Form 9.90-PF

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs gov/Form990PFfor instructions and the latest information.

OMB No 1545-0052

Open to Public Inspection

Fo	r cal	endar year 2018 or tax year beginning	04/	/01 , 2018, and endi			03/31,2019
Na	me of	foundation			Α	Employer identif	ication number
	AAR	ON & RACHEL MEYER MEMORIAL F	OUNDATION		i	22-	6063514
		and street (or P O box number if mail is not delivered to		Room/suit	е В		er (see instructions)
	10	S DEARBORN ST, IL1-0111				86	6-888-5157
		own, state or province, country, and ZIP or foreign posta	l code	<u> </u>			
					С	If exemption applica pending, check here	ition is
	CHI	CAGO, IL 60603				pending, check here	
		ck all that apply: Initial return	Initial return	of a former public char	ity D	1 Foreign organizat	tions, check here
		Final return	Amended re	•		2 Foreign organizat	
		Address change	Name chang	e .		85% test, check h	
Н	Che	ck type of organization: X Section 501(·	
Γ	\neg	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	1 11/2	\ E		status was terminated
Ť			unting method: X C		T F		in a 60-month termination
	end	I —	ther (specify)		'		o)(1)(B),check here .
		· I—	column (d) must be on ca	ash basis)	_		
P		Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net investment income		djusted net income	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions))	books	111001110			(cash basis only)
٦	1	Contributions, gifts, grants, etc., received (attach schedule) .					
	2	Check X if the foundation is not required to attach Sch B		•			
	3.	Interest on savings and temporary cash investments.	3,758.				
	4	Dividends and interest from securities	171,102.	171,102.			
	5a	Gross rents					
	ь	Net rental income or (loss)					
<u>•</u>	6a	Net gain or (loss) from sale of assets not on line 10	68,936.				
ž	b	Gross sales price for all 2, 781, 135.				DECEN	//
Revenue	7	Capital gain net income (from Part IV, line 2) .		68,936.		RECEI	
Œ	8	Net short-term capital gain) S
	9	Income modifications			33	<u>FEB 1 8</u>	2020
	TUa	Gross sales less returns and allowances			ᆜ의		S
	b	Less Cost of goods sold .				OGDEN	I. UT
	С	Gross profit or (loss) (attach schedule)	150		<u> </u>	OGDEN	
	11	Other income (attach schedule)	152	242 706			STMT 1
_	12	Total. Add lines 1 through 11	243,948.	. 243,796.			160,000
s	13	Compensation of officers, directors, trustees, etc	160,000.	NONE		NONE	
enses	14	Other employee salaries and wages		NONE		NONE	
Jer.	15	Pension plans, employee benefits	<u> </u>	NONE		NOME	
$\mathbf{\tilde{x}}$	16a	Legal fees (attach schedule)		 			
é	b	Accounting fees (attach schedule)	50,362	50,362.			
ati	17	Other professional fees (attach scheduler. 2.	- 30,302	. 30,302.			-
str	10	Interest	15,908	. 3,632.		_	
Ξ	75		19,700	. 3,032.			
퉏	3v ha	Depreciation (attach schedule) and depletion. Occupancy	27,925	<u> </u>		_	27,925
ď.	21	Travel, conferences, and meetings	21,723	NONE		NONE	
ğ	16a b c 17 18 19 20 21 22 23 24	Printing and publications		NONE		NONE	
5	22	Other expenses (attach schedule) STMT. 4.	815	. 815.			
₽	24	Total operating and administrative expenses.	020				
Frä	~~	Add lines 13 through 23	255,010	. 54,809.		NONE	187,925
á	25	Contributions, gifts, grants paid	310,500			3.9512	310,500
_	26 26	Total expenses and disbursements Add lines 24 and 25	565,510	54,809.		NONE	-
_	27	Subtract line 26 from line 12	200,020	1 27,000			
		Excess of revenue over expenses and disbursements	-321,562				
		Net investment income (if negative, enter -0-)		188,987.			
	ءَ ا	Adjusted net income (if negative enter -0-).					

JSA For Paperwork Reduction Act Notice, see instructions.

