17	Interest				
ra Ta	18		9 150	0		150
<u> </u>	19	Taxes (attach schedule) (see instructions)	25			100
Ē						
Đ	20	Occupancy				
פַ	21	Travel, conferences, and meetings				
<u>ਰ</u>	22	Printing and publications	66.1 205.420			
Ē	23	Other expenses (attach schedule)	395,139	0		С
rat	24	Total operating and administrative expenses.				
8		Add lines 13 through 23	402,368			150
ر	25	Contributions, gifts, grants paid	238,695			238,695
	26	Total expenses and disbursements. Add lines 24 and 25	641,063	0		238,845
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-26,647			
	b	Net investment income (If negative, enter -0-)		0		
	С	Adjusted net income(If negative, enter -0-)				
or.	Danor	work Reduction Act Notice see instructions		Cat No. 11390)	,	rm 000-PE (2016)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

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

Mortgages and other notes payable (attach schedule).

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶

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

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

	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 ▶
S	8	Inventories for sale or use
set	9	Prepaid expenses and deferred charges

10a

h

C

11

12

13

14

15

16

17

18

19

20

21

25

26

28

29

30

31 Part III

Fund

ö

Assets 27

Net

2

3

Liabilities

Other liabilities (describe -_ 22 Total liabilities(add lines 17 through 22) 32.574 87,311 23 Foundations that follow SFAS 117, check here ▶ Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted

263,470

32,574

230,896

230,896

263,470

291,560

87,311

204,249

204,249

291,560

2

3

4

5

6

230,896

-26,647

204,249

204,249 Form 990-PF (2016)

0

0

291,560

Form 990-PF (2016)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(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	D
Iotal. Add lines 1 through 3	Form 990-PF (2016)

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

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Part XII

1

2

3

4

5

12.317

238,845

238.845

238.845

Form 990-PF (2016)

1a

1b

2

3a 3h

4

5

Form **990-PF** (2016)

Form 990-PF (2)	010)
Part XIII	Und

rm 990-PF (2016)								
Part XIII Undistributed Income (see instructions)								
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016				
Distributable amount for 2016 from Part XI, line 7				12.317				

48.382

152,180

48.382

152.887

226.528

art XIIII Undistribute	Undistributed Income (see instructions)								
		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016				
Distributable amount for 20:	16 from Part XI, line 7				12				

353.449

226,528

579,977

579.977

b Total for prior years

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

a From 2011. **b** From 2012. . . . c From 2013. .

152 180 d From 2014. . . . 152,887 e From 2015. f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 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) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

b Excess from 2013. .

c Excess from 2014. .

d Excess from 2015. .

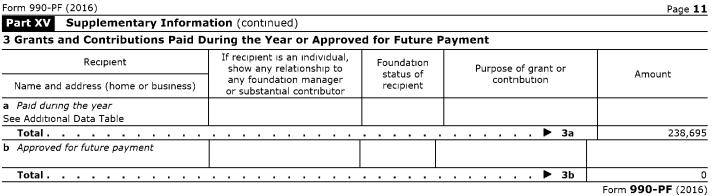
e Excess from 2016. .

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

indicated below:

XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).



Form 990-PF (2016)					Page 12
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by sectio	(e) Related or exempt	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a	Business code	Amount	Exclusion code	Amount	,
b					
с					
d					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property.b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than					
ınventory					
9 Net income or (loss) from special events			01	210,420	
10 Gross profit or (loss) from sales of inventory11 Other revenue a					
b					
с					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		210,420	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	ne)		1	.3	210,420
Part XVI-B Relationship of Activities to th		nment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain instructions (instructions)	income is report	ed in column (e) of	f Part XVI-A contrib		
					200 77 (200

