DLN: 93491318024499

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public.

2018

Open to Public Inspection

Form 990-PF **Return of Private Foundation** Department of the Treasury or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service ► Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

or	caler	ıdar year 2018, or tax year beginning	01-01-20	018	, aı	nd er	nding 12-31-	2018	
		ndation FOUNDATION					A Employer Id	entification numbe	r
		street (or P O box number if mail is not delivered to str KENSACK AVE STE 200-262	reet address)) Room/	suite		B Telephone nu	mber (see instruction	ns)
		, state or province, country, and ZIP or foreign postal co K, NJ 07601	de				C If exemption	application is pendin	g, check here
i Ch	neck al		ded return		public charity		2 Foreign or test, chec	ganizations, check he ganizations meeting k here and attach co	the 85% mputation
_		pe of organization Section 501(c)(3) exem						undation status was t n 507(b)(1)(A), chec	
Fai of	ır mark year (f	4947(a)(1) nonexempt charitable trust ☐ O Let value of all assets at end rom Part II, col (c), \$\begin{array}{c} \begin{array}{c} ar	method specify)	✓ Cas	e foundation h Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (7 of amounts in columns (b), (c), and (d) may not necesequal the amounts in column (a) (see instructions)			Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attaschedule)	ch						
a .	2 3 4 5a b	Check fit the foundation is not required to Sch B	nents		3 10,789)	3 10,789		
Revenue	6a b 7 8	Net gain or (loss) from sale of assets not on line Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications		3	83,540		83,540		
	10a b c 11	Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11		e gj	143 94,475		143 94,475		
	13	Compensation of officers, directors, trustees, et	īc		С)	0		0
e Expenses	14 15 16a b	Other employee salaries and wages Pension plans, employee benefits							
mstant	17 18 19	Interest		9 53	947	7	0		0
Operating and Administrative Expenses	20 21 22	Occupancy							
perating	23 24	Other expenses (attach schedule)	es.	9 3	7,694 8,641		0		0
ر	25 26	Contributions, gifts, grants paid	• • • • es 24 and		30,985				30,985
	27 a	Subtract line 26 from line 12 Excess of revenue over expenses and			39,626		0		30,985
	b	Net investment income (if negative, enter -0	•		54,849	,	94,475		
or	c Paper	Adjusted net income (If negative, enter -0-) work Reduction Act Notice, see instructions					Cat No 11289)	 < For	m 990-PF (2018)

469,854

4,834

519,393

419,001

100,392

519,393

519,393

397,351

150.000

574,242

419.001

155,241

574,242

574,242

2

3

4

5

6

519,393

54,849

574,242

574,242 Form 990-PF (2018)

507,398

150,000

684,289

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

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 do not follow SFAS 117, check here 🕨 🗹

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Investments—other (attach schedule)

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.

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Temporarily restricted

Grants payable

	5
	6
	7
2	8
Assets	9
As	10a
	b
	С
	11

b

12

13

14

15 16

17

18

19

20 21

22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ö

Assets 27

Net 30

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1aSee Additional Data Tabl	e					
b	-					
					 	
					 	
-					-	
e	(5)		·-\	 	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	g) other basis ense of sale	Gain d	h) or (loss) j) minus (g)	
a See Additional Data Tabl	e					
b						
с						
d						
e						
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69		(I)	
(i) F M V as of 12/31/69	(j)	Excess	(k) of col (i) (j), if any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))	
a See Additional Data Tabl		3,45, 55,	(3)// 4/	<u> </u>		
b						
		If gain, also enter in Pa	ant I line 7	,		
•	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-					
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment I	Income		
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment inco	ome)		
If section 4940(d)(2) applies, le	eave this part blank			_		
If "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part	·		es 🗹 No	
	nount in each column for each year,	see instructions before	making any entr			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl		(d) Distribution rat (col (b) divided by c	col (c))	
2017	34,037		571,842		0 059522	
2016	29,644		632,173		0 046892	
2015	23,816		652,508		0 036499	
2014	34,516		576,126		0 059911	
2013	23,576		285,656	•	0 082533	
2 Total of line 1, column (d)		2		0 285357	
number of years the four	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2018 fron	than 5 years	0, or by the 3		0 057071 747,569	
		·			42,665	
	ent income (1% of Part I, line 27b)				945	
					_	
				-	43,610	
	ons from Part XII, line 4 , eater than line 7, check the box in Pa				30,985 e the Part VI	
				Fe	orm 990-PF (2018	

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	fic public election (see section 4955), or to carry				
	on, directly or indirectly, any vo	ter registration drive?					
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes ✓ ☐ Yes ✓	No No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
L	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square			
	If yes, did the foundation receive an			∟ tes ⊾	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🔽	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pai	d Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "	NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see ins	structions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
11		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		P 0
		Form 990-PF (2018)

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

1a

1b

2

За 3h

4

5

30,985

30.985

30.985

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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.

