Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► 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.

	Fo	r caler	ndar year 2017 or tax year beginning	/ mstruction:	, 2017, aı			on	, 20	
			oundation		, 2017, ai			r identification number		
					47-5113338				•	
	-		FF CORP d street (or PO box number if mail is not delivered to street address)		Room/suite	_	B Telephone number (see instructions)			
					1100m/suite		•	•	01137	
	47		ROSPECT STREET n, state or province, country, and ZIP or foreign postal code			-		234-8239		
							C If exempt	ion application is pend	ıng, check here ▶ 🔲	
			ORANGE NJ 07079	·						
	G	Check	call that apply: Initial return Initial return		public cha	arity	D 1. Foreigi	n organizations, check	here ▶ 🗍	
			☐ Final return ☐ Amended				2. Foreigr	n organizations meeting	the 85% test,	
			Address change Name change			∦		here and attach computed foundation status was		
	Н		type of organization: Section 501(c)(3) exempt p			9 Y		07(b)(1)(A), check here	terminated under ►	
	ᆜ		on 4947(a)(1) nonexempt charitable trust Other tax							
	ı		market value of all assets at J Accounting method	. L⊠ Cash	∐ Accru	ıal		ndation is in a 60-mont		
			f year (from Part II, col. (c), Other (specify)				under sec	ction 507(b)(1)(B), checl	k here	
7			6) ► \$ 28,655. (Part I, column (d) must be	on cash basi	s)					
11.	Ĭ	art I		(a) Revenue		Netu	rvestment	(c) Adjusted net	(d) Disbursements for charitable	
, A)		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses p books	per (197		ome	income	purposes	
1									(cash basis only)	
-		1	Contributions, gifts, grants, etc., received (attach schedule)	35,7	778.	_:_				
ţ,	?	2	Check ► ☐ if the foundation is not required to attach Sch. B			<u>-</u>				
20	,	3	Interest on savings and temporary cash investments		_					
ಣ		4	Dividends and interest from securities							
-		5a	Gross rents						,	
8		b	Net rental income or (loss)					<u> </u>		
₹	Re	6a	Net gain or (loss) from sale of assets not on line 10					v4		
<u>~</u>	e	b	Gross sales price for all assets on line 6a	j	-1,				,	
ŭ	Revenue	7	Capital gain net income (from Part IV, line 2)	7 . 1				, ,		
Z	Œ	8	Net short-term capital gain		···					
2		9	Income modifications			51				
2		10a	Gross sales less returns and allowances			_ <u>:</u> _		\$ ₄ , ~		
$\tilde{\mathbf{S}}$		b	Less Cost of goods sold							
		С	Gross profit or (loss) (attach schedule)							
		11	Other income (attach schedule)					77FD-0	<u> </u>	
		12	Total. Add lines 1 through 11	35,7	78.	The same	TEGE	101		
	S	13	Compensation of officers, directors, trustees, etc.					1 8 5018 181		
	enses	14	Other employee salaries and wages			<u> 10/</u>				
_		15	Pension plans, employee benefits			10	DEC	ا جيست		
	X	16a	Legal fees (attach schedule)			100	1	SEN. U	<u> </u>	
	ē	b	Accounting fees (attach schedule) L-1.6b. Stmt	4	75.		OG	DEN. UI	475.	
	Ě	C	Other professional fees (attach schedule)			P				
	ij	17	Interest							
	Ę.	18	Taxes (attach schedule) (see instructions) See . Stmt.	22,9	187.			-	22,987.	
	Έ	19	Depreciation (attach schedule) and depletion						* **	
	Ad	20	Occupancy							
	Ď	21	Travel, conferences, and meetings							
	ä	22	Printing and publications							
	Operating and Administrative Exp	23 24	Other expenses (attach schedule)		_ _					
	ati	4 4			60		}		00 460	
)er	05	-	23,4					23,462.	
	ŏ	25	Contributions, gifts, grants paid		06.				22.460	
		26	Total expenses and disbursements. Add lines 24 and 25	23,9	08.	₁ 1			23,462.	
		27	Subtract line 26 from line 12			ť,			3.3	
		a	Excess of revenue over expenses and disbursements	11,8	10.	*				
		b	Net investment income (if negative, enter -0-)						, ,	
		С	Adjusted net income (if negative, enter -0-)		,	~.	-		. 1	

For Paperwork Reduction Act Notice, see instructions.

