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SCANNED DEC 0 4 2017

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

			30, 2016	and e		DEC 31, 2016	Open to Public Inspection
		f foundation	JU, ZUIU	, and e	namy	A Employer identification	
		ARD AND NANCY DEUTSCH				A Employer Identification	i nomber
		ILY FOUNDATION INC.				36-4800367	•
		and street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	·
_1	.18	DRYDEN ROAD			l	973-993-81	.00
Cit	y or t	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	pending, check here
E	ER	NARDSVILLE, NJ 07924]	-
G	Chec	k all that apply: X Initial return	Initial return of a fo	rmer public o	charity	D 1. Foreign organization	s, check here
		Final return	Amended return			2 Foreign eventuations —	
_		Address change	Name change			Foreign organizations micheck here and attach co	omputation
H_	_	k type of organization: X Section 501(c)(3) ex				E If private foundation sta	
<u> </u>			Other taxable private founda			under section 507(b)(1)(A), check here
		arket value of all assets at end of year J Account	-	Accr	rual	F If the foundation is in a	
	rom ►\$	Part II, col (c), line 16) Ot Ot Ot Ot Ot Ot Ot	her (specify)	hacre)		under section 507(b)(1)(B), check here
						/-\ A d	(d) Disbursements
<u> </u>		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		ivestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	96,500.			N/A	(cash basis only)
	2	Check fithe foundation is not required to attach Sch B	3073001			247.22	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5 a	Gross rents		-			
	b	Net rental income or (loss)					
o	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
ě	7	Capital gain net income (from Part IV, line 2)			0.		
	8	Net short-term capital gain		· 			
i ,	9	Income modifications					
;	10a						-
, ,	1	Less Cost of goods sold					
*		Gross profit or (loss)					
	11	Other income	06 500				<u> </u>
	12	Total. Add lines 1 through 11	96,500.		0.		
	14	Other employee salaries and wages	A STATE OF THE PERSON ASSESSMENT OF THE PERSON				0.
	15	Pension plans, employee benefits	F REC	EIVED			
es		Legal fees			78		
ens	Ь	Accounting fees	NOV	2 0 2017	, 01		
Ϋ́	C	Other professional fees	<u> </u>	3 W ZUII	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Ve I	17	Interest	non	Est for			-
rati	18	Taxes		इ.१स. १केंग्रे	+		
Operating and Administrative Expenses	19	Depreciation and depletion					
<u>Ē</u>	20	Occupancy					
Ac	21	Travel, conferences, and meetings					
and	22	Printing and publications					
gu	23	Other expenses					
rati	24	Total operating and administrative					
Эре		expenses Add lines 13 through 23	0.		0 .		0.
J	25	Contributions, gifts, grants paid	0.				0.
	26	Total expenses and disbursements	_		-		
	_	Add lines 24 and 25	0.		0.		0.
		Subtract line 26 from line 12:	06 500				
	1 .	Excess of revenue over expenses and disbursements	96,500.				
	l	Net investment income (if negative, enter -0-)			0		
	<u> </u>	Adjusted net income (if negative, enter -0-)		L		N/A	

823501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

36-	48	00	3	67	
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Paga	,
rage	2

F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	year
	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	1	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			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations			
	1		0.	06 500	06 500
	1	Investments - corporate stock STMT 1	U •	96,500.	96,500.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment, basis			
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions. Also, see page 1, item I)	0.	96,500.	96,500.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
and	25	Temporarily restricted			
3ai	26	Permanently restricted			
ᅙ	[]	Foundations that do not follow SFAS 117, check here			
or Fund Balance		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	ı	·	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
at /	29	Retained earnings, accumulated income, endowment, or other funds	0.	96,500.	
ž	30	Total net assets or fund balances	0.	96,500.	
				0.5 500	
	31	Total liabilities and net assets/fund balances	0.	96,500.	L
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
=	T - 4 - 1				r
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		_
_		st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	96,500.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	96,500.
		eases not included in line 2 (itemize)			0.
6_	<u> fotal</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		96,500.
					Form 990-PF (2016)

