

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE KURR FOUNDATION		A Employer identification number 22-3176150	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 143		Room/suite	B Telephone number (see instructions) (732) 219-9200
City or town, state or province, country, and ZIP or foreign postal code MIDDLETOWN, NJ 07748		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 5,980,572	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 )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	1	1		
	4 Dividends and interest from securities . . . . .	149,992	149,992		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	27,313			
	b Gross sales price for all assets on line 6a 777,886				
	7 Capital gain net income (from Part IV, line 2) . . . . .		27,313		
	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 . . . . .	177,306	177,306		
	13 Compensation of officers, directors, trustees, etc	255,000	76,500		178,500
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	35,000	17,500		17,500
	c Other professional fees (attach schedule) . . . . .	62,258	62,258		0
	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) . . . . .	27,454	9,068		17,886
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	379,712	165,326		213,886
	25 Contributions, gifts, grants paid . . . . .	382,638			382,638
	26 Total expenses and disbursements. Add lines 24 and 25	762,350	165,326		596,524
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-585,044			
	b Net investment income (if negative, enter -0-)		11,980		
c Adjusted net income(if negative, enter -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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	307,000	331,407	331,407
	2	Savings and temporary cash investments . . . . .	493,558	156,678	156,678
	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) . . . . .	6,483,858	6,473,867	5,020,196
	c	Investments—corporate bonds (attach schedule) . . . . .	757,310	494,729	472,290
	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 ▶ _____)	0	1	1	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	8,041,726	7,456,682	5,980,572	
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	<b>Total liabilities</b> (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	3,347,595	3,347,595	
	29	Retained earnings, accumulated income, endowment, or other funds	4,694,131	4,109,087	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	8,041,726	7,456,682		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	8,041,726	7,456,682		

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	8,041,726
2	Enter amount from Part I, line 27a . . . . .	2	-585,044
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	7,456,682
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	7,456,682

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	27,313
<b>3</b> 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 <span style="float: right;">{ }</span>	<b>3</b>	

**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))
2015	615,670	6,859,638	0 089753
2014	565,238	7,828,617	0 072202
2013	610,359	8,159,319	0 074805
2012	556,362	8,989,452	0 061891
2011	1,045,245	11,251,425	0 092899

<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>	0 391550
<b>3</b> 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 . . . . .	<b>3</b>	0 078310
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 . . . . .	<b>4</b>	6,324,532
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	495,274
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>	120
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>	495,394
<b>8</b> Enter qualifying distributions from Part XII, line 4 , . . . . .	<b>8</b>	596,524

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 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	120
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	120
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	120
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	6,704
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	6,704
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	6,584
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> 6,584 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	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? . . . . .	<b>1a</b>	Yes	No
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>		No
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		No
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>		No
<b>3</b>	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? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>		No
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>		No
<b>6</b>	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? . . . . .	<b>6</b>	Yes	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NJ			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes	
<b>9</b>	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	<b>9</b>		No
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> NOT APPLICABLE	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>▶</b> ROBERT J GAUGHRAN Telephone no <b>▶</b> (732) 219-9200			

Located at **▶** 218 NAVESINK RIVER ROAD RED BANK NJ ZIP+4 **▶** 07701

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2016, 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 <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>▶</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2016? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2016 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2016?	<b>4b</b>		<b>No</b>

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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
JOHN H ROGICKI 6 CARLA COURT HOLMDEL, NJ 07733	TRUSTEE/PRESIDENT 2 00	85,000	0	0
NORMA R PANE 2057 63RD STREET BROOKLYN, NY 11204	TRUSTEE/TREASURER 1 00	85,000	0	0
ROBERT J GAUGHRAN 218 NAVESINK RIVER RD RED BANK, NJ 07701	TRUSTEE/SECRETARY 5 00	85,000	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				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
TRAIN BABCOCK ADVISORS LLC 757 THIRD AVENUE 27TH FLOOR NEW YORK, NY 10017	INVESTMENT ADVISORY SERVICES	62,258
KEVIN W CLUNE CPA LLC 515 MADISON AVENUE 40TH FLOOR NEW YORK, NY 10022	ACCOUNTING AND TAX COMPLIANCE SERVICES	35,000

**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
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	6,061,993
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	358,852
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	6,420,845
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	6,420,845
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	96,313
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	6,324,532
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	316,227

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	316,227
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	120
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	120
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	316,107
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	316,107
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	316,107

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	596,524
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	596,524
<b>5</b>	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).	<b>5</b>	120
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	596,404