Part I	Attached schedules and amounts in the description column	Beginning of year	End o	i year
Meice I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash-non-interest-bearing	16,845.	27,904.	27,904.
2	Savings and temporary cash investments			
3	Accounts receivable ►	,	4 5,	4.4
	Less: allowance for doubtful accounts ▶			<u></u>
4	Pledges receivable ►	,		, ,
"	Pledges receivable ► Less. allowance for doubtful accounts ►			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
"	disqualified persons (attach schedule) (see instructions)			
_				
7	Other notes and loans receivable (attach schedule) ▶			
	Less. allowance for doubtful accounts ▶			
क्ष ।	Inventories for sale or use			
Assets	, ,			
∛ 10∂	a Investments—U.S. and state government obligations (attach schedule)			
	nvestments-corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶			
	Less. accumulated depreciation (attach schedule) ▶			
12	Investments-mortgage loans		 	
13				
14	Land, buildings, and equipment: basis	.,		
'-	Less. accumulated depreciation (attach schedule) ▶			
15				7.5.1
16	Other assets (describe ► L-15 Stmt) Total assets (to be completed by all filers—see the	0.	751.	751.
10	instructions Also soo page 1 item I)			
+	ınstructions. Also, see page 1, item l)	16,845.	28,655.	28,655.
17	Accounts payable and accrued expenses		<u></u>	
დ 18	Grants payable			, .
.일 19	Deferred revenue			,
Liabilities 19 20 21 20 21	Loans from officers, directors, trustees, and other disqualified persons	500.	500.	٠, ٠,
<u>ख</u> 21	Mortgages and other notes payable (attach schedule)			
- 22	Other liabilities (describe ►)			1
23	Total liabilities (add lines 17 through 22)	500.	500.	,
	Foundations that follow SFAS 117, check here ▶ □			
alances 25	and complete lines 24 through 26, and lines 30 and 31.	j		· · ·
<u>24</u>	Unrestricted	İ		į
8 25	Temporarily restricted			' \
	Permanently restricted	· · · · · · · · · · · · · · · · · · ·		,
밑드	Foundations that do not follow SFAS 117, check here ► 🗵			. }
Net Assets or Fund B 22 22 33 31 31	and complete lines 27 through 31.	i		• • • • • • • • • • • • • • • • • • • •
ō 27	Capital stock, trust principal, or current funds	16 245	20 155	, }
S 27	· · · · · · · · · · · · · · · · · · ·	16,345.	28,155.	
28	Paid-in or capital surplus, or land, bldg , and equipment fund			1
SS 29	Retained earnings, accumulated income, endowment, or other funds			. ,
₹ 30	Total net assets or fund balances (see instructions)	16,345.	28,155.	· , \
o 31	Total liabilities and net assets/fund balances (see			,
	instructions)	16,845.	28 , 655.	· · · · · · · · · · · · · · · · · · ·
Part II				
	tal net assets or fund balances at beginning of year-Part II, colur			
	d-of-year figure reported on prior year's return)		1	16,345.
2 En	ter amount from Part I, line 27a		2	11,810.
			3	
	Id lines 1, 2, and 3		4	28,155.
			-	
6 To	creases not included in line 2 (itemize) ► tal net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line	e 30 6	28,155.
			· ····	Form 990-PF (2017)

Pari	Capital Gains and	Losses for Tax on Investm	ent Income	,	<u>,</u>	······································
•		l(s) of property sold (for example, real es e, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
b			·			
c						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		or (loss)) minus (g))
a						
b			·			
c						
d						
е						
	Complete only for assets show	ring gain in column (h) and owned l	by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) l (j), if any	col (k), but not	less than -0-) or om col (h))
а						
b						
						
d						
e						
2	Capital gain net income or (also enter in Pa enter -0- in Pa		2	
3	Not short term capital gain	, , ,		· ·		
3		or (loss) as defined in sections line 8, column (c). See instru-				
				, enter -0- in }		
		Continu 4040(a) for Dadu		1-41	3	
Par		r Section 4940(e) for Redu				
(For c	optional use by domestic priva	ate foundations subject to the	section 4940(a)	tax on net invest	ment income.)	
If sec	tion 4940(d)(2) applies, leave	this part blank				
11 300	1011 4040(d)(2) applies, leave	tho part blank.				
		ection 4942 tax on the distribut			oase period?	☐ Yes ☐ No
If "Ye		alify under section 4940(e). Do				
1_	Enter the appropriate amou	nt in each column for each yea	ır, see the ınstrı	uctions before ma	aking any entries.	
	(a) Base period years	(b)		(c)	Diete	(d) ibution ratio
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	f noncharitable-use as		ivided by col (c))
	2016	14,8	72.			
	2015					
	2014					
	2013			_		
	2012					
						