LF		Losses for Tax on In e kind(s) of property sold (e.g.		Income	(b) i	How acquired	(c) Date acquired	(d) Date sold
_		se; or common stock, 200 shs			(P	How acquired - Purchase - Donation	(mo., day, yr.)	(mo., day, yr.)
1a								
_ <u>b</u>					-			
0					 -			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss (e) plus (f) minus	
_8								
_ <u>b</u>								
e								
_	Complete only for assets showing gair	· — · · · · · · · · · · · · · · · · · ·	r			c	(I) Gains (Col. (h) gain ol. (k), but not less that	ı mınus ın -0-) or
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı)			Losses (from col.	
_ a								
_ <u>b</u>								
0								
e								
_		∫ If gain, also enter	ın Part I. line	7	7			
2	Capital gain net income or (net capital le		- in Part I, line	7	}	2		
3	Net short-term capital gain or (loss) as		nd (6):		`			
	If gain, also enter in Part I, line 8, columnate (loss), enter -0- in Part I, line 8	nn (c).			}	9		
F	Part V Qualification Unde	r Section 4940(e) for	Reduced	Tax on Ne	t Inv	estment Ir	ncome	
(Fo	or optional use by domestic private foun	dations subject to the section 4	4940(a) tax on	net investment i	ncom	e.)		N/A
lf s	section 4940(d)(2) applies, leave this pai	t blank.						
	as the foundation liable for the section 4		nount of any ve	ear in the hace no	riod2			Yes No
	Yes," the foundation does not qualify un			•	,, iou ·			103100
1	Enter the appropriate amount in each o				entries	3.		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dis	tributions	Net value of n	(c) oncha	ı rıtable-use asse		(d) bution ratio vided by col. (c))
_	2015						(35) (47)	
	2014							
	2013							
_	2012 2011							
	2011			L				
2	Total of line 1, column (d)						2	
3	Average distribution ratio for the 5-year	base period - divide the total (on line 2 by 5,	or by the numbe	r of ye	ears		
	the foundation has been in existence if	less than 5 years					3	
4	Enter the net value of noncharitable-use	e assets for 2016 from Part X,	line 5				4	
5	Multiply line 4 by line 3						5	
6	Enter 1% of net investment income (1%	of Part I, line 27b)					6	
7	Add lines 5 and 6						7	
8	Enter qualifying distributions from Part	XII, line 4					В	
	If line 8 is equal to or greater than line 7 See the Part VI instructions.	, check the box in Part VI, line	: 1b, and comp	plete that part usi	ng a 1	% tax rate.		

EDWARD AND NANCY DEUTSCH

	990-PF (2016) FAMILY FOUNDATION INC.			<u>48003</u>		P	age 4
	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	<u>or 49</u>	48 -	see in	stru	ction	is)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						•
0	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	-	_1_				0.
_	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2	\vdash	3	 			0.
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				0.
6	Credits/Payments	-	<u> </u>	·			<u> </u>
-	2016 estimated tax payments and 2015 overpayment credited to 2016 6a						
	Exempt foreign organizations - tax withheld at source 6b	~					
	Tax paid with application for extension of time to file (Form 8868) 6c		Ì				
	Backup withholding erroneously withheld 6d 6d						
	Total credits and payments Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [10				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	d ▶	11				
<u>P</u> a	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interest.	rvene ii	า	1		Yes	No
	any political campaign?			L	1a		_X_
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the def			-	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublishe	ed or				
	distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?				1c		<u> </u>
0	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •				1	ľ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
_	If "Yes," attach a detailed description of the activities			F	-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	tion, or			l		
Ī	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.						
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	e state l	aw				
	remain in the governing instrument?			-	6		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 III, col (c), and Part II, co	art XV			7	X	
				ŀ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NJ			\			
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				0.	v	
•	of each state as required by General Instruction G? If "No," attach explanation	or colo-	dor	ŀ	8b_	<u>X</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f	or caten	uar	ŀ			Х
10	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV <u>Did any persons become substantial contributors during the tax year?</u> If "Yes," attach a schedule listing their names and addresses	gr	TMT	2	9 	X	
<u></u>	gite any persons second substantial contributors during the tax year it "Yes," attach a schedule listing their names and addresses	<u> </u>			10_	-2	

FAMILY FOUNDATION INC.

