

Form **990-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/Form990PF for instructions and the latest information.

OMB No. 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 12-01-2018 , and ending 11-30-2019

Name of foundation THE OSTBERG FOUNDATION INC		A Employer identification number 13-2963335	
Number and street (or P.O. box number if mail is not delivered to street address) 87 RUCKMAN ROAD	Room/suite	B Telephone number (see instructions) (201) 767-8000	
City or town, state or province, country, and ZIP or foreign postal code ALPINE, NJ 07620		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 3,684,515		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) 529,966	529,966			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities 60,222	60,222	60,222		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 146,812	146,812			
	b Gross sales price for all assets on line 6a 597,681				
	7 Capital gain net income (from Part IV, line 2)		146,812		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11 737,000	737,000	207,034			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) 1,338	1,338	0		0
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule) 35,385	35,385	0		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 250	250	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) 3,092	3,092	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23 40,065	40,065	0		0
	25 Contributions, gifts, grants paid 308,155	308,155			308,155
26 Total expenses and disbursements. Add lines 24 and 25 348,220	348,220	0		308,155	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements 388,780	388,780				
b Net investment income (if negative, enter -0-) 207,034		207,034			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	525,049	175,061	175,061
	2 Savings and temporary cash investments	506,645	39,377	39,377
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	2,123,689	3,319,931	3,445,077
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	25,000	25,000	25,000	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	3,180,383	3,559,369	3,684,515	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	545,985	545,985	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	2,634,398	3,013,384		
30 Total net assets or fund balances (see instructions)	3,180,383	3,559,369		
31 Total liabilities and net assets/fund balances (see instructions) .	3,180,383	3,559,369		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,180,383
2 Enter amount from Part I, line 27a	2	388,780
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	3,569,163
5 Decreases not included in line 2 (itemize) ▶ _____	5	9,794
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,559,369

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a See Additional Data Table					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a See Additional Data Table					
b					
c					
d					
e					
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a See Additional Data Table					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }					2 146,812
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8					3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	314,767	2,968,082	0.106051
2016	318,637	3,148,565	0.101201
2015	302,323	2,930,574	0.103162
2014	352,408	1,909,755	0.184530
2013	206,449	748,706	0.275741
2 Total of line 1, column (d)			2 0.770685
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 0.154137
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 3,223,598
5 Multiply line 4 by line 3			5 496,876
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 2,070
7 Add lines 5 and 6			7 498,946
8 Enter qualifying distributions from Part XII, line 4			8 308,155

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes sub-rows 6a-6d for credits. Total tax due is 4,300.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 11-14.

Located at 87 RUCKMAN ROAD ALPINE NJ ZIP+4 07620

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.

Table with 3 columns: Question number, Question text, and Yes/No columns. Row 16.

Part VII-B 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.

Main table for Part VII-B with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-4b.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 LISTING OF RECIPIENTS ATTACHED	308,155
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part 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	2,649,621
b	Average of monthly cash balances.	1b	623,067
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,272,688
e	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	3,272,688
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	49,090
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,223,598
6	Minimum investment return. Enter 5% of line 5.	6	161,180

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII 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	308,155
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	308,155
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	308,155

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.

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				0
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018:				
a From 2013.	206,871			
b From 2014.	257,333			
c From 2015.	155,893			
d From 2016.	163,565			
e From 2017.				
f Total of lines 3a through e.	783,662			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ _____				
a Applied to 2017, but not more than line 2a			0	
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.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:	783,662			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	783,662			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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 4a from line 2a. Taxable amount—see instructions			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		
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	206,871			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	576,791			
10 Analysis of line 9:				
a Excess from 2014.	257,333			
b Excess from 2015.	155,893			
c Excess from 2016.	163,565			
d Excess from 2017.				
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. 2016-12-01

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	308,155	314,767	318,637	302,323	1,243,882
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	308,155	314,767	318,637	302,323	1,243,882
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets		3,180,383	3,210,147	3,182,879	9,573,409
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		3,180,383	3,210,147	3,182,879	9,573,409
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	529,966	158,340	244,290	575,890	1,508,486
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income	217,084	479,302	117,830	4,962	819,178