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				316,107
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	505,922			
<b>b</b> From 2012. . . . .	115,904			
<b>c</b> From 2013. . . . .	603,023			
<b>d</b> From 2014. . . . .	179,366			
<b>e</b> From 2015. . . . .	277,356			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,681,571			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 596,524				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				316,107
<b>e</b> Remaining amount distributed out of corpus	280,417			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,961,988			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	505,922			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,456,066			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	115,904			
<b>b</b> Excess from 2013. . . . .	603,023			
<b>c</b> Excess from 2014. . . . .	179,366			
<b>d</b> Excess from 2015. . . . .	277,356			
<b>e</b> Excess from 2016. . . . .	280,417			

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

<b>1</b>	<b>Information Regarding Foundation Managers:</b>
<b>a</b>	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>b</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

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 email address of the person to whom applications should be addressed

- b. The form in which applications should be submitted and information and materials they should include**

- c Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	382,638
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					1
<b>4</b> Dividends and interest from securities. . . .			14	149,992	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18		27,313
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		149,992	27,314

**13 Total.** Add line 12, columns (b), (d), and (e). **13** 177,306  
(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[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

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

Print/Type preparer's name  KEVIN W CLUNE	Preparer's Signature	Date  2017-10-31	Check if self-employed <input checked="checked" type="checkbox"/>	PTIN  P01472110
Firm's name ▶ KEVIN W CLUNE CPA LLC				Firm's EIN ▶ 54-2137547
Firm's address ▶ 515 MADISON AVENUE 40TH FLOOR  NEW YORK, NY 10022				Phone no (212) 922-0301

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

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 )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
2500 SHS DOVER CORPORATION DOV	P	2011-07-29	2016-08-23
125 SHS JONES LANG LASALLE JLL	P	2013-07-31	2016-09-07
375 SHS JONES LANG LASALLE JLL	P	2013-08-07	2016-09-07
750 SHS ALIBABA GROUP HLDG FADR	P	2015-02-02	2016-09-21
125000 SHS GOLDMAN SACHS GR 5 75%16	P	2015-01-23	2016-10-01
1500 SHS MYLAN NV	P	2015-10-09	2016-11-08
2900 SHS HANESBRANDS INC HBI	P	2015-08-05	2016-12-08
200000 SHS GENERAL ELECTRIC 5 25%17	P	2013-07-26	2016-12-16

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
185,302		127,821	57,481
14,991		11,260	3,731
44,973		33,409	11,564
78,464		66,734	11,730
125,000		134,696	-9,696
55,730		64,026	-8,296
66,296		84,107	-17,811
207,130		228,520	-21,390

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			57,481
			3,731
			11,564
			11,730
			-9,696
			-8,296
			-17,811
			-21,390


**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)				
<b>a</b> <i>Paid during the year</i>				
180 TURNING LIVES AROUND 1 BETHANY ROAD BUILDING 3 SUITE 42 HAZLET, NJ 07730	NONE	EXEMPT	DEDICATED TO ENDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT	5,000
ACADEMY OF MOUNT ST URSULA 330 BEDFORD PARK BOULEVARD BRONX, NY 10458	NONE	EXEMPT	EDUCATIONAL GRANT	2,500
AMERICAN HEART ASSOCIATION 2550 US HIGHWAY 1 NORTH BRUNSWICK, NJ 08902	NONE	EXEMPT	MEDICAL STUDY	10,000
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BOULEVARD 120 DENVER, CO 80221	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
ANDULHEA HERITAGE CENTER (AHC) 4 CHURCH STREET REHRERSBURG, PA 19550	NONE	EXEMPT	COMMUNITY DEVELOPMENT	338
<b>Total . . . . .</b> ►				382,638
<b>3a</b>				

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)				
<b>a</b> <i>Paid during the year</i>				
ANNUNCIATION SCHOOL 470 WESTCHESTER AVENUE CRESTWOOD, NY 10707	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	NONE	EXEMPT	EDUCATIONAL GRANT	500
BARUCH COLLEGE ONE BERNARD BARUCH WAY BOX A-1603 NEW YORK, NY 10010	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
BERKS COUNTY COMMUNITY FOUNDATION PO BOX 212 READING, PA 19603	NONE	EXEMPT	SCHOLARSHIPS	15,000
BETHEL ELEMENTARY SCHOOL 8390 LANCASTER AVENUE BETHEL, PA 19507	NONE	EXEMPT	EDUCATIONAL GRANT	10,000
<b>Total . . . . .</b> ► <b>3a</b>				382,638



