TENDED TO NOVEMBER 15, 2018

Form **990-PF**

Department of the Treasury Internal Revenue Service 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.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017
Open to Public Inspection

	For	calendar year 2017 or tax year beginning		, and ending		
	Na	ime of foundation			A Employer identification	n number
	Ĵ	JAMACHA BLOOM FAMILY FOUND	ATION			
		Z/O JAMACHA LLC			26-1614525	j
		mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	1	61 EAGLE ROCK AVENUE			•	1156
	_	y or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is p	
		ROSELAND, NJ 07068			i cxomption application is p	75172.11g, 27.254 1.12.
		Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization:	s check here
	u ,	Final return	Amended return	mor public charty	b i roroign organization	o, 0.10011 11010
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
	<u> </u>				1	
	Τ_		empt private foundation Other taxable private founda	trop ()	E if private foundation sta	
				(T)	under section 507(b)(1	
		air market value of all assets at end of year J Accountin	•	Accrual "	F If the foundation is in a	
		from Part II, col (c), line 16)	ner (specify)		under section 507(b)(1)(B), check here
	_	\$ 2,843,224. (Part I, colum			 	(d) =
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
	_	necessarily equal the amounts in column (a))		meome		(cash basis only)
ø.		1 Contributions, gifts, grants, etc., received	46,696.		N/A	
B		2 Check 11 the foundation is not required to attach Sch B				
		3 Interest on savings and temporary cash investments	75.	75.		STATEMENT 1
11		4 Dividends and interest from securities	58,593.	58,593.		STATEMENT 2
QY		5a Gross rents				
V		Net rental income or (loss)				
	Ð	6a Net gain or (loss) from sale of assets not on line 10	506,440.			
	Ę	b Gross sales price for all 1,918,558.				
	Revenue	7 Capital gain net income (from Part IV, line 2)		506,440.	<u> </u>	
	œ	8 Net short-term capital gain				
		9 Income modifications				
		Gross sales less returns and allowances				
2018		b Less Cost of goods sold				
		c Gross profit or (loss)				
\boldsymbol{e}		11 Other income				
\vdash		12 Total Add lines 1 through 11	611,804.	565,108!	RECUIVER	
		13 Compensation of officers, directors, trustees etc	0.	0:	7	ng 0.
		14 Other employee salaries and wages			B JUN 0 4 2018	Ö
		15 Pension plans, employee benefits			010	S.
	Expenses	16a Legal fees			OGDEN LIT	<u>- </u>
急	eñ	b Accounting fees STMT 3	8,450.	8,450.		0.
	삸	c Other professional fees				
SCANNE	Je E	17 Interest	78.	78.		0.
98	and Administrative	18 Taxes STMT 4	4,372.	4,370.		2.
	ıstı	19 Depreciation and depletion				
	ä	20 Occupancy				
	Ąď	21 Travel, conferences, and meetings				
	Ď	22 Printing and publications				
	g	l - · · ·	440.	300.		140.
	ğ	24 Total operating and administrative	440.		 	140.
	Operating	expenses Add lines 13 through 23	12 240	12 100		142
	o	25 Contributions, gifts, grants paid	13,340.	13,198.		142. 502,075.
		i -	502,075.			502,073.
•		26 Total expenses and disbursements	T1F 41F	12 100		500 017
		Add lines 24 and 25	515,415.	13,198.	 	502,217.
		27 Subtract line 26 from line 12:	06 000			
		a Excess of revenue over expenses and disbursements	96,389.	FF4 040		
		b Net investment income (if negative, enter -0-)		551,910.		
		c Adjusted net income (if negative, enter -0-)	.,		N/A	
	72350	01 01-03-18 LHA For Paperwork Reduction Act Notice,	, see instructions			Form 990-PF (2017)

JAMACHA BLOOM FAMILY FOUNDATION 26-1614525 Form 990-PF (2017) C/O JAMACHA LLC Beginning of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year (c) Fair Market Value (a) Book Value (b) Book Value 188,142. 466,629 188,142. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons 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 2,549,796. 104,500. 1,345,471. 1,815,359. b Investments - corporate stock STMT 6 102,506. STMT 7 198,320. 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 786. 786. STATEMENT 8) 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 2,843,224. 2,010,420. 2,106,793 instructions Also, see page 1, item I) 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) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds Net Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0. 29 Retained earnings, accumulated income, endowment, or other funds 2,010,404. 2,106,793 30 Total net assets or fund balances 2,010,404. 2,106,793 31 Total liabilities and net assets/fund balances 2,010,420. 2,106,793 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) 2,010,404. Enter amount from Part I, line 27a 96,389.