2	Total of line 1, column (d)				. 2	
3		or the 5-year base period—div		line 2 by 50 or		
	•	indation has been in existence		•	3	
	and number of your and rou	middlen nab been in existence	lood than o ye		3	
4	Enter the net value of nonch	naritable-use assets for 2017 fr	om Part X, line	5	. 4	17,178.
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	ıncome (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	
8	E i Pri Lai I d					
	Enter dilalitana dietributions	s from Part XII, line 4			. 8	

Part		see ir	ıstru	ictio	<u>18)</u>
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)	,	,,	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ ☐ and enter 1% of Part I, line 27b		-		
С	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			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			0.	
6	Credits/Payments.				٠,
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 750.	Į	,	,	
b	Exempt foreign organizations—tax withheld at source	! !			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 750.				
_d	Backup withholding erroneously withheld	· 			
7	Total credits and payments. Add lines 6a through 6d		1,5	00.	
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		1 5		
10 11	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 1,500. Refunded 11		1,5	00.	
	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 1,500. Refunded ▶ 11 VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	d t		Yes	No
ıa	participate or intervene in any political campaign?		1a	163	×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See		Id		
	instructions for the definition		1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater		10		^
	published or distributed by the foundation in connection with the activities.				•
С	Did the foundation file Form 1120-POL for this year?	-	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				t
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				•
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose on foundation managers. ▶ \$	ed		٠,	, 7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .		2		×
	If "Yes," attach a detailed description of the activities.				-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	s of	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	.	4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		×
	If "Yes," attach the statement required by General Instruction T.	Ī			7,
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 t 	hat			' .
	conflict with the state law remain in the governing instrument?		6		×
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	xv [7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				2
	NJ				• • •
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	,	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Ye complete Part XIV		9		
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the		3	_×	
10	names and addresses		10		×
	namos and addresses			0-PF	

Pan	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			١
12	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		×
,0				
14	Website address ► N/A The books are in care of ► DAVID COHEN TTE Telephone no. ► (973)2	218-	6673	 }
	Located at ► 13 CYPRESS TERRACE SPRINGFIELD NJ ZIP+4 ► 07081			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			1
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	the foreign country			
Parl	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L	•	
	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):			3 -
	(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			4
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No		•	,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person?) 3m
	(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	ĺ		
	termination of government service, if terminating within 90 days.)	,		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			,,
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		×
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			:
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			3.
	6e, Part XIII) for tax year(s) beginning before 2017?			,
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			,,
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			•
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 ,20 ,20 ,20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			۳ ک
_	at any time during the year?			-^
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, Form 4720, to determine if the	, [-1
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×