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Part II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		nd of year	
	amounts only (See instructions)	(a) Book value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing		71,007.	71,007	
2	Savings and temporary cash investments	180,963.	43,808.	43,808	
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	er	-		
	disqualified persons (attach schedule) (see instructions)	.			
7	Other notes and loans receivable (attach schedule)				
1	Less allowance for doubtful accounts ▶NON	E		· · · · · · · · · · · · · · · · · · ·	
क्ष क	Inventories for sale or use				
Assets			-		
مد الآ	Prepaid expenses and deferred charges	I I			
100	Investments - U S and state government obligations (attach schedule).	2 550 656	3,370,339.	3,669,193	
b	Investments - corporate stock (attach schedule)	1 004 070	2,233,304.		
116	Investments - corporate bonds (attach schedule)	1,894,850.	2,233,304.	2,236,374	
	(attach schedule)				
12	Investments - mortgage loans		212 425	210 220	
13 14	Investments - other (attach schedule)	. 689,177.	312,435.	310,338	
	(attach schedule)				
15	Other assets (describe >)			
16	Total assets (to be completed by all filers - see the				
	instructions Also, see page 1, item I)	6,353,374.	6,030,893.	6,330,7 <u>2</u> 0	
17	Accounts payable and accrued expenses				
18	Grants payable	·			
<u>8</u> 19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons.				
Liabilities 02 13 14 15 16 17	Mortgages and other notes payable (attach schedule)				
∵ 22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)		NONE		
ces	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.	ا ا			
등 24	Unrestricted		-		
8 25	Temporarily restricted				
26	Permanently restricted				
Net Assets or Fund Balances	Foundations that do not follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 31.				
ω 27	Capital stock, trust principal, or current funds	. 6,353,374.	6,030,893.	_ 	
28 ₹	Paid-in or capital surplus, or land, bldg , and equipment fund	•			
S 59	Retained earnings, accumulated income, endowment, or other funds .				
<u>∓</u> । ३७७७	Total net assets or fund balances (see instructions)		6, <u>030,</u> 893.		
ž 3∳Ղ(Total liabilities and net assets/fund balances (se	e			
17	instructions)	. 6,353,374.	6,030,893.		
Part II	Analysis of Changes in Net Assets or Fund Ba	lances			
1 Tota	al net assets or fund balances at beginning of year - Par	rt II, column (a), line 30 (m	ust agree with		
	l-of-year figure reported on prior year's return)		1 1	6,353,374.	
	er amount from Part I, line 27a			-321,562.	
	er increases not included in line 2 (itemize) > SEE ST.		3	1,371.	
	d lines 1, 2, and 3			6,033,183.	
	creases not included in line 2 (Itemize) ► SEE ST.		5	2,290.	
	al net assets or fund balances at end of year (line 4 minus			6,030,893.	

