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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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OMB No. 1545-0052

2019

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , a	nd ending 12-31-	2019			
		indation D & GRACE A CARLOUGH		A Employer id	entification numbe	r		
		BLE FOUNDATION		22-2766115				
		street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	mber (see instruction	ns)		
C/	o BOW	EN BOWEN 907 MAIN STREET		(201) 487-3937	,	,		
		, state or province, country, and ZIP or foreign postal code		, ,				
HAC	KENSAC	CK, NJ 07601		C If exemption	application is pending	g, check here		
G Cł	neck al	l that apply: \Box Initial return \Box Initial return of a	former public charity D 1. Foreign organizations, check here					
		☐ Final return ☐ Amended return		the 85%				
		\square Address change \square Name change		·	k here and attach cor	· -		
H C	neck ty	pe of organization: \square Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec			
	Section	4947(a)(1) nonexempt charitable trust \Box Other taxable	e private foundation					
		et value of all assets at end J Accounting method:	☐ Cash ☑ Accru		ation is in a 60-month			
		rom Part II, col. (c), ▶\$ 2,127,274		under sectio	n 507(b)(1)(B), chec	k nere		
	·	(Part I, column (d) must	be on cash basis.)					
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(h) Nationalana	(-) Adimakad	(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes		
			Jooks			(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)						
	2	Check ► ✓ if the foundation is not required to attach						
		Sch. B						
	3	Interest on savings and temporary cash investments	2,254	2,254	2,254			
	4	Dividends and interest from securities	42,804	42,804	42,804			
	5a	Gross rents						
₀	Ь	Net rental income or (loss)						
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	-9,005					
Revenue	b	Gross sales price for all assets on line 6a 500,572						
ž	7	Capital gain net income (from Part IV, line 2)						
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances Less: Cost of goods sold	<u> </u>					
	b	Gross profit or (loss) (attach schedule)	<u>]</u>					
		Other income (attach schedule)						
	11	,	26.053	45,058	45,058			
	12	Total. Add lines 1 through 11	36,053	· · · · · · · · · · · · · · · · · · ·	45,036			
	13	Compensation of officers, directors, trustees, etc.	35,543					
	14	Other employee salaries and wages						
Ses	15 16a	Legal fees (attach schedule)						
ĕ	_	Accounting fees (attach schedule)	7,325					
Operating and Administrative Expenses	b c	Other professional fees (attach schedule)	7,323					
۸e		· · · · · · · · · · · · · · · · · · ·						
rati	17	Interest	% 804			80		
<u>₹</u>	18	Taxes (attach schedule) (see instructions)	804			80		
Ē	19	Depreciation (attach schedule) and depletion						
Adı	20	Occupancy						
פַ	21	Travel, conferences, and meetings						
ਰ	22	•	1,554					
Ę	23	Other expenses (attach schedule)	1,334					
era	24	Total operating and administrative expenses.	45.336			80		
ă O	25	Add lines 13 through 23	45,226 159,250			159,250		
_			139,250			139,250		
	26	Total expenses and disbursements. Add lines 24 and 25	204,476	0		159,330		
	27	Subtract line 26 from line 12:	== 1,					
	a	Excess of revenue over expenses and						
	ь	disbursements Net investment income (if negative, enter -0-)	-168,423					
	C	Adjusted net income (if negative, enter -0-)		45,058				
		Adjusted Net Income (If negative, enter -0-)	1	C-1 N 41222	45,058	000 PE (2212)		

Page 2

	2	Savings and temporary cash investments	36,857	132,478	132,478
	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 ▶			
2	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges	368	900	
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,349,391	1,084,537	1,994,796
	С	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)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	1,388,981	1,218,450	2,127,274
	17	Accounts payable and accrued expenses			
	18	Grants payable			

•ું

44,976

44,976

1,344,005

1,344,005

1,388,981

42,868

42,868

1,175,582

1,218,450

1 2

3

4

5

1,344,005

-168,423

1,175,582

1,175,582 Form **990-PF** (2019)

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

Mortgages and other notes payable (attach schedule). .

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . .

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

Foundations that do not follow FASB ASC 958, check here ▶

Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)

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

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Total liabilities(add lines 17 through 22) .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Other liabilities (describe ...