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)				
<b>a</b> <i>Paid during the year</i>				
BETHEL-TULPEHOCKEN PUBLIC LIBRARY 8601 LANCASTER AVENUE BETHEL, PA 19507	NONE	EXEMPT	EDUCATIONAL GRANT	15,000
BIG BROTHERS BIG SISTERS OF MONMOUTH AND MIDDLESEX COUNTIES 305 BOND STREET ASBURY PARK, NJ 07712	NONE	EXEMPT	COMMUNITY DEVELOPMENT	10,000
BISHOP'S ANNUAL CATHOLIC APPEAL DIOCESE OF TRENTON 701 LAWRENCEVILLE ROAD TRENTON, NJ 08648	NONE	EXEMPT	COMMUNITY DEVELOPMENT	5,500
BOYS AND GIRLS CLUB OF MONMOUTH COUNTY PO BOX 189 ASBURY PARK, NJ 07712	NONE	EXEMPT	COMMUNITY DEVELOPMENT	17,500
BROOKDALE COMMUNITY COLLEGE 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	EXEMPT	EDUCATIONAL GRANT - SCHOLARSHIP FUND	10,000
<b>Total . . . . .</b> 				382,638
<b>3a</b>				

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)				
<b>a</b> <i>Paid during the year</i>				
CALVARY FUND INC 1740 EASTCHESTER ROAD BRONX, NY 10461	NONE	EXEMPT	BUILDING REPAIR FUND	7,500
CALVARY HOSPITAL 1740 EASTCHESTER ROAD BRONX, NY 10461	NONE	EXEMPT	MEDICAL ASSISTANCE	2,500
CITYMEALS-ON-WHEELS CHURCH STREET STATION PO BOX 4007 NEW YORK, NY 102771044	NONE	EXEMPT	COMMUNITY DEVELOPMENT	1,000
COLLIER YOUTH SERVICES 160 CONOVER ROAD WICKATUNK, NJ 07765	NONE	EXEMPT	EDUCATIONAL GRANT	10,000
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	EXEMPT	COMMUNITY DEVELOPMENT	500
<b>Total . . . . . ▶</b> <b>3a</b>				382,638


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)				
<b>a</b> Paid during the year				
CPC BEHAVIORIAL HEALTHCARE ATTN THE DEVELOPMENT OFFICE 10 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	NONE	EXEMPT	HEALTHCARE	15,000
DOCTOR'S WITHOUT BORDERS USA INC 333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	EXEMPT	MEDICAL ASSISTANCE	11,000
FAITH TO MOVE MOUNTAINS CAMPAIGN DIOCESE OF TRENTON 701 LAWRENCEVILLE ROAD TRENTON, NJ 08648	NONE	EXEMPT	RELIGIOUS	10,000
FAMILY AND CHILDREN'S SERVICES 191 BATH AVENUE LONG BRANCH, NJ 07740	NONE	EXEMPT	COMMUNITY DEVELOPMENT	13,250
FIRST CORINTHIAN BAPTIST CHURCH 1912 ADAM CLAYTON POWELL JR BOULEVARD NEW YORK, NY 10026	NONE	EXEMPT	RELIGIOUS	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				382,638

**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)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS SEMINARY 222 EAST 16TH STREET NEW YORK, NY 10003	NONE	EXEMPT	EDUCATIONAL GRANT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 317093498	NONE	EXEMPT	COMMUNITY DEVELOPMENT	1,000
HARLEM ACADEMY 1330 5TH AVENUE 4 NEW YORK, NY 10026	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
HOLIDAY EXPRESS 968 SHREWSBURY AVENUE 6 TINTON FALLS, NJ 07724	NONE	EXEMPT	COMMUNITY DEVELOPMENT	10,000
HOLY APOSTLES SOUP KITCHEN 296 NINTH AVENUE NEW YORK, NY 10001	NONE	EXEMPT	COMMUNITY DEVELOPMENT	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				382,638

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)				
<b>a</b> <i>Paid during the year</i>				
INTERFAITH NEIGHBORS OF ASBURY PARK 810 FOURTH AVENUE ASBURY PARK, NJ 07712	NONE	EXEMPT	COMMUNITY DEVELOPMENT	17,500
LONG ISLAND UNIVERSITY 1 UNIVERSITY PLAZA BROOKLYN, NY 11201	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
LUNCH BREAK 121 DRS JAMES PARKER BOULEVARD RED BANK, NJ 07701	NONE	EXEMPT	COMMUNITY DEVELOPMENT	8,000
MERIDIAN HEALTH FOUNDATION 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	EXEMPT	MEDICAL ASSISTANCE	7,500
MIDDLETOWN FIRST AID AND RESCUE SQUAD PO BOX 128 MIDDLETOWN, NJ 07748	NONE	EXEMPT	MEDICAL ASSISTANCE	2,500
<b>Total . . . . .</b> ► <b>3a</b>				382,638

