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EXTENDED TO NOVEMBER 15, 2017

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052

2016

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or tax year beginning

, and ending

Name of foundation NAMASTE FOUNDATION, INC.		A Employer identification number 26-2541411
Number and street (or P O box number if mail is not delivered to street address) 187 BAYBERRY LANE	Room/suite	B Telephone number 908 769-9501
City or town, state or province, country, and ZIP or foreign postal code WATCHUNG, NJ 07069		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) \$ 880,893.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		817,108.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		3,896.	3,896.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		194,914.			
b Gross sales price for all assets on line 6a 476,124.					
7 Capital gain net income (from Part IV, line 2)			194,914.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		1,015,918.	198,810.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 2		3,600.	0.		3,600.
c Other professional fees					
17 Interest					
18 Taxes STMT 3		861.	48.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 4		15,127.	1,359.		13,768.
24 Total operating and administrative expenses. Add lines 13 through 23		19,588.	1,407.		17,368.
25 Contributions, gifts, grants paid		144,901.			144,901.
26 Total expenses and disbursements. Add lines 24 and 25		164,489.	1,407.		162,269.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		851,429.			
b Net investment income (if negative, enter -0-)			197,403.		
c Adjusted net income (if negative, enter -0-)				N/A	

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

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13421110 757979 602409

2016.05000 NAMASTE FOUNDATION, INC.

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	15,134.	249,301.	249,301.
	3 Accounts receivable ▶ 1,298.			
	Less: allowance for doubtful accounts ▶	198.	1,298.	1,298.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	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			
	b Investments - corporate stock STMT 6	130,055.	382,064.	630,294.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	145,387.	632,663.	880,893.	
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			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	145,387.	632,663.	
30 Total net assets or fund balances	145,387.	632,663.		
31 Total liabilities and net assets/fund balances	145,387.	632,663.		

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	145,387.
2 Enter amount from Part I, line 27a	2	851,429.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	996,816.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 5	5	364,153.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	632,663.

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.)
1a MORGAN STANLEY-SEE ATTACHED SCHEDULE				
b MORGAN STANLEY-SEE ATTACHED SCHEDULE				
c				
d				
e				

(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)
a 349,641.		174,867.	174,774.
b 126,483.		106,343.	20,140.
c			
d			
e			

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	
a			174,774.
b			20,140.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	194,914.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{		3	N/A

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 the 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	138,661.	51,907.	2.671335
2014	131,164.	44,434.	2.951884
2013	209,700.	24,969.	8.398414
2012	113,036.	82,268.	1.373997
2011	81,722.	94,769.	.862328

2 Total of line 1, column (d)	2	16.257958
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	3.251592
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	230,576.
5 Multiply line 4 by line 3	5	749,739.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,974.
7 Add lines 5 and 6	7	751,713.
8 Enter qualifying distributions from Part XII, line 4	8	162,269.

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)

1a 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 Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	3,948.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	3,948.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	3,948.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	720.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	2,500.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	3,220.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	2.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	730.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>NJ</u>		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	X	
14 The books are in care of ► <u>GAYLE BERNHAUT</u> Telephone no. ► <u>908-769-9501</u> Located at ► <u>187 BAYBERRY LANE, WATCHUNG, NJ</u> ZIP+4 ► <u>07069</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 <u>N/A</u>		
16 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 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 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <u>N/A</u> c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 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.) <u>N/A</u>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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?	4a	X
	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID BERNHAUT	TREASURER			
187 BAYBERRY LANE				
WATCHUNG, NJ 07060	0.50	0.	0.	0.
GAYLE BERNHAUT	TRUSTEE			
187 BAYBERRY LANE				
WATCHUNG, NJ 07060	0.50	0.	0.	0.
ERIC WITMONDT	PRESIDENT			
560 ILLINGWORTH AVENUE				
ENGLEWOOD, NJ 07631	0.50	0.	0.	0.
JACQUELINE WITMONDT	VICE PRESIDENT			
560 ILLINGWORTH AVENUE				
ENGLEWOOD, NJ 07631	0.50	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

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

0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	195,297.
b	Average of monthly cash balances	1b	38,790.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	234,087.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	234,087.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,511.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	230,576.
6	Minimum investment return. Enter 5% of line 5	6	11,529.