19 20

21

22 23

24

25

26

27 28

29 30

Part III

2

3

Liabilities

Net Assets or Fund Balances

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Page **3**

• /	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	· ·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a AMERIPRISE			Р	2019-01-01	2019-12-31
b AMERIPRISE			Р	2001-01-01	2019-12-31
c					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
•	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
	6,252		235,902		-19,650
b 28	4,320		273,675		10,64
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i)	(i)		(k)		h) gain minus
F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69		of col. (i) . (j), if any		less than -0-) or om col.(h))
a	as 01 12/31/09	Over cor	. (J), II ally	203363 (111	-19,65
 b					10,64
					10,04
d					
e	+				
	or (net capital loss) gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0	Part I, line 7	3	-9,005 -19,650
For optional use by domestic p f section 4940(d)(2) applies, le Vas the foundation liable for th	Inder Section 4940(e) for Receivate foundations subject to the section 4940 this part blank. e section 4942 tax on the distributant qualify under section 4940(e). Do	ction 4940(a) tax on ne	et investment incom	e.)	es 🗸 No
· · · · · · · · · · · · · · · · · · ·	nount in each column for each year;			<u> </u>	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col. (b) divided by c	
2018	178,488		2,241,320		0.07964
2017	175,635		2,329,315		0.07540
2016	169,973		2,048,034		0.08299
2015	150,161		2,307,268		0.06508
2014	145,511		2,374,042		0.06129
2 Total of line 1, column (d)		2		0.364405
number of years the four	for the 5-year base period—divide dation has been in existence if less ncharitable-use assets for 2019 from	than 5 years n Part X, line 5	·		0.072881 2,113,952 154,067
• • • •	ent income (1% of Part I, line 27b)		6		451
					154,518
	ons from Part XII, line 4				159,330
	eater than line 7, check the box in Pa			_	

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Pai	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continued	1)				
5a	During the	year did the foundation	рау о	r incur any amount to:						Yes	No
	(1) Carry	on propaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	.	ч о			
	(2) Influe	nce the outcome of any s	pecific	public election (see sect	tion 4955); or to carry	L les	اند	•			
	on, di	rectly or indirectly, any vo	ter re	egistration drive?	✓ 1	No					
	(3) Provid	le a grant to an individual	for t	avel, study, or other sim	$\overline{\mathbf{V}}$	No					
	(4) Provid	le a grant to an organizati	on ot	her than a charitable, etc							
		tion 4945(d)(4)(A)? See ii				· · 🗌 Yes	✓ 1	No			
		le for any purpose other t		-							
_		tional purposes, or for the	•	•		∟ Yes	☑ 1	No			
b		wer is "Yes" to 5a(1)-(5),		=							
	=	ns section 53.4945 or in a					_	H	5b		
_	-	ons relying on a current r									
С		wer is "Yes" to question 5			•		_				
		se it maintained expenditu <i>ttach the statement requi</i>		, ,		· · L Yes	Ш г	No			
6-		·				Ima an					
6a		undation, during the year,				_	_				
b		I benefit contract?undation, during the year,				⊔ Yes	⊻ 1	No	6b		No
b		6b, file Form 8870.	, pay	premiums, directly or mo	inectiy, on a personal be	nent contract: I I I	•	ŀ	OD.		-110
7a		ne during the tax year, wa	s the	foundation a party to a r	prohibited tax shelter trai	nsaction?	□				
		id the foundation receive				⊔ Yes	<u>₩</u> 1	No	7b		
8	•	ndation subject to the sec		,			-	F			
		rachute payment during t					V				
		Information About (<u></u>		No L	1000		
Pai	t VIII	and Contractors	J111C	ers, Directors, Trust	ices, i oundation Me	magers, mgmy Faid		pioy	ees,		
1	List all of	ficers, directors, truste	es, fo	oundation managers ar	nd their compensation	. See instructions					
				b) Title, and average	(c) Compensation (If	(d) Contributions to		(e)	Evner	se acc	ount
	(a) Na	me and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensatio				lowand	
PETER	R G BOWEN		TRUS		14,217	dererred compensatio	''' 				
	AIN STREET		1.00		11,217						
	ENSACK, NJ	07601									
	CARLOGH		Trust 1.00	ee	10,663						
	RLOUGH ROA SADDLE RIV	AD /ER, NJ 07458	1.00								
	A DORSEY	,	Trust	ee	10,663						
	OFFLE ROAD		1.00								
	EWOOD, NJ (<u> </u>							NONE	,,
	Compens	ation of five highest-pa	ıa en	ipioyees (other than ti	nose included on line .			e, en	ter	NONE.	
(a)	Name and a	address of each employee	paid	(b) Title, and average	(-) ((d) Contributions to employee benefit		(e) E	xpens	se acco	unt,
` ,		ore than \$50,000	•	hours per week devoted to position	(c) Compensation	plans and deferred				owance	
NON						compensation	-				
NON	=										
							_				
							-				
							+				
							+				
Tota	I number of	f other employees paid ov	er \$5	0.000			\dashv				
		the complete paid of	J. 43	-,							2010)

