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Return of Private Foundation

DLN: 93491283003077 OMB No 1545-0052

2016

Open to Public Inspection

Form 990-PF
% J
Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For	caler	ndar year 2016, or tax year beginning 07-01-2	016 , aı	nd en	ding 06-30-	2017	
		indation je W Bauer Family Foundation			A Employer ıd	entification numbe	er
111	e Georg	e w bauer ranning roundation			22-6069622		
		street (or P O box number if mail is not delivered to street address) Room/suite		B Telephone nu	ımber (see ınstructio	ns)
6	63 Rarıt	an Road		(908) 324-4107	,	,	
		, state or province, country, and ZIP or foreign postal code			, ,		
Crar	iford, N.	J 07016			C If exemption	application is pendir	ng, check here
G Cl	neck al	I that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere 📘 🔲
		☐ Final return ☐ Amended return	1			rganizations meeting k here and attach co	
		Address change Name change			·		· -
		$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private				undation status was n 507(b)(1)(A), che	
<u> </u>	Section	n 4947(a)(1) nonexempt charitable trust					
		ket value of all assets at end from Part II, col (c),	✓ Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), che	
		\$ 17,126,451	t he on cash hasis)				
			T De On Cash Dasis)			1	1
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions)	expenses per books		ıncome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)					
	2	Check if the foundation is not required to attach					
	3	Sch B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	213,859		213,859		
	5a	Gross rents					
	ь	Net rental income or (loss)	_				
Пe	6a	Net gain or (loss) from sale of assets not on line 10	384,487	'			
Revenue	b	Gross sales price for all assets on line 6a					
Re)	7	384,48 Capital gain net income (from Part IV, line 2)	<u>/</u>		384,487		
	8	Net short-term capital gain			<u>, , , , , , , , , , , , , , , , , , , </u>		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	3,671		3,671		
	12	Total. Add lines 1 through 11	602,017	'	602,017		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ē	16a	Legal fees (attach schedule)	96-1 1.600		1.000		
Operating and Administrative Expenses	b	Accounting fees (attach schedule)	1,600	<u> </u>	1,600		
Ve	, °	Other professional fees (attach schedule)	114 464		114 464		
ratı	17 18	Interest	114,464 24,374	_	114,464 24,374		
ii st	19	Taxes (attach schedule) (see instructions)	24,374		27,3/4		
<u>=</u>	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
puc	22	Printing and publications					
βį	23	Other expenses (attach schedule)	% 85,107	,	39,220		40,788
atıı	24	Total operating and administrative expenses.					
be		Add lines 13 through 23	225,545	<u> </u>	179,658		40,788
0	25	Contributions, gifts, grants paid	369,000				369,000
	26	Total expenses and disbursements. Add lines 24 and			<u> </u>		
	27	Subtract line 26 from line 12	594,545	<u> </u>	179,658		409,788
	27 a	Subtract line 26 from line 12 Excess of revenue over expenses and	7,472	,			
	"	disbursements	7,772				
	b	Net investment income (if negative, enter -0-)			422,359		
E-	C	Adjusted net income(if negative, enter -0-)			S 1 81	<u> </u>	000 55 :
ror	raper	work Reduction Act Notice, see instructions.		(Cat No 11289>	ς Fo	rm 990-PF (2016)

14,061,774

14,109,355

35,982

35,982

14 073 373

14,073,373

14.109.355

14,219,812

14,265,065

50,985

50,985

14.214.080

14,214,080 14,265,065

2

3

4

5

6

14,073,373

14,214,080

14,214,080 Form **990-PF** (2016)

7,472

133,235

17,081,198

17,126,451

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶ ___

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

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶.

