	- <i>y</i>						NDED TO NOVEN Return of Private oction 4947(a)(1) Trust Treat			
,	11	1 1 ¹	1			EXTE	NDED TO NOVEN	MBER 15, 2019	29491554	04110 9
	Λ	c	990-PF	ł			Return of Private	Foundation		OMB No 1545-0052
1	J ₽	•		ĺ	•	or Se Do not enter ►	ection 4947(a)(1) Trust Treat social security numbers on	ted as Private Foundation I this form as it may be ma	de public.	 2018
	Inte	ernal R	nt of the Treasury evenue Service	<u> </u>			irs.gov/Form990PF for inst		ormation.	Open to Public Inspection
6	c /	-	ndar year 2018 o	or tax year	beginnin]		, and ending	A Employer identification	number
(\	"ua"	iame c	of foundation						. Employer identification	Hamber
	300	FOC	US FOR I	HEALT	H FO	UNDATIO	N INC.		27-3400299	
			and street (or PO be			lelivered to street	address)	Room/suite	B Telephone number	1
67 MOUNTAIN BLVD. City or town, state or province, country, and ZIP or foreign posta								201	908-279-78	
		-	town, state or pro RREN, NJ	ovince, cou . 0 7 0		ZIP or foreign p	oostal code		C If exemption application is pe	anding, check here
			k all that apply:		Initial ret	urn	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here
	•				Final retu	rn	Amended return		2 5	ation the 95% test
	_				Address		X Name change		2. Foreign organizations me check here and attach co	mputation
	H		k type of organiza				xempt private foundation	()4	E If private foundation sta	
	<u></u>		ection 4947(a)(1) iarket value of all				Other taxable private foundaing method: Cash	X Accrual	under section 507(b)(1)	• •-
			Part II, col. (c), lii	ne 16)	•		ther (specify)		If the foundation is in a under section 507(b)(1)	. [
	ُلے َ	\$	1:	2,412		. (Part I, colu	nn (d) must be on cash bası	s.)		
	Į P	art.	(The total of amore	unts in colum	ıns (b), (c), a	nd (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		Τ1	Contributions, (1,553,713.	2	N/A	(cash basis only)
		'2				to attach Sch B	1,333,713.	,		
		3	Interest on savings cash investments	s and tempora	ary					
		4	Dividends and i	nterest fror	m securiti	es	138,083.	138,083.		STATEMENT 1
1	1.1	1 **	Gross rents		0.1	3,185.	1,357,019.	1,357,019.		STATEMENT 2 STATEMENT 3
ク	14	_ T) Net rental income of Net gain or (loss) fr	_			1,284,193.		-	SIAIEMENI J
	• "		Gross sales price f assets on line 6a			1,466.	2/202/2001			
		7	Capital gain net inc	come (from P	art IV, line 2)		1,284,193.		
	6	¥ 8	Net short-term		1					
		9	Income modific Gross sales less re							
		10a	and allowances Less Cost of good	is sold				 		i
		1 -	Gross profit or (_					· · · · · · · · · · · · · · · · · · ·	
		11	Other income				71,977.	71,977.		STATEMENT 4
		12	Total. Add lines				4,404,985.	2,851, <u>272.</u> 0.		96,236.
	ന	13	Other employee		_	s, etc	144,354. 217,434.	0.		144,956.
	2013	15	Pension plans,	emplovee b	enefits		31,276.	0.		20,851.
Ś		?bi62	Legal fees	16	တို့ s	TMT 5	66,152.	16,538.		33,076.
S		iii b	Accounting Rees	ין פוטג		TMT 6	5,604.	2,802.		2,802.
SCANNED	DEC	<u> </u>	-Other-profession		ဂျိ ^s	TMT 7	233,453.	3,330. 1,090.		230,123.
É		17 - 18- 19	OPPEN,	IJĮ		TMT 8	278,030.	222,211.	·	21,879.
	64	19	Depreciation and	d depletion			134,678.	134,678.		
JAN	3	20	Occupancy	•			145,541.	145,541.		0.
		21	Travel, conferen		eetings		41,027.	0.		41,027.
9 0	22	ᆏ	Printing and put		c	тмт 9	94,543.	26,187.		25,280.
	•	23	Other expenses Total operating	and admir		IMI J	94,343.	20,107.		25,200.
2020	d	וט	expenses. Add	lines 13 thi	rough 23		1,393,182.	552,377.		616,230.
		20	Contributions, g	ııfts, grants	paıd		1,226,017.		* L L	1,226,017.
		26	Total expenses		sements.		2 610 100	550 277		1 8/10 0/17
3	5 —	27	Add lines 24 and Subtract line 26		2.		2,619,199.	552,377.		1,842,247.
č	É		Excess of revenue of			rsements	1,785,786.	_		1
-	<u>0</u>		Net investment					2,298,895.		
		C	Adjusted net inc					`	N/A	- 000 DF
	8235	01 12	-11-18 LHA F	or Paperw	ork Reduc	tion Act Notice	e, see instructions.			Form 990-PF (2018)