Pai	t IV Capital Gains	and Losses for Tax on Inve	stment Income	-		
		scribe the kind(s) of property sold (for exrick warehouse; or common stock, 200	•	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES				
<u>b</u>	<u> </u>					
<u>c</u>		_ 			·	
<u>d</u>		-		<u> </u>		
<u>e</u>		(f) Damasadan allawad	(g) Cost or other basis		(h) Caia as (la	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	2,781,135.		2,712,199.		· -	68,936.
b						
<u>c</u>						
<u>d</u>						
<u>e</u>			10/04/02			<u> </u>
	Complete only for assets sh	owing gain in column (h) and owned by			Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	(k), but not less t Losses (from co	l (h))
<u>a</u>	***					68,936.
_ <u>b</u>				_		
<u>c</u>						
<u>u</u>				<u>-</u>	<u> </u>	
2	Capital gain net income	or (not canital loss)	in, also enter in Part I, line 7 ss), enter -0- in Part I, line 7	2		68,936.
3	Net short-term capital or	aın or (loss) as defined ın sections 1	,	-		00,550.
		art I, line 8, column (c). See inst				
	Part I, line 8	 <u> </u>	<u> </u>	3		
Par	t V Qualification U	Inder Section 4940(e) for Redu	iced Tax on Net Investment Ir	ncome		
Was		leave this part blank. the section 4942 tax on the distrib 't qualify under section 4940(e). Do		ase perio	d?	Yes X No
1		nount in each column for each year		ng any en	tries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
	2017	506,424.	6,698,275.			0.075605
	2016	522,056.	6,580,306.			0.079336
	2015	270,578.	6,685,655.			0.040471
	2014	426,338.	7,135,522.			0.059749
	2013	92,442.	7,021,868.	 	 -	0.013165
2	Total of line 1 column /	-1		2		0.268326
3		d)				0.200320
3	•	foundation has been in existence i		3		0.053665
	the number of yours the	Todination has been in existence i	1000 (1101) 0 70010 1 1 1 1 1 1 1 1			
4	Enter the net value of no	oncharitable-use assets for 2018 fro	om Part X, line 5	4	6,	<u>286,770.</u>
5	Multiply line 4 by line 3			5	-	337,380.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b) .		6	· · · · · · · · · · · · · · · · · · ·	1,890.
7	Add lines 5 and 6			7		339,270.
8	Enter qualifying distributed films 8 is equal to or or	tions from Part XII, line 4 greater than line 7, check the box		8 that part		498,425.
	Part VI instructions.	,	,		J = 1,4 144	

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			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		1,8	90.
	here ► X and enter 1% of Part I, line 27b			İ
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col (b)			.O.170
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
3	Add lines 1 and 2			90.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,0	90.
6	Credits/Payments 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 7,544 .			
a				
b	Exempt foreign organizations - tax withheld at source			j
c d	Backup withholding erroneously withheld			1
7	Total credits and payments Add lines 6a through 6d		24,1	44.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		22,2	54.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 1,892. Refunded ▶ 11		20,3	62.
Par	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b_		<u>X</u>
	If 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			
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$:	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
2	If "Yes," attach a detailed description of the activities	_	-	 i
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		<u></u>
Aa.	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?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	 ;
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NJ			
ь	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 General Instruction G? If "No," attach explanation STMT .7	8b		<u>X</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9_		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		,	7.
	names and addresses	10	0 DE	<u> </u>

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► www.armeyerfoundation.org			
14	The books are in care of ▶ JP MORGAN CHASE BANK, N.A. Telephone no ▶ (866) 888-	-515	7	
	Located at ▶ 10 S DEARBORN ST; MC; IL1-0117, CHICAGO, IL ZIP+4 ▶ 60603			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	.
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
. •	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
مسجيج	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year, did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		}	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		1	
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
_	if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
D	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			<u> </u>
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
С	were not corrected before the first day of the tax year beginning in 2018?	1c	-	X
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			<u> </u>
2				
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2018?			
	50,7 51.7,111,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 52.7,12,7 5	l		
	If "Yes," list the years ▶,,,,,			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			.
	all years listed, answer "No" and attach statement - see instructions)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
C				
-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a	at any time during the year?			
	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
D	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b	†	┌─┤
_	foundation had excess business holdings in 2018)	4a	<u> </u>	Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	70	 	<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 had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
			0-PF	(2018)
	ro		- I	12010

