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990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Gode (except private foundations)

2016

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

	A F	or the	2016 calenda	ar year, or tax year beginning , 2016, and	d ending			, 20
	Вс	heck if ap	pplicable	C Name of organization ?	D Emp	loyer idei	ntification number	
		Address o	hange	1	222672287			
		Name cha	inge	Monmouth Bar Foundation Number and street (or P O box, if mail is not delivered to street address) 2 Ro	reet address) 7 Room/suite			nber
		Initial retu		C/0 Noel S. Tonneman, 145 Wyckoff Road	104		732	-696-2500
	$\overline{}$	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Grou						ption
	=	Amended Applicatio	return n pending	Eatontown, New Jersey 07724		1	nber ►	·
			ing Method	Cash Accrual Other (specify) ▶	Н	Check	► Pit	the organization is not
		Vebsite	-	(1),	— I			ch Schedule B
				EZ, or 990-PF)				
			organization	eck only one) —	527	`		
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	e, or if tot	al assets		
				v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,		▶ ¢	19320 00
		art I		e, Expenses, and Changes in Net Assets or Fund Balances	(see the	e instru	ctions	for Part I) 🔞
	_			the organization used Schedule O to respond to any question in t	-		0110110	
	7	1		ons, gifts, grants, and similar amounts received	ino i dit	• •	1	10125
2018	2	2		ervice revenue including government fees and contracts		•	2	0
		3	•	ip dues and assessments		•	3	0
		4	Investment	•		•	4	9195 63
Š	J	5a		ount from sale of assets other than inventory 5a	• •		₹ <u>₩</u> ,	
6		Ь		or other basis and sales expenses				
PR 2		6		ss) from sale of assets other than inventory (Subtract line 5b from line	53)		5c	0
		6		d fundraising events	: Ja) .		30	
Δŀ		a	•	ome from gaming (attach Schedule G if greater than				
	ā	"		· · · · · · · · · · · · · · · · · · ·				
Ш	J.	١,	•		ontributio	ne		
SCANNED	Revenue	"		aising events reported on line 1) (attach Schedule G if the	Jillibalio	113	3	
A N	Œ		sum of suc	gross incometand contributions exceeds \$15,000) . 6b			ľ	
Ç		c		expenses from gaming and fundraising events . 6c			1- 1	
$\boldsymbol{\varphi}$		ď			sh and si	ıbtract	1 1	
		_	line 6c)	မီ ဝါ (loss) ပြုထုကျပြုခဲ့ကျားရှာ and မြို့တို့draising events (add lines 6a and 6			6d	0
		7a	•	s of inventory-less-returns and allowances 7a		-		
		, "B		of goods sold to the first the first to the			1 }	
		6		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
		8		nue (describe in Schedule O)			8	0
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	19320 63
		10		I similar amounts paid (list in Schedule O)			10	40750
		11		aid to or for members			11	0
	w	12		ther compensation, and employee benefits ?			12	0
	ses	۱		al fees and other payments to independent contractors 2	•		13	0
	en	14		y, rent, utilities, and maintenance			14	0
	Expen	15				• •	15	191 10
	-		•	<u>-</u>		•	16	783 78
		16		enses (describe in Schedule O) 2			17	41724 88
		17		enses. Add lines 10 through 16	•	<u> </u>	 	-22404 25
	sts	18		(deficit) for the year (Subtract line 17 from line 9)			18	-22404 25
	SSE	19		or fund balances at beginning of year (from line 27, column (A)) (nor figure reported on prior year's return)	nust agre	C WILLI		266986 46
	Net Assets	200				•	19	6246 01
	Se	20		nges in net assets or fund balances (explain in Schedule O)			20	250828.22
		21		or fund balances at end of year Combine lines 18 through 20		<u> </u>	21	Form 990-EZ (2016)
	For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat No	10642			rorm JJU"EL (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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Trustee

Trustee

Trustee

Kevin P Wigenton, Esq

Edward M Neafsey, JSC (Ret)