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
 HENRY OSTBERG THE FOUNDATION
 87 RUCKMAN ROAD
 ALPINE, NJ 07620
 (201) 767-8000

b The form in which applications should be submitted and information and materials they should include:
 SEE ATTACHED INFORMATION FORM

c Any submission deadlines:
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				
b <i>Approved for future payment</i>				
Total ▶ 3b				

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
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.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule.
(a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: CRAIG L VENOKUR CPA
Preparer's Signature
Date: 2020-11-17
Check if self-employed
PTIN: P00026228
Firm's name: ADELMAN KATZ & MOND LLP
Firm's EIN: 13-2608630
Firm's address: 200 WEST 41ST STREET - STE 1801 NEW YORK, NY 10036
Phone no. (212) 382-0404

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 80 FEDERAL HOME		2019-07-02	2019-10-02
1 557 TARGA		2015-02-13	2018-12-03
500 APPLE		2013-10-10	2019-06-27
350 BERKSHIRE		2015-11-25	2019-06-27
825 GE		1993-07-15	2010-08-20
400 APPLE		2013-10-10	2019-09-17
350 APPLE		2015-02-13	2019-11-05
550 ADP		2017-09-08	2019-11-19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
80,000		80,070	-70
70,137		17,329	52,808
99,208		78,410	20,798
72,587		47,397	25,190
7,164		6,780	384
87,686		62,728	24,958
89,248		67,790	21,458
91,651		90,365	1,286

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(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	
			-70
			52,808
			20,798
			25,190
			384
			24,958
			21,458
			1,286

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
HENRY D OSTBERG 87 RUCKMAN ROAD ALPINE, NJ 07620	DIRECTOR 20.00	0	0	0
CHRISTINE DINEEN 87 RUCKMAN ROAD ALPINE, NJ 07620	DIRECTOR 10.00	0	0	0
BRENT BURNS 87 RUCKMAN ROAD ALPINE, NJ 07620	DIRECTOR 4.00	0	0	0
NEAL OSTBERG 87 RUCKMAN ROAD ALPINE, NJ 07620	DIRECTOR 4.00	0	0	0
SYDELLE OSTBERG 87 RUCKMAN ROAD ALPINE, NJ 07620	DIRECTOR 2.00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A SERVING HEART 129 A CLAUVERWIE MIDDLEBURGH, NY 12122	UNRELATED RECEIPIENT	N/A	SUPPORT	14,578
ABDUL 'SANKOHC/O 87 RUCKMAN ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	2,400
ALPINE POLICEMEN'S BENEVOLENT ASSOC PO BOX 93 ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	150
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALPINE VOLUNTEER FIRE DEPARTMENT 72 RUCKMAN ROAD CLOSTER, NJ 07624	UNRELATED RECEIPIENT	N/A	SUPPORT	200
AMIE GBLAC/O 87 RUCKMAN ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	1,200
AMOROSO DAWN40 LEIGH AVENUE STATEN ISLAND, NY 10314	UNRELATED RECEIPIENT	N/A	SUPPORT	3,000
Total ▶ 3a				308,155