Other increases not included in line 2 (itemize) Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2017)

	nd Losses for Tax on	Investmen	t Income				0 101	3323
(a) List and describe the	e kınd(s) of property sold (for e house; or common stock, 200	example, real esta		(b) Ho	w acquired Purchase Donation	(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE ATTACHED SC	- <u></u>			-	Donation			
b SEE ATTACHED SC								
c CAPITAL GAINS D								
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss) s (f) minus (9))
a 808,813.			755,60					53,207.
b 1,108,243.			656,51	2.				451,731.
c 1,502.								1,502.
d								
Complete only for assets showing	goes in column (h) and owned h	by the foundation	n on 12/21/60			. Causa (C	Cal (b) as m	
Complete only for assets showing							Col. (h) gain not less than	
(i) FMV as of 12/31/69	(ı) Adjusted basis as of 12/31/69		col. (j), if any	1			(from col. (I	
2								53,207.
<u>a</u> b								451,731.
C								1,502.
d								
e								
	C If nam, also an	iter in Part I, line	7	7				
2 Capital gain net income or (net capit		-0- in Part I, line		1	2			506,440.
3 Net short-term capital gain or (loss)				<i>^</i> [
If gain, also enter in Part I, line 8, co		una (0).)				
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	der Section 4940(e) fo			Д_	3		N/A	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation doesn't qualify u	n 4942 tax on the distributable a under section 4940(e). Do not c	omplete this par	t					Yes X No
1 Enter the appropriate amount in eac	th column for each year; see the	e instructions be	fore making any e	ntries.				
(a) Base period years Calendar year (or tax year beginning	in) Adjusted qualifying c	distributions	Net value of no	(c) ncharita	ble-use assets		Distribi (col. (b) divi	(d) ution ratio ded by col. (c))
2016	5	03,548.		2,	720,496			-185094
2015		81,270.			185,942			.151061
2014	3	70,147.		3,	294,796	•		.112343
2013		93,034.			407,472			.115345
2012	2	03,161.		2,	<u>826,917</u>	•		.071867
2 Total of line 1, column (d)						2		.635710
3 Average distribution ratio for the 5-y the foundation has been in existence		al on line 2 by 5.0	0, or by the numbe	er of yea	nrs	3		.127142
4 Enter the net value of noncharitable-	use assets for 2017 from Part)	X, line 5				4	;	2,822,771.
5 Multiply line 4 by line 3						5	····	358,893.
6 Enter 1% of net investment income ((1% of Part I, line 27b)					6		5,519
7 Add lines 5 and 6						7		364,412.
8 Enter qualifying distributions from Pa	•					8		502,217.
If line 8 is equal to or greater than lin See the Part VI instructions.	e 7, check the box in Part VI, lir	ne 1b, and comp	lete that part using	g a 1% i	tax rate.			
723521 01-03-18							Fr	rm 990-PF (2017