1 Cash - non-interest-bearing

3 Accounts receivable ►

4 Pledges receivable ►

disqualified persons 7 Other notes and loans receivable

8 inventories for sale or use

Less accumulated depreciation 12 Investments - mortgage loans

Less accumulated depreciation

15 Other assets (describe ▶

13 Investments - other

18 Grants payable 19 Deferred revenue

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

b Investments - corporate stock c Investments - corporate bonds

11 Investments - land, buildings, and equipment basis

14 Land, buildings, and equipment; basis

instructions. Also, see page 1, item I)

17 Accounts payable and accrued expenses

21 Mortgages and other notes payable

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31.

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

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

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

29 Retained earnings, accumulated income, endowment, or other funds

Analysis of Changes in Net Assets or Fund Balances

22 Other liabilities (describe

16 Total assets (to be completed by all filers - see the

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

5 Grants receivable

2 Savings and temporary cash investments

Less; allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

10a Investments - U.S. and state government obligations

9 Prepaid expenses and deferred charges

[Part III] Balance Sheets Attached schedules and amounts in the description

6 Receivables due from officers, directors, trustees, and other

column should be for end-of-year amounts only.

823511	12-11-18

Part III

Balances

Fund

ö

8,374,442.
1,785,786.
0.
10,160,228.
410,700.
9,749,528.
_

Form **990-PF** (2018)

(#_#*** 33 = 8)	and Losses for Tax on In the kind(s) of property sold (for example)				ATTACHE w acquired ourchase		TATEM	(d) Date so
2-story brick warehouse; or common stock, 200 shs. MLC Co.)					Purchase Donation	` (mo.,	day, yr.)	(mo., day, y
<u>1a</u>								
<u>b</u>								
<u>C</u>								
<u>d</u>				_				
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) is (f) minus (
				$\neg \vdash$	•			
b								
C								
d								
e 14,591,466.			3,307,273	3.				1,284,19
Complete only for assets showin	g gain in column (h) and owned by t						Col. (h) gain	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (I), If any		COI. (Losses	not less than (from col. (l	1 -0-) or h))
<u>a</u>								· · · · · · · · · · · · · · · · · · ·
<u>b</u>								
<u>c</u>		-		-				<u> </u>
<u>d</u>				-+-	·		 -	1 20/ 10
<u>e</u>			_	┭┼				1,284,19
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	<u>} </u>				1,284,19
	s) as defined in sections 1222(5) and	d (6):						
If gain, also enter in Part I, line 8,	column (c).)	.		N7 / N	
If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for I	Paducad	Tay on Net Ir) li	ment Incor	ne	N/A	
"Yes," the foundation doesn't qualify	ion 4942 tax on the distributable amo under section 4940(e). Do not comp	olete this part.	<u> </u>					Yes X
	ach column for each year; see the ins	structions beto	ore making any enu			т		(4)
(a) Base period years Calendar year (or tax year beginnin			Net value of non				Distribi (col. (b) divi	(d) ution ratio ded by col. (c))
2017		3,563.]		33,730.			.2021
2016	1,757	7,177.			32,609.			.2215
2015		5,981.			33,657. 81,260.	├—		.1572
2014 2013		5,571. 5,724.			03,042.	 		.1333
2010		, , , 4 + •		<u> </u>				• 1 1 1 0
Total of line 1, column (d)						2		.8584
	-year base period - divide the total or	line 2 by 5.0	, or by the number	of year	3	3		.1716
	•	. · ·					11	,313,31
Enter the net value of noncharitable-use assets for 2018 from Part X, line 5					4			
5 Multiply line 4 by line 3					5		.,942,41	
Enter 1% of net investment income (1% of Part I, line 27b)					6		22,98	
Add lines 5 and 6						7	1	.,965,40
Enter qualifying distributions from		h and	oto that next ware	o 40/ 4~	v rata	8	1	,842,24
See the Part VI instructions.	ine 7, check the box in Part VI, line 1	u, and comple	ete that part using a	a 170 (d.				