Page	ť

Pan	Statements Regarding Activities	TOF V	vnich Form	4/20	may be H	equire	ea (contil	nuea)			
5a	During the year, did the foundation pay or incur	-							/	Yes	No
	(1) Carry on propaganda, or otherwise attempt t						☐ Yes	⊠ No			٠, ا
	(2) Influence the outcome of any specific public		•		•	•	·				
	directly or indirectly, any voter registration dr						Yes	⊠ No	- 1		
	(3) Provide a grant to an individual for travel, stu	-					Yes Yes	⊠ No			
	(4) Provide a grant to an organization other than			_				_	1, 1		,
	section 4945(d)(4)(A)? See instructions .						. ∐ Yes	× No			
	(5) Provide for any purpose other than religious										ر ب
	purposes, or for the prevention of cruelty to c							⊠ No	_ l i	,	
þ	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53 4945 or in a current notice							ribea in			6.
	Organizations relying on a current notice regardi	-	•						5b		, ,
С	If the answer is "Yes" to question 5a(4), does t	-							' ·	,	-
·	because it maintained expenditure responsibility										
	If "Yes," attach the statement required by Regula		-				tes	∐ No			
6a	Did the foundation, during the year, receive any					muums			į į		
UΔ	on a personal benefit contract?		•	-			, ☐ Yes	X No			
b	Did the foundation, during the year, pay premiun					henefi		_	6b		
_	If "Yes" to 6b, file Form 8870.	.0, 40	ony or mano	ou,, o	. a porcoria	20		•	-		
7a	At any time during the tax year, was the foundation	a party	to a prohibite	d tax sh	elter transac	ction?	Yes	⊠ No	,		,
	If "Yes," did the foundation receive any proceeds						ransactio	n? .	7b		
Par	VIII Information About Officers, Direc	tors, 1	Trustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1_	List all officers, directors, trustees, and found										
	(a) Name and address		e, and average rs per week		mpensation not paid,		Contribution byee benefit		(e) Expe		
			ed to position	er	nter -0-)	and def	erred compe	ensation		allowan	
	THEW SMOLLON	TRUS'			_			_			_
473	PROSPECT STREET SOUTH ORANGE NJ 07079		1.00		0.	_		0.			<u> </u>
					- · . <u> </u>	-					
2	Compensation of five highest-paid employee	s (oth	er than thos	se incl	uded on li	ne 1—:	see instr	uctions	s). If no	one, o	enter
	"NONE."	•							•	·	
			(b) Title, and a	verage			(d) Contribu				
	(a) Name and address of each employee paid more than \$50,00	0	hours per v	veek	(c) Comper	sation	employee plans and o	deferred	(e) Expended other a	nse aco Illowan	
			devoted to p				compens	sation			
N/A					ĺ						
					}						
											
								ļ			
					<u> </u>						
											
							1				
Total	number of other employees paid over \$50,000 .		L		L		L	-	None		
Jotai	number of other employees paid over \$50,000 .	<u> </u>	 	<u> </u>	· · · ·	• •	<u> </u>		None	- DE	(0.0.1.7)

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Part		nployees,
-3	and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	3	
		
		-
T - 4 - 1	CF0 000 for mark coincides	<u> </u>
	number of others receiving over \$50,000 for professional services	0
Par	IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	NONE	_
		0.
2		
3		
4		
Par	IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
2		
All	other program-related investments. See instructions	
3		
Total	. Add lines 1 through 3	
Total	. Add lines 1 through 3	Form 990-PF (2017)

Part		ıgn fou	indations,
	see instructions.)	·-	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	17,440.
C	Fair market value of all other assets (see instructions)	1c	17,110.
d	Total (add lines 1a, b, and c)	1d	17,440.
e	Reduction claimed for blockage or other factors reported on lines 1a and	"	17,440.
•	1c (attach detailed explanation)] }	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	17 440
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	-3	17,440.
7	· · · · · · · · · · · · · · · · · · ·	4	262.
_	Instructions)	5	17,178.
5 6		6	
Part			859.
Part	and certain foreign organizations, check here ► 🔀 and do not complete this part.)	ounda	tions
		1	
1	Minimum investment return from Part X, line 6		
2a	· · · · · · · · · · · · · · · · · · ·	-	
b	Income tax for 2017. (This does not include the tax from Part VI.)	-	
C		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4		4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	
	line 1	7	
Part	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	23,462.
b	Program-related investments—total from Part IX-B	1b	·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	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	23,462.
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. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,462.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	JJ.	
			Form 990-PF (2017)