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

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

Page 9

35,488

30,985

4,503

Form **990-PF** (2018)

	•	
t	XIII	

Form 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)

b Total for prior years

b From 2014. . . . c From 2015. . . d From 2016. . . .

a From 2013.

e From 2017.

1	Distributable amount for 2018 from Part
2	Undistributed income, if any, as of the ei
а	Enter amount for 2017 only

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . **b** Excess from 2015. . c Excess from 2016. . . .

d Excess from 2017. . e Excess from 2018. .

6 Enter the net total of each column as

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 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, 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

r 2018 fr	om Par	t XI,	lıne 7
fany, as	of the	end o	f 2018
only			
20,	. 20	_ ,	20

11.009 6,490

7,027

6.490

7.027

(a)

Corpus

24.526

4,503

20,023

6.506

13,517

(b)

Years prior to 2017

(c)

2017



nter gross	s amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	n 512, 513, or 514	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions	
	and contracts from government agencies						
_	ership dues and assessments						
	t on savings and temporary cash			14	3		
	nds and interest from securities			14	10,789		
	ntal income or (loss) from real estate						
	-financed property						
	lebt-financed property						
Net rer	ntal income or (loss) from personal property						
	nvestment income					143	
Gain or invento	r (loss) from sales of assets other than						
	,					83,540	
	ome or (loss) from special events profit or (loss) from sales of inventory						
	revenue a						
с							
d							
u							
e							
e 2 Subtot	al Add columns (b), (d), and (e).		0		10,792		
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				10,792 3		
e Subtot Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		1	· · · · · · · · · · · · · · · · · · ·		
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is report	iment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	3	83,683 94,475	
e 2 Subtot 3 Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions)	lations) ne Accomplish ncome is report kempt purposes (iment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	3		
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e 2 Subtot 3 Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
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e Subtotal. (See wart XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
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e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
e Subtotal. (See wart XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
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e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
e Subtotal. (See wart XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
e Subtotal. (See wart XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		
e 2 Subtot 3 Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) INCOME FROM PASS-THROUGH INVESTMEN	lations) ne Accomplish income is report kempt purposes (Iment of Exempled In column (e) of other than by prov	pt Purposes F Part XVI-A contribu	3		