. (20	10)
Ή	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Pari	: XVII	Exempt Organi	-	ransı	rers 10 a	and Iransacti	ions	and	кеіатіоі	nsnips with No	ncnarita	ibie		
		ganization directly or in Code (other than sectio	directly enga								ion 501		Yes	No
a Tra	nsfers	from the reporting foun	dation to a n	oncha	rıtable ex	empt organizatio	on of							
(1) Cash										. :	La(1)		No
(2) Othei	rassets									[La(2)		No
b Oth	ner tran	sactions									Ī			
(1) Sales	of assets to a nonchar	table exempt	t orga	nization.						:	lb(1)		No
(2) Purch	nases of assets from a r	oncharitable	exem	pt organiz	zation					[lb(2)		No
(3) Renta	al of facilities, equipmer	nt, or other as	ssets.							[:	lb(3)		No
(4) Reim	bursement arrangemen	ts								. [:	lb(4)		No
(5) Loans	s or loan guarantees.									[:	lb(5)		No
(6	(6) Performance of services or membership or fundraising solicitations									. [lb(6)		No	
c Sh	arıng of	facilities, equipment, n	nailing lists, d	other a	assets, or	paid employees.					. [1 c		No
		wer to any of the above												
		ds, other assets, or ser												
ın a	any tra	nsaction or sharing arra	ngement, sno	ow in a	column (d	1) the value of the	ne god	oas, o	tner asse	ts, or services rece	ivea			
(a) Lin	e No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	(d) Des	cription of	transfers, transactions	s, and sharii	ng arrai	ngemen	ts
2a Is t	he four	ndation directly or indire	ectly affiliated	d with,	, or relate	d to, one or mor	e tax-	-exem	pt organi	zations				
		in section 501(c) of the	•			•					\square	Yes	✓ N	0
		omplete the following s	· ·			(-/(-//								_
-	100, 0	(a) Name of organization		ĺ	(1	b) Type of organiza	ation		I	(c) Description	n of relation	ship		
		er penalties of perjury,												
C:	1 .	ny knowledge and belief Ith preparer has any kno		orrect,	and com	plete Declaratio	n of p	repare	er (other	than taxpayer) is b	ased on a	ll infor	mation	n of
Sign	1	preparer nas any kno *****	Wieuge			1 2017 11 15					May the IRS	dicens	c thic r	oturn
Here		****				2017-11-15			****		with the pre			
	∣	Signature of officer or t	rustee			Date		▼ Tı	tle		(see instr)	· 🗹 y	es 🗆 N	lo
	1	T		_										
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature	Da	ate		Check if self-	PTIN			
												01597	612	
Paid		DIANA MILLER						employed • L						
	arer	<u> </u>												
_	Only		5 & COMPAN	Y LLP							Firm's EII	N ► 22-	17323	49
USE	Jilly		4 EISENHOW	/FR PA	ARKWAY									
			. LISLINITOW								Dhono no	(073	004.6	2400
		LI	VINGSTON, N	IJ 070	039						Phone no	(3/3	, ,,,,	700
		1												

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation SCOTT O'NEIL PRESIDENT 1 00 C/O NJ DEVILS - 165 MULBERRY STREET NEWARK, NJ 07102 HUGH WEBER CHAIR 1 00 C/O NJ DEVILS - 165 MULBERRY STREET NEWARK, NJ 07102 DANIEL CHERRY VICE PRESIDENT 1 00 C/O NJ DEVILS - 165 MULBERRY STREET NEWARK, NJ 07102 BRAD SHRON **SECRETARY** ٥ ٥ 1 00 C/O NJ DEVILS - 165 MULBERRY STREET NEWARK, NJ 07102 CHRISTINE STEINBERG ASSISTANT SECRETARY 1 00 C/O NJ DEVILS - 165 MULBERRY STREET NEWARK, NJ 07102 DAVID COLLINS **TREASURER** 0 1 00 C/O NJ DEVILS - 165 MULBERRY STREET NEWARK, NJ 07102 PAUL DICICCO **ASSISTANT** 0 **TREASURER** C/O NJ DEVILS - 165 MULBERRY STREET 1 00 NEWARK, NJ 07102