Pa	a. 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)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	 	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		100	
14	The books are in care of ► EDWARD AND NANCY DEUTSCH Telephone no. ► 973-99			
4-	Located at ► 118 DRYDEN ROAD, BERNARDSVILLE, NJ ZIP+4 ►0'	924	·	
10	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	*	-	السا
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calculate year 2016, did the foundation have an interest in or a constitute or other outborth, over a bank		/A Yes	No
10	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?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	ь	
	_foreign country >			
Pa	art 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1	
	(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)?			
	(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)	İ	}	}
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ļ	-	ļ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	·		
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	ł		
	before the first day of the tax year beginning in 2016?	10		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)).	1		}
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? Yes X No			į
_	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	O.L		
_	statement - see instructions.) N/A If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	1	
U		Ì		Ì
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		1
	during the year?			[
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,	}	1	
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b	<u> </u>	<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
þ	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?	4b	O DE	(004C)
	Fi Fi	orm 99	いーピト	(2016)

For	m 990-PF	2016)

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

Total. Add lines 1 through 3

FAMILY FOUNDATION INC.

LPa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, 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	48,250.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	48,250.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
	Subtract line 2 from line 1d	3	48,250.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	724.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	47,526.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	13.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	id certain	_
	foreign organizations check here and do not complete this part.)		
	Minimum investment return from Part X, line 6	1	13.
	Tax on investment income for 2016 from Part VI, line 5		
	Income tax for 2016 (This does not include the tax from Part VI)		_
	Add lines 2a and 2b	2c	0.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	13.
	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4	5	13.
	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
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:		
а	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	0.
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	0.
	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.		

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

1 Descriptions amount for 2016 from Part XI, Issue 7 2 Undestables amount for 2016 from Part XI, Issue 7 2 Undestables amount fairy and office yet of 2019 3 Excess distributions carryover, if any, to 2016 5 From 2011 5 From 2012 6 From 2013 6 From 2019 6 Fro		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
2. Undershowen morem, rayey as and the ewo of 2016 Effects amount of 2015 only 9 Total for prior years	1 Distributable amount for 2016 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
a Enter amount for 2015 only Total of prompt years 3	line 7				13 <u>.</u>
\$ Excess fest/butons carryover, it any, to 2016					
S Excess distributions carryover, if any, to 2016 a From 2013 b From 2013 c From 2014 c From 2014 c From 2014 c From 2014 c From 2015 c From 2015 c From 2016 c From 2017 c From 2016 c From 2017 c From 2016 c From 2016 c From 2017 c From 2016 c From 2016 c From 2017 c From 2016 c From 2017 c From 2016 c From 2017 c From 2017 c From 2017 c From 2017 c Fr	a Enter amount for 2015 only			0.	
\$ Excess distributions carryover, 1 any, 10 2016 \$ From 2015 \$ From 2015 \$ From 2015 \$ Total of lines 3s through e \$ Q. 4 Qualifying distributions to 2016 from Part XII, Inv 4 № \$ Q. 4 Applet 02 2015, but not more than ina 2e \$ Applet 02 2015, but not more than ina 2e \$ Applet 02 2015, but not more than ina 2e \$ Q. 4 Applet 02 2015, but not more than ina 2e \$ Q. 4 Applet 02 2015 glications count of corpus (Election required -see instrictions) Q. 6 From 2015 6 Enter the not total of cach column as indicated below and indicated below. 1 Corpus Add Innes 81. 4s, and 4s Substratine 2 1 Corpus Add Innes 81. 4s, and 4s Substratine 2 1 Corpus Add Innes 81. 4s, and 4s Substratine 2 1 Corpus Add Innes 81. 4s, and 4s Substratine 2 1 Corpus Add Innes 81. 4s, and 4s Substratine 2 1 Corpus Add Innes 81. 4s, and 4s Substratine 2 1 Corpus Add Innes 81. 4s, and 4s Substratine 3 1 Corpus Add Innes 81. 4s, and 4s Substratine 3 1 Corpus Add Innes 81. 4s, and 4s Substratine 3 1 Corpus Add Innes 81. 4s, and 4s Substratine 3 1 Corpus Add Innes 81. 4s, and 4s Substratine 3 2 Corpus Add Innes 81. 4s, and 4s Substratine 3 3 Corpus Add Innes 81. 4s, and 4s Substratine 3 4 Corpus Add Innes 81. 4s, and 4s Substratine 3 4 Corpus Add Innes 81. 4s, and 4s Substratine 3 4 Corpus Add Innes 81. 4s, and 4s Substratine 3 4 Corpus Add Innes 81. 4s, and 4s Substratine 3 4 Substrate Innes 9. Transition 4 And 5 From Innes 1. This summary innes 1. This s	b Total for prior years				
a From 2011 From 2012 From 2013 di From 2014 From 2014 From 2014 From 2014 From 2015			0.		
b From 2012 c From 2015 d From 2014 d From 2014 d From 2015 d From 2016 d Fro	4				
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Form **990-PF** (2016)