Information Regarding Transfers To and Transactions and Relationships With Noncharitable	. , – -	/
Exempt Organizations	Ή	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVI	Exempt Organi	zations				•			
	rganization directly or in r than section 501(c)(3)						501	Yes	No
a Transfers	from the reporting foun	dation to a nor	ncharitable exe	empt organization	of				
(1) Cash	h 						1a(1)		No
(2) Oth	er assets						. 1a(2)		No
b Other tra	insactions								
(1) Sale	es of assets to a nonchari	table exempt o	organization.				. 1b(1)		No
(2) Purc	chases of assets from a n	oncharitable e	xempt organız	ation			. 1b(2)		No
(3) Ren	tal of facilities, equipmer	nt, or other ass	ets				. 1b(3)		No
	nbursement arrangemen						1b(4)		No
	ns or loan guarantees.						. 1b(5)		No
• •	ormance of services or m	•	_				1b(6)		No
-	of facilities, equipment, n		•				1c		No
of the go in any tra	swer to any of the above ods, other assets, or seransaction or sharing arra	vices given by ngement, shov	the reporting f v in column (d	foundation If the f	foundation receive goods, other asse	ed less than fair marke ets, or services receive	t value d		
a) Line No	(b) Amount involved	(c) Name of no	oncharitable exer	npt organization	(d) Description of	transfers, transactions, a	nd sharing arrai	ngemen	ts
described	undation directly or indired in section 501(c) (other complete the following so	than section 5	501(c)(3)) or I	•			✓ No		
	(a) Name or organization	,,,,	()	y Type of Organizatio	"	(C) Description of	relationship		
Und	der penalties of perjury,	I declare that I	I have examine	ed this return, incl	uding accompany	ing schedules and state	ements, and	to the l	best
Sign wh		y knowledge and belief, it is true, correct, and con preparer has any knowledge		2019-11-14 ***			May the IRS di		
lere							with the prepai below	er show	vn
	Signature of officer or to	rustee		Date	Title		(see instr)?	Z γes [□No
	Print/Type preparer's	name F	Preparer's Sign	ature	Date	Check if self-	IN P00009	777	
Paid	GERALD A SHANKE				2019-11-14	employed ▶ ☐			
Prepare Use Only	THE SHAFE KIND	CPAS LLC				Fir	m's EIN ▶20-	20029	73
	-	ROUTE 4 EAS	T SUITE 370			51	/201		7411
	PA	PARAMUS, NJ 07652					Phone no (201) 655-7411		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 50 SHS OF ANALOG DEVICES INC 2017-09-08 2018-07-10 50 SHS OF ANALOG DEVICES INC 2018-03-02 2018-07-10 150 SHS OF BLACKSTONE GROUP 2017-08-23 2018-07-10 150 SHS OF CSX CORP 2018-04-09 2018-07-10 25 SHS OF CHUBB LIMITED 2017-08-24 2018-07-10 50 SHS OF CITIGROUP INC 2017-09-08 2018-07-10 835 SHS OF CVS HEALTH 2018-11-30 2018-11-30 50 SHS OF ELECTRONIC ARTS 2018-09-13 2018-12-06 360 SHS OF HD SUPPLY 2017-09-08 2018-03-02 125 SHS OF ORACLE CORP 2018-07-10 2017-08-24 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 4,927 4,018 909 4,927 4,443 484 5,241 4,796 445 9,907 8,264 1,643 3,338 3,574 -236 3,411 3,330 81 66 66 0 4,150 5,713 -1,56312,830 12,131 699 5,874 6.150 -276 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 909 484 445 1,643 -236 81 0 -1,563699 -276

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation 50 SHS OF T MOBILE US INC 2017-11-22 2018-07-10 25 SHS OF UNITED RENTALS 2018-02-15 2018-07-10 50 SHS OF WHIRLPOOL CORP 2017-08-18 2018-04-09 25 SHS OF AETNA INC 2017-02-06 2018-07-10 75 SHS OF AETNA INC 2017-02-06 2018-11-29 100 SHS OF AMERICAN AIRLINES 2013-11-26 2018-07-10 150 SHS OF AMERICAN AIRLINES 2013-11-26 2018-09-13 25 SHS OF ASSURANT INC 2016-08-25 2018-07-10 75 SHS OF ATHENE HOLDING LTD 2016-12-09 2018-07-10 150 SHS OF CISCO SYS 2018-07-10 2013-11-26 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 3,059 3,062 -3 3,857 4,165 -308 7,401 8,535 -1,1344,706 3.018 1,688 15,919 9,053 6,866 3,912 2,396 1,516 5,970 3,594 2,376 2,682 2,189 493 3,409 3,000 409 6,429 3.182 3,247 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -3 -308 -1,1341,688 6,866 1,516 2,376 493 409 3,247

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 150 SHS OF DR HORTIN INC 2014-09-10 2018-07-10 75 SHS OF DELTA AIRLINES 2013-06-14 2018-03-02 450 SHS OF DELTA AIRLINES 2013-06-14 2018-07-10 25 SHS OF FEDEX CORP 2015-07-09 2018-01-23 15 SHS OF FEDEX CORP 2015-07-09 2018-07-10 75 SHS OF JP MORGAN 2014-12-12 2018-07-10 75 SHS OF LENNAR CORP 2016-06-17 2018-07-10 1 33 SHS OF LENNAR CORP 2016-01-21 2018-03-02 2 667 SHS OF LENNAR CORP 2016-06-17 2018-03-02 125 SHS OF LINCOLN NATIONAL CORP 2017-02-06 2018-07-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 6,229 3,259 2,970 3,977 1,405 2,572 22,770 8,428 14,342 6,798 4,220 2,578 3,535 2,532 1,003 7,996 4,532 3,464 4,076 3,403 673 61 46 15 102 121 19 8.089 8.625 -536 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 2,970 2,572 14,342 2,578 1,003 3,464 673 15 19 -536