EXEC/PROG DIRECTOR

1 00

JAMES LEONARD

NEWARK, NJ 07102

C/O NJ DEVILS - 165 MULBERRY STREET

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ACT NOW FOUNDATION 830 BERGEN AVENUE FLOOR 8A JERSEY CITY, NJ 07306	NONE	PC	GENERAL SUPPORT	3,000
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVENUE FLOOR 17 CHICAGO II 60601	NONE	PC	GENERAL SUPPORT	1,000

225 N MICHIGAN AVENUE FLOOR 17 CHICAGO, IL 60601				·
AMERICAN CANCER SOCIETY 7 RIDGEDALE AVENUE SUITE 103 CEDAR KNOLLS, NJ 07927	NONE	PC	GENERAL SUPPORT	2,500
AMERICAN DIABETES ASSOCIATION NJ	NONE	PC	GENERAL SUPPORT	3,000

AMERICAN CANCER SOCIETY 7 RIDGEDALE AVENUE SUITE 103 CEDAR KNOLLS, NJ 07927	NONE	PC	GENERAL SUPPORT	2,500
AMERICAN DIABETES ASSOCIATION NJ 1160 ROUTE 22 EAST SUITE 103 BRIDGEWATER, NJ 08807	NONE	PC	GENERAL SUPPORT	3,000
AMERICAN RED CROSS	NONE	PC	GENERAL SUPPORT	3,000

ı	7 RIDGEDALE AVENUE SUITE 103 CEDAR KNOLLS, NJ 07927	INONE	FC	GENERAL SUFFORT	2,31
	AMERICAN DIABETES ASSOCIATION NJ 1160 ROUTE 22 EAST SUITE 103 BRIDGEWATER, NJ 08807	NONE	PC	GENERAL SUPPORT	3,0
1					

Total . За

CEDAR KNOLLS, NJ 0/92/				
AMERICAN DIABETES ASSOCIATION NJ 1160 ROUTE 22 EAST SUITE 103 BRIDGEWATER, NJ 08807	NONE	PC	GENERAL SUPPORT	3,000
AMERICAN RED CROSS 707 ALEXANDER ROAD SUITE 101	NONE	PC	GENERAL SUPPORT	3,000

1160 ROUTE 22 EAST SUITE 103 BRIDGEWATER, NJ 08807	NONE		GENERAL SOFT ORT	3,000
AMERICAN RED CROSS 707 ALEXANDER ROAD SUITE 101 PRINCETON, NJ 08540	NONE	PC	GENERAL SUPPORT	3,000
Total				238,695

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ATLANTIC HEALTH SYSTEM NONE PC. GENERAL SUPPORT 26,411 475 SOUTH STREET PO BOX 1905 MORRISTOWN, NJ 07962 NONE PC AUTISM SPEAKS GENERAL SUPPORT 2,500 1060 STATE RD 2ND FLOOR DRINGETON NI 00E40 000 000 NEWARK, NJ 07102 NONE PC CATHOLIC CHARITIES OF THE GENERAL SUPPORT 3,000 ARCHDIOCESE OF NEWARK

PRINCETON, NJ 00540				
BOYS & GIRLS CLUBS OF NEW JERSEY 822 CLIFTON AVENUE CLIFTON, NJ 07013	NONE	PC	GENERAL SUPPORT	1,00
CASA FOR CHILDREN OF ESSEX COUNTY 212 WASHINGTON STREET ROOM 912	NONE	PC	GENERAL SUPPORT	3,00

590 NORTH 7TH STREET NEWARK, NJ 07107

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CURECADASIL 57 MORGAN PLACE NONE PC GENERAL SUPPORT 2,500 EAST RUTHERFORD, NJ 08816 DARRIGO ART 308243 HOCKLEY ROAD NONE PC 6,513 GENERAL SUPPORT MONO, ONTARIO

CA				
FRIENDSHIP CIRCLE 10 MICROLAB ROAD LIVINGSTON, NJ 07039	NONE	PC	GENERAL SUPPORT	5,627
GOALS FOR GARRETT 39 MAIN STREET MADISON, NJ 07940	NONE	PC	GENERAL SUPPORT	2,500
GOODWILL RESCUE MISSION	NONE	PC	GENERAL SUPPORT	3,000