Part IV/ Capital Gains and Lo	sses for Tax on Investment Income		<u> </u>		<u> </u>
(a) List and	d describe the kind(s) of property so rick warehouse, or common stock, 2	ld, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BAIFECTA LLC			P		06/27/18
	SEE ATTACHED DET	AIL	P	<u></u>	12/31/18
	SEE ATTACHED DETA		P		12/31/18
d AMERITRADE #77			P		12/31/18
e AMERITRADE #77			P		12/31/18
	, SPRINGFIELD, M		D		10/19/18
	00 - SEE ATTACHE		P		12/31/18
h AMERITRADE #20			P		12/31/19
1					
_k					
m					
n					
0					L
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	
	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
a 67,967.					67,967.
b 374,565.	<u> </u>	366,417.			8,148.
c 44,349.		52,721.			-8,372.
d 1,038,181.		1,075,995.			-37,814.
e 794,055.		685,128.			108,927.
f 2,575,000.	· -	1,419,671.			155,329.
g 8,800,897.		8,890,956.			-90,059.
h 896,452.		816,385.			80,067.
<u> </u>			<u> </u>	_	
					
<u>k</u>					
<u> </u>				<u>_</u>	
<u>m</u>					
n .					·
Complete only for assets shown	g gain in column (h) and owned by t	he foundation on 12/31/69	(I) I and	on /from onl /h\\	
Complete only for assets showing			Gains (excess o	ses (from col. (h)) f col. (h) gain over	col. (k).
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	but no	ot less than "-0-")	(, ,
a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			67,967.
h				-	8,148.
<u> </u>					$\frac{-8,372}{}$
d				·	-37,814.
e				·	108,927.
f					155,329.
0					-90,059.
h					80,067.
1					
k					
			_		-
m					
<u> </u>					
Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter "-0-	in Part I, line 7		1.:	284,193.
Net short-term capital gain or (loss	s) as defined in sections 1222(5) and	\			
if gain, also enter in Part I, line 8, o		,	. [NT / 2\ \	

Fori	m 990-PF (2018) FOCUS FOR HEALTH FOUNDATION INC.	27-	3400299 Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 -	see instructions)
•	a Exempt operating foundations described in section 4940(d)(2), check here □ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here □ and enter 1%		45,978.
	of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 4	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	45,978.
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments:	5	45,978.
	a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations - tax withheld at source 6a 40,225. 6b 0.	, .	
c	Tax paid with application for extension of time to file (Form 8868) 6c 15,000.		
7	Total credits and payments. Add lines 6a through 6d	7	55,225.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u>8</u> 9	141.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2019 estimated tax 9,106. Refunded	10 11	9,106.
	art VII-A) Statements Regarding Activities		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene any political campaign?		Yes No
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defining the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	แอก	
C	Did the foundation file Form 1120-POL for this year?		1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\int 0.\$ (2) On foundation managers. \$\int 0.\$ (2) On foundation managers. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
2	managers. \$		2 X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A 4b
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument? 	aw	6 X
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7 X
	Enter the states to which the foundation reports or with which it is registered. See instructions. NJ If the accuracy (No. 1 to the Atlanta County) (No. 1 to the Atlanta County)		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation		8b X
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	dar	9 X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10 X Form 990-PF (2018)