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Part VIII Information About Officers, Directors, Trusto and Contractors (continued)	ees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter "NO	ONE".
(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.		
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Inclu-	de velevient statistical information such as the number of	_
organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 DISTRIBUTED TO CHARITABLE ORGANIZATIONS IN THE COMMUNITY	Y OF NORTHERN NEW JERSEY.	0
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2.	Amount
1		_
		-
2		
		7
All other program-related investments. See instructions.		
3		
		4
Total. Add lines 1 through 3		•
		Form 990-PF (2019)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

income. Enter 1% of Part I, line 27b. See instructions.

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

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Part XII

1

2

3

4

5

b

7

1a

1b

2

3a 3b

4

5

105.247

159,330

159,330

158.879

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451

a From 2014.

b From 2015. c From 2016. . . .

d From 2017.

e From 2018.

105,247

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_	•	'	'	'	_	_	_	_	•	<u>'</u>	١,	_	_	_	_
	1	•	ľ	:	r	t	5	7	7	ī	7		Г		ι

7U-PF	(2	OΤ	9	,
ХПП	7		ι	ı

Undistributed Income (see instructions) (a) (b) Years prior to 2018

b Total for prior years: 20______, 20______ Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

9 Excess distributions carryover to 2020.

10 Analysis of line 9:

a Excess from 2015. . .

b Excess from 2016. . .

c Excess from 2017. . . .

d Excess from 2018. . . .

e Excess from 2019. . .

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

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019:

a Enter amount for 2018 only.

28.559 36,706

68,535

63.043 68,222

36.706 68,535

63.043

68.222

54.083

Corpus

265.065

54.083

319,148

28,559

290,589

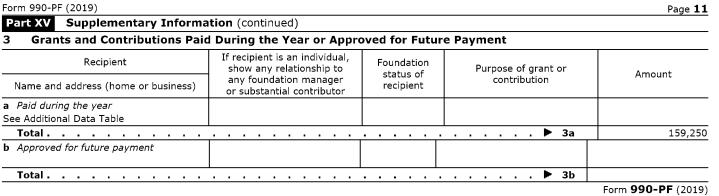
(c)

2018

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	Part XIV Private Operating Found	l ations (see instr	uctions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizat	ion is a private oper	ating foundation des	scribed in section \Box	│ 4942(j)(3) or □] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Iotai
	year listed					
b	85% of line 2a					
С	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 alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(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 investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	(2)			<u> </u>	
Pa	Supplementary Information assets at any time during th	e year-see inst		roundation nad :	\$5,000 or more i	in
1 a	Information Regarding Foundation Man List any managers of the foundation who have before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who ow					
2	ownership of a partnership or other entity) Information Regarding Contribution, Gr					
	Check here ▶ ☐ if the foundation only make	res contributions to r	preselected charitab	le organizations and	does not accept	
	unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu	ials or organizations	under	
a	The name, address, and telephone number	or e-mail address of	the person to whom	n applications should	be addressed:	
	PETER BOWEN 907 MAIN STREET					
	HACKENSACK, NJ 07601 (201) 487-3937					
b	The form in which applications should be su		tion and materials t	hey should include:		
	LETTER FORM WITH COPY OF 501(c)(3) EXE	MPTION LETTER				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 ONLY 501(c)(3) ORGANIZATIONS

c Any submission deadlines: SEPTEMBER 30TH



ter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
a b					
- I					
<u> </u>					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments				2,254	
Dividends and interest from securities			14	42,804	
Net rental income or (loss) from real estate:					
Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events:					-9,00
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c					
d					
u					
e				45,058	-9,00
			1	45,058 3	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations.)				
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the accomplishment of the foundation that the foundation that the accomplishment of the foundation that the foundation	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	-9,00° 36,053
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
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Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the Section of Section 12 in the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain section 12 in the section 13 in the section 14 in the section 15 in	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	· ·
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Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the Section of Section 12 in the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain section 12 in the section 13 in the section 14 in the section 15 in	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second s	lations.) le Accomplisi income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3tted importantly to	