79 UNIVERSITY AVENUE NEWARK, NJ 07102 Total . .

3a

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
HOCKEY IN NEWARK 110 JABEZ ST STE 260 NEWARK, NJ 07105	NONE	PC	GENERAL SUPPORT	8,447	
HOLY NAME MEDICAL CENTER FOUNDATION 718 TEANECK ROAD TEANECK, NJ 07666	NONE	PC	GENERAL SUPPORT	13,205	
HONOUR OF THE ONES WE LOVE 5035 JOY ROD RR3 ONTARIO, ONTARIO CA	NONE	PC	GENERAL SUPPORT	4,892	
HUNTERDON YOUTH SERVICES 56 SANDHILL ROAD PO BOX 2397 FLEMINGTON, NJ 08822	NONE	PC	GENERAL SUPPORT	3,000	
LIBERTY HUMANE SOCIETY 235 JERSEY CITY BLVD JERSEY CITY, NJ 07305	NONE	PC	GENERAL SUPPORT	8,165	

За

238,695

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIFE IS GREAT GLOBAL FOUNDATION NONE PC GENERAL SUPPORT 3,000 11 ELIOT COURT TEANECK, NJ 07666 LUPUS FOUNDATION OF AMERICA NJ NONE PC GENERAL SUPPORT 2,500 CHAPTER 150 MORRIS AVENUE SUITE 102 SPRINGFIELD, NJ 07081

MAESTRO CARES FOUNDATION 1459 W HUBBARD ST CHICAGO, IL 60642	NONE	PC	GENERAL SUPPORT	10,427
MICHAEL'S CAUSE 167 SINCLAIR AVENUE STATEN ISLAND, NY 10312	NONE	PC	GENERAL SUPPORT	2,500
NEW JERSEY DESTINATION IMAGINATION 1113 CARTERET ROAD BRIDGEWATER, NJ 08807	NONE	PC	GENERAL SUPPORT	2,500

Total . 3a

238,695

<u>.</u> .				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NEW JERSEY ELKS CHARITIES INC 75 WIND JAMMER COURT BAYVILLE, NJ 08721	NONE	PC	GENERAL SUPPORT	3,000
NEW JERSEY HIGH SCHOOL ICE HOCKEY HALL OF FAME 55 HAZEL AVENUE LIVINGSTON, NJ 07039	NONE	PC	GENERAL SUPPORT	8,150
NEWARK BETH ISRAEL MEDICAL CENTER FOUNDATION 201 LYONS AVENUE NEWARK, NJ 07112	NONE	PC	GENERAL SUPPORT	13,205
NEWARK PUBLIC SCHOOLS 2 CEDAR STREET RM 806 NEWARK, NJ 07102	NONE	PC	GENERAL SUPPORT	875
NICHOLS FAMILY TRUST PO BOX 6923 MONROE TOWNSHIP, NJ 08831	NONE	PC	GENERAL SUPPORT	700

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NI AIDS SERVICES INC. NONE PC GENERAL SUPPORT 2,500 44 SOUTH STREET MORRISTOWN, NJ 07960 NJ DISTRICT OF KIWANIS FOUNDATION NONE PC 3,000 GENERAL SUPPORT 120 MORRIS AVENUE

3,000

3.000

3,000

SUMMIT, NJ 07901 NJ EDUCATION FOUNDATION NONE PC GENERAL SUPPORT **PARTNERSHIP** PO BOX 8082

RED BANK, NJ 07701 NONE PC GENERAL SUPPORT

NJ SHARES 1901 NORTH OLDEN AVENUE **EXTENSION** SUITE 1A EWING. NJ 08618 NJ STATE FIREFIGHTERS MUTUAL NONE PC GENERAL SUPPORT

BENEVOLENT ASSOC

1447 CAMPBELL ST

RAHWAY, NJ 07065

238,695

Total . .