Part	VII-B Statements Regarding A	ctivities for Which Form 4	1720 May Be Req	uired (continued)				
5a	During the year, did the foundation pay or in-	cur any amount to				Yes	No	
•	(1) Carry on propaganda, or otherwise attem	npt to influence legislation (sectio	n 4945(e))?	. Yes X No			- 1	
	(2) Influence the outcome of any specific	public election (see section	4955), or to carry or	^{1,}				
	directly or indirectly, any voter registration	on drive?		. Yes X No			}	
	(3) Provide a grant to an individual for travel	l, study, or other similar purposes	?	. Yes X No				
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 4945(d)(4)(A)? See instructions							
	(5) Provide for any purpose other than							
	purposes, or for the prevention of cruelty							
b	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to	qualify under the e	xceptions described in				
	Regulations section 53 4945 or in a current	notice regarding disaster assistan	ice? See instructions.		5b			
	Organizations relying on a current notice reg	arding disaster assistance, check	here				- 1	
С	If the answer is "Yes" to question 5a(4)	, does the foundation claim e	exemption from the t	ax				
	because it maintained expenditure responsib			1 1 1 1 1 1 1 1 1			l	
	If "Yes," attach the statement required by Re-	•						
6a	Did the foundation, during the year, rece	-	ectly, to pay premiur	ms				
	on a personal benefit contract?			1 1 1 1 1 1 1 1 1				
b	Did the foundation, during the year, pay prer	niums, directly or indirectly, on a	personal benefit contra	act?	6b		Χ	
	If "Yes" to 6b, file Form 8870						1	
7a	At any time during the tax year, was the four	ndation a party to a prohibited tax	shelter transaction?	. Yes X No				
b	If "Yes," did the foundation receive any proce	eeds or have any net income attrib	butable to the transact	on ⁷	7b			
8	Is the foundation subject to the section 4960) tax on payment(s) of more than	\$1,000,000 in				ĺ	
	remuneration or excess parachute payment(s							
Part	Information About Officers and Contractors	s, Directors, Trustees, Fou	ındation Manageı	rs, Highly Paid Emp	loyees,			
1	List all officers, directors, trustees, and	foundation managers and t	heir compensation.	See instructions.				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou owance	nt, s	
JANEY		hours per week	(If not paid,	employee benefit plans	(e) Expens other all	e accou owance	nt, s	
		hours per week devoted to position VICE PRESIDENT	(If not paid,	employee benefit plans	(e) Expens other all	se accou	nt, s -0-	
883 H	LOWY	hours per week devoted to position VICE PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all	se accou owance	s	
883 H ALISS	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074	hours per week devoted to position VICE PRESIDENT 10	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all	owance	s	
883 H ALISS	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation - () -	(e) Expens other all	owance	- () -	
883 H ALISS	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation - () -	(e) Expens other all	owance	- () -	
883 H ALISS	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation - () -	(e) Expens	owance	- () -	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25	(If not paid, enter -0-) 80,000.	employee benefit plans and deferred compensation - () -	other all	owance	-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25	(If not paid, enter -0-) 80,000.	employee benefit plans and deferred compensation - () -	other all	owance	-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those) (b) Title, and average	(If not paid, enter -0-) 80,000. 80,000.	employee benefit plans and deferred compensation -0- -0- (d) Contributions to	ns). If no	owance	-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000.	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred	other all	owance	-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those) (b) Title, and average	(If not paid, enter -0-) 80,000. 80,000.	employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit	ns). If no	owance	-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000.	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred	ns). If no	owance	-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 mployees (other than those hours per week hours per week hours per week	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	
883 H ALISS 333 B 2 (a)	LOWY ILLTOP TERRACE, FRANKLIN LAKES, NJ 074 A MURPHY ROOKSIDE AVE, WYCKOFF, NJ 07481 Compensation of five highest-paid e "NONE."	hours per week devoted to position VICE PRESIDENT 10 SECRETARY/TREASU 25 Imployees (other than those hours per week devoted to position)	(If not paid, enter -0-) 80,000. 80,000. se included on lin (c) Compensation NONE	e 1 - see instructio (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	Dne, (-0- -0-	

3 Five highest-paid independent contractors for professional services. See instructions. If	none, enter "NONE."
	ype of service (c) Compensation
YOME	27037
NONE	NONE
otal number of others receiving over \$50,000 for professional services	····· NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE	
2	
3	
A	
Part IX-B Summary of Program-Related Investments (see instructions)	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
INONE	
2	
All other program-related investments See instructions	
3NONE	
PAGE Add lines 1 Abranch 2	
otal. Add lines 1 through 3	Form 990-PF (201)

Par	see instructions.)	igii iouilu	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	6,253,231.
b	Average of monthly cash balances	1b	129,277.
_	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	6,382,508.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	6,382,508.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	95,738.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,286,770.
6	Minimum investment return. Enter 5% of line 5	6	314,339.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	314,339.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 1,890.		
þ	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,890.
3	Distributable amount before adjustments. Subtract line 2c from line 1		312,449.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	312,449.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	312,449.
Par	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	498,425.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	498,425.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b See instructions	5	1,890.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		496,535.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated an experience of the section 4940(e) reduction of tax in those years.	lculating	whether the foundation

Page 9

P'ar	t XIII Undistributed Income (see instri	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				312,449.
2	Undistributed income, if any, as of the end of 2018				
	Enter amount for 2017 only			NONE	<u> </u>
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2018				
	From 2013				
	From 2014				
	From 2015 NONE				
	From 2016				
	From 2017	460 712			
	Total of lines 3a through e	460,713.		<u> </u>	<u> </u>
4	Qualifying distributions for 2018 from Part XII,				
_	line 4· ▶ \$ 498,425.			NONE	
	Applied to 2017, but not more than line 2a			1401412	1
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	,		110111		-
C	Treated as distributions out of corpus (Election required - see instructions)	NONB			
	Applied to 2018 distributable amount			-	312,449.
	Remaining amount distributed out of corpus	185,976.	-		1
	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same amount must be shown in column (a))	NONB			NONE
c	Enter the net total of each column as				
0	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	646,689.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
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)		77077		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable		NONE		
_	amount - see instructions		NONE	-	<u>_</u>
e	4a from line 2a. Taxable amount - see			NONE	
	instructions			NONE	
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be				NONE
_	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)	NONB			
R	Excess distributions carryover from 2013 not				
•	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2019.				
-	Subtract lines 7 and 8 from line 6a	646,689.			
10	Analysis of line 9				
а	Excess from 2014				
Ь	Excess from 2015 NONE				
C	Excess from 2016 198, 485 .				
d	Excess from 2017 186,592.				
e	Excess from 2018 185, 976.				j

Form	1990-PF (2018)			22-	<u>-6063514</u>	Page 10
Pai	rt XIV Private Ope	erating Foundations	(see instructions	and Part VII-A, ques	tion 9)	NOT APPLICABI
1a	If the foundation has	received a ruling or d	etermination letter th	at it is a private ope	erating	
•	foundation, and the ruling	ıs effective for 2018, en	ter the date of the ruling	g	▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described	in section 4	942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		117.01
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	I or the minimum investment					
	return from Part X for each year listed				/	
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					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter				1	
Ī	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment 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,			is:		
	payments on securities loans (section 512(a)(5)),				Í	
	or royalties)		·		<u> </u>	
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) targest amount of sup-					
	port from an exempt organization					
_	(4) Gross investment income -	L				_
Pai		tary Information ((uring the year - see		t only if the found	dation had \$5,00	00 or more in assets at
1	Information Regarding	Foundation Manager	s:			
а						eceived by the foundation
	before the close of any	tax year (but only if th	iey have contributed	more than \$5,000). (See section 507(d)	(2).)
	N/A					
b						qually large portion of the
	ownership of a partner	ship or other entity) of	which the foundatio	m has a 10% or greate	er interest.	
	/-					
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholarel	nin etc Programs:		· - · · · · ·
_	, , ,		,			
						ns and does not accept is under other conditions,
	complete items 2a, b, o			arro, oto., to marria	adio or organization	is ander other conditions,
а	The name, address, and	_		e person to whom an	plications should be	e addressed:
_	SEE STATEMENT 8		. officer dad root or an	, p. 100 10 up		
b	The form in which appl		omitted and informat	on and materials they	should include:	
	SEE ATTACHED ST				•	
	0.		-			
C	Any submission deadli	nes:				
	SEE ATTACHED ST	CATEMENT FOR LI	NE 2			

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

SEE ATTACHED STATEMENT FOR LINE 2

art XV Supplementary Information 3 Grants and Contributions Paid Du	ring the Year or Ann	roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or substantial contributor	Todipidit		<u></u>
a raid daring the year				
Y-PRESBYTERIAN FUND				
25 E 68TH ST # 156 NEW YORK NY 10065	NONE	PC	GENERAL	100,000
MBRICAN RED CROSS				
95 SPRINGFEILD AVENUE SUMMIT NJ 07901	NONE	PC	PROGRAM SUPPORT	2,500
ATIONAL FOUNDATION FOR ANIMAL RESCUE				
O BOX 565 SADLE RIVER NJ 07458	NONE	PC	PROGRAM SUPPORT	25,000
RANKLIN LAKES NJ POLICE DEPARTMENT				
90 DE KORTE DR FRANKLIN LAKES NJ 07417	NONE	GOV	PROGRAM SUPPORT	183,000
	Ì			
				·
Total		. <u></u>	▶ 3a	310,500
b Approved for future payment				
,,				
	Ì			
			1	