. jamacha bloom family foundation

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see ins 1a Exempt operating foundations described in section 4940(d)(2), check here	<u> </u>	5,5 5,5	19. 0. 19. 0. 19.
Date of ruling or determination letter:	£	5,5 5,5	0. 19. 0. 19.
Date of ruling or determination letter:	£	5,5 5,5	0. 19. 0. 19.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here of Part I, line 27b 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A Statements Regarding Activities	£	5,5 5,5	0. 19. 0. 19.
of Part I, line 27b 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 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 2018 estimated tax 2 , 781 Refunded 11 Part VII-A Statements Regarding Activities	£	5,5 5,5	0. 19. 0. 19.
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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld for total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment if line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 2 , 781 . Refunded 11 Part VII-A Statements Regarding Activities		5,5	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2, 781 . Refunded ▶ 11 Part VII-A Statements Regarding Activities		5,5	0.
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2,781 · Refunded ▶ 11 Part VII-A Statements Regarding Activities		5,5	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2, 781. Refunded ▶ 11 Part VII-A Statements Regarding Activities		5,5	0.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2,781. Refunded ▶ 11 Part VII-A Statements Regarding Activities			19.
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d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2,781. Refunded ▶ 11 Part VII-A Statements Regarding Activities		8,3	
7 Total credits and payments. Add lines 6a through 6d 7 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 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 2018 estimated tax 2,781. Refunded 11 Part VII-A Statements Regarding Activities		8,3	
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9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax Part VII-A Statements Regarding Activities			_
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2,781. Refunded ▶ 11 Part VII-A Statements Regarding Activities			0.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2,781. Refunded ▶ 11 Part VII-A Statements Regarding Activities			
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 2,781. Refunded ▶ 11 Part VII-A Statements Regarding Activities		2,7	81.
Part VII-A Statements Regarding Activities			0.
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			
The stating the teat year, and the real real real real real repairs of the real repair	7	Yes	No
any political campaign?	_		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition			X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u>"</u>		
	- (İ
distributed by the foundation in connection with the activities		1	v
· · · · · · · · · · · · · · · · · · ·	C		<u>X</u>
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.	ļ	ĺ	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1		İ
managers ► \$ <u>0 .</u>	ı		ĺ
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.	- 1		ł
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	}		l
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?	a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4	ьТ		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			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:	- 1		
By language in the governing instrument, or			1
	- }		1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		₹.	1
remain in the governing instrument?		<u>X</u>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi. (c), and Part XV		_X_	
	-		1
8a Enter the states to which the foundation reports or with which it is registered. See instructions.			ĺ
NJ	}		1
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)			1
of each state as required by General Instruction G? If "No," attach explanation	6	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	\Box		/
year 2017 or the tax year beginning in 2017? See the 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
Form S			

X

N/A

N/A

Yes X No

2b

3ь

4a

statement - see instructions)

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2017 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

Total. Add lines 1 through 3

All other program-related investments. See instructions.

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	is, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	2,618,232.
b		1b	247,525.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,865,757.
е	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	2,865,757.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	42,986.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,822,771.
6	Minimum investment return Enter 5% of line 5	6	141,139.
Р	foreign organizations, check here and do not complete this part.)	d certaii	1
1	Minimum investment return from Part X, line 6	1	141,139.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 5, 519.		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	<u>5,519.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	135,620.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	135,620.
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	135,620.
P	art 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	502,217.
b	Program-related investments - total from Part IX-B	1 <u>b</u>	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	502,217.
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	5,519.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	496,698.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies	for the section

Page 9 Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) Corpus Years prior to 2016 2016 2017 1 Distributable amount for 2017 from Part XI, 135,620. line 7 2 Undistributed income, if any, as of the end of 2017 0 a Enter amount for 2016 only b Total for prior years 0 3 Excess distributions carryover, if any, to 2017: 63,781. a From 2012 224,566. **b** From 2013 207,007. c From 2014 324,845. d From 2015 372,873. e From 2016 1,193,072 f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4. ► \$ 502,217. 0 a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 135,620. d Applied to 2017 distributable amount 366,597 e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount 0. must be shown in column (a)) Enter the net total of each column as indicated below: 1,559,669 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr 0 f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 0. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) Excess distributions carryover from 2012 not applied on line 5 or line 7 63,781 9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a 1,495,888. 10 Analysis of line 9 a Excess from 2013 224,566. b Excess from 2014 207,007. c Excess from 2015 324,845. d Excess from 2016 372,873.

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e Excess from 2017

Form 990-PF (2017)