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

1	Minimum investment return from Part X, line 6	1	11,529.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	3,948.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	3,948.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,581.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,581.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,581.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	162,269.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	162,269.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	162,269.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				7,581.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	76,985.			
b From 2012	110,471.			
c From 2013	208,956.			
d From 2014	130,386.			
e From 2015	136,769.			
f Total of lines 3a through e	663,567.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$	162,269.			
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2016 distributable amount				7,581.
e Remaining amount distributed out of corpus	154,688.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	818,255.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	76,985.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	741,270.			
10 Analysis of line 9:				
a Excess from 2012	110,471.			
b Excess from 2013	208,956.			
c Excess from 2014	130,386.			
d Excess from 2015	136,769.			
e Excess from 2016	154,688.			

N/A

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

b 85% of line 2a

c Qualifying distributions from Part XII,
line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

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

a "Assets" alternative test - enter:
(1) Value of all assets

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

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

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

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

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

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

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 Name and address (home or business)	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
a Paid during the year				
ALL STARS PROJECT INC 33 WASHINGTON STREET NEWARK, NJ 07102	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	5,500.
ALZHEIMER'S ASSOCIATION 225 M MICHIGAN AVE, 17TH FLR CHICAGO, IL 60601	N/A	PC	MEDICAL RESEARCH	200.
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	N/A	PC	HEALTH ORGANIZATION DEDICATED TO ELIMINATING CANCER AS A MAJOR HEALTH PROBLEM.	100.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 375231	N/A	PC	MEDICAL RESEARCH	100.
AMERICAN JEWISH COMMITTEE 225 MILBURN AVENUE STE 305 MILBURN, NJ 07041	N/A	PC	RELIGION & SPIRITUAL DEVELOPMENT	1,000.
Total SEE CONTINUATION SHEET(S)				144,901.
b Approved for future payment				
NONE				
Total				0.



3b

Form 990-PF (2016)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations


		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

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

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **11-13-17** **TRUSTEE**

Signature of officer of trustee Date Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTINE N KOENIG	<i>Christine N Koenig</i>	11/13/17		P01022180
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC				Firm's EIN ▶ 61-1064249
	Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187				Phone no. (502) 426-9660

Part XV Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
AMERICAN SOCIETY FOR YAD VASHEM 500 5TH AVE, 42ND FLOOR NEW YORK, NY 10110	N/A	PC	HOLOCAUST EDUCATION, COMMEMORATION, DOCUMENTATION AND RESEARCH	360.
ANIMAL CARE CENTERS OF NYC 11 PARK PLACE SUITE 805 NEW YORK, NY 10007	N/A	PC	TO PROMOTE AND PROTECT THE HEALTH, SAFETY AND WELFARE OF PETS AND PEOPLE IN NYC.	300.
B+ FOUNDATION 101 ROCKLAND CIRCLE WILMINGTON, DE 19803	N/A	PC	MEDICAL RESEARCH AND TREATMENT	50.
BAKING MEMORIES 4 KIDS, INC. 306 OLD MILL ROAD VLY COTTAGE, NY 10989	N/A	PC	MAKING MEMORIES FOR CHILDREN WITH LIFE THREATENING ILLNESSES AND THEIR FAMILIES	500.
BERGEN FAMILY CENTER INC. 10 BANTA PLACE HACKENSACK, NJ 07601	N/A	PC	STRENGTHENS COMMUNITIES BY PROVIDING SERVICES TO INDIVIDUALS, FAMILIES AND CHILDREN THAT	3,000.
CEREBRAL PALSY OF NORTH JERSEY 220 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	N/A	PC	MEDICAL RESEARCH	500.
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	N/A	PC	HEALTH-GENERAL & REHABILITATIVE	100.
CHILDREN'S SPECIALIZED HOSPITAL FUND 200 SOMERSET STREET NEW BRUNSWICK, NJ 01923	N/A	PC	MEDICAL RESEARCH AND TREATMENT	6,000.
COLUMBIA UNIVERSITY 7435 MONTICELLO ROAD COLUMBIA, SC 29203	N/A	PC	MEDICAL RESEARCH	10,000.
CURE BREAST CANCER 1122 CLIFTON AVE CLIFTON, NJ 07013	N/A	PC	MEDICAL RESEARCH	1,000.
Total from continuation sheets				138,001.