بجس	Vill Vondistributed income (see instruction				
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2 a	Undistributed income, if any, as of the end of 2017. Enter amount for 2016 only			0.	4
b	Total for prior years: 20 ,20 ,20	, , ,		, · · ·	
3	Excess distributions carryover, if any, to 2017:				
a			;		
a b			, , , ,	1	
D		· : /			,
C	From 2014	,	* 4 1,4	4	,
d	From 2015	<u> </u>	**	, ,	
e	From 2016	14.070		,	
f 4	Total of lines 3a through e	14,872.			•
4	Qualifying distributions for 2017 from Part XII,	,			
	line 4: ▶ \$ 23,462.		•		
a	Applied to 2016, but not more than line 2a.			<u> </u>	
b	Applied to undistributed income of prior years			,	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)		<u> </u>		1.
d	Applied to 2017 distributable amount	*			
е	Remaining amount distributed out of corpus	23,462.	• *		,
5	Excess distributions carryover applied to 2017		•		
	(If an amount appears in column (d), the same		-		
	amount must be shown in column (a).)	4 .		•	•
6	Enter the net total of each column as	3			•
	indicated below:	3	' , «		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	38,334.			
b	Prior years' undistributed income. Subtract				1
	line 4b from line 2b		0.		· **
С	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	•"		ļ [.]	
d	Subtract line 6c from line 6b. Taxable	,			
	amount—see instructions		0.	^	- R
е	Undistributed income for 2016. Subtract line	51	, ,		
	4a from line 2a. Taxable amount-see	,	,		
	instructions			0.	. 1
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be	[,'	- 4 - 4		
	distributed in 2018	, ·	, , , ,		0.
7	Amounts treated as distributions out of corpus		٠, ٠,	7 , 1,	, .
	to satisfy requirements imposed by section		, , , , , , , , , , , , , , , , , , , ,	,	' , .
	170(b)(1)(F) or 4942(g)(3) (Election may be				n;
	required—see instructions)		4		
8	Excess distributions carryover from 2012 not				:
	applied on line 5 or line 7 (see instructions).	0.1	΄,	, , ,	
9	Excess distributions carryover to 2018.			. 4	,, ;]
	Subtract lines 7 and 8 from line 6a	38,334.	· · ·		
10	Analysis of line 9	,	,	, ,	-
a	Excess from 2013 0 .	, , ,	* r		
b	Excess from 2014 0 .	, ,	,	,	。
c	Excess from 2015 0 .	12,	<i>i</i> , ,	**	·
d	Excess from 2016	*		5	
e	Excess from 2017 23, 462.		<i>a</i>)	:	· / /

Part	XIV Private Operating Founda	tions (see instru	ictions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for			private operating		
b	Check box to indicate whether the four			ion described in s	ection 🔀 4942(i)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		· · · · · · · · · · · · · · · · · · ·
	income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	each year listed	0.	0.			0.
b	85% of line 2a	0.	0.			0.
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	23,462.	14,872.			38,334.
d	Amounts included in line 2c not used directly for active conduct of exempt activities		_			
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c	23,462.	14,872.	0.	0.	38,334.
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter		/			
	(1) Value of all assets .		/		<u> </u>	
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)		/			
~	of minimum investment return shown in					
С	Part X, line 6 for each year listed		/			
·						
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on		/			
	securities loans (section 512(a)(5)), or royalties)	/				
	(2) Support from general public	/				-
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	L-				
	an exempt organization					
	(4) Gross investment income				L	
Part				ne foundation h	nad \$5,000 or mo	ore in assets at
	any time during the year –		is.)			
1	Information Regarding Foundation I List any managers of the foundation v	•	ited more than 20%	of the total cent	ributions roccived	by the foundation
а	before the close of any tax year (but o					by the roundation
1	NONE	, ,			, , , , , , , , , , , , , , , , , , , ,	
	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporatio	n (or an equally la	rge portion of the
	ownership of a partnership or other er	ntity) of which the	foundation has a 1	0% or greater int	erest.	
1	N/AA\					
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ► 🗵 if the foundation					
	unsolicited requests for funds. If the fo		gifts, grants, etc.,	to individuals or c	organizations under	other conditions,
	complete items 2a, b, c, and d. See in		.l		-	lat a sanati
а	The name, address, and telephone nu	mber or email add	dress of the persor	to whom applica	ations should be ac	idressed:
	See Supplementary Informat:					
b	The form in which applications should	be submitted and	d information and r	materials they sho	ould include	
С	Any submission deadlines					
		 				
d	Any restrictions or limitations on aw factors:	ards, such as by	y geographical ar	eas, charitable fi	elds, kinds of inst	itutions, or other

Form 990-PF (2017) 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 show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year COAL RIVER MOUNTAIN WATCH PO BOX 303 NAOMA WV 25140 NONE 506. NONE STOP DESTRUCTION OF ENVIRONMENT За 506. Approved for future payment NONE

Total Form **990-PF** (2017)