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)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL HEMOPHILIA FOUNDATION 116 WEST 32ND STREET 11TH FLOOR NEW YORK, NY 10001	NONE	EXEMPT	MEDICAL ASSISTANCE	10,000
NATIONAL RELIEF CHARITIES 13318 AIRPARK DRIVE ELKWOOD, VA 22718	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
NAVESINK BUSINESS GROUP 77 EAST BERGEN PLACE RED BANK, NJ 07701	NONE	EXEMPT	COMMUNITY DEVELOPMENT	1,000
NEW YORK BOTANICAL GARDENS 200TH STREET AND KAZIMIROFF BLVD BRONX, NY 10458	NONE	EXEMPT	PUBLIC SERVICE	1,000
PRESTON HIGH SCHOOL OFFICE OF DEVELOPMENT 2780 SCHURZ AVENUE BRONX, NY 10465	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
<b>Total</b> . . . . . 				382,638
<b>3a</b>				

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)				
<b>a</b> <i>Paid during the year</i>				
RED BANK CATHOLIC HIGH SCHOOL CO BOOSTER CLUB 112 BROAD STREET RED BANK, NJ 07701	NONE	EXEMPT	EDUCATIONAL GRANT	1,150
RIVERVIEW MEDICAL CENTER AUXILIARY 1 RIVERVIEW PLAZA RED BANK, NJ 07701	NONE	EXEMPT	MEDICAL ASSISTANCE	3,000
RIVERVIEW MEDICAL CENTER FOUNDATION 1 RIVERVIEW PLAZA RED BANK, NJ 07701	NONE	EXEMPT	MEDICAL ASSISTANCE	5,000
SALEM LUTHERAN CHURCH PO BOX 111 8381 LANCASTER AVENUE BETHEL, PA 19507	NONE	EXEMPT	BUILDING REPAIR FUND	5,000
SISTERS ACADEMY 1416 SPRINGWOOD AVENUE ASBURY PARK, NJ 07712	NONE	EXEMPT	EDUCATIONAL GRANT	22,500
<b>Total</b> . . . . . <b>3a</b>				382,638

**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)				
<b>a</b> <i>Paid during the year</i>				
SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	NONE	EXEMPT	MEDICAL ASSISTANCE	1,000
SPCA INTERNATIONAL INC 242 WEST 30TH STREET NEW YORK, NY 10001	NONE	EXEMPT	ANIMAL WELFARE	1,000
ST ATHANASIUS CHURCH 2154 61ST STREET BROOKLYN, NY 11204	NONE	EXEMPT	RELIGIOUS - OUTREACH MINISTRIES	4,500
ST JAMES ELEMENTARY SCHOOL 30 PETERS PLACE RED BANK, NJ 07701	NONE	EXEMPT	RELIGIOUS	38,500
ST JAMES ROMAN CATHOLIC CHURCH 94 BROAD STREET RED BANK, NJ 07701	NONE	EXEMPT	RELIGIOUS	2,500
<b>Total . . . . .</b> ► <b>3a</b>				382,638



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)				
<b>a</b> <i>Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	EXEMPT	MEDICAL ASSISTANCE FOR CHILDREN	6,000
STATEN ISLAND KIWANIS CLUB CHARITABLE FNDN 717 FOREST AVENUE STATEN ISLAND, NY 10310	NONE	EXEMPT	COMMUNITY DEVELOPMENT	900
THE BOWERY MISSION 227 BOWERY NEW YORK, NY 10002	NONE	EXEMPT	COMMUNITY DEVELOPMENT	1,000
THE FAY CASSATO SCHOLARSHIP FUND ST ATHANASIOS SCHOOL 2154 61ST STREET BROOKLYN, NY 11204	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
THE FOODBANK OF MONMOUTH & OCEAN COUNTIES 3300 ROUTE 66 NEPTUNE, NJ 07753	NONE	EXEMPT	COMMUNITY DEVELOPMENT	2,500
<b>Total . . . . .</b> <b>3a</b>				382,638

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)				
<b>a</b> <i>Paid during the year</i>				
THE NEW YORK PUBLIC LIBRARY FOUNDATION 476 FIFTH AVENUE NEW YORK, NY 10018	NONE	EXEMPT	EDUCATIONAL GRANT	1,000
THE PARKER FAMILY HEALTH CLINIC CO DR EUGENE CHESLOCK 209-211 SHREWSBURY AVENUE RED BANK, NJ 07701	NONE	EXEMPT	MEDICAL ASSISTANCE	15,000
THIRTEEN 450 WEST 33RD STREET NEW YORK, NY 10001	NONE	EXEMPT	EDUCATIONAL GRANT	10,500
VISITING NURSE ASSOCIATIONVNA HEALTH GROUP 176 RIVERSIDE AVENUE RED BANK, NJ 07701	NONE	EXEMPT	MEDICAL ASSISTANCE	7,500
YMCA OF READING AND BERKS COUNTY 631 WASHINGTON STREET READING, PA 19601	NONE	EXEMPT	COMMUNITY DEVELOPMENT	2,500
<b>Total . . . . .</b> ► <b>3a</b>				382,638

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)				
<b>a</b> Paid during the year				
YONKERS PUBLIC LIBRARY FOUNDATION ONE LARKIN CENTER YONKERS, NY 10701	NONE	EXEMPT	PUBLIC SERVICE	1,000
YOUNG PEOPLE'S CHORUS 1395 LEXINGTON AVENUE NEW YORK, NY 10128	NONE	EXEMPT	EDUCATIONAL GRANT	7,500
Total . . . . . ▶ 3a				382,638

**TY 2016 Accounting Fees Schedule****Name:** THE KURR FOUNDATION**EIN:** 22-3176150

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING AND TAX COMPLIANCE FEES	35,000	17,500		17,500

TY 2016 General Explanation Attachment

Name: THE KURR FOUNDATION  
EIN: 22-3176150

General Explanation Attachment

Identifier	Return Reference	Explanation	
1		BALANCE SHEET STATEMENT	'=====' THE KURR FOUNDATION, INC '-----STATEMENT TO THE 990-PF FOR 12/31/2016-PAGE 2, PART II, LINE 15 - ACCOUNTS RECEIVABLE_____ PLEASE BE ADVISED THAT THE SECURITIES AND EXCHANGE COMMISSION IS INVESTIGATING ONE OF THE FOUNDATION'S TRUSTEES FOR THE IMPROPER HANDLING OF FOUNDATION FUNDS THE ISSUE HAS NOT YET BEEN RESOLVED NOT KNOWING THE AMOUNT INVOLVED, WE ARE SETTING UP A "RECEIVABLE FROM TRUSTEE" OF \$1 WHEN THE MATTER IS FINALLY RESOLVED, AND THE EXACT AMOUNT DETERMINED, WE WILL AMEND ALL NECESSARY TAX RETURNS THIS STATEMENT OF EXPLANATION IS OUR WILLINGNESS TO MAKE FULL DISCLOURE TO THE IRS AND TO COMPLY WITH THE FILING OF THE FOUNDATION'S TAX RETURNS ' P O BOX 143, MIDDLETOWN, NEW JERSEY 07748 (732) 219-9200_____

## TY 2016 Investments Corporate Bonds Schedule

**Name:** THE KURR FOUNDATION

**EIN:** 22-3176150

Name of Bond	End of Year Book Value	End of Year Fair Market Value
(SEE SCHEDULE ATTACHED)-CORPORATE BONDS	494,729	472,290

## TY 2016 Investments Corporate Stock Schedule

**Name:** THE KURR FOUNDATION

**EIN:** 22-3176150

Name of Stock	End of Year Book Value	End of Year Fair Market Value
(SEE SCHEDULE ATTACHED)-EQUITIES	6,473,867	5,020,196

**TY 2016 Other Assets Schedule****Name:** THE KURR FOUNDATION**EIN:** 22-3176150**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
NOTE RECEIVABLE FROM TRUSTEE (SEE STATEMENT ATTACHED)	0	1	1



**TY 2016 Other Expenses Schedule****Name:** THE KURR FOUNDATION**EIN:** 22-3176150**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	2,500	750		1,250
TRAVEL & MEETINGS	21,722	7,241		14,481
INSURANCE	3,232	1,077		2,155

**TY 2016 Other Professional Fees Schedule****Name:** THE KURR FOUNDATION**EIN:** 22-3176150

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT ADVISORY FEES	62,258	62,258		0