Form 990-PF						Page 12
Part XVI						10)
•	amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	(d) Amount	(e) Related or exempt function income
-	n service revenue		7	Exclusion code		(See instructions)
		<u> </u>		-		 .
				*		
						 -
_						
f						<u></u>
g Fees	and contracts from government agencies			ļ		
2 Member	rship dues and assessments			1.4	2.750	
	on savings and temporary cash investments			14	3,758. 171,102.	
	ds and interest from securities al income or (loss) from real estate	-		11	1/1/102.	
	-financed property · · · · · · · · ·			1		
	debt-financed property					
	al income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory			18	68,936.	_
	me or (loss) from special events · · ·			+		
•	rofit or (loss) from sales of inventory			-		
	THER INCOME			14	152.	
				7.5		
е						
	Add columns (b), (d), and (e)				243,948.	
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcu				13	243,948.
Part XVI			complishment of F	xempt Pur		<u></u> .
Line No. ▼	Explain below how each activit accomplishment of the foundation					
						_
			<u> </u>			
						<u> </u>
			<u> </u>			·
			<u> </u>			-
			NOT APPLICABI	ΣE		
`						
	 	 _				
	 					
					<u> </u>	

Form 990-PF (2018) Page 13 22-6063514

Pari	iXVIII	Information F Exempt Orga		ansfers t	to and Tran	sactions a	nd Relationship	s With Nonc	harit	table	
1	Did the			engage in	any of the fo	llowing with	any other organizat	ion described		Yes	No
		tion 501(c) (other ations?	than section	501(c)(3)	organization	s) or in se	ction 527, relating	to political			
8	Transfe	ers from the reportin									
							• • • • • • • • • • •		1a(1)		X
	(2) Oth	ier assets			· · · · · · · ·			• • • • • • •	1a(2)	ļ	_X
b		ransactions.									
	•	•		. •			• • • • • • • • • • •				<u>X</u>
				-	•		• • • • • • • • • • • • • • • • • • • •				X
							• • • • • • • • • • •				<u>X</u>
		•					• • • • • • • • • •				X
											X
^											X
							. Column (b) shoul			fair m	
							on. If the foundation				
							ue of the goods, oth				
(a) L	ine no.	(b) Amount involved	(c) Name of	noncharitable	exempt organization	no (d) (Description of transfers, tra	insactions, and shar	ing arra	ngeme	nts
				-							
								<u> </u>			
		· -· · · · · · · · · · · · · · · · · ·									
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	- †	······································									
			 	··········						-	
			<u> </u>								-,
			1								
	describ	ed in section 501(c) (other than se				nore tax-exempt org			es X	No
<u>b</u>	If "Yes,	complete the follo		1			T				
		(a) Name of organization	on		b) Type of organization	ation	(c) Des	scription of relations	nip		
				 							
-				 	-		 				
						· · · · · · · · · · · · · · · · · · ·					
					• •				-		
٠.	correc	penalties of perjury. I deci					and statements, and to the tas any knowledge				
Sigi		XXX M	HO KY	l 01	1/31/2020	▶ ((Ustre	May the IRS with the pre		s this	
l ér	Sign	nature of officer or trustee		Dat		Title	_	See instruction		Yes	N₀
	'1	Print/Type preparer's na	ame)	Prepare	r's signature	7	Date	Check of P	TIN		
Paic	i	DIANE BEAN		(W	cores	500r	01/31/2020		2001	0497	2 .
Prej	parer		RNST & YOU	NG U.S.	LLP		· · · · · · · · · · · · · · · · · · ·	sEIN ► 34-0			
	Only		00 YARD ST			-					
	-		RANDVIEW H		OJ	43212	Phon	eno 614-22	<u> 24 - 5</u>	<u>678</u>	
										A DE	2010

FORM 990PF, PART I - OTHER INCOME ______

> REVENUE AND**EXPENSES** PER BOOKS

DESCRIPTION

OTHER INCOME

152.