Part XV Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
DWIGHT ENGLEWOOD SCHOOL FUND 315 EAST PALISADE AVENUE ENGLEWOOD, NJ 07631	N/A	PC	EDUCATIONAL PROGRAMS	25,400.
ENGLEWOOD HOSPITAL & MEDICAL CENTER FOUNDATION 350 ENGLE STREET ENGLEWOOD, NJ 07631	N/A	PC	PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATIONS	3,750.
FRIENDS OF THE SMITHSONIAN PO BOX 37012, MRC 712 WASHINGTON, DC 20013	N/A	PC	ARTS, CULTURE, & HUMANITIES	88.
FRIENDSHIP CIRCLE INTERNATIONAL INC. 816 EASTERN PARKWAY BROOKLYN, NY 11213	N/A	PC	HUMANITIES	25,000.
GEORGETOWN LOMBARDI COMPREHENSIVE CANCER CENTER 3800 RESERVOIR ROAD N.W. WASHINGTON, DC 20057	N/A	PC	MEDICAL RESEARCH	1,000.
GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	N/A	PC	EDUCATIONAL PROGRAMS	1,000.
GREEN AMERICA 1612 K STREET NW WASHINGTON, DC 20006	N/A	PC	SOCIAL AND ENVIRONMENTAL PROGRAMS	215.
HABITAT FOR HUMANITY 270 PEACHTREE STREET NW, STE 1300 ATLANTA, GA 30303	N/A	PC	HOUSING & SHELTER	100.
HOPE FOR HEROS 161 FORT WASHINGTON AVENUE, IP-7 NEW YORK, NY 10032	N/A	PC	ARTS, CULTURE, & HUMANITIES	500.
JEWISH COMMUNITY CENTER ON THE PALISADES 411 E. CLINTON AVENUE TENAFLY, NJ 07670	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	1,100.
Total from continuation sheets				

Part XV Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
JEWISH MUSEUM 1109 FIFTH AVENUE NEW YORK, NY 10128	N/A	PC	ARTS, CULTURE, & HUMANITIES	400.
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	N/A	PC	GIVES ALL GENERATIONS OF JEWS A VOICE IN BUILDING A PROSPEROUS FUTURE FOR THE LAND OF ISRAEL AND ITS PEOPLE.	72.
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP 111 PROSPECT STREET EAST ORANGE, NJ 07017	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	5,500.
LYMPHOLOGY ASSOCIATION OF NORTH AMERICA PO BOX 16183 ST. LOUIS, MO 63105	N/A	PC	MEDICAL TREATMENT	150.
MAKE A WISH - SOUTHERN FLORIDA 4491 SOUTH STATE ROAD 7 SUITE 201 DAVIE, FL 33314	N/A	PC	GRANT WISHES OF TERMINALLY ILL CHILDREN THE ABILITY TO PARTAKE IN A HUMAN EXPERIENCE WITH JOY	2,500.
MEDICAL MISSIONS FOR CHILDREN 35 GETTY ABE BLDG 400 PATERSON, NJ 07503	N/A	PC	DEDICATED TO SERVING THE MEDICAL NEEDS OF CATASTROPHICALLY ILL CHILDREN IN UNDERSERVED U.S. AND	500.
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	N/A	PC	HEALTH-GENERAL & REHABILITATIVE	400.
MRCC FOUNDATION C/O BRACH EICHLER LLC 101 EISENHOWER PKWY ROSELAND, NJ 07068	N/A	PC	EDUCATIONAL	400.
MUSEUM OF TOLERANCE 9786 WEST PICO BLVD LOS ANGELES, CA 90035	N/A	PC	ARTS, CULTURE, & HUMANITIES	360.
NATIONAL MS SOCIETY, NJ METRO CHAPTER 1480 US HWY 9 NORTH NO 301 WOODBIDGE, NJ 07095	N/A	PC	DISEASE, DISORDERS & MEDICAL DISCIPLINES	150.
Total from continuation sheets				

Part XV Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	N/A	PC	ADVOCACY, PROTECTION, AND HISTORIC PRESERVATION	250.
NATIONAL VACCINE INFORMATION CENTER 21525 RIDGETOP CIRCLE STERLING, VA 20166	N/A	PC	HEALTH-GENERAL & REHABILITATIVE	500.
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH STREET NEW YORK, NY 10011	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	750.
NEW JERSEY INSTITUTE FOR DISABILITIES 10A OAK DRIVE-ROOSEVELT PARK EDISON, NJ 08837	N/A	PC	DISEASE, DISORDERS & MEDICAL DISCIPLINES	111.
NEW JERSEY PERFORMING ARTS CENTER CORPORATION ONE CENTER STREET NEWARK, NJ 07102	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	125.
OAK RIDGE PRESBYTERIAN CHURCH 321 OAK RIDGE ROAD OAK RIDGE, NJ 07460	N/A	PC	RELIGIOUS PROGRAMS	100.
PADDLERS FOR HUMANITY PO BOX 2555 EAST HAMPTON, NY 11937	N/A	PC	SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	200.
ROCKING THE BOAT, INC. 812 EDGEWATER ROAD BRONX, NY 10474	N/A	PC	YOUTH DEVELOPMENT, EDUCATION AND ENVIRONMENTAL SCIENCE	272.
ST. BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039	N/A	PC	HEALTHCARE	5,000.
THE COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	N/A	PC	HUMANITIES	88.
Total from continuation sheets				

Part XV Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
THE MAX CURE FOUNDATION 560 SYLVAN AVE SUITE 1225 ENGLEWOOD CLIFFS, NJ 07632	N/A	PC	MEDICAL RESEARCH	3,000.
TOMORROW'S HOPE FOUNDATION 50 CHARLES LINDBERGH BLVD UNIONDALE, NY 11553	N/A	PC	EDUCATION	250.
TRIPLE NEGATIVE BREAST CANCER FOUNDATION PO BOX 204 NORWOOD, NJ 07648	N/A	PC	MEDICAL RESEARCH	400.
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	N/A	PC	PUBLIC, SOCIETY BENEFIT-MULTIPURPOSE & OTHER	500.
UJA FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	N/A	PC	PHILANTHROPY, VOLUNTARISM, & GRANTMAKING FOUNDATIONS	6,100.
UJA OF GREATER METROWEST NJ 901 ROUTE 10 W WHIPPANY, NJ 07981	N/A	PC	PHILANTHROPY, VOLUNTARISM, & GRANTMAKING FOUNDATIONS	4,800.
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION 1 STATE STREET, 24TH FLOOR NEW YORK, NY 10004	N/A	PC	EDUCATIONAL	3,200.
UNIVERSITY OF MICHIGAN 1029 VAUGHN STREET ANN ARBOR, MI 48104	N/A	PC	EDUCATIONAL	20,000.
UNIVERSITY OF PENNSYLVANIA 34TH AND SPRUCE STREET PHILADELPHIA, PA 19104	N/A	PC	EDUCATION	100.
US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20024	N/A	PC	ARTS, CULTURE, & HUMANITIES	360.
Total from continuation sheets				

3. Grants and Contributions Paid During the Year (Continuation)

Total from continuation sheets

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BERGEN FAMILY CENTER INC.

STRENGTHENS COMMUNITIES BY PROVIDING SERVICES TO INDIVIDUALS, FAMILIES
AND CHILDREN THAT ENHANCE THEIR ABILITY TO FUNCTION INDEPENDENTLY,
MANAGE CHALLENGES AND IMPROVE THE QUALITY OF THEIR LIVES

NAME OF RECIPIENT - MAKE A WISH - SOUTHERN FLORIDA

GRANT WISHES OF TERMINALLY ILL CHILDREN THE ABILITY TO PARTAKE IN A
HUMAN EXPERIENCE WITH JOY AND STRENGTH.

NAME OF RECIPIENT - MEDICAL MISSIONS FOR CHILDREN

DEDICATED TO SERVING THE MEDICAL NEEDS OF CATASTROPHICALLY ILL CHILDREN
IN UNDERSERVED U.S. AND INTERNATIONAL COMMUNITIES.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2016

Name of the organization

NAMASTE FOUNDATION, INC.

Employer identification number

26-2541411

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

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

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

Special Rules☐

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

NAMASTE FOUNDATION, INC.**26-2541411****Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID W AND GAYLE D BERNHAUT 187 BAYBERRY LANE WATCHUNG, NJ 07069	\$ 482,929.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	WOODMONT PROPERTIES, LLC 1 MAIN STREET, 2ND FLOOR CHATHAM, NJ 07928	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ERIC AND JACQUELINE WITMONDT 560 ILLINGWORTH AVENUE ENGLEWOOD, NY 07631	\$ 266,390.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DONALD WITMONDT SPECIAL TRUST 19 CANOE BROOK ROAD LIVINGSTON, NJ 07039	\$ 43,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NAMASTE FOUNDATION, INC.**26-2541411****Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	<u>SEE ATTACHED SCHEDULE OF CHARITABLE CONTRIBUTIONS</u>	\$ <u>482,929.</u>	<u>12/30/16</u>
3	<u>SEE ATTACHED SCHEDULE OF CHARITABLE CONTRIBUTIONS</u>	\$ <u>266,390.</u>	<u>12/23/16</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

NAMASTE FOUNDATION, INC.**26-2541411****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed

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

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
MORGAN STANLEY	3,896.	0.	3,896.	3,896.	
TO PART I, LINE 4	3,896.	0.	3,896.	3,896.	

FORM 990-PF	ACCOUNTING FEES				STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX PREPARATION FEES	3,600.	0.		3,600.	
TO FORM 990-PF, PG 1, LN 16B	3,600.	0.		3,600.	

FORM 990-PF	TAXES				STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
2015 EXCISE TAX	150.	0.		0.	
2016 EXCISE TAX	663.	0.		0.	
FOREIGN TAXES	48.	48.		0.	
TO FORM 990-PF, PG 1, LN 18	861.	48.		0.	

FORM 990-PF	OTHER EXPENSES				STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
HOMELESS DRIVE	13,382.	0.		13,382.	
ADMIN EXPENSES	1,745.	1,359.		386.	
TO FORM 990-PF, PG 1, LN 23	15,127.	1,359.		13,768.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
DIFFERENCE IN COST AND FMV OF DONATED SECURITIES	364,153.
TOTAL TO FORM 990-PF, PART III, LINE 5	364,153.

FORM 990-PF	CORPORATE STOCK	STATEMENT	6
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED PORTFOLIO STATEMENT	382,064.	630,294.
TOTAL TO FORM 990-PF, PART II, LINE 10B	382,064.	630,294.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	7
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NAME OF CONTRIBUTOR	ADDRESS
DAVID BERNHAUT	187 BAYBERRY LANE WATCHUNG, NJ 07060
GAYLE BERNHAUT	187 BAYBERRY LANE WATCHUNG, NJ 07060
ERIC WITMONDT	560 ILLINGWORTH AVENUE ENGLEWOOD, NJ 07631
JACQUELINE WITMONDT	560 ILLINGWORTH AVENUE ENGLEWOOD, NJ 07631

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 8

NAME OF MANAGER

DAVID BERNHAUT
GAYLE BERNHAUT
ERIC WITMONDT
JACQUELINE WITMONDT