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

11

12

13 14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

Part IV Capital Gains	and Losses for Tax on Invest	tment Income			
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a From Truffle Hound Glob	al Value LLC K-1		Р	2017-01-01	2017-01-01
b From Truffle Hound Glob	al Value LLC K-1		Р	2001-01-01	2017-01-01
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain	(h) or (loss) f) minus (g)
a 41	.2,838				-412,838
b 79	7,325				797,325
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i) F M V as of 12/31/69	(j)	Excess	(k) of col (ı) (յ), ıf any	Gains (Col col (k), but no	(h) gain minus t less than -0-) or rom col (h))
a					-412,838
b					797,325
c					
d					
e					
•	gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi		Part İ, line 7	3	384,487 -412,838
Part V Qualification I	Under Section 4940(e) for Re	aduced Tay on Net	Investment In	come	
-					
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	t investment incor	ne)	
If section 4940(d)(2) applies, le	·			D.	∕es ✔ No
If "Yes," the foundation does no	re section 4942 tax on the distributant of qualify under section 4940(e) Do	not complete this part	·		res 🖭 NO
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution ra (col (b) divided by	
2015	431,914		8,024,535		0 05382
2014	383,031		8,139,453		0 04706
2013	370,500		8,029,801		0 04614
2012	372,097		7,436,029		0 05004
2011	310,500		7,732,023		0 04016
2 Total of line 1, column (2		0 237222
number of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2016 fron	than 5 years	, or by the		0 047444 16,380,631
5 Multiply line 4 by line 3		,	5	+	777,163
	ent income (1% of Part I, line 27b)		6	+	4,224
	• • • • • • • • • • • • • • • • • • • •		8	+	·
	tone from Dayl VII line 4			+	781,387
	ions from Part XII, line 4 , eater than line 7, check the box in Pa		8 oplete that part us	l ng a 1% tax rate So	409,788 ee the Part VI
					000 PE (2212)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). 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	<u> </u>	>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1	iced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Takal Addition of the control		
Total. Add lines 1 through 3		
		Form 990-PF (2016)

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

1a

1b

2

За 3b

4

5

409,788

409.788

409.788

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

b Total for prior years

a From 2011. . . . **b** From 2012. . . . c From 2013. . **d** From 2014. . . . e From 2015.

XII, line 4 > \$

2

(c)

2015

363,792

363,792

Page 9

810.585

45,996

764,589

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P	art XIIII Undistributed Income (see instruc	ctions)
		(a) Corpus
L	Distributable amount for 2016 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2016	
а	Enter amount for 2015 only	

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a

6 Enter the net total of each column as

be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

indicated below:

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

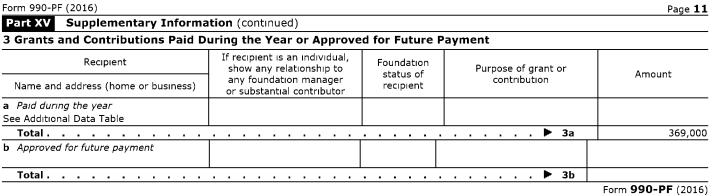
d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

same amount must be shown in column (a))

Undistributed income, if any, as of the end of 2016					
Enter amount for 2015 only					
Total for prior years 20					
Excess distributions carryover, if any, to 2016					
From 2011					

(b)

Years prior to 2015



gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
-						
						
	nd contracts from government agencies					
1ember Interes	ship dues and assessments t on savings and temporary cash					
	nents			14	213,859	
et rent	al income or (loss) from real estate					
	nanced property					
	bt-financed property					
	vestment income					
	(loss) from sales of assets other than					
invento	orỳ					384,
	me or (loss) from special events					
ross pi Other re	rofit or (loss) from sales of inventory					
	ortfolio income			14	3,671	
					·	
					247.520	201
 Subtota	Add columns (b), (d), and (e).			13	217,530	
Subtota F otal. A worksh	Add columns (b), (d), and (e) Indicate the desired of the desi	ns)			217,530	
Subtota	Add columns (b), (d), and (e) Indicate the definition of the d	^{ns}) e Accomplish ı	ment of Exem	ıpt Purposes	B	602,0
Subtota Total. A Worksh T XVI	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
oubtota otal. A worksh t XVI	Add columns (b), (d), and (e)	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
Subtota Total. A Worksh T XVI	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
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ubtota otal. A worksh t XVI	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
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Subtota Total. A Worksh T XVI	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
Gubtota T otal. A worksh	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
Subtota Total. A Worksh Total	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0
Subtota Total. A Worksh T XVI	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	602,0