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 25 SHS OF LYONDELLBASELL INDUSTRIES 2015-07-23 2018-07-10 175 SHS OF ORACLE CORP 2015-09-15 2018-07-10 15 SHS OF PIONEER NATURAL RESOURCES CO 2005-08-12 2018-07-10 100 SHS OF TEXTRON INC 2017-06-19 2018-07-10 50 SHS OF TRAVELERS COMPANIES 2012-03-16 2018-07-10 25 SHS OF WHIRLPOOL CORP 2016-02-12 2018-04-09 30 SHS OF WHIRLPOOL CORP 2016-10-18 2018-04-09 400 SHS OF WPX ENERGY 2017-02-06 2018-07-10 1,000 SHS OF AMERICAN AIRLINES GROUP 2013-12-26 2018-03-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 2,755 2,358 397 8,223 6,587 1,636 2,847 648 2,199 6,687 4,806 1,881 6,293 2,969 3,324 3,701 3,286 415 4,441 4,866 -425 7,600 5,507 2,093 53.764 26.180 27,584 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 397 1,636 2,199 1,881 3,324 415 -425 2,093 27,584

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, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation DAVID L RUDNICK PRESIDENT 1 00 1 N BREAKERS ROW - 434 PALM BEACH, FL 33480 GAIL P RUDNICK VICE PRESIDENT & CFO 0 0

	0 00			
1 N BREAKERS ROW - 434 PALM BEACH, FL 33480				
BARBARA R MURSTEIN	SECRETARY	0	0	0
960 PARK AVENUE NEW YORK, NY 10028	0 00			
CHRISTOPHER HAGENS	ASS'T SECRETARY	0	0	0
C/O RUDCO 411 HACKENSACK AVE STE 200-262	0 00			

NEW YORK, NY 10028				
CHRISTOPHER HAGENS	ASS'T SECRETARY	0	0	0
C/O RUDCO 411 HACKENSACK AVE STE 200-262 HACKENSACK, NJ 07601	1 0 00			
JEEEDEN BIIDNICK	ACCIT VICE PRECIDENT			

HACKENSACK, NJ 07601				
JEFFREY RUDNICK	ASS'T VICE PRESIDENT	0	0	

HACKENSACK, NJ 07601				
JEFFREY RUDNICK	ASS'T VICE PRESIDENT	0	0	
	0.00			

NEW YORK, NY 10021

JEFFREY RUDNICK	ASS'T VICE PRESIDENT	0	0	
420 EAST 79TH STREET 14-D	0 00			

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				
ALTANTIC GOLF FOUNDATION PO BOX 1890 BRIDGE HAMPTON, NY 11932	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,000

BRIDGE HAMPTON, NY 11932				
BRUCE & MARSHA MOSKOWITZ FOUNDATION 225 LIST ROAD PALM BEACH, FL 33480	NONE	509(A)(1) & 170(B)(1	CHARITABLE	3,000

FOUNDATION 225 LIST ROAD PALM BEACH, FL 33480	NONE	170(B)(1) &	CHARITABLE	3,000
CHILDREN'S GOLF FOUNDATION 7301 N HAVERHILL ROAD	NONE	509(A)(1) & 170(B)(1	CHARITABLE	150

PALM BEACH, FL 33480				
CHILDREN'S GOLF FOUNDATION 7301 N HAVERHILL ROAD WEST PALM BEACH, FL 33407	NONE	509(A)(1) & 170(B)(1	CHARITABLE	150

30,985

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				
DANA FARBER CANCER INSTITUTE PO BOX 849168 BOSTON MA 02284	NONE	509(A)(1) & 170(B)(1	CHARITABLE	200

	BOSTON, MA 02284				
	FAU LIFELONG LEARNING INSTITUTE 777 GLADES ROAD BOCA RATON, FL 33431	NONE	509(A)(1) & 170(B)(1	EDUCATIONAL	1,500
1	· · · · · · · · · · · · · · · · · · ·	l			

FAU LIFELONG LEARNING INSTITUTE 777 GLADES ROAD BOCA RATON, FL 33431	NONE	509(A)(1) & 170(B)(1	EDUCATIONAL	1,500
FRIENDS OF THE ISRAEL DEFENSE FORCES	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,800