823531 12-11-1

P.	art VII A Statements Regarding Activities (continued)			
		T:	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			 -
12	If "Yes," attach statement. See instructions	12]	x
40	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
13		[13		1
	Website address ► WWW.FOCUSFORHEALTH.ORG The books are in care of ► BARRY SEGAL Telephone no.►908-2	79-7	Q Q 1	
14			001	
		1055		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	37	, , ▶	•—
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16			Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	17		ľ. i
<u> </u>	foreign country	<u> </u>		ļ
Pa	art VII;Bj Statements Regarding Activities for Which Form 4720 May Be Required	 -		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	1 1	,	2
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		: I	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		<u> </u>	;
	a disqualified person?].]	; J	<u>'</u>
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1	i l	;]
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1: 1	i {	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		`	\$
	for the benefit or use of a disqualified person)?	1, 1	•)
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1. 1	']	}
	if the foundation agreed to make a grant to or to employ the official for a period after		·	i
	termination of government service, if terminating within 90 days.)	1 1	ĺ	1 1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ľ	,	1
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	ļ. - 1	1	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		,	· .
٠	before the first day of the tax year beginning in 2018?	1c		$\overline{\mathbf{x}}$
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
~	defined in section 4942(j)(3) or 4942(j)(5)):	l. 1	.	·
	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ľ. ľ	}	}]
a	before 2018?	le 1	. [<u>'</u> {
	If "Yes," list the years > , , , , , , , , , , , , , , , , , ,	J: 1	;]	: 1
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	i i	, [, ,
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ti f	. 1	í (
			 -	
	- · · · · · · · · · · · · · · · · · · ·	2b		- (
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	(s [3	3	,
_		J: J [*]	}	.
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	[];	<u>'</u>	.
	during the year?	{ }		• 1
þ	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after)·	- '	, J
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	4		ļ
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		<u> </u>	<u> </u>
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b		 -
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ا	<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لــيــٰ
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<u>X</u>
	For	m 990	-PF (2018\

Form 990-PF (2018) FOCUS FOR HEALTH FOUNDAT	ION INC		27-34002	99 Page 6
Part VII Statements Regarding Activities for Which F	orm 4720 May Be F	lequired (contin	nued)	
5a During the year, did the foundation pay or incur any amount to:			1	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No	0 2 7 3 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2) Influence the outcome of any specific public election (see section 4955); of				
any voter registration drive?	,,,,		es X No	13 73
(3) Provide a grant to an individual for travel, study, or other similar purposes	.?		es X No	
(4) Provide a grant to an individual for travel, study, or other similar purposes		ا ا		
4945(d)(4)(A)? See instructions	ii described iii section		es X No	
. , , , ,	or adventional purposes, or i	-	63 (32) 110	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		es X No	[]. " [] .
the prevention of cruelty to children or animals?	t Maria catalogue		es 🕰 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	N7 / N	1 1
section 53,4945 or in a current notice regarding disaster assistance? See instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h		_		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?	ľ	I/A 🔲 Y	es 📖 No 📙	.
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			i i	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		_	
a personal benefit contract?		Y	es 🗓 No 📜	L_ L_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b X
If "Yes" to 6b, file Form 8870.			ř	, T
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No L	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			F 1	F ()
excess parachute payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es 🗓 No 🗓	P 333
Part-VIII	es. Foundation Mar		50 <u>[==</u>] 110]1.	
Paid Employees, and Contractors	oo, i ouituation ma			
1 List all officers, directors, trustees, and foundation managers and th	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	to position	`enter -0-)	compensation	allowalices
SEE STATEMENT 14	1	144,354.	0.	0.
SEE STATEMENT 14		144,334.	0.	0.
		ļ		
		j		
		:		
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	enter "NONE."		
(a) Name and address of each ampleuse raid more than \$50,000	(b) Title, and average hours per week	(=) Comparation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·				
			j	
				
	<u>-</u>			
			}	
otal number of other employees paid over \$50,000				0
			Form	990-PF (2018)

Form **990-PF** (2018)

Total. Add lines 1 through 3

Page 8

Rart X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

			·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,481,129.
b	Average of monthly cash balances	1b	993,442.
C	Fair market value of all other assets	1c	7,011,031.
ď	Total (add lines 1a, b, and c)	1d	11,485,602.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,485,602.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	172,284.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5_	11,313,318.
6	Minimum investment return. Enter 5% of line 5	6	565,666.
Ŗ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certai	n
	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	565,666.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	45,978.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	519,688.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	519,688.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	519,688.
Ŗ	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,842,247.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,842,247.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
e	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1 842 247

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 the section

4940(e) reduction of tax in those years.