	Analysis of Income-Producing Ac			_,		,
Ente	r gross amounts unless otherwise indicated.	(a) Business code	(b)	(c)	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program service revenue	Busilless code	Amount	Exclusion code	Amount	(See instructions)
-	a					
	b			-		
	C	<u> </u>				
	d			 		
	е					
	•			 		
		}		 		
_	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			ļ		
4	Dividends and interest from securities			ļ	·	<u> </u>
5	Net rental income or (loss) from real estate:		·		· · · · · · · · · · · · · · · · · · ·	
	a Debt-financed property			<u> </u>		
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income		···	<u> </u>		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	С					
	d					
	_					
12	Subtotal. Add columns (b), (d), and (e)					
40					12	
13	rotal. Add line 12, columns (b), (d), and (e)				10	
	worksheet in line 13 instructions to verify calculation				13	
(See		s)				
(See	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s) ccomplishm e	ent of Exemp	ot Purposes		
(See	rt XVI-B Relationship of Activities to the A	s) ccomplishm e	ent of Exemp	ot Purposes		
(See	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s) ccomplishm e	ent of Exemp	ot Purposes		
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(See	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	s) ccomplishm e	ent of Exemp	ot Purposes		

	VAVIO	1-4-	. n					.1.4:	184'11	NI · · ·			
Part	XVII	Organization	n Regarding Tra	ansters to a	ind Transa	ictions a	and Ke	elationshi	ps with	Nonchar	ritable	e Exe	mpt
	الم الم							ather area			Γ	Yes	No
1			irectly or indirectly ther than section								,	162	140
		izations?	inei inan seciloi	1 301(0)(3)	Jigariization	5) 01 111	Section	11 321, 16	ating to	political	-		
	-							,			İ		
а			orting foundation		itable exem	pt organi	zation c	ot:			4 (4)		لــــا
	. ,			• • •							1a(1)		_×_
		her assets .	• • • • •								1a(2)		×
b		transactions:											
			a noncharitable e								1b(1)	-	×
			ts from a nonchar								1b(2)		×_
			equipment, or oth	ner assets							1b(3)		×
	(4) Re	eimbursement ar	rangements.								1b(4)		X
	(5) Lo	ans or loan guar	rantees								1b(5)		×
	(6) Pe	erformance of se	rvices or member	ship or fundra	aising solicit	ations					1b(6)		×
C	Sharır	ng of facilities, ed	quipment, mailing	lists, other as	ssets, or pai	d employ	ees .				1c		×
d	If the	answer to any o	of the above is "Y	es," complet	e the follow	ing sche	dule. C	olumn (b)	should alv	ways show	v the	faır m	arket
			her assets, or ser										
	value	in any transaction	n or sharing arrar	ngement, sho	w in column	(d) the v	alue of	the goods	other ass	sets, or se	rvices	recei	ved.
(a) Line	no (t) Amount involved	(c) Name of nor	ncharitable exem	pt organization	(0	d) Descrip	otion of transfe	ers, transacti	ons, and sha	ring arra	angeme	ents
													
	-												
													
	-	}											
				· · · · · · · · · · · · · · · · · · ·									
			 										
				<u>-</u>									
				<u></u>									
													
2a	Is the	foundation dire	ctly or indirectly a	affiliated with	, or related	to, one o	or more	tax-exem	pt organiz	zations			
	descr	bed in section 5	01(c) (other than s	section 501(c)	(3)) or in sec	ction 527	?			. [] Yes	X	No
b	If "Yes	s," complete the	following schedul	le.									
		(a) Name of organi	zation	(b)	Type of organi	zation			(c) Descripti	on of relation	nship		
					- -								
													
		- A	7			<u>-</u>						•	
	Ungler	penalties of perium	declare that I have exami	ned this return, in-	cluding accompa	anying sched	ules and s	statements, and	to the best of	of my knowled	ge and b	pelief, it	ıs true,
Sign	confec	t and contribute Decla	retion of preparer (other	than taxpayer) is b	ased on all infor	mation of wh	ich prepai	rer has any kno	wledge	May the IF	2C diagri	on thin	roturn
Here		' $'$ $'$ $'$ $'$ $'$ $'$ $'$ $'$ $'$		+1.	2/14/12	PRESI	חבאייי			with the pr	eparer s	hown b	elow?
Hele		ituré of officer or trus	tee		<i>//10</i>	Title	DEN I			See instruc		Yes[
	1,94	Print/Type preparer's		Preparer's s				Date			TIN		
Paid				(C)	\sim \sim \sim	lance			Che	ck X if			1
Prepa		DAVID G. C		<u> </u>		hen	·	12/14/2		employed p			<u>T</u>
Use (Only	Firm's name		HEN ASSOC	TATES					<u>▶ 22-27</u>			
		Firm's address ▶	13 Cypress				7001		Phone no	(973)2			
BAA			Springfield			NJ O	7081			Fo	orm 99 0	U-PF	(2017)