BOCA RATON, FL 33431				
FRIENDS OF THE ISRAEL DEFENSE FORCES 350 FIFTH AVE SUITE 2011 NEW YORK, NY 10118	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,800

DOC/11811011,12 33131				
FRIENDS OF THE ISRAEL DEFENSE FORCES 350 FIFTH AVE SUITE 2011 NEW YORK, NY 10118	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,800
				1

NEW YORK, NY 10118		
350 FIFTH AVE SUITE 2011	170(B)(1	

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

or substantial contributor.

Name and address (home or business)

a Paid during the year				
JAZZ AT LINCOLN CENTER 33 W 60TH ST NEW YORK, NY 10023	NONE	509(A)(1) & 170(B)(1	CHARITABLE	600

recipient

NEW YORK, NY 10023				
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	509(A)(1) & 170(B)(1	CHARITABLE	600

METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	509(A)(1) & 170(B)(1	CHARITABLE	600
MORSE LIFE FOUNDATION 4847 FRED GLADSTONE DR	NONE	509(A)(1) & 170(B)(1	CHARITABLE	5,000

1000 FIFTH AVENUE NEW YORK, NY 10028		170(B)(1		
MORSE LIFE FOUNDATION 4847 FRED GLADSTONE DR W PALM BEACH, FL 33417	NONE	509(A)(1) & 170(B)(1	CHARITABLE	5,000

NEW TORK, NT 10020				
MORSE LIFE FOUNDATION 4847 FRED GLADSTONE DR W PALM BEACH, FL 33417	NONE	509(A)(1) & 170(B)(1	CHARITABLE	5,000
Total			▶ 3a	30,985

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

MUSEUM OF MODERN ART 11 W 53RD ST NEW YORK, NY 10019	NONE	509(A)(1) & 170(B)(1	CHARITABLE	360
·				
PALM BEACH COUNTRY CLUB	NONE	509(A)(1) &	l CHARITABLE	2.000

PALM BEACH COUNTRY CLUB FOUNDATION 760 NORTH OCEAN BLVD PALM BEACH, FL 33480	NONE	509(A)(1) & 170(B)(1	CHARITABLE	2,000

760 NORTH OCEAN BLVD PALM BEACH, FL 33480		-75(5)(-		
PALM BEACH UNITED WAY 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,500

30,985

PALM BEACH, FL 33480				
PALM BEACH UNITED WAY 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,500

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
SOUTHAMPTON HOSPITAL FOUNDATION 240 MEETING HOUSE LANE SOUTHAMPTON, NY 11968	NONE	509(A)(1) & 170(B)(1	CHARITABLE	500

recipient

300111APIFTON, NT 11900				
THE DALTON SCHOOL 108 E 89TH STREET NEW YORK, NY 10128	NONE	509(A)(1) & 170(B)(1	EDUCATIONAL	1,000
UJA FEDERATION OF NEW YORK	NONE	509(A)(1) &	CHARITABLE	2.000

108 E 89TH STREET NEW YORK, NY 10128	NONE	170(B)(1	EDUCATIONAL	1,000
UJA FEDERATION OF NEW YORK 130 E 59TH STREET NEW YORK, NY 10022	NONE	509(A)(1) & 170(B)(1	CHARITABLE	2,000

Recipient If recipient is an individual, Purpose of grant or Foundation 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				
SUNRISE ASSOCIATION15 NIEL COURT OCEANSIDE, NY 11572	NONE	509(A)(1) & 170(B)(1	CHARITABLE	200

OCEANSIDE, N1 11572		170(0)(1		
BROOKLYN ACADEMY OF MUSIC 30 LAFAYETTE AVE BROOKLYN, NY 11217	NONE	509(A)(1) & 170(B)(1	CHARITABLE	1,000

30 LAFAYETTE AVE BROOKLYN, NY 11217		170(B)(1		·
ALS ASSOCIATION FL CHARTER 3242 PARKSIDE CENTER CIRCLE	NONE	509(A)(1) & 170(B)(1	CHARITABLE	250