Page 9

Part XIII) Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,			}	
line 7	7	;		519,688.
2 Undistributed income, if any, as of the end of 2018	ı	`		,
a Enter amount for 2017 only	,		0.	
b Total for prior years:				
	<i>t</i>	0.	<u> </u>	·
3 Excess distributions carryover, if any, to 2018:	Ì	•	1	
a From 2013 688,168.	,	•	i i	Í
b From 2014 604,391.				!
c From 2015 923, 698.				1
d From 2016 1,374,623.		(l'
e From 2017 1,611,530.	,			7
f Total of lines 3a through e	5,202,410.		<u></u>	
4 Qualifying distributions for 2018 from	İ			İ
Part XII, line 4: ► \$ 1,842,247.		·	0.	İ
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	}		}
d Applied to 2018 distributable amount				519,688.
e Remaining amount distributed out of corpus	1,322,559.			9_2,0001
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				,
6 Enter the net total of each column as indicated below:	6 504 060			1 '
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,524,969.			
b Prior years' undistributed income. Subtract		0		i i
line 4b from line 2b		0.		<u> </u>
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		0.		,
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line	<u>.</u>		_	
4a from line 2a. Taxable amount - see instr.	·		0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2019				0.
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)	0.	1		1
B Excess distributions carryover from 2013				
not applied on line 5 or line 7	688,168.			. ,
9 Excess distributions carryover to 2019.	00072001	· · -	-	
Subtract lines 7 and 8 from line 6a	5,836,801.			,
Analysis of line 9:	, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·		-
a Excess from 2014 604,391.				
b Excess from 2015 923,698.				
c Excess from 2016 1,374,623.				J
d Excess from 2017 1,611,530.].) .		
e Excess from 2018 1,322,559.				

823581 12-11-18

Form **990-PF** (2018)

Forn	n 990-PF (2018) FOCUS F	OR HEALTH F	OUNDATION I	NC.		100299 Page 10
	art XIV Private Operating F			I-A, question 9)	N/A	
1 a	If the foundation has received a ruling of					
	foundation, and the ruling is effective for	•	<u>-</u>	▶	1	
	Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 4	942(1)(5)
2 a	Enter the lesser of the adjusted net	Tax year	010047	Prior 3 years	1 100015	4
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for					
	each year listed		<u> </u>	<u> </u>		<u> </u>
b	85% of line 2a			<u> </u>	/	<u> </u>
C	Qualifying distributions from Part XII,	ľ				
	line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of)			ļ
	exempt activities					
е	Qualifying distributions made directly					
_	for active conduct of exempt activities.					
	Subtract line 2d from line 2c		i			1
3	Complete 3a, b, or c for the			/		
	alternative test relied upon:					İ
а	"Assets" alternative test - enter:					
	(1) Value of all assets		//-	 	 	
	(2) Value of assets qualifying			1	1	1
	under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter					
U	2/3 of minimum investment return			ľ		!
	shown in Part X, line 6 for each year				1	
	Insted		 	 	 	
C	"Support" alternative test - enter:					
	(1) Total support other than gross		9			
	investment income (interest, dividends, rents, payments on		ļ			ļ
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in		}			}
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from		<u> </u>			
	an exempt organization					
	(4) Gross investment income		_			
Pa	rt XV Supplementary Info			the foundation	had \$5,000 or mor	e in assets
	at any time during th	ne year-see instru	uctions.)			
1	Information Regarding Foundation	n Managers:				
	List any managers of the foundation who			butions received by the	foundation before the close	e of any tax
	year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)			
BAF	RRY SEGAL					
Ь	List any managers of the foundation who	own 10% or more of the	stock of a corporation (c	or an equally large portio	n of the ownership of a pa	rtnership or
	other entity) of which the foundation has			,		•
BAF	RRY SEGAL					
2	Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	grams:		
	Check here X if the foundation or				ot accept unsolicited reque	sts for funds. If
	the foundation makes gifts, grants, etc., t					
a	The name, address, and telephone numb	er or email address of the	e person to whom applica	tions should be address	ed:	
	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	The form in which applications should be	submitted and informati	on and materials they sho	ould include:		
	.,					
C	Any submission deadlines:					
	Anu contrictions or limitations of	auch en bu sassurati	ounce observable fields to	indo of institutions and	ther feeters:	
Œ /	Any restrictions or limitations on awards,	, such as by geographical	areas, charitable fields, K	mus of mstrutions, or o	iner factors.	