For	m 990-PF (20	19)				Pa	ge 13
l	Part XVII	Information Re Exempt Organi		ons and Relationships With Noncharit	able		
1			directly engage in any of the following with a organizations) or in section 527, relating to p	ny other organization described in section 501 political organizations?		Yes	No
а	Transfers fro	m the reporting foun	dation to a noncharitable exempt organizatio	n of:			
	(1) Cash.				1a(1)		No
	(2) Other a	ssets			1a(2)		No
b	Other transa	ctions:					
	(1) Sales of	assets to a nonchari	itable exempt organization		1b(1)		No
	(2) Purchas	es of assets from a r	noncharitable exempt organization		1b(2)		No
	(3) Rental of	of facilities, equipmer	nt, or other assets		1b(3)		No
	(4) Reimbu	rsement arrangemen	ts		1b(4)		No
	(5) Loans o	r loan guarantees.			1b(5)		No
	(6) Performa	ance of services or m	embership or fundraising solicitations		1b(6)		No
С	Sharing of fa	cilities, equipment, n	nailing lists, other assets, or paid employees.		1c		No
(a	Line No. (b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and share	ring arra	ngemen	ts
_							
_							
_							
2a	Is the founda	ation directly or indire	ectly affiliated with, or related to, one or mor		_		
	described in	section 501(c) (other	r than section $501(c)(3)$) or in section 527 ?	∐Yes 💆	Z No		

	_										
	_										
	+										
		n section 501(c) (other implete the following so (a) Name of organization	chedule.	n 501(c)		n section 527?		 —	• •		Yes ☑ No on of relationship
-											
	of m		, it is true, co								statements, and to the best based on all information of
Sign	. *	****				2020-10-15		**	****		May the IRS discuss this
Here					2020-10-15			\ _			return with the preparer shown
	5	ignature of officer or to	rustee		Date			Title			below (see instr.)
		Print/Type preparer's		Prepar	reparer's Signature		Date			Check if self- employed ▶ □	PTIN P00890164
Paid Prep	arer	PETER G BOWEN C									
Use (Firm's name ► Bowe									Firm's EIN ▶22-6137471
			7 Main St ckensack, N	J 07601	1						Phone no. (201) 487-3937
		l									Form 990-PF (2019)

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

a Paid during the year				
USR HISTORICAL SOCIETY 245 LAKE STREET UPPER SADDLE RIVER, NJ 07458	NONE	501c3	GENERAL USE	16,000

UPPER SADDLE RIVER, NJ 07458				
AUGUSTINIAN MISSIONPO BOX 338 VILLANOVA, PA 19085	NONE	501c3	GENERAL USE	3,000
CHRISTIAN APPALACHIAN PRI	NONE	501c3	GENERAL LISE	6 000

AUGUSTINIAN MISSIONPO BOX 338 VILLANOVA, PA 19085	NONE	501c3	GENERAL USE	3,000
CHRISTIAN APPALACHIAN PRJ 322 CRAB ORCHARD STREET LANCASTER, KY 40446	NONE	501c3	GENERAL USE	6,000

VILLANOVA, PA 19085				
CHRISTIAN APPALACHIAN PRJ 322 CRAB ORCHARD STREET LANCASTER, KY 40446	NONE	501c3	GENERAL USE	6,000

Total .

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

SADDLE RIVER RFRMD CHRCH OLD STONE EAST SADDLE RIVER ROAD UPPER SADDLE RIVER, NJ 07458	NONE	501c3	GENERAL USE	12,000
a Paid during the year				

UPPER SADDLE RIVER, NJ 07458				
BOYS GIRLS CLUB HAWTHORNE 150 MAITLAND AVENUE HAWTHORNE, NJ 07506	NONE	501c3	GENERAL USE	14,000
DOCTORS WITHOUT BORDERS	NONE	501C3	GENERAL USE	20,000

150 MAITLAND AVENUE HAWTHORNE, NJ 07506				
DOCTORS WITHOUT BORDERS 6 EAST 39TH STREET NEW YORK, NY 10016	NONE	501C3	GENERAL USE	20,000

Total .