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
BERSHTEYN FAINA 2323 E 10TH STREET TUCSON, AZ 85719	UNRELATED RECEIPIENT	N/A	SUPPORT	2,400
BRIDGE OF CHILDREN 612 STURWOOD WAY LAWRENCEVILLE, NJ 08648	UNRELATED RECEIPIENT	N/A	SUPPORT	78,235
CATHOLIC CHARITIES OF SOUTHERN NEW MEXICO 2215 SOUTH MAIN ST SUITE B LAS CRUCES, NM 88005	UNRELATED RECEIPIENT	N/A	SUPPORT	-7,750
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CLOSTERALPINE VOLUNTEER AMBULANCE CORPS 72 RUCKMAN ROAD CLOSTER, NJ 07624	UNRELATED RECEIPIENT	N/A	SUPPORT	100
CUCS198 E 121ST NY, NY 10035	UNRELATED RECEIPIENT	N/A	SUPPORT	5,000
ERNSO JEAN-BAPTISTE(BOC -3) C/O 87 RUCKMAN ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	48,223
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FODAY TOMMY 131 JERSEY STREET APT 6A STATEN ISLAND, NY 10301	UNRELATED RECEIPIENT	N/A	SUPPORT	3,275
FRANK JAMES 1925 M WINDSOR HILL DRIVE MATTHEWS, NC 28105	UNRELATED RECEIPIENT	N/A	SUPPORT	9,600
GITTY RUBIN 319 BENNER STREET APT 2A HIGHLAND PARK, NJ 08904	UNRELATED RECEIPIENT	N/A	SUPPORT	5,250
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENBERGARLENE 151 -26 80TH STREET APT 2B HOWARD BEACH, NY 11414	UNRELATED RECEIPIENT	N/A	SUPPORT	1,800
GRUN ANNETTE 172 OAKVILLE STREET STATEN ISLAND, NY 10314	UNRELATED RECEIPIENT	N/A	SUPPORT	2,400
HOEDSPRUIT ENDANGERED SPECIES CENTRE C/O HEIDI ROBERTS NEW YORK, NY 10022	UNRELATED RECEIPIENT	N/A	SUPPORT	1,000
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOEWE GEORGE94-06 34 ROAD C 3 JACKSON HEIGHTS, NY 11372	UNRELATED RECEIPIENT	N/A	SUPPORT	1,800
MARANTHA ORPHANAGE C/O 87 RUCKMAN ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	7,200
MURPHY HELEN135 WEST 23RD STREET NEW YORK, NY 10011	UNRELATED RECEIPIENT	N/A	SUPPORT	1,500
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUSTARD SEED COMMUNITIES 29 JAMES AVE MEDFIELD, MA 02052	UNRELATED RECEIPIENT	N/A	SUPPORT	28,512
OVADUKE IRENE21 SPRING STREET NEW YORK, NY 10012	UNRELATED RECEIPIENT	N/A	SUPPORT	1,800
RALSTON MARY L35095 SUNRISE CT PITTSVILLE, MD 21850	UNRELATED RECEIPIENT	N/A	SUPPORT	1,800
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SEWAC/O 87 RUCKMAN ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	56,172
SHANTI BHAVAN CHARITABLE TRUST C/O 87 RUCKMAN ALPINE, NJ 07620	UNRELATED RECEIPIENT	N/A	SUPPORT	3,600
SIDI S KALOKO 5915 MAYFLOWER COURT APT 802 ALEXANDRIA, VA 22312	UNRELATED RECEIPIENT	N/A	SUPPORT	5,500
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SIMMONS LACRISHA927 EAST WILLIAM DECATUR, IL 62521	UNRELATED RECEIPIENT	N/A	SUPPORT	1,100
SOLOMON R GUGGENHEIM FOUNDATION 1071 5TH AVENUE NEW YORK, NY 10130	UNRELATED RECEIPIENT	N/A	SUPPORT	160
UPTOWN CATS69 BRETTON ROAD YONKERS, NY 10710	UNRELATED RECEIPIENT	N/A	SUPPORT	2,750
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
USUBOV BELLA145 DAVID STREET STATEN ISLAND, NY 10308	UNRELATED RECEIPIENT	N/A	SUPPORT	4,550
YAAKOV LUBAN134 N 6TH AVE HIGHLAND PARK, NJ 08904	UNRELATED RECEIPIENT	N/A	SUPPORT	4,450
CATHOLIC CHARITIES COMM SERV ARCH OF NY 80 MAIDEN LN 14TH FL NEW YORK, NY 10038	UNRELATED RECEIPIENT	N/A	SUPPORT	1,800
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAWN VIGGIANO 303 CHESNUT AVE E MEADOW, NY 11554	UNRELATED RECEIPIENT	N/A	SUPPORT	1,200
ELMYRE JOACHIM 207 STURWOOD WAY LAWRENCEVILLE, NJ 08648	UNRELATED RECEIPIENT	N/A	SUPPORT	1,600
LAURA GRAHAM 161 BRAISTED AVE STATEN ISLAND, NY 10314	UNRELATED RECEIPIENT	N/A	SUPPORT	600
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHALDY MALLARI 248 PRESCOT M DEERFIELD BEACH, FL 33442	UNRELATED RECEIPIENT	N/A	SUPPORT	7,500
SHAUN BRENNAN 267 W 15TH STREET APT 5RN NEW YORK, NY 10011	UNRELATED RECEIPIENT	N/A	SUPPORT	2,450
ST JUDE CHILDREN'S HOSPITAL PO BOX 50 MEMPHIS, TN 38101	UNRELATED RECEIPIENT	N/A	SUPPORT	250
Total ▶ 3a				308,155

