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Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491296007088

2017

OMB No 1545-0052

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2017, or tax year beginning 07-01-	2017	, ar	nd er	nding 06-30-			
TH	E GEOR	indation IGE W BAUER FAMILY					entification numbe	r	
	UNDAT:		\			22-6069622			
	umber and street (or P O box number if mail is not delivered to street address) Room/suite 663 RARITAN ROAD						B Telephone number (see instructions)		
City	or town	, state or province, country, and ZIP or foreign postal code	(908) 324-4107						
		NJ 07016				C If exemption	application is pendin	g, check here	
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of	a forn	ner public charity		D 1. Foreign or	ganızatıons, check he	ere	
		☐ Final return ☐ Amended retur	'n				ganizations meeting k here and attach co		
		Address change Name change					indation status was t	· -	
_	,	pe of organization Section 501(c)(3) exempt privat					n 507(b)(1)(A), chec		
			$\overline{}$	ivate foundation					
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$\ 18,379,486 \end{array} Other (specify) (Part I, column (d) mu		Cash L Accru on cash basis)	aı		ition is in a 60-mont n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	/-×	D				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily	(a)	Revenue and expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes	
		equal the amounts in column (a) (see instructions))		books				(cash basis only	
	1	Contributions, gifts, grants, etc , received (attach schedule)							
	2	Check ► ☑ If the foundation is not required to attach							
	_	Sch B		1 201		1 201			
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities		1,281		333,623			
	4 5a	Gross rents		333,623		333,023			
	b	Net rental income or (loss)							
e	6a	Net gain or (loss) from sale of assets not on line 10		1,005,265					
Ĕ	ь	Gross sales price for all assets on line 6a							
Revenue		1,005,20	65						
~	7	Capital gain net income (from Part IV, line 2)				1,005,265			
	8 9	Net short-term capital gain	-						
	9 10a	Í	-						
	b	Gross sales less returns and allowances Less Cost of goods sold	_						
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11		1,340,169		1,340,169			
	13	Compensation of officers, directors, trustees, etc							
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
ŠL	16a	Legal fees (attach schedule)							
× ĭ	b	Accounting fees (attach schedule)	ارچو	1,700		1,700			
ē L	С	Other professional fees (attach schedule)							
a E	17	Interest		83,350		83,350			
<u>.</u>	18	Taxes (attach schedule) (see instructions)	رچ و	60,090		48,090			
Ē	19	Depreciation (attach schedule) and depletion							
AG	20	Occupancy							
ב ב	21	Travel, conferences, and meetings							
Operating and Administrative Expenses	22 23	Printing and publications	% ∫	123,940		71,996		51,94	
Ę.	24	Total operating and administrative expenses.	اهد	123,540		, 1,550		31,54	
er.		Add lines 13 through 23		269,080		205,136		51,94	
5	25	Contributions, gifts, grants paid		725,000		,		725,00	
	26	Total expenses and disbursements. Add lines 24 and	.						
		25		994,080		205,136		776,94	
	27	Subtract line 26 from line 12		346 000					
	а	Excess of revenue over expenses and disbursements		346,089					
	b	Net investment income (if negative, enter -0-)				1,135,033			
	С	Adjusted net income(if negative, enter -0-)							
or	raper	work Reduction Act Notice, see instructions.				Cat No 11289X	(For	m 990-PF (2017	

	3	Accounts receivable		
		Less allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule)		
		Less allowance for doubtful accounts ▶		
S	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach schedule)		
	ь	Investments—corporate stock (attach schedule)		
	l			

Investments—corporate bonds (attach schedule) . C Investments—land, buildings, and equipment basis ▶ 11 Less accumulated depreciation (attach schedule) 12 13 Investments—other (attach schedule) 14,219,812 14.361,213 18.122.814 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 14,265,065 14,617,885 18,379,486 17 50,985 57,716 Accounts payable and accrued expenses 18 Liabilities 19 Deferred revenue .

57,716

14,560,169

14,560,169

14,617,885

2

3

4

5

6

14,214,080

14,560,169

14,560,169 Form 990-PF (2017)

346,089

50,985

14,214,080

14,214,080

14,265,065

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

Mortgages and other notes payable (attach schedule).

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.

Foundations that do not follow SFAS 117, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund

20

21

22

23

24

25

26

28

29 Net 30

31 Part III

2

Balances

Fund

5

Assets 27 Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

instructions

Page **3**

						1
	List and describe 2-story brick war	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	al estate, MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
-						
-						
-						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) or) minus (g)
a						
b						
С						
d						
е						
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (ʒ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
а						
b						
С						
d						
e						
2	Capital gain net income	e or (net capital loss)	If gain, also enter in F If (loss), enter -0- in		2	1,005,265
3	Net short-term capital	gain or (loss) as defined in sections :	If (loss), enter -0- in 1	Part İ, line 7	3	1,005,265
3	Net short-term capital of If gain, also enter in Pain Part I, line 8	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0	Part İ, lıne 7	3	1,005,265
3 Part	Net short-term capital of If gain, also enter in Pain Part I, line 8	gain or (loss) as defined in sections : irt I, line 8, column (c) (see instruction	If (loss), enter -0- in L222(5) and (6) cons) If (loss), enter -0- colored Tax on Net	Part İ, line 7	3 ncome	1,005,265
3 Part	Net short-term capital of If gain, also enter in Pain Part I, line 8	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	If (loss), enter -0- in L222(5) and (6) cons) If (loss), enter -0- colored Tax on Net	Part İ, line 7	3 ncome	1,005,265
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3 Part For op	Net short-term capital of If gain, also enter in Parin Part I, line 8 V Qualification Value on 4940(d)(2) applies, leading to the short of the shor	gain or (loss) as defined in sections : art I, line 8, column (c) (see instruction	If (loss), enter -0- in 1222(5) and (6) cons) If (loss), enter -0- cons) If (loss), enter -0- cons cons cons cons cons cons cons cons	Part İ, line 7	ncome me)	1,005,265
Part For op f sectives	Net short-term capital of If gain, also enter in Part I, line 8 V Qualification Internal use by domestic point 4940(d)(2) applies, lee foundation liable for the	gain or (loss) as defined in sections: ort I, line 8, column (c) (see instruction orivate Section 4940(e) for Resorvate foundations subject to the section this part blank	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- educed Tax on Net on 4940(a) tax on net on the amount of any year	Part I, line 7	ncome me)	
Part For op f sectivas th f "Yes,	Net short-term capital of If gain, also enter in Parin Part I, line 8 V Qualification Utional use by domestic pon 4940(d)(2) applies, lee foundation liable for the "the foundation does not the state of the state	gain or (loss) as defined in sections in the Internal Int	If (loss), enter -0- in 1222(5) and (6) ons) If (loss), enter -0- on 15 ons) If (loss), enter -0- on 15 ons) If (loss), enter -0- on 15 ons) If (loss), enter -0- on 15 ons) If (loss), enter -0- ons) I	Part I, line 7 Investment I et investment inco	3 ncome me) d?	
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Partification of the second of	Net short-term capital of If gain, also enter in Parin Part I, line 8 V Qualification Internal use by domestic properties on 4940(d)(2) applies, let be foundation liable for the "the foundation does not be period years Calendar (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (Calverage distribution ration for the period years the foundation does not be period years the foundation of years the foundation ration for the period years the foundation of years the foundation ration for the period years the foundation of years the foundation in the period years the foundation of years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the foundation in the period years the period years the foundation in the period years the foundation in the period years the period ye	gain or (loss) as defined in sections in trial. In the 8, column (c) (see instruction in trial. In the 8, column (c) (see instruction in trial. In the 8, column (c) (see instruction in trial. In the 8, column (c) (see instruction in the 8, column subject to the section in the 9, column subject to the section in the 4, column for each year, (b) Adjusted qualifying distributions 409,788 431,914 383,031 370,500 372,097 d)	If (loss), enter -0- in 1222(5) and (6) cons) If (loss), enter -0- in 1222(5) and (6) cons) If (loss), enter -0- in 1222(5) and Net ction 4940(a) tax on net complete this part see instructions before (c) Net value of noncharitation of the total on line 2 by 5 than 5 years	Part I, line 7 C Investment I et investment incomme making any entriple-use assets 16,380,631 8,024,535 8,139,453 8,029,801 7,436,029	a ncome me) d?	es No O O O O O O O O
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If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

					Form 990-PF (2017)
Employees,	nagers, Highly Paid E	ees, Foundation Ma	ers, Directors, Trust	ormation About Offic I Contractors	
	(see instructions).	d their compensation	oundation managers an	rs, directors, trustees, f	1 List all officers, di
	(d) Contributions to employee benefit plans and deferred compensation	(c) Compensation (If not paid, enter -0-)	Title, and average hours per week b) devoted to position		(a) Name and a
				Table	See Additional Data Table
ione, enter "NONE."	.—see instructions). If no	nose included on line 1	mployees (other than th	n of five highest-paid e	2 Compensation of
Expense account, (e) other allowances	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation	Title, and average hours per week (b) devoted to position	(a) s of each employee paid han \$50,000	Name and address of e
					NONE
			-	er employees paid over \$5	
(c) Compensation	e of service	(b) Typ	d more than \$50,000	address of each person pai	
					NONE
		· · · · · · · ·	<u>'</u>	-	
Expenses	nation such as the number of		rities during the tax year Inclu	r largest direct charitable active beneficiaries served, conferen	List the foundation's four larg
Expense account (e) other allowance DNE". (c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation services (see instruction (b) Type (b) Type (b) Type (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Title, and average hours per week (b) devoted to position 50,000	er employees paid over \$5 paid independent contra address of each person paid ers receiving over \$50,000 mmary of Direct Chair	Name and address of e more than s NONE Total number of other en 3 Five highest-paid (a) Name and addre NONE Total number of others re Part IX-A Summa

		_			
Total number	of other employees hald ever	\$50,000		· · · · •	
		tractors for professional sei			ıe"
	and address of each person p		(b) Type		(c) Compensation
NONE	and address of each person p	ald more than \$50,000	(b) Type	or service	(c) Compensation
NONE					
		00 for professional services.			
Part IX-A	Summary of Direct Ch				
		tivities during the tax year Include ences convened, research papers pi		on such as the number of	Expenses
1	,		•		
-					
2					_
-					
3					
4					
Part IX-B	Summary of Program-	Related Investments (Se	ee instructions)		
	-	ments made by the foundation during	·	d 2	Amount
1 N/A		,			
2					

All other program-related investments See instructions

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

2

3a 3h

4

5

776.944

776.944

Form **990-PF** (2017)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . d From 2015. . . . e From 2016.

12,355

861,075

Form **990-PF** (2017)

Page 9

orn	n 990-PF (2017)	
Part XIII Undistributed Income (see instruc		ctions)
		(a) Corpus
1	Distributable amount for 2017 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2017	
а	Enter amount for 2016 only	

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2017 distributable amount. . . .

e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. . **b** Excess from 2014. . c Excess from 2015. . . d Excess from 2016. . e Excess from 2017. .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

indicated below:

same amount must be shown in column (a))

Distributable amount for 2017 from Part XI, line 7				
Undistributed income, if any, as of the end of 2017				
Enter amount for 2016 only				
Total for prior years 20 , 20 , 20				
Excess distributions carryover, if any, to 2017				

(b)

Years prior to 2016

(c)

2016

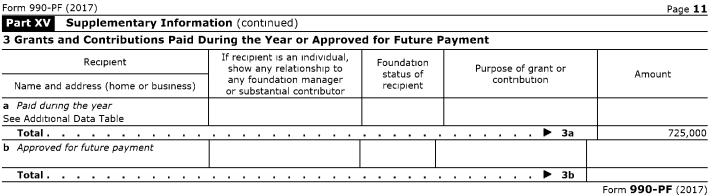
764,589

764,589

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

APRIL 30 (ANNUAL MEETING IS IN MAY OR JUNE)

factors NONE



	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
-						
	and contracts from government agencies					
Intere	rship dues and assessments st on savings and temporary cash			14	1 201	
	ments			14	1,281 333,623	
	ital income or (loss) from real estate				•	
	financed property					
	ebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
	ory					1,005,26
	ome or (loss) from special events					
	orofit or (loss) from sales of inventory revenue a					
	evenue a					
с						
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				334,904	, ,
	orksheet in line 13 instructions to verify calcu			13	.	1,340,10
art XVI	B Relationship of Activities to th					
ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex	income is reported empt purposes (o	d in column (e) o ther than by pro	of Part XVI-A contributividing funds for such	ted importantly to purposes) (See	
	instructions)					

orm 990-PF	<u>' </u>							Pa	ge 13
Part XVI	Information Re Exempt Organi		sfers To an	d Transactio	ns and Relatio	nships With Non	charitable		
	rganization directly or in Code (other than section	directly engage in					n 501	Yes	No
	from the reporting foun					-			
(1) Cash	h						. 1a(1)		No
(2) Othe	er assets						. 1a(2)		No
b Other tra	nsactions								
` '	es of assets to a nonchar						. 1b(1)		No
	chases of assets from a r						. 1b(2)		No
	tal of facilities, equipmer	•					. 1b(3)		No
	nbursement arrangemen ns or loan guarantees.						. 1b(4) . 1b(5)		No No
	ormance of services or m						. 1b(5)		No
• •	of facilities, equipment, r	•	-				. 1c		No
_	swer to any of the above	-							
	ods, other assets, or ser ansaction or sharing arra (b) Amount involved		r column (d)	the value of the	goods, other asse		ed	ngemen	its
described	undation directly or indire in section 501(c) of the complete the following s	Code (other than					. 🗆 Yes	✓	No
	(a) Name of organization	on	(b)	Type of organizati	on	(c) Description (of relationship		
of r wh	der penalties of perjury, my knowledge and belief ich preparer has any kno	, it is true, correct		,	- , ,	_	sed on all infoi	rmatior	n of
Sign Here	*****		2	2018-10-19	*****		May the IRS di return with the prepa		
	Signature of officer or t	rustee	D	ate	Title		below (see instr)?	✓ Yes	□ _{No}
	Print/Type preparer's	name Prep	parer's Sıgnat	ture	Date	Check if self-	TIN		
	DAVID A WILLIAM	S CPA			2018-10-23	employed ▶ □	P01308	3413	
Paid					2010-10-23				
Prepare Use Only		EN & JOHNSON P	'A		1	F	ırm's EIN ▶22	-21730	92
USE UIII	Francis and due as b 40	Euro's address N 193 WEST LICH ST							

Firm's address ► 182 WEST HIGH ST SOMERVILLE, NJ 088761819

Phone no (908) 722-6400

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation BETSY BAUER TRUSTEE 000 00 663 RARITAN ROAD CRANFORD, NJ 07016

KATHLEEN JESSUP	TRUSTEE	0	0	0
663 RARITAN ROAD CRANFORD, NJ 07016	000 00			
NANCY B HOWELL	TRUSTEE	0	0	0
663 RARITAN ROAD	000 00			

NAINCT B HOWELL	IRUSTEE	l o		l o
663 RARITAN ROAD CRANFORD, NJ 07016	000 00			
CAROL A ROMANO	SECRETARY	0	0	0
663 RARITAN ROAD CRANFORD, NJ 07016	8 00			
THOMAS B BOAK	TRUSTEE	0	0	0

2 00

663 RARITAN ROAD CRANFORD, NJ 07016

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICA'S GROW-A-ROW INC NONE PC UNRESTRICTED 15,000 150 PITTSTOWN ROAD PITTSTOWN, NJ 08867

BOYS GIRLS CLUBS OF MONMOUTH CTY 1201 MONROE AVENUE ASBURY PARK, NJ 07712	NONE	PC	UNRESTRICTED	20,000
BOYS GIRLS CLUBS OF SCOTTSDALE	NONE	PC	UNRESTRICTED	20,000

7.000111 17.1111,110 07712				
BOYS GIRLS CLUBS OF SCOTTSDALE 10533 EAST LAKESIDE DRIVE SCOTTSDALE, AZ 85258	NONE	PC	UNRESTRICTED	

BOYS GIRLS CLUBS OF SCOTTSDALE 10533 EAST LAKESIDE DRIVE SCOTTSDALE, AZ 85258	NONE	PC	UNRESTRICTED	20,000
Total				725,000

BOYS GIRLS CLUBS OF SCOTTSDALE	NONE	PC	UNRESTRICTED	20
10533 EAST LAKESIDE DRIVE				
SCOTTSDALE, AZ 85258				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BUCKNELL UNIVERSITY** NONE PC UNRESTRICTED 25,000 301 MARKET ST SUITE 2 LEWISBURG, PA 17837

CATHOLIC CHARITIES OF NEWARK 976 BROAD STREET NEWARK, NJ 07102	NONE	PC	UNRESTRICTED	5,000
CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET	NONE	PC	UNRESTRICTED	10,000

CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET SUMMIT, NJ 07901	NONE	PC	UNRESTRICTED	10,000
Total				725,000

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY BRICKWORKS INC NONE PC FOR THE FOOD BANK 15,000 12005A HUTCHSON FERRY RD PALMETTO, GA 302682134 COMMUNITY FOOD BANK OF NJ NONE PC UNRESTRICTED 10.000

31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205				
COMMUNITY YMCA 170 PATTERSON AVENUE SHREWSRURY N1 07702	NONE	PC	FOR CAMP ZEHNDER	20,000

COMMUNITY YMCA NONE PC FOR CAMP ZEHNDER					
	170 PATTERSON AVENUE	NONE	PC	FOR CAMP ZEHNDER	
SHREWSBURY, NJ 07702	SHREWSBURY, NJ 07/02				

3a

170 PATTERSON AVENUE SHREWSBURY, NJ 07702		
Total	 	 725,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CRANFORD FIRST AID SQUAD NONE PC UNRESTRICTED 20,000 PO BOX 1771 CRANFORD, NJ 07016

EMORY UNIVERSITY SCHOLL OF NURSING 1520 CLIFTON RD STE269 ATLANTA, GA 303224297	NONE	PC	FOR THE FARMWORKER HEALTH PROJECT	20,000
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR COLUMBIA, MD 21046	NONE	PC	UNRESTRICTED	10,000

Total				725,000
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR COLUMBIA, MD 21046	NONE	PC	UNRESTRICTED	10,00
ATLANTA, GA 303224297				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FROST VALLEY YMCA NONE PC UNRESTRICTED 20,000 2000 FROST VALLEY ROAD CLARYVILLE, NY 12725

FURNITURE ASSIST INC 398 CHESTNUT STREET UNION, NJ 07083	NONE	PC	UNRESTRICTED	10,000
THE CATEMAY FAMILY VMCA	NONE	DC.	LINDECTRICTED	20,000

UNION, NJ 07083				
THE GATEWAY FAMILY YMCA 144 MADISON AVENUE FLIZABETH NI 07201	NONE	PC	UNRESTRICTED	20,000

THE GATEWAY FAMILY YMCA 144 MADISON AVENUE ELIZABETH, NJ 07201	NONE	PC	UNRESTRICTED	20,000
Total				725,000

THE GATEWAY FAMILY YMCA	NONE	PC	UNRESTRICTED	20,
144 MADISON AVENUE				
ELIZABETH, NJ 07201				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GREAT SWAMP WATERSHED NONE PC. UNRESTRICTED 10,000 ASSOCIATION PO BOX 300 NEW VERNON, NJ 07976

INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 101681289	NONE	PC	UNRESTRICTED	20,000
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	NONE	PC	FOR LOEYS-DIETZ SYNDROME RESEARCH	5,000

725,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JUNIOR LEAGUE OF SUMMIT NONE PC FOR GRACE 20,000 37 DEFOREST AVENUE SUMMIT, NJ 07904 CITY OF LINDEN NONE FOR THE SLIMMER CONCERT 20.000

605 SOUTH WOOD AVENUE LINDEN, NJ 07036	INONE		SERIES	20,0
MATHENY SCHOOL 65 HIGHLAND AVENUE	NONE	PC	UNRESTRICTED	10,0

MATHENY SCHOOL 65 HIGHLAND AVENUE PEAPACK, NJ 07977 NONE PC UNRESTRICTED UNRESTRICTED	10,000

MATHENY SCHOOL	NONE	PC	UNRESTRICTED	10,
65 HIGHLAND AVENUE				
PEAPACK, NJ 07977				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MYSTIC VISION PLAYERSPO BOX 3115 NONE PC UNRESTRICTED 10,000 LINDEN, NJ 07036

NATIONAL ORG FOR RARE DISORDERS 55 KENOSIA AVENUE DANBURY, CT 06810	NONE	PC	UNRESTRICTED	10,000
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	NONE	PC	UNRESTRICTED	20,000

Total .

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

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

a Paid during the year				
NEWARK DAY CENTER43 HILL STREET NEWARK, NJ 07102	NONE	PC	UNRESTRICTED	10,000
OCCUPATIONAL CENTER OF UNION	NONE	PC	UNRESTRICTED	15,000

301 COX STREET ROSELLE, NJ 07203				
OCCUPATIONAL CENTER OF UNION COUNTY	NONE	PC	UNRESTRICTED	

ROSELLE, NJ 07203				
OVERLOOK FOUNDATIONPO BOX 220 SUMMIT, NJ 079020220	NONE	PC	UNRESTRICTED	10,0

•				
OVERLOOK FOUNDATIONPO BOX 220 SUMMIT, NJ 079020220	NONE	PC	UNRESTRICTED	10,000

Total		•	•	725 000
SUMMIT, NJ 079020220				I
OVERLOOK FOUNDATIONPO BOX 220	NONE	PC	UNRESTRICTED	10,

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PARKER FAMILY HEALTH CENTER NONE PC. FOR THE DIABETES PROGRAM 20,000 211 SHREWSBURY AVENUE RED BANK, NJ 07701

PHOENIX CHILDREN'S HOSPITAL FDN 2929 EAST CAMELBACK ROAD PHOENIX, AZ 85016	NONE	PC	CENTER	40,000
PLANNED PARENTHOOD OF NEW JERSEY 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	NONE	PC	UNRESTRICTED	20,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POINT PLEASANT FIRST AID SQUAD NONE PC UNRESTRICTED 25,000 **611 LAUREL AVENUE** DTDLEAGANT BOLL NIL 09742

PIPLEASANT BCH, NJ 06742				
THE REFORMED CHURCH OF LINDEN 600 NORTH WOOD AVENUE LINDEN, NJ 07036	NONE	PC	UNRESTRICTED	5,000
ST HUBERT'S ANIMAL WELFARE CENTER 575 WOODLAND AVENUE	NONE	PC	UNRESTRICTED	5,000

LINDEN, NJ 07036				
ST HUBERT'S ANIMAL WELFARE CENTER 575 WOODLAND AVENUE MADISON, NJ 07940	NONE	PC	UNRESTRICTED	5,0

Total . 725,000 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SHELTER FOR ABUSED WOMEN NONE PC. UNRESTRICTED 20,000 CHILDREN PO BOX 10102 NAPLES, FL 34101 าก