SOMA FF CORP

Form 990-PF: Return of Private Foundation

Continuation Statement Restrictions . NOT APPLICABLE Submission Information NOT APPLICABLE Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. NOT APPLICABLE, DO NOT ACCEPT APPLICATIONS FOR DONATIONS Form Information Name and Address Information 473 PROSPECT STREET SOUTH ORANGE, NJ 07079 SMOLLONMATT@AOL.COM 973-234-8239 MATHEW SMOLLON

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

1

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
ADVERTISING	1,793.			1,793.
INTERNET & WEB	9,755.			9,755.
PRODUCTION FEES	11,120.			11,120.
SUPPLIES	78.			78.
LODGING	145.			145.
BANK CHARGES	66.			66.
REGISTRATION FEE	30.	-		30.
Total	22,987.			22,987.

Legal and Professional Fees

2017

•			
Name			Employer Identification No
SOMA	FF	CORP	 47-5113338

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	_				
	_				-
	-				-
al to Form 990)-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DAVID G COHEN	TAX & ACCOUNTI	475.			475.
Total to Form 990-	PF, Part I, Line 16b	475.			475.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	-			-	-
					-
)-PF, Part I, Line 16c				

Other Assets and Liabilities

2017

Name SOMA FF CORP			Employe	er Identification No 13338
Line 15 - Other Assets:	Beginning Year Book Value	Book Value		Year Fair Market Value
Totals to Form 990-PF, Part II, line 15	0.		751.	751.
		Beginni		Ending
Line 22 - Other Liabilities:		Year Bo Value	ok	Year Book Value
Totals to Form 990-PF, Part II, line 22				

Form 990-PF Part II, Lines 20b and 21b

Loans, Mortgages and Other Notes Payable

2017

Name		Employer Identification No
SOMA FF CORP		47-5113338
Lender Information:		
Loan Payable Type 1		
Lender Name MATHEW SMOLLON		
Lenders Title		
Check Box, if Lender is a Business		
Relationship of Lender TRUSTEE		
Borrower's Security N/A		
Purchase Terms N/A		
Repayment Terms OPEN		
Purpose of Loan START UP FOUNDATION		
Description of Consideration CASH		
Original Amount 500.		
Beginning Year Balance 500.	Year End Balance	500.
FMV of Consideration 500.	Date of Note	01/01/16
Maturity Date OPEN	Interest Rate	0.00
Loan Payable Type		
Lender Name		
Lenders Title		
Check Box, if Lender is a Business		
Relationship of Lender		
Borrower's Security		
Purchase Terms		
Repayment Terms		
Purpose of Loan		
Description of Consideration	·····	
Original Amount		
Beginning Year Balance	Year End Balance	
FMV of Consideration	Date of Note	
Maturity Date	Interest Rate	
Loan Payable Type		
Lender Name		
Lenders Title		
Check Box, if Lender is a Business		
Relationship of Lender		
Borrower's Security		
Purchase Terms		
Repayment Terms		
Purpose of Loan		
Description of Consideration		
Original Amount		
Beginning Year Balance	Year End Balance	
FMV of Consideration	Date of Note	
Maturity Date	Interest Rate	
QuickZoom here to Form 990-PF, Page 2	· · · · · · · · · · · · · · · · · · ·	

Schedule B

(Form 990, 990-EZ, or 990-PF)

SOMA FF

Department of the Treasury Internal Revenue Service

Name of the organization

CORP

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

Employer identification number

47-5113338

Organi	zation type (check on	e)·				
Filers o	of:	Section:				
Form 9	90 or 990-EZ	☐ 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 political organization				
Form 99	90-PF	∑ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	only a section 501(c)(7	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution	: An organization that	ısn'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	orgar	nization		Employer identification number
SOMÀ	FF	CORP	<u></u>	47-5113338

Part I	Contributors (see instructions). Use duplicate co	ples of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST BARNABAS HEALTHCARE 94 OLD SHORT HILLS ROAD LIVINGSTON NJ 07039	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BCB BANK 591-595 AVENUE C BAYONNE NJ 07002	\$5,000.	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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

Name of organization

Employer identification number

SOMA FF CORP

47-5113338

Part II	Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional spa	ce 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 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
		\$	
1			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization 47-5113338 SOMA CORP Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee