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Department of the Treasury

Internal Revenue Service

DLN: 93491033001029

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.

Inspection For calendar year 2017, or tax year beginning 10-01-2017 , and ending 09-30-2018 A Employer identification number FELDMAN CHARITBLE TRUST 22-3626948 Number and street (or P O box number if mail is not delivered to street address) 140 LITTLE STREET B Telephone number (see instructions) (201) 574-0195 City or town, state or province, country, and ZIP or foreign postal code BELLEVILLE, NJ 07109  ${f C}$  If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end **J** Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) \$ 1,018,737 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total Disbursements for charitable Revenue and (b) Net investment (c) Adjusted net of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach 105.192 schedule) Check ► ☐ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 39,536 39,536 5a Gross rents b Net rental income or (loss) ба Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 9.300 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 144,728 48,836 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 850 850 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 23 Other expenses (attach schedule) 954 954 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 1,804 1,804 51,631 51,631 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 53,435 53,435 27 Subtract line 26 from line 12 Excess of revenue over expenses and 91,293 disbursements 48.836 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-) For Paperwork Reduction Act Notice, see instructions. Cat No 11289X Form **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)			
	b	Investments—corporate stock (attach schedule)	363,251	469,352	
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			

161.510

150,000

740,050

740,050

740,050

740,050

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161,510

169,999

840,643

840,643

840,643

840,643

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740,050

91,293

9,300

840,643

840,643 Form **990-PF** (2017)

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16

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18

19 20

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22

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31

Part III

2

3

Liabilities

Investments—mortgage loans . . . . . . .

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Accounts payable and accrued expenses .

Other assets (describe > \_

Other liabilities (describe -\_

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

Decreases not included in line 2 (itemize) ▶

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

Enter amount from Part I, line 27a

Land, buildings, and equipment basis

624,312

184.644

169,999

1,018,737

or Fund Balances 24 Unrestricted . . . 25 Temporarily restricted 26 Permanently restricted . Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Net Assets 27 Capital stock, trust principal, or current funds . . . . . . . . . .

Page **3** 

	<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquire P—Purchase D—Donation	e	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )		
<b>1 a</b> 106 868 shrs Vanguard I	Mid Cap TETF			P		2013-07-30	2017-10-13
<b>b</b> 69 shrs Real estate Selec		P		2016-09-19	2017-10-12		
c							
d							
e							
	(f)			g)		(H	1)
(e) Gross sales price	Depreciation allowed			other basis		Gain oi	r (loss)
Gross sales price	(or allowable)		plus expe	nse of sale		(e) plus (f)	mınus (g)
a 2	9,283	0		19,	900		9,383
b	2,163	0		2,	246		-83
c							
d							
e							
Complete only for assets	s showing gain in column (h) and ow	ned by th	e foundation o	on 12/31/69		(1	1)
(:)	(j)		(	k)		Gains (Col (Ì	n) gain minus
(i) F M V as of 12/31/69	Adjusted basis			of col (ı)			less than -0-) <b>or</b>
	as of 12/31/69		over col	(j), if any		Losses (fro	
а	0	0			0		9,383
b	0	0			0		-83
С							
d							
е							
	gain or (loss) gain or (loss) gain or (loss) as defined in sections art I, line 8, column (c) (see instructions)	1222(5) a		·		3	9,300
	Jnder Section 4940(e) for Re						
(For optional use by domestic p	private foundations subject to the sec	ction 4940	O(a) tax on ne	t investment in	come )	)	
if section 4940(d)(2) applies, l	eave this part blank						
f "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not comp	lete this part	·		☐ Y∈	es 🗹 No
	nount in each column for each year,	see ınstrı	uctions before	making any er	tries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	Net value	(c) e of noncharitabl	e-use assets	(	( <b>d)</b> Distribution ration (col (b) divided by co	
2016	40,363			868,852			0 046456
2015	24,443			845,953			0 028894
2014	53,379			729,103			0 073212
2013	50,286			802,139			0 062690
2012	45,236			731,871			0 061809
2 Total of line 1, column (	d)			L	2		0 273061
	o for the 5-year base period—divide			or by the			
	ndation has been in existence if less incharitable-use assets for 2017 fron			$\cdot$ $\cdot$ $\cdot$ $\vdash$	3		0 054612
		,		$\dots \mapsto \vdash$	4		1,095,336
5 Multiply line 4 by line 3				$\dots \mapsto \vdash$	5		59,818
	ent income (1% of Part I, line 27b)			$\cdots \cdots \vdash$	6		488
				$\cdot$ $\cdot$ $\cdot$ $\vdash$	7		60,306
	ions from Part XII, line 4 ,				8	10/ 1	53,435
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	art VI, line	e ib, and com	piete that part	using a	11% tax rate See	e tne Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	٠.	, , , , , , , , , , , , , , , , , , ,
D		Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Part VIII		and Contractors