SUMMIT VOLUNTEER FIRST AID SQUAD PO BOX 234 SUMMIT, NJ 07902	NONE	PC	UNRESTRICTED	20,000
TRINITAS HEALTH FOUNDATION	NONE	PC	FOR THE EMERGENCY ROOM	50,000

SUMMI1, NJ 0/902				
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 07207	NONE	PC	FOR THE EMERGENCY ROOM WAITING AREA	50,000

TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 07207	NONE	PC	FOR THE EMERGENCY ROOM WAITING AREA	50,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNCHAINED AT LAST NONE PC UNRESTRICTED 10,000 663 RARITAN ROAD CRANFORD, NJ 07016

UNION COUNTY COLLEGE 1033 SPRINGFIELD AVENUE CRANFORD, NJ 07016	NONE	PC	UNRESTRICTED	15,000
UNITED METHODIST CHURCH 321 NORTH WOOD AVENUE	NONE	PC	UNRESTRICTED	10,000

Total .

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

a Paid during the year				
UNITED MITOCHONDRIAL DISEASE FDN 8085 SALTSBURG ROAD	NONE	PC	UNRESTRICTED	

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

PITTSBURGH, PA 15239				
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	PC	UNRESTRICTED	10,000

10,000

VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	PC	UNRESTRICTED	
WALL UNITED METHODIST CHURCH 2414 OLD MILL ROAD	NONE	PC	UNRESTRICTED	

3a

WALL UNITED METHODIST CHURCH	NONE	PC	UNRESTRICTED	15,000
2414 OLD MILL ROAD				
SPRINGLAKE HGHTS, NJ 07762				

Total		 	725.000
SPRINGLAKE HGHTS, NJ 07762			
2414 OLD MILL ROAD			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WIKIMEDIA FOUNDATION NONE PC. UNRESTRICTED 20,000 149 MONTGOMERY STREET SAN FRANCISCO, CA 94105 PC WOODS HOLE OCEANOGRAPHIC NONE UNRESTRICTED 15.000

INSTITUTE 266 WOODS HOLE ROAD 40 WOODS HOLE, MA 02543	THORE I		OWNED TRUETED	13,000
FIDELITY INVS CHARITABLE GIFT FUND 200 SEAPORT BLVD NCW4B BOSTON, MA 02210	NONE	PC	UNRESTRICTED	15,000

Total .

efile GRAPHIC print - DO NOT PRO	OCESS	As Filed D	ata -	Г	DLN: 93491296007088
TY 2017 Accounting Fees Schedule					
ļ	Name:	THE GEO	RGE W BAUER FAM	iILY	
	FOUNDATION				
	EIN: 22-6069622				
Accounting Fees Schedule					4
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE		1,700	1,700		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491296007088				
TY 2017 Investments - Other Schedule						
Name:	THE GEORGE W BAUER FAMILY					
	FOUNDATION					
EIN:	22-6069622					
Investments Other Schedule 2						

Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
TRUFFLE HOUND GLOBAL VALUE, LL	AT COST	14,361,213	18,122,814		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491296007088	
TY 2017 Other Expenses Schedule					
-				1	
Name: THE GEORGE W BAUER FAMILY					
ı	FOUNDATION			1	
EIN:	: 22-6069622				
Other Expenses Schedule	<u> </u>	<u> </u>	<u> </u>		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					
ADMINISTRATIVE EXPENSES	57,716	5,772		51,944	
INVESTMENT MANAGEMENT FEES	66,049	66,049	1		
MISCELLANEOUS EXPENSES	175	175	1		

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491296007088	
TY 2017 Taxes Schedule					
Name: THE GEORGE W BAUER FAMILY					
FOUNDATION					
EIN: 22-6069622					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	48,090	48,090			
FEDERAL EXCISE TAX	12,000				