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

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
WEST BERGEN MENTAL HEALTH	NONE	501c3	GENERAL USE	14,000

RIDGEWOOD, NJ 07450				
TRIBORO FAMILY CARE ASSOC BOROUGH HALL 55 PARK AVENUE	NONE	501c3	GENERAL USE	4,500

TRIBORO FAMILY CARE ASSOC BOROUGH HALL 55 PARK AVENUE PARK RIDGE, NJ 07656	NONE	501c3	GENERAL USE	
SPECTRUM FOR LIVING	NONE	501c3	GENERAL USE	

BOROUGH HALL 55 PARK AVENUE PARK RIDGE, NJ 07656				
SPECTRUM FOR LIVING 210 RIVERDALE ROAD STE 3	NONE	501c3	GENERAL USE	4,0

PARK RIDGE, NJ 07656				
SPECTRUM FOR LIVING 210 RIVERDALE ROAD STE 3 RIVER VALE NI 07675	NONE	501c3	GENERAL USE	4,00

SPECTRUM FOR LIVING 210 RIVERDALE ROAD STE 3 RIVER VALE, NJ 07675	NONE	501c3	GENERAL USE	4,000

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

a Paid during the year				
TECHNOSERVE49 DAY STREET SO NORWALK, CT 06854	NONE	501c3	GENERAL USE	7,500

SO NORWALK, CT 06854				
SMILE TRAIN 245 FIFTH AVENUE SUITE 2201 NEW YORK, NY 10016	NONE	501c3	GENERAL USE	2,500

245 FIFTH AVENUE SUITE 2201 NEW YORK, NY 10016				
CENTER FOR FOOD ACTION MAHWAH 281 CAMPGAW RD BLDG C-2 MAHWAH, NJ 07430	NONE	501c3	GENERAL USE	2,500

NEW YORK, NY 10016				
CENTER FOR FOOD ACTION MAHWAH 281 CAMPGAW RD BLDG C-2 MAHWAH, NJ 07430	NONE	501c3	GENERAL USE	2,500

Total .

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

Amount contribution

or substantial contributor

Total .

a Paid during the year				
COMMUNITY MEALS INC 105 COTTAGE PLACE ROAD	NONE	501c3	GENERAL USE	3,000

RIDGEWOOD, NJ 07450				
AMERICAN RED CROSSPO BOX 3757 NEW YORK, NY 10008	NONE	501c3	GENERAL USE	2,000
			_	

NEW YORK, NY 10008	HONE	30163	SEIVE VIE SSE	2,000
OLM CHURCH2 FREMONT AVENUE PARK RIDGE, NJ 07656	NONE	501c3	GENERAL USE	3,000

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

a Paid during the year				
TABLE TO TABLEPO BOX 1051 ENGLEWOOD CITY, NJ 07632	NONE	501C3	GENERAL USE	4,000

CARE PLUS FOUNDATION 610 VALLEY HEALTH PLAZA PARAMUS, NJ 07652	NONE	501C3	GENERAL USE	500
ADLER APHASIA CENTER	NONE	501C3	GENERAL USE	2,000

PARAMUS, NJ 07652				
ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	NONE	501C3	GENERAL USE	2,000

ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	NONE	501C3	GENERAL USE	2,000
Total			▶ 3a	159,250

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

PASCACK MENTAL HEALTH 114 KINDERKAMACK ROAD PARK RIDGE, NJ 07656 NONE 501C3 GENERAL PURPOSE 1,750	a Paid during the year				ı
	114 KINDERKAMACK ROAD	NONE	501C3	GENERAL PURPOSE	1,750

SEED PROGRAMS INTERNATIONAL PO BOX 9163 ASHEVILLE, NC 28815	NONE	501C3	GENERAL PURPOSE	2,500
COMMUNITY HOPE959 RT 46	NONE	501C3	GENERAL PURPOSE	2,500

▶ 3a

159,250

PO BOX 9163 ASHEVILLE, NC 28815	NONE	501C3	GENERAL PURPOSE	2,500
COMMUNITY HOPE959 RT 46 PARSIPANNY, NJ 07054	NONE	501C3	GENERAL PURPOSE	2,500

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

UNICEF - US FUND SYRIAN RELIEF 125 MAIDEN LANE NEW YORK CITY, NY 10011	DONE	PF	GENERAL PURPOSE	7,500
AUTISM SPEAKS1 EAST 33RD STREET	NONE	PF	GENERAL PURPOSE	4,500

11211 10111 0111 1111 12011				
AUTISM SPEAKS1 EAST 33RD STREET NEW YORK, NY 10016	NONE	PF	GENERAL PURPOSE	4,500
THOMAS J RILEY SENIOR CENTER CORP	NONE	PF	GENERAL PURPOSE	500

NEW YORK, NY 10016				
THOMAS J RILEY SENIOR CENTER CORP 100 MADISON AVENUE WESTWOOD, NJ 07675	NONE	PF	GENERAL PURPOSE	500

159,250

■ 3a

THOMAS J RILEY SENIOR CENTER CORP 100 MADISON AVENUE WESTWOOD, NJ 07675	NONE	PF	GENERAL PURPOSE	50

Total .