1 List all officers, directors, trustee	os foundation managers a	nd their compensation	(see instructions)	
List all officers, directors, truster			(d)	T
(a) Name and address	Title, and average hours per week  (b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WARREN FELDMAN	Trustee	0	(	1
140 Little Street	1 00		`	
Belleville, NJ 07109				
ESTHER D FELDMAN	Trustee	0	(	0
140 Little Street	1 00			
Belleville, NJ 07109				
2 Compensation of five highest-pa	id employees (other than t	hose included on line 1	_see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
	$\overline{}$			
T-1-1				
Total number of other employees paid ov				
3 Five highest-paid independent co	•	·		
(a) Name and address of each perso	n paid more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
NONE				
		7		
		$\dashv$		
		4		
<b>Total</b> number of others receiving over \$50	0,000 for professional services	5		(
Part IX-A Summary of Direct 0	Charitable Activities			
List the foundation's four largest direct charitable			nation such as the number of	Expenses
organizations and other beneficiaries served, con	ferences convened, research pape	rs produced, etc		
1				
2				
2			+	
<b></b>				
4				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve		<u> </u>		^
	estments made by the foundation of	during the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
3				
Total. Add lines 1 through 3 .				
iotai. Aud illes I tillough 3			· · · · · · · ·	F 000 PF (2017)

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

3a 3h

4

5

53.435

53,435

Form **990-PF** (2017)

Amounts set aside for specific charitable projects that satisfy the

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

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

income Enter 1% of Part I. line 27b (see instructions).

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. . . . . . . . . .

3

4

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Form 990-PF (2	017)
Part XIII	Undi

Form 990-PF (2017)						
Part XIII Undistributed Income (see instruc	ctions)					
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017		
1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017				53,790		

36.888

36,888

9.272

27,616

53,435

355

Form **990-PF** (2017)

9.272 10,179

17.437

10.179 17,437

_		
2	Undistributed income, if any, as of the end of 2017	
а	Enter amount for 2016 only	
b	Total for prior years 20, 20, 20	

3 Excess distributions carryover, if any, to 2017

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

be distributed in 2018 . . . . . 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

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 . . . .

applied on line 5 or line 7 (see instructions) . . .

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

indicated below:

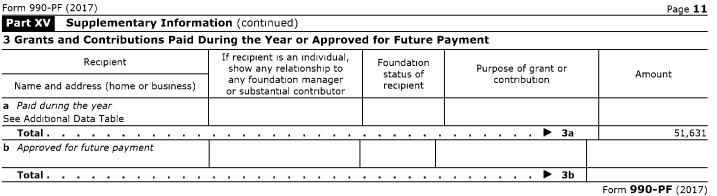
same amount must be shown in column (a) )

a From 2012. . . . .

**b** From 2013. . . . c From 2014. .

d From 2015. . e From 2016. . . .

orr	m 990-PF (2017)					Page <b>10</b>
ŀ	Private Operating Found	<b>ations</b> (see ınstr	uctions and Part \	VII-A, question 9)	l	
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	17, enter the date	of the ruling	▶∟_	_	
b	Check box to indicate whether the organizat	on is a private oper	atıng foundatıon des	scribed in section L	」 4942(j)(3) or ∟	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(3) 13111
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
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					
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
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)					
	from an exempt organization  (4) Gross investment income					
D-	Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or more	e in
<u>.</u>	assets at any time during th		tructions.)			
a	Information Regarding Foundation Man List any managers of the foundation who hav before the close of any tax year (but only if WARREN FELDMAN	e contributed more				1
b	List any managers of the foundation who ow ownership of a partnership or other entity)				large portion of the	
	NONE					
•						<u> </u>
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here ► ☑ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr				der
a	The name, address, and telephone number	or email address of	the person to whom	applications should	be addressed	
b	The form in which applications should be sul	omitted and informa	ation and materials t	hey should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, su factors	ch as by geographic	al areas, charitable	fields, kinds of instit	tutions, or other	



Enter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions	
a							
е							
-							
	nd contracts from government agencies						
	ship dues and assessments st on savings and temporary cash						
ınvestr	ments						
	ds and interest from securities			14	39,536		
	al income or (loss) from real estate						
	ebt-financed property						
	ntal income or (loss) from personal property						
	vestment income						
	r (loss) from sales of assets other than						
	ory						
Gross p	rofit or (loss) from sales of inventory						
Other re	evenue <b>a</b>						
b							
		l I					
d							
d e Subtota Total. / (See wo	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul	lations )			39,536		
d e Subtota Total. / (See wo	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplishr income is reported	ment of Exem	pt Purposes  of Part XVI-A contribut	Bted importantly to	39,5	
d e Subtota Total. A (See wo Int XVI	I Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which	lations ) e Accomplishr income is reported	ment of Exem	pt Purposes  of Part XVI-A contribut	Bted importantly to	39,53	
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de Subtota Total. A (See wo	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplishr income is reported	ment of Exem	pt Purposes  of Part XVI-A contribut	Bted importantly to	39,53	
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orm 990	-PF (2017	)										Pa	ge <b>13</b>
Part X		nformation Re exempt Organi		ransi	fers To a	ind Transac	tion	s and Relatio	nships With Nor	ncharita	ble		
	e organiza		directly enga						on described in section organizations?	on 501		Yes	No
		the reporting foun							<b>y</b>	F			
										.	La(1)		No
(2)	Other asse	ts								. [	La(2)		No
<b>b</b> Other	transactio	ons											
(1) 5	Sales of as	sets to a nonchar	itable exemp	t orga	nızatıon.					[1	lb(1)		No
(2) F	Purchases	of assets from a r	noncharitable	exem	pt organiz	ation				[1	lb(2)		No
(3) F	Rental of fa	acılıtıes, equipmer	nt, or other a	ssets.						📮	lb(3)		No
		ment arrangemer									lb(4)		No
		an guarantees.					•				lb(5)		No
		e of services or m	•		_					· [	lb(6)		No
	-								· · · · · · · · ways show the fair r	• L	1c		No
	transacti		ingement, sh	iow in	column (d		the g	oods, other asse	ed less than fair mar ets, or services received transfers, transactions,	ved		ngemen	ts
	_												
							+						
		n directly or indire	•								٦		
		tion 501(c) of the	•	than	section 50	1(c)(3)) or in s	sectio	on 52/?		∟	l Yes	✓	No
D IT Yes		ete the following s Name of organization			l (F	) Type of organiz	zation	1	(c) Description	of relation	ishin		
	(4)	Hame or organization	511		(2	y type of organiz	zacion		(C) Description	r or relation	ыпр		
- 1								<u>.                                      </u>					
	of my kno		, it is true, c			,		- , ,	ing schedules and st than taxpayer) is ba	ased on a	Íl infor	mation	n of
Here	****	*				2019-01-27		*****		May the return			
	<b>)</b> —							— <b>)</b> ——		with the below	e prepar	er shov	vn
	Signa	ture of officer or t	rustee			Date		<b>7</b> Title		(see ins	tr )? 🛭	Z Yes	□ <sub>No</sub>
	Prir	nt/Type preparer's	name	Prepa	arer's Sign	ature		Date		PTIN			
				1	,				Check if self-		01526	081	
		.INDA LIEBOWITZ	•						employed ▶ ☑	Г	31320	301	
Paid													
Prepai		n's name ► Lind	a Liebowitz						<u>'</u>	Fırm's EII	<b>∨</b> ►		
Use O	піу 📙									<del></del> -			