Par	t XVI	Exempt Organ		uns		and managet	01.5	ana Kolati	onships with None	ai itabic		
		rganization directly or i	ndırectly enga							n 501	Yes	No
a Tr	ansfers	from the reporting fou	ndation to a n	oncha	ritable ex	empt organizatio	n of		-			
		n								1a(1)		No
(2	2) Othe	er assets								. 1a(2)		No
b 0	ther tra	nsactions										
	-	s of assets to a noncha		-						. 1b(1)		No
(2	2) Purc	hases of assets from a	noncharitable	exem	pt organiz	zation		· · · · ·		. 1b(2)		No
•	-	tal of facilities, equipme								. 1b(3)		No
-	-	nbursement arrangeme								1b(4)		No
•	-	ns or loan guarantees.								. 1b(5)		No
•	-	rmance of services or r	•		-					1b(6) 1c		No No
	_	of facilities, equipment, swer to any of the abov			-							NO
		ods, other assets, or se										
ın	any tra	ansaction or sharing arr	angement, sh	ow in	column (c	d) the value of th	ne goo	ods, other ass	sets, or services receive	ed		
(a) Lii	ne No I	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	(d	d) Description of	of transfers, transactions, a	and sharing arrai	ngemen	ts
(-,		(D) / illiounic illivolved	(c) Hame or	110110110	arreadic exc	pe organization		a) bescription	or cransfers, cransactions, c	ina sharing arra	-igenien	
22 Ic	the fou	ındatıon directly or indi	roctly affiliated	l wuth	or rolato	d to one or mor	0 tay-	ovemnt orga	nizations			
		I in section 501(c) of th	•		•	•				. 🗆 Yes	☑ N	^
		complete the following	•	ulali	section 30)1(c)(3))	:CCIOII :	32/1		. Lites	LE IN	U
D 11	165, ((a) Name of organizat			l a	b) Type of organiza	tion	ı	(c) Description o	f relationship		
		, ,			,	,,,			, ,			
	T											
		der penalties of perjury ny knowledge and belie										
Sigi		ich preparer has any kr		555,			р.					
Her		*****				2017-10-05		*****		y the IRS discus		
		Signature of officer or	tructee			Date		Title		th the preparer see instr)? 🗹 y		
		Jighature of officer of	ii ustee			Date		, lide	(Se	ee instr)? 💌 Y	es 🗆 N	10
		Print/Type preparer	's name	Prepa	arer's Sıgı	nature	Da	ate	P1	ΓIN		
									Check if self-	P01308	8413	
		David A Williams	CPA						employed ▶ ☐			
Paid	-											
	pare		en & Johnson	PA					Fi	rm's EIN ▶		
use	Only		82 W High St-	DO P	ov 477							
		i ii ii is address 🚩 1	oz w myn st-	FUB	UA 7//				DI	one no /one	1777 /	5400
		S	omerville, NJ	0887	6				Pr	none no (908	, /22-6	J400
		1							1			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Betsy Bauer Trustee 0 00 1316 W Magnolia Avenue Sea Girt, NJ 08750 John W Fedor Trustee 0.00 15414 E Acacıa Wav Fountain Hills, AZ 85268 Nancy B Howell Trustee 0.00 211 Lake Road Trumbull, CT 06611 Carol A Romano Secretary 8 00 663 Raritan Road Cranford, NJ 07016 Kathleen F Jessup Trustee 0.00 224 Blackburn Road Summit, NJ 07901 Thomas B Boak Trustee 2 00 34 Whittredge Road Summit, NJ 07901

Recipient If recipient is an individual, show any relationship to status of Purpose of grant or contribution Amount

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
America's Grow-A-Row Inc 150 Pittstown Road Pittstown, NJ 08867			To support efforts of donating fresh, healthy produce to those suffering from hunger	10,000
Central Presbyterian Church 70 Maple Street Summit, NJ 07902			Assistance to needy persons	10,000
Frost Valley YMCA 2000 Frost Valley Road Claryville, NY 12725			To support youth recreation programs	10,000
Furniture Assist Inc 398 Chestnut Street Union, NJ 07083			Provide furniture, appliances and other household items, free of charge, to families or individuals in need	10,000
Johns Hopkins University 600 North Wolfe Street			To support Loeys-Dietz Syndrome research	5,000

369,000

Baltimore, MD 21287

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year National Organization for Rare Diso Provide support to the 10,000 55 Kenosia Avenue identification, treatment and cure Danbury, CT 06810 of rare diseases Newark Day Center, 43 Hill Street To send inner city children to 10.000

Newark, NJ 07102	host families or to camp to experience country life	10,000
Occupational Center of Union County 301 Cox Street Roselle, NJ 07203	To prepare individuals with disabilities for life and work	10,000
Phoenix Children's Hospital Foundat	To support the Palliative Care	20,000

301 Cox Street Roselle, NJ 07203		disabilities for life and work	
Phoenix Children's Hospital Foundat 2929 East Camelback Road Phoenix, AZ 85016		To support the Palliative Care Program	
Planned Parenthood of Central Great		To support family planning	

Total .