TOTALS

152. AARON & RACHEL MEYER MEMORIAL FOUNDATION

22-6063514

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMNT MNGMNT FEES (NON-DED	50,362.	50,362.
TOTALS	50,362.	50,362.

AARON & RACHEL MEYER MEMORIAL FOUNDATION

22-6063514

FORM 990PF, PART I - TAXES

==========	==========
15,908.	3,632.
1,876.	
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	3,032.
3 632	3,632.
PER BOOKS	INCOME
	INVESTMENT
מאע	NET
REVENUE	
	AND EXPENSES PER BOOKS 10,400. 1,876.

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22-6063514

FORM	990PF,	PART	I	-	OTHER	EXPENSES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
OTHER EXPENSE	(NON-DEDUCTIBLE	815.	815.
	TOTALS	815.	815.

FORM	990PF,	PART	III	-	OTHER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES	
=====	=====:	=====	====	===		========	====	====	======	===	=====	=======	
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DESCRIPTION		AMOUNT
ADJUSTMENT FOR RETURN OF CAPITAL PRIOR PERIOD ADJUSTMENT ROUNDING		1,125. 244. 2.
	TOTAL	1,371.

FORM 990PF, PART III -	OTHER DECREASES	IN NET WORTH	OR FUND BALANCES
DESCRIPTION			AMOUNT
ACCRUED INTEREST PAID WASH SALE ADJUSTMENT			1,997. 293.
	TOT	'AL	2,290.

990PF, PART VII-A LINE 8b - EXPLANATION OF NON-FILING WITH A.G. STMT.

The New Jersey Office of the Attorney General has indicated that no Forms 990-PF should be filed with the State unless a charitable organization has pre-registered with the office. Although the situs of this trust is New Jersey, it does not solicit contributions from the public and therefore it does not meet the registration requirements of the State of New Jersey. As a result, the Trust does not furnish a copy of its Form 990-PF to the State.

AARON & RACHEL MEYER MEMORIAL FOUNDATION FORM -990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

ALISSA MURPHY, SECRETARY/TREASRY

ADDRESS:

333 BROOKSIDE AVE

WYCKOFF, NJ 07481

RECIPIENT'S PHONE NUMBER: 201-904-2243

FORM, INFORMATION AND MATERIALS:

SEE RETURN FOOTNOTE FOR DETAILS

APPLICATIONS WILL BE ACCEPTED WITH A COPY OF IRS

DETERMINATION LETTER.

SUBMISSION DEADLINES:

MARCH 1 ANNUALLY FOR APRIL REVIEW MEETING

SEPTEMBER 1 ANNUALLY FOR OCTOBER REVIEW MEETING

RESTRICTIONS OR LIMITATIONS ON AWARDS:

PRIORITY IS GIVEN TO THE NORTHEASTERN NEW JERSEY AREA. FOCUS IS ON HEALTHCARE, HUMAN SERVICES, RESEARCH, EDUCATION, ANIMAL WELFARE, AND THE ARTS.

FEDERAL FOOTNOTES

ADDITIONAL INFORMATION TO FORM 990PF, PART XV - LINES 2A - 2D ALL PROPOSALS SHOULD BE SUMBITTED IN THE FOLLOWING FORMAT:

- 1. COMPLETED GRANT APPLICATION FORM
- 2. PROPOSAL STATEMENT
- 3. AN AUDITED FINANCIAL REPORT AND A CURRENT YEAR OPERATING BUDGET
- 4. A COPY OF YOUR OFFICIAL IRS LETTER WITH YOUR TAX DETERMINATION. PROPOSAL MAY BE SUMITTED ELECTRONICALLY AT WWW.ARMEYERFOUNDATION.ORG OR BY MAIL.