3<u>66,</u>597

· -	MACHA LLC	LI FOUNDAI.	LOIN	_ 26-161	4525_ Page 10
Part XIV Private Operating F		structions and Part V	II-A, question 9)	N/A	1
1 a If the foundation has received a ruling					
foundation, and the ruling is effective for			▶ ∟		
b Check box to indicate whether the foun			in section	4942(j)(3) or 494	2())(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	/	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for				11	
each year listed			Í		
b 85% of line 2a					
c Qualifying distributions from Part XII,				1	
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				1	
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)			ļ		
(3) Largest amount of support from					
an exempt organization	/				
(4) Gross investment income	<u> </u>		:6 No - 6	h + 4.65 000 -	
Part XV Supplementary Info			if the foundation	nad \$5,000 or more	e in aissets
		uctions.)			
1 Information Regarding Foundation	_			(
a List any managers of the foundation wh year (but only if they have contributed r			tributions received by the	toundation before the close	or any tax
	11010 (11411 40,000) (000 3	collon 501 (a)(2).)			
WILLIAM BLOOM	100/ 446		/or or or well- large a setu	an of the oursealup of a port	narahin
b List any managers of the foundation who other entity) of which the foundation ha	io own 10% or more of th is a 10% or greater interes	e stock of a corporation st.	(or an equally large portion	of the ownership of a parti	iership or
NONE	o a 1070 or grouter interes				
		D-h-lhiA- D			
2 Information Regarding Contribut Check here ► X if the foundation of				ent annount uncollected reques	te for funde. If
the foundation makes gifts, grants, etc.,					15 IOI TUHUS. II
a The name, address, and telephone num					
a The hame, address, and telephone ham	inei di ciliali addiess di ti	ie person to whom appli	cations should be address	36u	
b The form in which applications should be	ne submitted and informat	ion and materials they s	hould include.		
a second discussion of the second of the sec	oc oddininod and informa	non una materials they o	nodia molado.		
c Any submission deadlines:					
	<u>-</u>			-	
d Any restrictions or limitations on award	s, such as by geographica	ıl areas, charıtable fields,	, kinds of institutions, or c	other factors:	

C/O JAMACHA LLC

26-1614525 Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY BABCOCK FIELD FUND BOSTON UNIVERSITY N/A 595 COMMONWEALTH AVE 75,000, BOSTON, MA 02215 PUBLIC CHARITY BLOOM FAMILY N/A BOSTON UNIVERSITY LEADERSHIP ACADEMY 595 COMMONWEALTH AVE 200,000. BOSTON, MA 02215 ESSEX FELLS VOLUNTEER FIRE COMPANY N/A PUBLIC CHARITY UNRESTRICTED 255 ROSELAND AVENUE 5,000. ESSEX FELLS NJ 07021 PUBLIC CHARITY EDUCATION NEWARK ACADEMY N/A 91 SOUTH ORANGE AVE 100 000. LIVINGSTON, NJ 07039 PUBLIC CHARITY UNRESTRICTED THE SEEING EYE FOUNDATION N/A P.O. BOX 375 MORRISTOWN NJ 07963-0375 10 000. SEE CONTINUATION SHEET(S) Total ▶ 3a 502 075 **b** Approved for future payment NONE Total **▶** 3b

23 /I A	Analysis of		Deadmaine	A saliudias
XVI-A	Anaivsis of	income	-Producina	Activities

nter gross amounts unless otherwise indicated.		d business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	1 1				
C	1 1				
d					
e					
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	75.	
Dividends and interest from securities			14	58,593.	
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					- <u></u>
Gain or (loss) from sales of assets other					
than inventory			18	506,440.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			<u> </u>		
Other revenue.					
a			<u> </u>		
	_				
b					
b					
b c d e Subtotal Add columns (b), (d), and (e)		0.		565,108.	
b b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e)		0.		565,108.	565,10
b 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	s to the Acco	mplishment of E	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b 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 sine No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b 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 sine No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
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b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b 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 sine No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
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b 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 sine No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b 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 sine No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10
b c d e Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No Explain below how each activity for which in	s to the Acco	emplishment of Expression column (e) of Part XVI-F	xempt F	13 Purposes	565,10

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Part XVII	_	_	ing iransactions a	and Helations	nips with Noncha	ritable	
	Exempt Organization					Ye	s No
	rganization directly or indirectly eng	-	-		tion 501(c)	1 1.0	3 140
•	an section 501(c)(3) organizations)			,		1 1	1
a Transfer	s from the reporting foundation to a	noncharitable exempt or	ganization of:				
(1) Casi	1					1a(1)	<u> X</u>
(2) Othe	er assets					1a(2)	X_
b Other tra	nsactions					1 1	
(1) Sale	s of assets to a noncharitable exemp	ot organization				1b(1)	X
(2) Puro	chases of assets from a noncharitable	le exempt organization				1b(2)	X_
(3) Rent	tal of facilities, equipment, or other a	ssets				1b(3)	X
(4) Rein	nbursement arrangements					1b(4)	X
` '	ns or loan quarantees					1b(5)	X
` '	ormance of services or membership	or fundraising solicitation	ons			1b(6)	Х
٠,,	of facilities, equipment, mailing lists,	•				1c	X
-	wer to any of the above is "Yes," cor	• •	• •	lwavs show the fair	market value of the goods		
	es given by the reporting foundation	•	• •		•		
	d) the value of the goods, other asse			ao in any transactio	in or onaring arrangement,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) Line no		c) Name of noncharitable		(d) Description	n of transfers, transactions, and	sharing arrange	ments
(u) Ellie vio	(a) ranoant involves (o exempt or gameation	(u) Descriptio	ii oi italisieis, italisactions, and	Sharing artango	
		N/A					
							