3a

2929 East Camelback Road Phoenix, AZ 85016		Program	20,0
Planned Parenthood of Central Great 196 Speedwell Avenue Morristown, NJ 07960		To support family planning programs	5,0

Phoenix, AZ 85016			
Planned Parenthood of Central Great 196 Speedwell Avenue Morristown, NJ 07960		To support family planning programs	5,000

369,000

Planned Parenthood of Central Great L96 Speedwell Avenue Morristown, NJ 07960		To support family planning programs	5,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
Summit Volunteer First Aid Squad P O Box 234 Summit, NJ 07902		To support the emergency ambulance service	10,000

Summit, NJ 07902			
Trinitas Health Foundation P O Box 259 Elizabeth, NJ 07207		To upgrade the emergency room waiting area	50,000
The Gateway Family YMCA 144 Madison Avenue		To support youth recreation programs	10,000

	g ===	
The Gateway Family YMCA 144 Madison Avenue Elizabeth, NJ 07201	To support youth recreation programs	10,000
Community Brickworks Inc 12005a Hutchson Ferry Road Palmetto, GA 30268	Assistance to the Food Bank for the benefit of the citizens of Chattahoochee Hills, GA	12,000

Community Brickworks Inc 12005a Hutchson Ferry Road Palmetto, GA 30268	Assistance to the Food Bank for the benefit of the citizens of Chattahoochee Hills, GA	12,000
International Rescue Committee	To support the Women's Refugee	10,000

Palmetto, GA 30268		Chattahoochee Hills, GA	
International Rescue Committee 122 East 42nd Street New York, NY 10168		To support the Women's Refugee Commission	10,000

International Rescue Committee 122 East 42nd Street New York, NY 10168		To support the Women's Refugee Commission	10,0
Total	 		369,000

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
City of Linden New Jersey 605 South Wood Avenue Linden, NJ 07036			To the Linden Department of Public Property and Community Services for the Summer Concert Series	10,000
Wide Horizons for Children 38 Edge Hill Road Waltham, MA 02451			Assistance to the domestic programs for the benefit of vulnerable and orphaned children	5,000
Woods Hole Oceanographic Institute 569 Woods Hole Road Woods Hole, MA 02543			Assistance for the mission of oceanographic research	10,000
Emory University 1520 Clifton Road Suite 269 Atlanta, GA 30322			Assistance to School of Nursing for Farmworker Health Project	10,000
Parker Family Health Center			Provide assistance to the	10,000

211 Shrewsbury Avenue diabetes program

Red Bank, NJ 07701

369,000 За

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Reformed Church of Linden 600 North Wood Avenue Linden, NJ 07036			General support	10,000
United Methodist Church of Linden 321 North Wood Avenue Linden, NJ 07036			General support	10,000
United Mitochondrial Disease Founda 8085 Saltsburg Road Suite 201 Pittsburgh, PA 15239			Assistance to the mission of promoting research for the cure and treatment of mitochondrial disease, and providing support to families	10,000
Catholic Charities 976 Broad Street Newark, NJ 07001			To support the Bishop Francis Center for Legal Immigration	2,000

Pittsburgh, PA 15239	and treatment of mitochondrial disease, and providing support to families	
Catholic Charities 976 Broad Street Newark, NJ 07001	To support the Bishop Francis Center for Legal Immigration	2,00
Community Food Bank of New Jersey	To fight hunger and poverty	5.00

		Turrimes	
Catholic Charities 976 Broad Street Newark, NJ 07001		To support the Bishop Francis Center for Legal Immigration	2,00
Community Food Bank of New Jersey 31 Evans Terminal Road		To fight hunger and poverty	5,00

Newark, NJ 07001		Center for Legal Immigration	•
Community Food Bank of New Jersey 31 Evans Terminal Road Hillside, NJ 07205		To fight hunger and poverty	5,0

369,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year The Community YMCA To support Camp Zehnder 10,000 170 Paterson Avenue campgrounds Shrewshury N1 07702