3a

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET 910 NEW BRUNSWICK, NJ 08901	NONE	PC	GENERAL SUPPORT	26,411
SAINT BARNABAS MEDICAL CENTER 95 OSH ROAD WEST ORANGE, NJ 07052	NONE	PC	GENERAL SUPPORT	10,125
ST HUBERT'S ANIMAL WELFARE CENTER PO BOX 159 MADISON, NJ 07940	NONE	PC	GENERAL SUPPORT	3,000
ST JAMES SOCIAL SERVICES CORP 588 MARTIN LUTHER KING JR BLVD NEWARK, NJ 07102	NONE	PC	GENERAL SUPPORT	2,900

PC

GENERAL SUPPORT

2,500

238,695

STOMP THE MONSTER PO BOX 521

MARLBORO, NJ 07746

Total . . 3a NONE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SCARLETT FOUNDATION NONE PC GENERAL SUPPORT 3,000 141 SOUTH AVENUE SUITE 103 FANWOOD, NJ 07023 THE SEEING EYE INC PO BOX 375 NONE PC **GENERAL SUPPORT** 3,000

MORRISTOWN, NJ 07963				
THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	PC	GENERAL SUPPORT	3,000
TOYS FOR TOT 18251 OUANTICO GATEWAY DRIVE	NONE	PC	GENERAL SUPPORT	8,642

MAPLEWOOD, NJ 07040				
TOYS FOR TOT 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 221721776	NONE	PC	GENERAL SUPPORT	8,
· · · · · · · · · · · · · · · · · · ·				

TOYS FOR TOT 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 221721776	NONE	PC	GENERAL SUPPORT	8,642
UCLANJ PO BOX 5030 NEWARK, NJ 07105	NONE	PC	GENERAL SUPPORT	3,000

TRIANGLE, VA 221721776				
UCLANJ PO BOX 5030 NEWARK, NJ 07105	NONE	PC	GENERAL SUPPORT	3,0

TRIANGEL, VA 221/21/70				
UCLANJ PO BOX 5030 NEWARK, NJ 07105	NONE	PC	GENERAL SUPPORT	3,00
Total			•	238 695

Total			•	238 695
JCLANJ PO BOX 5030 NEWARK, NJ 07105	NONE	PC	GENERAL SUPPORT	3,0

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UKRAINIAN SPORTS HALL OF FAME NONE PC GENERAL SUPPORT 3,000

WHIPPANY, NJ 07981				
UNICO GREATER RAMSEY CHAPTER PO BOX 140 WALDWICK, NJ 07463	NONE	PC	GENERAL SUPPORT	2,500
Total				238,695

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TY 2016 Accounting Fees Schedule							
	Name: DEVILS CARE FOUNDATION INC						
	F/K/A NEW JERSEY DEVILS FOUNDATION INC						
EIN: 20-1776119							
Category	Ame	ount N	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491319028267		
TY 2016 Other Expenses Schedule						
Name:	DEVILS CARE F	OUNDATION INC				
	F/K/A NFW 1FR	SEY DEVILS FOU	NDATION INC			
		SET DEVIES 1001	NDATION INC			
EIN:	20-1776119					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
SPECIAL EVENT EXPENSES	376,577	0		0		
SUPPLIES	17,800	0		0		

762

MISCELLANEOUS

Name: DEVILS CARE FOUNDATION INC.

Expenses Per Books

F/K/A NEW JERSEY DEVILS FOUNDATION INC

FTN: 20-1776119

GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS

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Revenue And	

586,997

Net Investment

Income

Adjusted Net Income

586,997

DLN: 93491319028267

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TY 2016 Other Professional Fees Schedule						
Name: DEVILS CARE FOUNDATION INC						
F/K/A NEW JERSEY DEVILS FOUNDATION INC						
EIM	EIN: 20-1776119					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
LEGAL	3,079	0		0		

efile GRAPHIC print - DO NOT PROCESS A	s Filed Data	Filed Data - DLN: 93491319028267				
TY 2016 Taxes Schedule						
F,		E FOUNDATION IN				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
NEW JERSEY CHARITIES RENEWAL REGISTRATION	150	0		150		