Firm's address ► 304 Tillinghast Turn Phone no (908) 233-7724 Scotch Plains, NJ 07076

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

None	educational orFor Religious, Medical,other charitable	136
	None	

Miami Beach, FL 33140			
Bais Menachem Chabad 1319 North B Street Tampa, FL 33606		educational orFor Religious, Medical,other charitable	800

1319 North B Street Tampa, FL 33606		Medical,other charitable	
Chabad Lubavitch CTPO Box 454 Waterhury, CT, 06720	None	educational orFor Religious,	5,300

Tampa, TE 33000			
Chabad Lubavitch CTPO Box 454 Waterbury, CT 06720	None	educational orFor Religious, Medical,other charitable	5,300

Waterbury, CT 06720		Medical,other charitable	5,30
Total	 		51,631

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 contribution status of

any foundation manager

3a

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
Chabad Lubavitch on Palisade 11 Harold Street		None	educational orFor Religious, Medical,other charitable	1,770

recipient

11 Harold Street Tenafly, NJ 07670		Medical, other charitable	·
Chabad of Mar VistaPO Box661187 Los Angeles, CA 90066	None	educational orFor Religious, Medical,other charitable	180

Chabad of Mar VistaPO Box661187 Los Angeles, CA 90066	None	educational orFor Religious, Medical,other charitable	180
Charity Aid Foundation 225 Reinekers Lane	None	educational orFor Religious, Medical,other charitable	180

		'	
Charity Aid Foundation 225 Reinekers Lane Alexandria, VA 22314	None	educational orFor Religious, Medical,other charitable	180

Charity Aid Foundation 225 Reinekers Lane Alexandria, VA 22314	None	educational orFor Religious, Medical,other charitable	
			i .

			E4 634
Alexandria, VA 22314		riedical, other chartable	I
225 Reinekers Lane		Medical,other charitable	i

lexandria, VA 22314		1
Total	 	51,631

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			
Childrens Law Center501 3rd St NW Washington, DC 20001	None	educational orFor Religious, Medical,other charitable	

<b>-</b>			
Christ Church620 G St SE Vashington, DC 20003		educational orFor Religious, Medical,other charitable	

3a

Washington, DC 20003			Medical,other charitable	
Community Resource CouncilPO Box	143	None	educational orFor Religious,	

Washington, Be 2000		Treateur/etrief charteable	
Community Resource CouncilPO Box 443 Hackensack, NJ 07601	None	educational orFor Religious, Medical,other charitable	200

360

30

Total		_	51 621
Hackensack, NJ 07601		Medical,other charitable	
Community Resource CouncilPO Box 443	None	educational orFor Religious,	200

Hackensack, NJ 07601		Medical,other charitable	
Total			51.63

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

a Paid during the year			
CROPPO Box 968 Elkhart, IN 46515	None	educational orFor Religious, Medical,other charitable	100
Dysutonmia Fund 315 W 39th St Suite 701	None	educational orFor Religious, Medical other charitable	136

recipient

134

315 W 39th St Suite 701 New York, NY 10018		Medical,other charitable	
Temple Emanuel of the Pascack Valley	None	educational orFor Religious,	

or substantial contributor

Name and address (home or business)

New fork, NT 10018			
Temple Emanuel of the Pascack Valley 87 Overlook Dr	None	educational orFor Religious, Medical,other charitable	

11C11 101K, 111 10010			
Temple Emanuel of the Pascack Valley 87 Overlook Dr	None	educational orFor Religious, Medical,other charitable	

lew York, NY 10018			Į.
emple Emanuel of the Pascack Valley		educational orFor Religious, Medical,other charitable	1

emple Emanuel of the Pascack Valley	None	educational orFor Religious,	
7 Overlook Dr		Medical, other charitable	
loodcliff Lako NJ 07677			

Voodcliff Lake, NJ 07677			
7 Overlook Dr		Medical,other charitable	i

Noodcliff Lake, NJ 07677		,	
Total	 		51,631

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

a Paid during the year			
Jewish Free Loan 6505 Wilshire Suite 715 Los Angeles, CA 90048	None	educational orFor Religious, Medical,other charitable	1,500

Los Angeles, CA 90048		Treated/Series endireasie	
Jewish Home Of Rockleigh10 Link Drive Rockleigh, NJ 07647	None	educational orFor Religious, Medical,other charitable	8,270
Lower Shore SupportPO Box 1376	None	educational orFor Religious,	250

Jewish Home Of Rockleigh10 Link Drive Rockleigh, NJ 07647		educational orFor Religious, Medical,other charitable	8,270
Lower Shore SupportPO Box 1376 Berlin, MD 21811		educational orFor Religious, Medical,other charitable	250
Total	 		51,631

Rockleigh, NJ 07647		Medical, other charitable	
Lower Shore SupportPO Box 1376 Berlin, MD 21811		educational orFor Religious, Medical,other charitable	2!
		_	

Berlin, MD	21811		Medical,other charitable	
Total . 3a		 		51,631

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

	or substantial contributor		
a Paid during the year			
Lubavitch on the Palisades 11 Harold Street Tenafly, NJ 07670		educational orFor Religious, Medical,other charitable	5,000

recipient

400

Maji Safi Group465 Marine Street Boulder, CO 80302		educational orFor Religious, Medical,other charitable	
losdo Hut Shel Hesed	None	educational orFor Religious,	

any foundation manager

or substantial contributor

Name and address (home or business)

Boulder, CO 80302		Medical, other charitable	
Mosdo Hut Shel Hesed 317 Madison Avenue New York, NY 10017		educational orFor Religious, Medical,other charitable	

Mosdo Hut Shel Hesed 317 Madison Avenue	1	educational orFor Religious, Medical,other charitable	
New York, NY 10017			

, , , , , , , , , , , , , , , , , , ,		,	
Mosdo Hut Shel Hesed 317 Madison Avenue New York NY 10017		educational orFor Religious, Medical,other charitable	1
New York NY 1001/			

losdo Hut Shel Hesed 117 Madison Avenue Iew York, NY 10017		educational orFor Religious, Medical,other charitable	1,752

Total			F1 631
lew York, NY 10017			
17 Madison Avenue		Medical,other charitable	

New York, NY 10017		
Total	 	51,631

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Ohar SadadyaPO Box 1072 Teaneck, NJ 07666	None	educational orFor Religious, Medical,other charitable	4,069
Open Hearts Open Minds 605 Pascack Road	None	educational orFor Religious, Medical other charitable	600

Open Hearts Open Minds 605 Pascack Road Washington, NJ 07676		educational orFor Religious, Medical,other charitable	600
Parent TalkPO Box 920531		educational orFor Religious,	100

Parent TalkPO Box 920531 Needham, MA 02492		educational orFor Religious, Medical,other charitable	100
Total			51.631

T-4-1			F1 C31
Needham, MA 02492		Medical,other charitable	
Parent TalkPO Box 920531	None	educational orFor Religious,	]

За

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

Pabbi Weiner Discresionary Fund

JCC Paramus 304 Midland Ave Paramus, NJ 07652	None	Medical,other charitable	300
SardaaPO Box 841222	None	educational orFor Religious,	150

None

educational orFor Peligious

500

SardaaPO Box 841222 Houston, TX 77097		educational orFor Religious, Medical,other charitable	1
Simon Wiesenthal1399 S Roxbury		educational orFor Religious,	

Houston, IX //09/			Medical,other charitable	
Simon Wiesenthal1399 S Roxbury Los Angeles, CA 02481			educational orFor Religious, Medical,other charitable	50
	·	•		

51,631 Total . За

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

1,310

100

800

a Paid during the year			
Temple Aliya1664 Central Avenue Needham, MA 02492		educational orFor Religious, Medical,other charitable	

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

emple Beth Am1039 S LaCienega Blvd os Angeles, CA 90035		educational orFor Religious, Medical,other charitable	

Los Angeles, CA 90035	None	Medical, other charitable	
Temple Beth Sholom32 Park Ave	None	educational orFor Religious,	

•		,	i .
Temple Beth Sholom32 Park Ave	None	educational orFor Religious,	
Park Ridge, NJ 07656		Medical, other charitable	

Temple Beth Sholom32 Park Ave Park Rıdge, NJ 07656	None	educational orFor Religious, Medical,other charitable	

Park Ridge, NJ 07656		Medical, other charitable	
Total		•	51 631

Park Ridge, NJ 07656	Medical, other charitable	
Total	 	51,63

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

3a

a Paid during the year			
Temple Emanuel87 Overlook Dr Woodcliff Lake, NJ 07677		educational orFor Religious, Medical,other charitable	803

The Arnold P Gold Foundation 619 East Palisades Avenue		educational orFor Religious, Medical,other charitable	
Englewood Cliffs, NJ 07632			
-1 6 34 1 1 1			

Linglewood Ciliis, NJ 07032			
The Geore Washington University 2121 Eye Str NW Washington, DC 20052		educational orFor Religious, Medical,other charitable	

he Geore Washington University  121 Eye Str NW  Vashington, DC 20052	,			educational orFor Religious, Medical,other charitable	
--	---	--	--	--	--

The Geore Washington University	None	educational orFor Religious,	
2121 Eye Str NW		Medical, other charitable	
Washington, DC 20052			

The Geore Washington University	None	educational orFor Religious,	2,
2121 Eye Str NW		Medical, other charitable	
Washington, DC 20052			

2,000

121 Eye Str NW Vashington, DC 20052	Medical,other charitable	
Total	 	51,631

100

asnington, DC 20052		
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			
The Treatment and Learning Center 2092Gaither Rd Suite 100 Rockville, MD 20850	None	educational orFor Religious, Medical,other charitable	500

196

ROCKVIIIC, TIB 20030			
hirteen825 8th ST lew York, NY 10019		educational orFor Religious, Medical,other charitable	

New York, NY 10019		Medical,other charitable	
US Holocaust 100 Raoul Wallenberg Pl Sw		educational orFor Religious, Medical.other charitable	

US Holocaust 100 Raoul Wallenberg Pl Sw	None	educational orFor Religious, Medical,other charitable	
Washington, DC 20024			I

US Holocaust	None	educational orFor Religious,	180
100 Raoul Wallenberg Pl Sw		Medical,other charitable	
Washington, DC 20024			

Washington, DC 20024	
US Holocaust None educational None Hedical, other	orFor Religious, er charitable

Tatal	-		F1 631
ashington, DC 20024			
00 Raoul Wallenberg Pl Sw		Medical,other charitable	i

Total	 	51,631

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

a Paid during the year			
Valley Chabad100 Overlook Drive Woodcliff Lake, NJ 07677		educational orFor Religious, Medical,other charitable	13,045

Woodcliff Lake, NJ 07677		Medical,other charitable	
Wellesley Weston Chabad 793 Worcester St Wellesley, MA 02481		educational orFor Religious, Medical,other charitable	180

Wellesley Weston Chabad 793 Worcester St Wellesley, MA 02481	None	educational orFor Religious, Medical,other charitable	180
Woodcliff Lake FD180 Pascack Rd	None	educational orFor Religious,	150

Wellesley, MA 02481			
Woodcliff Lake FD180 Pascack Rd Woodcliff Lake, NJ 07677		educational orFor Religious, Medical,other charitable	150
1			

Woodcliff Lake FD180 Pascack Rd Woodcliff Lake, NJ 07677	None	educational orFor Religious, Medical,other charitable	150
Total	 		51,631

Recipient If recipient is an individual, show any relationship to any foundation manager Recipient If recipient is an individual, show any relationship to any foundation manager Recipient Recipien