00001021 701050 204073-0301

Part XVI: A	Analysis	of Income-	Producing	Activities
-------------	----------	------------	-----------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-				
b		 -	-+		
c	1 1				
d					
e	·		 		
g Fees and contracts from government agencies	·			 	-
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		. <u></u>			
4 Dividends and interest from securities			14	138,083.	• · · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:	1	- T - D-F	1 i		[
a Debt-financed property			 		042 105
b Not debt-financed property			 -		843,185.
6 Net rental income or (loss) from personal			}		
property 7 Other investment income			14	71,977.	
8 Gain or (loss) from sales of assets other	 		+ -	, , , , , , , ,	
than inventory			18	128,864.	1,155,329.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			_		
b	}				
c					
d	 				
e	3 =	0.	<u>, </u>	338,924.	1,998,514.
13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	2,337,438.
(See worksheet in line 13 instructions to verify calculations.)				13	2/33//1300
Part XVI-B: Relationship of Activities t	o the Accompli	shment of Exe	mpt P	urposes	
					
Line No. Explain below how each activity for which inco			contributi	ed importantly to the accomp	olishment of
the foundation's exempt purposes (other than 5B RENTAL INCOME IS GENERAL)	<u> </u>		TTON	'C OWNEDCHID	OF DEAT
ESTATE. THIS INCOME IS					
8 RENTAL INCOME IS GENERA					
ESTATE. THIS INCOME &					
UTILIZED TO PROMOTE THE					
	···				
					
					
					
		_ 			
323621 12-11-18					Form 990-PF (2018)

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations

1b(6)

Uil	1 330-1 (2010) FOCOS FOR HEADIN FOUNDATION INC.	21 3400233	гаус	10
Ŗ	Information Regarding Transfers to and Transactions and Relationships With Exempt Organizations	Noncharitable		
1 .	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)	<u> </u>	es N	0
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	{ }·		- 1
a	Transfers from the reporting foundation to a noncharitable exempt organization of:	<u> </u>	}_	
	(1) Cash	1a(1)	2	<u>. </u>
	(2) Other assets	1a(2)		<u></u>
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X	<u>. </u>
	(3) Rental of facilities, equipment, or other assets	1b(3)	X	ζ
	(4) Reimbursement arrannements	16(4)	X	

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods other assets or services received

COIUIII	in (u) the value of the goods,	other assets, or services received.	
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

	(a) Name of organization	(h) Type of organization	(c) Description of relationship
b	If "Yes," complete the following schedule.		
	in section 501(c) (other than section 501(c)(3)) or in section 527?		
La	is the foundation directly of multiculty anniated with, of related to, one	or more tax exempt organic	cations described

 (a) Name of organization	(b) Type of organization	(c) Description of relationship	
 N/A			

Sign Here	and be	penalties of perjury, I facilize that I have examined ellef, it is true, correct and complete. Declaration of X Nature of Officer or trustee				nas any knowledge	May the IRS discuss the return with the preparer shown below? See instr	
Paid		Print/Type preparer's name STEVEN KREINIK	Preparer's signati		Date 10/31/2019	self- employed	PTIN P00839914	
Prepa Use C		Firm's name ►EISNERAMPER	LLP				3-1639826	
		Firm's address > 1001 BRICK	ELL BAY DE	-	TE 1400	Phone no (3	05)371-6200	

Form **990-PF** (2018)

X No

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

F	OCUS FOR HEALTH FOUNDATION INC.	27-3400299
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the section of the section of the greater of (1) \$5,000; or (2) 2% of the amount of the section of the	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of the column of animals. Complete Parts I (entering "N/A" in column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (b) instead of the column (c) in the column (c) in the column (c) instead of the column (c) instead (c) instead of the column (c) instead (c) ins	cational purposes, or for the
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled method the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc.,
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

FOCUS FOR HEALTH FOUNDATION INC.

27-3400299

Partly.	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARRY SEGAL 67 MOUNTAIN BLVD. STE. 201 WARREN, NJ 07059	\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARRY SEGAL 67 MOUNTAIN BLVD. STE. 201 WARREN, NJ 07059	\$ <u>1,253,713.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

FOCUS FOR HEALTH FOUNDATION INC.

27-3400299

0005	FOR HEALTH FOUNDATION INC.		-3400299
Rart III	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_2	1125 PAGE BLVD, SPRINGFIELD, MA - 103,056 SF INDUSTRIAL BLDG ON 4.5 ACRES	 	02/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		- - - - \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		- - - - \$	

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

389,572.