Silienssur, / its o, / oz			
Cranford First Aid Squad Inc PO Box 1771 Cranford, NJ 07016		To provide funds for emergency services operating expenses	10,000
Shelter for Abused Women ChildrenIn		To help cover costs associated	5,000

Shelter for Abused Women ChildrenIn PO Box 10102 Naples, FL 34101		To help cover costs associated with its on-site counseling program	5,000
Unchained At Last 663 Raritan Road Cranford, NJ 07016		General operating grant to help women and girls escape from arranged and forced marriages	5,000

Unchained At Last 663 Raritan Road Cranford, NJ 07016	General operating grant to help women and girls escape from arranged and forced marriages		5,000
Wall United Methodist Church 2414 Old Mill Road		General support	10,000

		arranged and forced marriages	
Wall United Methodist Church 2414 Old Mill Road Spring Lake Heights, NJ 07762		General support	10,00

414 Old Mill Road Spring Lake Heights, NJ 07762			
Total		•	369 000

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year American Humane Societies Inc. General support 5,000 124 Evergreen Avenue Newark, NJ 07114 10,000 Boys Girls Clubs of Monmouth County General support 1201 Monroe Avenue Asbury Park, NJ 07712 000 000

7.00 d. 7 / d. 1.7 / 1.0		
Boys Gırls Clubs of Greater Scottsd 10533 East Lakeview drive Scottsdale, AZ 85258	General support	10,00
Junior League of Summit Inc 37 DeForest Avenue Summit, NJ 07901	To support the GRACE(Giving and Receiving Assistance for Our Communities Essentials) project	10,00

10,000 General support

Natural Resouces Defense Council In 40 West 20th Street New York, NY 10011

Total . 369,000 3a

Recipient If recipient is an individual, show any relationship to Status of Status of Recipient If recipient is an individual, show any relationship to Status of Stat

recipient

369,000

any foundation manager

or substantial contributor

Name and address (home or business)

Cranford, NJ 07016

Total.

3а

a Paid during the year			
Union County College 1033 Springfield Avenue		General support	10,000

efile GRAPHIC print - DO NOT PROCES	SS As Filed D)ata -	DL	N: 93491283003077	
TY 2016 Accounting Fees S	chedule				
Nar	ne: The Geo	rge W Bauer Family	Foundation		
E	IN: 22-6069	622			
Software .	ID: 1600030)3			
Software Versi	on: 2016v3.	0			
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes					
Accounting fee	1,600	1,600	0	0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DI	N: 93491283003077
TY 2016 Investments - Other	Schedule		
Name:	The George W Bauer Family	Foundation	
EIN:	22-6069622		
Software ID:	16000303		
Software Version:	2016v3.0		
Category / Item	Listed at Cost o	r Book Value	End of Vear Fair

Software Version: 2016v	/ 3.0		
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Truffle Hound Global Value, LLC	AT COST	14,219,812	17,081,198
Truffle Hound Global Value, LLC [CRUT]	AT COST		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491283003077	
TY 2016 Other Expenses Sche	dule				
- -					
Name:	The George W E	Bauer Family Four	ndation		
EIN:	1: 22-6069622				
Software ID:	ID: 16000303				
Software Version:	2016v3.0				
Other Expenses Schedule	<u> </u>	,			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Administrative expenses	50,985	5,098		40,788	
Investment management fees	34,122	34,122			

TY 2016 Other Income Schedule									
Name:	The George W Bauer Family Foundation								
EIN:	22-6069622								
Software ID:	16000303								
Software Version:	2016v3.0								
Other Income Schedule									
Description		Revenue And	Net Investment	Adjusted Net Income					

Expenses Per Books

3,671

Income

3,671

DLN: 93491283003077

Other portfolio income

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491283003077				
TY 2016 Other Increases Schedule							
Name:	The George W	Bauer Family Foundation					
EIN:	22-6069622						
Software ID:	16000303						
Software Version:	2016v3.0						
Description			Amount				
Adjustment to prior year receipt from C.H. Winans Co. CRUT			133,235				

efile GRAPHIC print - DO NOT I	PROCESS	As Filed Data	-	DL	N: 93491283003077			
TY 2016 Taxes Schedule								
	Name:	The George	W Bauer Family Fo	oundation				
EIN: 22-6069622								
Software ID: 16000303								
Software Version: 2016v3.0								
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Foreign taxes		24,374	24,374					