Fere	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mondation of the try of look in the organization does defined to the tespend to any question in the	, r dit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		·
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount or pointed expenditures, direct or indirect, as described in the instructions v	0	[.	
b	Did the organization file Form 1120-POL for this year?	37b	 	~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	- '		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	* ;	,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	,	~
41	List the states with which a copy of this return is filed ▶ New Jersey			
42a	The digatilization of books are in date of a	732-69 077)
b	Located at ► Tonneman & Connors, LLC, 145 Wyckoff Road, Suite 104, Eatontown, NJ ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			• •
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	L1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		,	▶ [
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		~
b	completed instead of Form 990-EZ	44b	-	~
c	Did the organization receive any payments for indoor tanning services during the year?	44c	LI	V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	/		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-Na		
	Form 990-EZ (see instructions)	45h	i Î	1

orm 99	0-EZ (20	016)						F	Page 4
•						_		Yes	No
46		ne organization engage, directly or inc			on behalf o	f or in opposit	l	-	
		ndidates for public office? If "Yes," co		, Part I .	<u> </u>	·	46	L	~
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations		stions 47-49b and	d 52, and	complete the	e tables 1	or lin	es
		50 and 51.							
		Check if the organization used Sch	edule O to respond	to any question in	this Part	VI	<u></u>		
							. —	Yes	No
47		he organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(h) elect	ion in effe	ct during the	tax . 47		~
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule	Ε.	48		1
		ne organization make any transfers to			nization? .		49a	L.	1
		s," was the related organization a sec					49b	L	L
50		plete this table for the organization's t							
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "N	lone '	
		No. 10 de la constanta de la c	(b) Average	(c) Reportable		alth benefits, ons to employee	(e) Estimate	ed amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS)	benefit pla	ins, and deferred	other cor		
Na			• • • • • • • • • • • • • • • • • • • •		com	pensation			
None				1		}			
					 _				
				1					
									
				}					
				 					
				ļ	-				
				 		-			
51	\$100,	plete this table for the organization's ,000 of compensation from the organ	nization If there is no	one, enter "None."					than
	(a)	Name and business address of each independe	ent contractor	(b) Type of so	ervice 	(c)	Compensat	ion	
None				_					
									
				-					
									
				-					
				-					
				 					
		*****		-					
d	Total	number of other independent contract	ctors each receiving	over \$100,000	. >	No	one .		
52		the organization complete Schedul	9			must attach			
-		bleted Schedule A		001011 001(0)(0) 019	gai lizations	must attacr	.►V Yes		No
Inder n	<u>-</u>	of perjury, I declare that I have examined this re	turn including accompan	wing schedules and state	ments and to	the best of my kr		_=	
ue, cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	r has any kno	wledge	lowledge and	ı benen,	II IS
		1 AMA DOLLA	ma)						
Sign	1	Signature of officer				Date			
lere		Noel 1 Ton	neman T	reasurer	_	3-2	5-17	7	
	?	Type or print name and title	1,011	1 2 3 30 1 37			<u> </u>		
		Print/Type preparer's name	Preparer's signature		Date	Charle	, PTIN		
Paid	250	· · · · · ·				Check self-emplo	yed		
Prepa Use (Firm's name				Firm's EIN ▶			
,5C (July	Firm's address ▶				Phone no			
May th	e IRS	discuss this return with the preparer	shown above? See i	instructions	, , , .		Yes	,	No.
						•		ا ل	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