1,357,019.

RENTAL PROPERTY - SPRINGFIELD, MA

TOTAL TO FORM 990-PF, PART I, LINE 5A

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MAGNOLIA	60,000.	0.	60,000.	60,000.	
MORTGAGE OTHER INVESTMENT	18,808.	0.	18,808.	18,808.	
INCOME	10,027.	0.	10,027.	10,027.	
TD AMERITRADE 0770 TD AMERITRADE	9,396.	0.	9,396.	9,396.	
31200	23,898.	0.	23,898.	23,898.	
WF 1984	15,954.	0.	15,954.	15,954.	
TO PART I, LINE 4 =	138,083.	0.	138,083.	138,083.	
FORM 990-PF	1	RENTAL INCOME		S	TATEMENT 2
KIND AND LOCATION OF	PROPERTY			ACTIVITY NUMBER RI	GROSS ENTAL INCOME
RENTAL PROPERTY - CC	LUMBUS, OH			1	321,279.
	RINGFIELD A	DMIRAL	•	2	124,175.
RENTAL PROPERTY - SY	RACUSE, NY			3	226,067.
RENTAL PROPERTY - NO	RTH LITTLE I	ROCK		4	153,130.
RENTAL PROPERTY - WE	ST PALM			6	142,796.
				_	200 550

FORM 990-PF	RENTAL	EXPENSES		STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE			42,364.	
INSURANCE EXPENSE			1,115.	
REAL ESTATE TAXES			58,299.	•
			0.	
	- SUBTOTAL	- 1		101,778.
DEPRECIATION EXPENSE			15,926.	
FILING FEES			1,863.	
INSURANCE EXPENSE			944.	
REAL ESTATE TAXES			33,219.	
	- SUBTOTAL	- 2		51,952.
DEPRECIATION EXPENSE			11,253.	
INSURANCE EXPENSE			1,686.	
REAL ESTATE TAXES			33,123.	
	- SUBTOTAL	- 3		46,062.
DEPRECIATION EXPENSE			18,728.	
INSURANCE EXPENSE			2,759.	
REAL ESTATE TAXES			8,290.	
	- SUBTOTAL	- 4		29,777.
REAL ESTATE TAXES			25,016.	
INSURANCE EXPENSE			625.	
FILING FEES			139.	
DEPRECIATION EXPENSE			13,024.	
	- SUBTOTAL	- 6		38,804.
MISCELLANEOUS EXPENSE			2,583.	
MAINTENANCE			37,295.	
UTILITIES			91,009.	
REAL ESTATE TAXES			63,954.	
INSURANCE EXPENSE			17,237.	
DEPRECIATION EXPENSE			33,383.	
	- SUBTOTAL	- 7		245,461.
TOTAL RENTAL EXPENSES				513,834.
NET RENTAL INCOME TO FORM	1 990-PF, PAR	T I, LINE 5B	:	843,185.

FORM 990-PF	OTHER	INCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
THE BLACKSTONE GROUP LP 5635 BELMONT BRIDGE EVP 1080 BR VA LENDER LLC EQGP HOLDINGS LP ENTERPRISE PRODUCT PARTNERS ADMIN FEE		3,167. 11,437. 10,217. 20,788. 4,456. -5,088. 27,000.	3,167. 11,437. 10,217. 20,788. 4,456. -5,088. 27,000.	
TOTAL TO FORM 990-PF, PART I,	, LINE 11 =	71,977.	71,977.	
FORM 990-PF	LEGA	L FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	66,152	. 16,538.	•	33,076.
TO FM 990-PF, PG 1, LN 16A =	66,152	16,538	•	33,076.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,604	2,802.		2,802.

FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES PROFESSIONAL FEES	226,793. 6,660.	0. 3,330.		226,793. 3,330.	
TO FORM 990-PF, PG 1, LN 16C	233,453.	3,330.		230,123.	
				,	
FORM 990-PF	TAXES		STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAYROLL TAXES FEDERAL TAXES REAL ESTATE TAXES REAL ESTATE TAXES REAL ESTATE TAXES REAL ESTATE TAXES REAL ESTATE TAXES REAL ESTATE TAXES REAL ESTATE TAXES	310. 32,819. 23,000. 58,299. 33,219. 33,123. 8,290. 25,016. 63,954.	310. 0. 0. 58,299. 33,219. 33,123. 8,290. 25,016. 63,954.		0. 21,879. 0. 0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	278,030.	222,211.		21,879.	