							
			. <u> </u>				
							
					<u> </u>		
					<u></u>		
				-			
2a is the fou	ndation directly or indirectly affiliate	d with or related to one	or more tax-exempt organ	izations described			
	501(c) (other than section 501(c)(or more tax exempt or gan	izations described	٦	Yes	X No
	omplete the following schedule.	5/) OF IN SCORON SET			_		A.A.
D 11 103, 0	(a) Name of organization		(b) Type of organization	T	(c) Description of relations	hin	
	N/A		(b) Type of organization	 	(c) Description of relations	mp	
	N/A						
					·		
				 			
110-2	populties of posture 1 de des 15 de 15 de						
1	penalties of perfury, I declare that I have e elief, it is true correct, and complete. Declar				Ma	y the IRS discus	ss this
Sign and b	18/1/0		1/01/10		sho	wn below? See	
			16-01-18	TRUST	CE U	Yes	No
Sign	nature of officer or trustee		Date	Title			
-	Print/Type preparer's name	Preparer's s	gnature	Date	Check if PTIN		
D=:=				, 1	self- employed		
Paid	STEVEN NYDICK		NYDICK	05/29/18		003796	
Preparer	Firm's name MADDALO	NI, NYDICK	& KEENAN, PC	•	Firm's EIN ► 22-3		
Use Only							
	Firm's address ► 30 COLT	JMBIA TURNP	IKE				
	,	1 PARK, NJ			Phone no. 973 8:	22- 8 08	0
						orm 9 90-P	

3 Grants and Contributions Paid During th		-γ		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
COMPANIONS FOR HEROES	N/A	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 1801				
MERRIFIELD, VA 22116			UNRESTRICTED	1,000
BOSTON UNIVERSITY	N/A	PUBLIC CHARITY	INNOVATE 0 BU	
595 COMMONWEALTH AVENUE			INITIATIVE FUND	
BOSTON, MA 02215				100,000
WEST ESSEX FIRST AID SQUAD PO BOX 662	N/A	PUBLIC CHARITY	UNRESTRICTED	
WEST CALDWELL, NJ 07007				100
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300	N/A	PUBLIC CHARITY	UNRESTRICTED	
JACKSONVILLE, FL 32256				1,417
HOCKEY FIGHTS CANCER	N/A	PUBLIC CHARITY	UNRESTRICTED	
1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036			UNRESTRICTED	934
JAY FUND	N/A	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 1342 BLOOMFIELD, NJ 07003				950
JIMMY FUND 10 BROOKLINE PL. WEST, 6TH FLOOR	N/A	PUBLIC CHARITY	UNRESTRICTED	
BROOKLINE, MA 02445			UNRESTRICTED	950
MINING WITH A MINING				
MUTTS WITH A MISSION PO BOX 4147 SUFFOLK, VA 23439	N/A	PUBLIC CHARITY	DNRESTRICTED	1,416
SOUTOBR, VA 25435		9		1,410
BROWN DOG COALITION & RESCUE	N/A	PUBLIC CHARITY	UNRESTRICTED	
HOPKINTON, MA 01748				2,833
BOSTON UNIVERSITY	N/A	PUBLIC CHARITY	DAR DISCRETIONARY FUND	
595 COMMONWEALTH AVE BOSTON MA 02215			DAD DIGGREMIONAL PRO-	2 475
Total from continuation sheets		 	DAR DISCRETIONARY FUND	2,475 112,075

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.

→ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

JAMACHA BLOOM FAMILY FOUNDATION C/O JAMACHA LLC

Employer identification number

26-1614525

Organization type (check one) Filers of: Section: ___ 501(c)(Form 990 or 990 EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 contributors. 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, Ine 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

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) (2017)

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).