	Monouth Bar Foundation 22-2672287						
	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.						
_	organization is not a private founda						
1 2 3 4	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	or operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community_trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II)			
9	An agricultural research organ or university or a non-land-grauniversity.	nt college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
10	An organization that normally in receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un fter June 30, 19	inctions—subject to c related business taxa 75. See section 509(a	ertain exc ble incom a)(2). (Coi	ceptions, ne (less s mplete Pa	and (2) no more that ection 511 tax) from art III)	n 331/3% of its
11	An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ins described in secti	ion 509(a	a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	Type I. A supporting organ the supported organization supporting organization. Y.	(s) the power to	regularly appoint or e	elect a ma	ajority of t	rted organization(s), the directors or trust	typically by giving ees of the
b	Type II. A supporting orgal control or management of organization(s) You must	the supporting o	organization vested in	the same	with its s persons	supported organizati that control or man	on(s), by having age the supported
С	Type III functionally integ its supported organization(rated. A suppor s) (see instructio	ting organization opei ons). You must comp	rated in c lete Part	onnection IV, Sect i	n with, and functiona ions A, D, and E.	ally integrated with,
d	Type III non-functionally integrated that is not functionally integrequirement (see instructional see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	orted organization(s) d an attentiveness
е	Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determination	on from the	he IRS the	at it is a Type I, Type ion.	e II, Type III
f g	Enter the number of supported or Provide the following information		oorted organization(s).	•			
	(i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)						other support (see
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)				_			

instructions

Part	(Complete only if you checked the				• • • • •		•
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0040	0.0040	() 0044	(0 0015		
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants ")	21200	20515	23150	64630	10125	139620
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf .						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	21200	20515	23150	64630	10125	139620
5	The portion of total contributions by				*	, "	
	each person (other than a			٨			
	governmental unit or publicly					^, *	
	supported organization) included on	1	()	No.			
	line 1 that exceeds 2% of the amount	()			5	1	
•	shown on line 11, column (f)		* * *			1,3	139620
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	<u>,</u>	7. 3. 4		1 1 1		139020
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	21200	20515	23150			139620
8	Gross income from interest, dividends,						
J	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2754	7610	8454	9909 24	8422	52615
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , ,			2 %	· *{ }.	192235
12	Gross receipts from related activities, etc				•	12	0
13	First five years. If the Form 990 is for the		's first, second	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
C4:	organization, check this box and stop he			•		· · · · ·	▶
	on C. Computation of Public Suppor		· ·	4 1 (4)		44 1	72.6.0/
14 15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch		-	i, column (i))	•	15	72 6 % 76 %
16a	33 ¹ / ₃ % support test—2016. If the organi			on line 13 an	· · · · nd line 14 is 33		
	box and stop here. The organization qual					, ,3,70 OI IIIOIC, 1	► [v]
ь	331/3% support test—2015. If the organiz			_	a, and line 15	is 331/3% or mo	
	this box and stop here. The organization	qualifies as a p	publicly suppor	ted organizati	on		. ▶ □
17a	10%-facts-and-circumstances test-20			=		Sa or 16b and	line 14 is
_	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the "						
	organization						▶ □
b	10%-facts-and-circumstances test-20	015. If the orga	inization did no	ot check a box	x on line 13. 1	6a, 16b. or 17a	a, and line
	15 is 10% or more, and if the organiza	ition meets the	e "facts-and-c	rcumstances"	test, check t	his box and s	top here.
	Explain in Part VI how the organization in	neets the "fact	s-and-circums	tances" test	The organization	on qualifies as	a publicly
	supported organization				•		. •
18	Private foundation. If the organization did	d not check a b	oox on line 13.	16a, 16b, 17a	or 17b, check	this box and s	ee

	lle A (Form 990 or 990-EZ) 2016					_	Page 3
Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	omplete Part	II)	
	on A. Public Support		·		· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any 'unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	-·					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	· · · · · · · · · · · · · · · · · · ·					
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						}
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from			. 1			
	line 6.)	<u>.</u> .	- 1 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*			1
	on B. Total Support				r		,
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	···		· <u> </u>			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or			j			}
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						<u></u>
14	First five years. If the Form 990 is for the	_		d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop her						. ▶ _
	on C. Computation of Public Suppor					·	
15	Public support percentage for 2016 (line 8			3, column (f))		15	%
16	Public support percentage from 2015 Sch					16	%
	on D. Computation of Investment Inc			J 1			
17	Investment income percentage for 2016 (I					17	%_
18	Investment income percentage from 2015					18	%
19a	331/a% support tests – 2016. If the organi 17 is not more than 331/a%, check this box a	zation did not	cneck the box	on line 14, ar	na line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3%, check this box a	and stop nere.	rne organizatio	in qualifies as a	a Dubliciv Suddo	orted ordanizat	ion . 🕨 📗