300

Yeshivat1418 Avenue N	None	educational orFor Religious,	
a Paid during the year			

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

eshivat1418 Avenue N None educational orFor Religious, Medical,other charitable

or substantial contributor

Brooklyn, NY 11230	Medical, other charitable	
Total	 	51,631

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -	1	DLN: 93491033001029	
TY 2017 Accounting Fees Schedule						
	Name:	FELDMAN	N CHARITBLE TRUS	ST.		
<b>EIN:</b> 22-3626948						
Accounting Fees Schedule		,	,		1	
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Linda Liebowitz tax return prep		850			850	

TY 2017 Investments Corporate Stock Schedule	_

DLN: 93491033001029

Name: FELDMAN CHARITBLE TRUST

**EIN:** 22-3626948

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name of Stock	End of Year Book Value	End of Year Fair Market Value
Common Stocks/Mutual Funds	469,352	624,312

As Filed Data -

Name: FELDMAN CHARITBLE TRUST

**EIN:** 22-3626948

Description

Other Assets Schedule

Loans

Beginning of Year -

Book Value

150,000









DLN: 93491033001029

169,999

169,999

As Filed Data -

Name: FELDMAN CHARITBLE TRUST

**EIN:** 22-3626948

Description

Other Assets Schedule

Loans

Beginning of Year -

Book Value

150,000









DLN: 93491033001029

169,999

169,999

As Filed Data -

Name: FELDMAN CHARITBLE TRUST

**EIN:** 22-3626948

Description

Other Assets Schedule

Loans

Beginning of Year -

Book Value

150,000









DLN: 93491033001029

169,999

169,999

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491033001029			
TY 2017 Other Expenses Schedule							
Name:	FELDMAN CHAR	ITBLE TRUST					
EIN:	22-3626948						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Fees	954			954			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491033001029
TY 2017 Other Increases Sche	edule	
Name:	FELDMAN CHARITBLE TRUST	
EIN:	22-3626948	
De	escription	Amount
Capital Gains		9,300

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -				DLN: 93491033001029
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>Irs gov/form</i>990</u>		ons is at	2017
Name of the organization FELDMAN CHARITBLE TRUS					Employer id	dentification number
Organization type (chec	k one)				22-3626948	
	,					
Filers of:	Section:					
form 990 or 990-EZ 501(c)( ) (enter number) organization						
	4947(a)(	1) nonexempt char	ritable trust <b>not</b> treated a	s a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	<b>☑</b> 501(c)(3)	exempt private fo	undation			
	☐ 4947(a)(	1) nonexempt char	ritable trust treated as a p	private foundation		
	501(c)(3)	taxable private fo	undation			
			PF that received, during omplete Parts I and II S			
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b) one contributor, d	(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, to	tal contributions o	f more than \$1,000	or (10) filing Form 990 of the control of the contr	s, charitable, scien		
during the year, co If this box is check purpose Don't coi	ontributions exclus ked, enter here the mplete any of the p	eively for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 of charitable, etc., purpose that were received during eneral Rule applies to the or more during the year	s, but no such cor ng the year for an nis organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc, ived <i>nonexclusively</i>
Caution. An organization 990-EZ, or 990-PF), but it Form 990-EZ or on its Foi 990-EZ, or 990-PF)	: <b>must</b> answer "No	o" on Part IV, line 2	, of its Form 990, or che	ck the box on line	H of its	
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		ructions	Cat No 30613X	Sched	ıle B (Form 990	), 990-EZ, or 990-PF) (2017)

FELDMAN CHARITB		22-3626948	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNIE FELDMAN 56 Canavan Cırcle	\$ 10,012	Person  Payroll  Noncash
	Watertown, MA 02472		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARLA FELDMAN 11 Church Hill Street  Watertown, MA02472	\$ 10,012	Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICHELLE FELDMAN 57 Clifton Place Apt 8  Brooklyn, NY11238	\$ 19,987	Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WARREN FELDMAN 102 West Hill Road Woodcliff Lake, NJ07677	\$ 60,193	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		Sahadula B /Fa	contributions )

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)