,				
ALS ASSOCIATION FL CHARTER 3242 PARKSIDE CENTER CIRCLE	NONE	509(A)(1) & 170(B)(1	CHARITABLE	250
TAMPA, FL 33619				

3242 PARKSIDE CENTER CIRCLE 170(B)(1 TAMPA, FL 33619	ALS ASSOCIATION FL CHARTER	NONE	509(A)(1) &	CHARITABLE	250
TAMPA, FL 33619	3242 PARKSIDE CENTER CIRCLE		170(B)(1		
	TAMPA, FL 33619				

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

recipient

30,985

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
HISTORICAL SOCIETY OF PALM BEACH COUNTY PO BOX 1890 WEST PALM BEACH, FL 33402	NONE	509(A)(1) & 170(B)(1	CHARITABLE	250

WEST FALM BEACH, TE 35402				
THE VILLAGE GROUPPO BOX 700 GEORGETOWN, SC 29442	NONE	509(A)(1) & 170(B)(1	CHARITABLE	
FLORIDA ATLANTIC UNIVERSITY	NONE	509(A)(1) &	EDUCATIONAL	

THE VILLAGE GROUPPO BOX 700 GEORGETOWN, SC 29442	NONE	509(A)(1) & 170(B)(1	CHARITABLE	250
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON EL 33431	NONE	509(A)(1) & 170(B)(1	EDUCATIONAL	100

GEORGETOWN, SC 29442		170(B)(1		
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FL 33431	NONE	509(A)(1) & 170(B)(1	EDUCATIONAL	100

777 GLADES ROAD	170(B)(1	
BOCA RATON, FL 33431		

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

NONE

HOSPICE OF PALM BEACH COUNTY

5300 EAST AVENUE WEST PALM BEACH, FL 33407		170(B)(1´		,
JEWISH FEDERATION OF PALM BEACH COUNTY 1 HARVARD CIRCLE 100	NONE	509(A)(1) & 170(B)(1	CHARITABLE	6,000

509(A)(1) &

CHARITABLE

COUNTY 1 HARVARD CIRCLE 100 WEST PALM BEACH, FL 33409	NONE	170(B)(1	CHAMIADEL	0,000
JULIUS CARDIAC JOURNEY 855 JEFFERSON AVE REDWOOD CITY, CA 94063	NONE		CHARITABLE	525

Total		 ▶ 3a	30,985
JULIUS CARDIAC JOURNEY 855 JEFFERSON AVE REDWOOD CITY, CA 94063	NONE	CHARITABLE	525
WEST PALM BEACH, FL 33409			

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

	or substantial contributor			
a Paid during the year				
THE NY HISTORICAL SOCIETY	NONE	509(A)(1) &	CHARITABLE	200

30,985

Name and address (home or business)

THE NY HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	509(A)(1) & 170(B)(1	CHARITABLE	

effie GRAPHIC Print - DO NOT PROCESS	AS FIIEG Data -	DLN: 93491318024499
TY 2018 Investments Corpora	te Stock Schedule	
Name:	RUDNICK FOUNDATION	
EIN:	13-6061931	

End of Year Book

Value

228,676

168,675

ASIA CRABUTO SEINA

NORTHERN TRUST

DO NOT DROCECC

Name of Stock

Investments Corporation Stock Schedule

NEUBERGER BERMAN INVESTMENTS

DIN. 02401218024400

End of Year Fair

Market Value

328,420

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934	191318024499
TY 2018 Investments - Other	Schedule		
Name:	RUDNICK FOUNDA	ION	
EIN:	13-6061931		
Investments Other Schedule 2			

Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
PRESTIGE INSURANCE	AT COST	150.000	150.000				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491318024499			
TY 2018 Other Expenses Schedule							
Name:	RUDNICK FOUN	IDATION					
EIN:	13-6061931						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
NYS ANNUAL FEE	100	0		0			
ADVISORY FEES	7,107	0		0			
REIMBURSED EXPENSES	487	0		0			

Name: RUDNICK FOUNDATION

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

Other Income Schedule

BLACKSTONE GROUP LP

EIN: 13-6061931

Net Investment Income

143

DLN: 93491318024499

Description

Revenue And

Adjusted Net Income

143

Expenses Per Books

143

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491318024499		
TY 2018 Taxes Schedule						
		_				
Name: RUDNICK FOUNDATION						
EIN: 13-6061931						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL EXCISE TAX	947	0		0		