Name of organization JAMACHA BLOOM FAMILY FOUNDATION C/O JAMACHA LLC

Employer identification number

26-1614525

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4 JAMACHA BLOOM CHARITABLE LEAD ANNUITY TRUST 161 EAGLE ROCK AVE ROSELAND, NJ 07068	Total contributions \$ 46,696.	Person X 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 Oncash Ocean (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of countribution
		\$	Person Payroll Noncash (Complete Part II for noncash cont ributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of countribution
		\$	Person Payroll Noncash (Complete Part II for noncash cont ributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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)

Name of organization

Employer identification number

JAMACHA BLOOM FAMILY FOUNDATION C/O JAMACHA LLC

26-1614525

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

art II Nond	cash Property (see instructions) Use duplicate copies of F	art il additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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
		\$	990, 990-EZ, or 9 9 0-PF) (

Employer identification number

JAMACHA BLOOM FAMILY FOUNDATION	JAMACHA	ATION	.]	JAMACHA
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t ([]	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion.	tributions to organizations described in a columns (a) through (e) and the following is, charitable, etc., contributions of \$1,000 or less	26-1614525 section 501(c)(7), (8), or (10) that total more than \$1,000 g line entry. For organizations of the year (Enter this into once) \$\$\$\$\$\$\$\$\$				
	Use duplicate copies of Part III if addition	nal space is needed					
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
t! 							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
lo n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ _							
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- -			-				
-	Transferee's name, address, a	(e) Transfer of gift					

FORM 990-PF INTERES	ST ON SAVING	S AND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME		
JPMORGAN (67035) INT	TEREST		73. 2.		73.		
TOTAL TO PART I, LIN	NE 3		75.		75.		
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUI	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
JPMORGAN (67034) AMORTIZATION OF BOND DISCOUNT	<568.>		0.	<568	.> <568	3.>	
JPMORGAN (67034) DIVIDENDS JPMORGAN (67034)	45,667.	1,50	2.	44,165	44,165	5.	
INTEREST JPMORGAN (67035)	15,298.		0.	15,298	15,298	3.	
DIVIDENDS LESS: ACCRUED INTEREST PURCHASED	2,023.		0.	2,023	2,023	3.	
(JPM)	<2,325.>		0.	<2,325	> <2,325	5.>	
TO PART I, LINE 4 =	60,095.	1,50	2.	58,593	58,593	3.	
FORM 990-PF		ACCOUNTI	NG FEES	3		STATEMENT	3
DESCRIPTION		(A) XPENSES ER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
ACCOUNTING FEES		8,450.		8,450.			0.
TO FORM 990-PF, PG 1	, LN 16B	8,450.		8,450.			0.

FORM 990-PF	TAX	ES			STATEME	VT	<u>4</u>
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-	(C) ADJUSTEI NET INCOM		TAE	
EMPLOYER PAYROLL TAXES FOREIGN TAXES FEDERAL EXCISE TAXES	4. 586. 3,782.		2. 586. 782.				2. 0. 0.
TO FORM 990-PF, PG 1, LN 18	4,372.	4,	370.				2.
FORM 990-PF	OTHER E	XPENSES			STATEME	1T	5
DESCRIPTION		(B) NET INVE MENT INC	ST-			TAB	
INVESTMENT EXPENSES OFFICE EXPENSES	160. 280.		160. 140.		0. 140.		
TO FORM 990-PF, PG 1, LN 23	440.		300.			14	0.
FORM 990-PF	CORPORAT	E STOCK			STATEMEN	TT	6
DESCRIPTION			вос	OK VALUE	FAIR MAI VALUI		1
JPMORGAN (67034)			1	,815,359.	2,549	79	6.
TOTAL TO FORM 990-PF, PART II	, LINE 10B		1	,815,359.	2,549	79	6.
FORM 990-PF	CORPORAT	E BONDS			STATEMEN	IT	7
DESCRIPTION			вос	K VALUE	FAIR MAF		1
JPMORGAN (67034)		-		102,506.	104	,50	0.
TOTAL TO FORM 990-PF, PART II	, LINE 10C	-		102,506.	104	1,50	0.

FORM 990-PF	OTHER ASSETS	STATEMENT 8	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED DIVIDENDS & INTEREST RECEIVABLE	0.	786.	786.
TO FORM 990-PF, PART II, LINE 15	0.	786.	786.