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEMPLE BETH EI OF NORTHERN VALLEY 221 SCRAALENBOUGH RD CLOSTER, NJ 07624	UNRELATED RECEIPIENT	N/A	SUPPORT	550
WOODSTOCK DUTCH REFORMED CHURCH 16 TINKLER STREET WOODSTOCK, NY 12498	UNRELATED RECEIPIENT	N/A	SUPPORT	250
Total ▶ 3a				308,155

TY 2018 Distribution from Corpus Election

Name: THE OSTBERG FOUNDATION INC

EIN: 13-2963335

Election: ELECTION PURSUANT TO REG 53.4942(A)-3(D)(2) FOUNDATION
HEREBY ELECTS UNDER REG 53.4942(A)-3(D)(2) TO TREAT ITS
QUALIFYING DISTRIBUTIONS FOR 2017 TO BE MADE OUT OF
CORPUS.

TY 2018 Investments - Other Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FIDELITY	AT COST	3,319,931	3,445,077

TY 2018 Legal Fees Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	1,338	0		0

TY 2018 Other Assets Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM OTHERS	25,000	25,000	25,000

TY 2018 Other Decreases Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335

Description	Amount
FEDERAL INCOME TAXES	9,794

TY 2018 Other Expenses Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	2,979	0		0
OFFICE EXPENSE	113	0		0

TY 2018 Other Professional Fees Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	35,385	0		0

TY 2018 Taxes Schedule**Name:** THE OSTBERG FOUNDATION INC**EIN:** 13-2963335

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NEW YORK STATE CHAR-500	250	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018

Name of the organization
THE OSTBERG FOUNDATION INC

Employer identification number
13-2963335

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

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE OSTBERG FOUNDATION INC	Employer identification number 13-2963335
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HENRY OSTBERG 87 RUCKMAN ROAD	\$ 156,820	Person <input type="checkbox"/>
	ALPINE, NJ 07620		Payroll <input type="checkbox"/>
			Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions.)
2	HENRY OSTBERG 87 RUCKMAN ROAD	\$ 125,058	Person <input checked="" type="checkbox"/>
	ALPINE, NJ 07620		Payroll <input type="checkbox"/>
			Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions.)
3	HENRY OSTBERG 87 RUCKMAN ROAD	\$ 115,010	Person <input checked="" type="checkbox"/>
	ALPINE, NJ 07620		Payroll <input type="checkbox"/>
			Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions.)
4	HENRY OSTBERG 87 RUCKMAN ROAD	\$ 125,078	Person <input checked="" type="checkbox"/>
	ALPINE, NJ 07620		Payroll <input type="checkbox"/>
			Noncash <input checked="" type="checkbox"/>
			(Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.)

Name of organization THE OSTBERG FOUNDATION INC	Employer identification number 13-2963335
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Part II **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
(See instructions). Use duplicate copies of Part II if additional space is needed.			
1	1000 SHARES APPLE	\$ 156,820	2001-01-18
2	600 SHARES OF APPLE	\$ 125,058	2019-08-01
3	700 ADP	\$ 115,010	2019-08-01
4	960 JOHNSON AND JOHNSON	\$ 125,078	2019-08-01
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization THE OSTBERG FOUNDATION INC	Employer identification number 13-2963335
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____