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

a Paid during the year				
REBUILDING TOGETHERPO BOX 1389 RIDGEWOOD, NJ 07451	NONE	PF	GENERAL PURPOSE	1,000

WORLD FOOD DROCDAM	NONE	BE	CENEDAL	0.000
TRI-BORO FOOD PANTRY 65 PASCACK ROAD PARK RIDGE, NJ 07656	NONE	PF	GENERAL	1,000
1450211005,115 07 151				

PARK RIDGE, NJ 07656				
WORLD FOOD PROGRAM 1725 ST NW STE 510	NONE	PF	GENERAL	8,000

PARK RIDGE, NJ 0/656				
WORLD FOOD PROGRAM 1725 ST NW STE 510 WASHINGTON, DC 20006	NONE	PF	GENERAL	8,000

VORLD FOOD PROGRAM	NONE	PF	GENERAL	8,000
725 ST NW STE 510				
ASHINGTON, DC 20006				

Total .

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

	or substantial contributor			
a Paid during the year				
HAPPINESS IS CAMPING 62 SUNSET LAKE ROAD HAPDWICK NI 07825	NONE	PF	GENERAL	1,500

HARDWICK, NS 07025				
BIG BROTHERS AND BIG SISTERS 500 BROAD STREET NEWARK, NJ 07102	NONE	PF	GENERAL	1,000
	1			

500 BROAD STREET NEWARK, NJ 07102				
MC DONALD HOUSE LENNY SCARR JR 329 RTE 17 SOUTH	NONE	PF	GENERAL	4,000
HASBROUCK HEIGHTS, NJ 07604				

159,250

NEWARK, NJ 07102				
MC DONALD HOUSE LENNY SCARR JR 329 RTE 17 SOUTH HASBROUCK HEIGHTS, NJ 07604	NONE	PF	GENERAL	4,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
YOUR GRANDMOTHER'S CUPBOARD 173 A HIGHWAY 37 WEST TOMS RIVER, NJ 08755	NONE	PF	GENERAL	1,000
		1		

recipient

	l .			
MAHWAH MUSEUM SOCIETY 201 FRANKLIN TPKE MAHWAH, NJ 07430	NONE	PF	GENERAL	1,000
PUZZLE FARMS	NONE	501C3	GENERAL USE	1,000

201 FRANKLIN TPKE MAHWAH, NJ 07430				
PUZZLE FARMS 1093 GREENWOOD LAKE TURNPIKE RINGWOOD, NJ 07456	NONE	501C3	GENERAL USE	1,000

MAHWAH, NJ 07430				
PUZZLE FARMS 1093 GREENWOOD LAKE TURNPIKE RINGWOOD, NJ 07456	NONE	501C3	GENERAL USE	1,000
Total			▶ 3a	159,250

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	DI	N: 93491289008440
TY 2019 Accounting Fe	ees Sch	edule	_		
	Name:	CLINTON	I D & GRACE A CAR	LOUGH	
		CHARITA	BLE FOUNDATION		
	EIN:	22-2766	115		
Softv	vare ID:	1900992	0		
Software \	Version:	2019v5.0)		
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
		7,325	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	N: 93491289008440		
TY 2019 Other Expenses Sche	dule					
Name:	CLINTON D & G	RACE A CARLOU	GH			
	CHARITABLE FOUNDATION					
EIN:	: 22-2766115					
Software ID:): 19009920					
Software Version:	2019v5.0					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
DUES AND SEMINARS	750					
INSURANCE - TRUSTEE	803					
OFFICE EXPENSE	1					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491289008440
TY 2019 Other Liabilities Sche	dule			
Name:	CLINTON D &	GRACE A CA	RLOUGH	
	CHARITABLE F	OUNDATION		
EIN:	22-2766115			
Software ID:	19009920			
Software Version:	2019v5.0			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
ACCRUED TRUSTEE FEES			38,121	35,542
ACCRUED ACCOUNTING FEES			6,855	7,326

efile GRAPHIC print - DO NOT F	PROCESS	As Filed Data	-	DLI	N: 93491289008440
TY 2019 Taxes Schedu	ıle				_
	Name:	CLINTON D	& GRACE A CARLO	UGH	
		CHARITABLE	FOUNDATION		
	EIN:	22-2766115			
Softv	ware ID:	19009920			
Software '	Version:	2019v5.0			
Category	Ar	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX		804			80