b 33¹/3% support tests – 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations	raπ v	.)	
	or general		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	_
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		remot-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	,	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	~	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	* *	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	×	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	-	- '
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		I r firem of
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			·
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Cont		_2	<u> </u>	L
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			, , , ,
	the supported organization(s)	1	<u> </u>	
Secti	on D. All Type III Supporting Organizations		T	,
	Double appropriate and the second sec		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
а	The organization satisfied the Activities Test Complete line 2 below			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	7	1.53	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify], ,	,	,
	those supported organizations and explain how these activities directly furthered their exempt purposes,			. i
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	, ,,] .
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	. * / [1.
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		~ 3	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ستدث		3,
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule	Δ	/Form	990	^-	oon.	EΖ	2016
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 Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. 	g tru	st on Nov. 20, 1970 (explai	n ın Part VI) See
Section A - Adjusted Net Income	IIZAI	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	·	· · · · · · · · · · · · · · · · · · ·
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		-
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	· · ; i. · · · · · · · · · · · · · · · · · ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	\$3.77	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to		y (412:	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y int		organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	on D - Distributions	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		·_·	
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		(-1)	/··n
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
		, ;	F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6	, ,		, t
_	Underdistributions, if any, for years prior to 2016	,		,
2	(reasonable cause required – explain in Part VI) See	, ;		** , \$ \$
	Instructions	\$ 1, 1 m	, .v.,	
	Excess distributions carryover, if any, to 2016	8 × ×	****	
a		- <u> </u>	4 2-77 St. 5	· / //
C	From 2013			*
d	From 2014		- 2300	è .ôå
e	From 2015	×		* %
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		
h	Applied to 2016 distributable amount		\$ \$ \$,\$\\$\\$\\$	2.7.2.34.39.600
i	Carryover from 2011 not applied (see instructions)	* * * * * * * * * * * * * * * * * * * *		
	Remainder Subtract lines 3g, 3h, and 3i from 3f		X X.3	
4	Distributions for 2016 from	. 1		* *
	Section D, line 7: \$. · · · · · · · · · · · · · · · · · · ·		3
а	Applied to underdistributions of prior years	(
b	Applied to 2016 distributable amount	, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * *	
c	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions	- *(*), *(*),		
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions	***		
7	Excess distributions carryover to 2017 Add lines 3j and 4c.			4.3
8	Breakdown of line 7	·	\$ "	<i>;</i>
а	16 38 3 2 2 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	×,		
b	Excess from 2013	<u> </u>		4 1
c	Excess from 2014		<u> </u>	· · · · · · · · · · · · · · · · · · ·
d	Excess from 2015	4.4		* * * * *
e	Excess from 2016 .		and John Street	

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	
-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Manmouth Das Foundation

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

MOTHIDATE BAT TOURIDATION	22-2012201
Part 1, Line 10	
Молmouth Legal Aid Society, \$2,500 00	
NJSBA Miliatary Law Section, \$250 00	
Scholarships awarded 9/15/2016	
Kaitlyn Maltese, \$4,000 00	
David Incle, \$4,000 00	
Andrew Strafacı, \$2,000.00	
John Prindiville, \$3,000 00	
Brian Lanyon, \$2,000 00	
Nicoletta Spallanzani, \$4,000 00	
Adam Morsy, \$4,000 00	
Jane Schnaider, \$4,000 00	
Alexa Joyce, \$3,000 00	
Sofia Ucles, \$2,000 00	
Victoria Vitarelli, \$4,000.00	
Kyle Campanile, \$4,000 00	
Line 16-Other Expenses	
Meeting Expenses \$914.88	
Filing Fees \$60 00	
Line 20Unrealized Gains \$6246.01	
Part IV, Continued	
John P Dugga, Esq., Trustee, 1, Compensation \$0	
Patricia Bray Adams, Esq., Trustee, 1, Compensation \$0	
Kevin Moriarity, Esq., Trustee, .1, compensation \$0	
Anne O'Connors, Esq., Trustee, 1, compensation \$0	