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 9		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INSURANCE	3,520.	0.		0.		
BANK SERVICE CHARGES	995.	0.		0.		
ADP PROCESSING FEE	4,998.	0.		3,666.		
INVESTMENT FEES	14,473.	14,473.		0.		
OPERATIONS EXPENSE	8,796.	0.		5,864.		
OTHER EXPENSE	5,400.	0.		0.		
OUTSIDSE CONTRACT EXPENSE	12,908.	0.		0.		
TRAVEL	239.	0.		0.		
WEB DESIGN	31,500.	0.		15,750.		
INSURANCE EXPENSE	1,115.	1,115.		0.		
FILING FEES	1,863.	1,863.		0.		
INSURANCE EXPENSE	944.	944.		0.		
INSURANCE EXPENSE	1,686.	1,686.		0.		
INSURANCE EXPENSE	2,759.	2,759.		0.		
INSURANCE EXPENSE	625.	625.		0.		
FILING FEES	139.	139.		0.		
MISCELLANEOUS EXPENSE	2,583.	2,583.		0.		
TO FORM 990-PF, PG 1, LN 23	94,543.	26,187.		25,280.		

FORM 990-PF	OTHER	DECREASES	IN NET	ASSETS	OR	FUND	BALANCES	STATEMENT 10
DESCRIPTION								AMOUNT
RETURN OF CAPITAL/UNREALIZED GAIN/LOSS AND OTHER BOOK ADJUSTMENTS						410,700.		
TOTAL TO FORM 990-PF, PART III, LINE 5 '						410,700.		
FORM 990-PF CORPORATE STOCK					STATEMENT 11			
DESCRIPTION						В	OOK VALUE	FAIR MARKET VALUE
TD AMERITRADE & DEUTSCHE BANK - SECURITIES				3,005,078.	2,736,423.			
TD AMERITRADE	& DEGIS	CIII DIMIN	52001					_,

2,233,492.

TO FORM 990-PF, PART II, LINE 15

FORM 990-PF OT	HER LIABILITIES		STATEMENT 12	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
SECURITY DEPOSITS PREPAID RENT DEFERRED INCOME		60,052. 81,366. 0.	60,052. 71,052. 93,117.	
TOTAL TO FORM 990-PF, PART II, LI	NE 22	141,418.	224,221.	
FORM 990~PF	OTHER ASSETS		STATEMENT 13	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
NOTE RECEIVABLE - MAGNOLIA FINANCIAL INVESTMENT IN BAI BRANDS LLC INVESTMENT IN 5635 BELMONT LLC INVESTMENT IN 1080 MAIN STREET INVESTMENT IN BR VA LENDER LLC UTILITY DEPOSITS NOTE RECEIVABLE - TREVIAN CAPITAL	600,000. 94,955. 100,000. 125,000. 0. 0.	600,000. 10,593. 0. 125,000. 560,750. 2,670. 927,000.	600,000. 10,593. 0. 125,000. 568,229. 2,670. 927,000.	

919,955.

2,226,013.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS					STATEMENT 14	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
MARTIN SEGAL 67 MOUNTAIN BLVD. WARREN, NJ 07059	STE. 201	VICE PRESIDENT 3.00	0.	0.	0.	
BARRY SEGAL 67 MOUNTAIN BLVD. WARREN, NJ 07059	STE. 201	PRESIDENT 5.00	0.	0.	0.	
ROBERT KRAKOW 67 MOUNTAIN BLVD. WARREN, NJ 07059	STE. 201	TRUSTEE 0.50	0.	0.	0.	
BEA PUDELKO 67 MOUNTAIN BLVD. WARREN, NJ 07059	STE. 201	TRUSTEE 0.50	0.	0.	0.	
SHANNON MULVIHILL 67 MOUNTAIN BLVD. WARREN, NJ 07059		TRUSTEE 40.00	144,354.	0.	0.	
TOTALS INCLUDED OF	N 990-PF, PAGE 6,	, PART VIII	144,354.	0.	0.	