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

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

Any submission deadlines

Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
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	or substantial contributor	Toopion		
, , and seeming the year			,	
NONE				
				
Total			<u>▶ 3a</u>	
Approved for future payment				
NONE				
				

Form 990-PF (2016)

Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exemp
Program service revenue	Business code	Amount	sion	Amount	function income
a					
b					
C	1				
d	1 1				
e					
f					
g Fees and contracts from government agencies					_ _
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income		· · · ·			
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.	1		1 1	l	
a					
b					
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C					
c d			0.	0.	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No Explain below how each activity for which	es to the Accon	nplishment of	Exempt /I-A contribu	13 Purposes	nplishment of
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No Explain below how each activity for which	es to the Accon	nplishment of	Exempt /I-A contribu	13 Purposes	nplishment of
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Time No Explain below how each activity for which	es to the Accon	nplishment of	Exempt /I-A contribu	13 Purposes	nplishment of

Pa ₁ XVII	,	and Transactions a	nd Relationships With Noncha	ritable		
1 Did the or	Exempt Organizations	ag with any other areas at	described in control 501(a) of	- 	Yes	No
	ganization directly or indirectly engage in any of the following			-	162	NO
	(other than section 501(c)(3) organizations) or in section 52	= :	zations?	-		
(1) Cash	from the reporting foundation to a noncharitable exempt or	garnzadon of.		12/4		v
(2) Other				1a(1)		<u>X</u>
b Other tran				1a(2)	_	
	of assets to a noncharitable exempt organization			15/11		v
	nases of assets from a noncharitable exempt organization			1b(1)		<u>X</u>
	al of facilities, equipment, or other assets		-	1b(2) 1b(3)		X
• •	bursement arrangements			1b(4)		X
• •	s or loan guarantees			1b(4)		X
	rmance of services or membership or fundraising solicitation	פתר		1b(6)		X
	f facilities, equipment, mailing lists, other assets, or paid em			10(0)		<u>X</u>
	wer to any of the above is "Yes," complete the following sche		vays show the fair market value of the goods		ets	
	s given by the reporting foundation. If the foundation receiv				-10,	
	t) the value of the goods, other assets, or services received.		,			
(a) Line no	(b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, an	d sharing arra	angeme	nts
	N/A	<u> </u>				
				<u> </u>		
		·				
2a Is the four	ndation directly or indirectly affiliated with, or related to, one	e or more tax-exempt organiz	rations described			
	501(c) of the Code (other than section 501(c)(3)) or in sec	· · ·		Yes	X] No
	omplete the following schedule					
	(a) Name of organization	(b) Type of organization	(c) Description of relation	iship		
	N/A					
						
L 4 C	penalties of perjury, I declare that I have examined this return, includi- elief, it is true, correct, and complete. Deplaration of preparer (other tha		and the second s	lay the IRS		
Sign Here	\mathcal{L}	2 h 11/11/11	s	eturn with the	(see ins	tr)?
	a (dwa 1) 1)W	1 19/17/1/	PRESIDENT	X Yes	L	J No ∣
Sign	nature of officer or trustee	Date /	Title Check if PTIN	1		
	Print/Type preparer's name Preparer's	signature /// 🛇	colf- amployed	ı		
Paid	DAIN ADOUDOLD	Oland / MAY) NO	OV - 1 2017 self- employed	10100	200	
Preparer	PAUL ARCHBOLD	OTAMES	Firm's EIN ► 22-	00189		
Use Only	Firm's name ► CLYNE EAGAN & ASSC	CIAIES ~	Firm's EIN > 22-	21003	フセ	
	Firm's address ▶ 8 RIDGEDALE AVENU					
	CEDAR KNOLLS, NJ		Phone no. (973) 993	-97	67
	CEDILL LINGELD, NO	<u> </u>		Form 99 0		

Schedule B

(Fort. 390, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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 .

EDWARD AND NANCY DEUTSCH

OMB No 1545-0047

2016

Employer identification number

FAMILY FOUNDATION INC. 36-4800367		
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to by one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a)(1 any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a Z, line 1 Complete Parts I and II.	16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received outlons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or cruelty to children or animals. Complete Parts I, II, and III.	-
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received his exclusively for religious, charitable, etc., purposes, but no such contributions total rehere the total contributions that were received during the year for an exclusively religion place any of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000 If this box gious, charitable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on 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 EDWARD AND NANCY DEUTSCH FAMILY FOUNDATION INC.

Employer identification number

36-4800367

Part I	Contributors (See instructions) Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDWARD AND NANCY DEUTSCH 118 DRYDEN ROAD BERNARDSVILLE, NJ 07924	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

FAMILY FOUNDATION INC.

Name forganization

EDWARD AND NANCY DEUTSCH

Employer identification number

36-4800367

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
	500 SHARES COMMON STOCK - LAKELAND BANKCORP		
-		\$ 96,500.	12/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3453 10-18-1		\$S	990, 990-EZ, or 990-PF)

	(Form 990, 990-EZ, or 990-PF) (2016)			Page 4		
Name forga	anization			Employer identification number		
EDWARD	AND NANCY DEUTSCH					
FAMILY	FOUNDATION INC.			36-4800367		
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	columns (a) through (e) and the follow	WING line entry. For organization	ns.		
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info onc	e) ► \$		
(a) No.	Use duplicate copies of Part III if additional	al space is needed				
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
						
		(e) Transfer of gif	t			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
ŀ						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of git	t			
	.	171D 4	-			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(a) Llog of gift	(d) Doo	evintion of how gift in hold		
Part I	(b) Fulpose of ght	(c) Use of gift	(d) Des	cription of how gift is held		
}						
<u> </u>		(e) Transfer of gif				
į	(c) manarer or girt					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
						
ļ						
(a) No. from		, , _ , _ , _ , _ _ , _ _ , _ _ , , _ _ , _ ,				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-						
1	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	Transferee's name, address, ar	IU CIF + 4	nelationship of tr	andieror to canoleree		
			· · · · · · · · · · · · · · · · · · ·			

FORM 990-PF	CORPORATE STOCK	STATEMENT
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
LAKELAND BANK STOCK	96,500.	96,500
TOTAL TO FORM 990-PF, PART II,	LINE 10B 96,500.	96,500
	UBSTANTIAL CONTRIBUTORS T VII-A, LINE 10	STATEMENT 2
NAME OF CONTRIBUTOR	ADDRESS	
EDWARD AND NANCY DEUTSCH	118 DRYDEN ROAD	

BERNARDSVILLE, NJ 07924

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EDWARD DEUTSCH 118 DRYDEN ROAD BERNARDSVILLE, NJ 07924

TELEPHONE NUMBER

973-993-8100

EMAIL ADDRESS

N/A

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS MUST BE ON THE LETTERHEAD OF THE ORGANIZATION AND INCLUDE: A DETAILED EXPLANATION OF THE ORGANIZATION'S ACTIVITIES, ALONG WITH ANY AVAILABLE PRINTED BROCHURES/MATERIALS; INFORMATION AS TO STATUS AS A TAX EXEMPT IRC SECTION 501(C)(3) ORGANIZATION AND CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION OR PRIVATE FOUNDATION.

ANY SUBMISSION DEADLINES

APPLICATIONS ACCEPTED ANY TIME. NOTICE OF APPROVAL, REJECTION, ETC. USUALLY SENT WITHIN 3 MONTHS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE