Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation 6 1 0 2020

RECEIVED

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For c	alend	lar year 2019 or tax year beginning , a	and ending				
	e of fou				A Emplo	yer identification number	-
B	ETM	AR CHARITABLE FOUNDATION, INC	С.		38-	-3515213	1
_		I street (or P O box number if mail is not delivered to street address)	<del></del>	m/suite	<del></del>	one number (see instructions	)
_14	48 1	PORTO VECCHIO WAY			248	8-855-0606	<u> </u>
		, state or province, country, and ZIP or foreign postal code	-		C If exem	option application is pending,	check here
P/	ALM	BEACH GARDENS FL 33418	<del></del>		0 11 0 0 11	priori application is periorig,	aleather
G C	heck a	all that apply 🔲 Initial return 🔲 Initial retur	n of a former public ch	arıty	D 1 For	eign organizations, check hei	re
		Final return Amended	return		2. For	eign organizations meeting th	ne
		Address change Name cha	nge		85%	6 test, check here and attach	computation >
H C	heck t	type of organization $X$ Section 501(c)(3) exempt private	foundation	011	E If priva	te foundation status was term	inated under
	ection	n 4947(a)(1) nonexempt charitable trust Other taxabl	e private foundation	7	section	507(b)(1)(A), check here	<b>▶</b> □,
<b>I</b> ►Fa	ır mar	ket value of all assets at J Accounting method	X Cash Accr	ual	F If the fo	oundation is in a 60-month ter	mination
en کرد	d of ye	ear (from Part II, col. (c), Other (specify)			under :	section 507(b)(1)(B), check he	ere 🕨 💹
g lin	e 16) l	▶ \$ 937, 612 (Part I, column (d), must	be on cash basis)				<u>,,                                   </u>
ÿ₽a	art E	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Not in	(actment	(c) Adjusted not	(d) Disbursements for charitable
<u> </u>		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b) Net inv		(c) Adjusted net income	purposes
bed be	_						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
<u> </u>	2	Check ▶ X If the foundation is <b>not</b> required to attach Sch B	30			30	
	3	Interest on savings and temporary cash investments	19 717		32	19 717	
_	4	Dividends and interest from securities	18,717		18,717	18,717	<u></u>
<b>հ</b> շ	5a	Gross rents					
Nevenue	b	Net rental income or (loss)	07.060				<del></del>
en	6a	Net gain or (loss) from sale of assets not on line 10	27,269				
ě	b	Gross sales price for all assets on line 6a 406,179		·····	27 260		······································
œ	7	Capital gain net income (from Part IV, line 2)			27,269	0	······································
	8	Net short-term capital gain					
	9	Income modifications					***************************************
<b> </b>	10a	Gross sales less returns and allowances		······			
2021	b	Less Cost of goods sold					·
ス	C	Gross profit or (loss) (attach schedule)					
<b>20</b>	11	Other income (attach schedule)	46,018	-	46,018	18,749	······································
<b>—</b>	12 13	Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc	78,000		78,000	10,743	···································
enses	14	Other employee salaries and wages			70,000		;
ī.S	15	Pension plans, employee benefits	_				
<b>78</b>		Legal fees (attach schedule)				00 1	0.20
ΞΏ	b	Accounting fees (attach schedule) Stmt 1	4,800		4,800	<u> </u>	<del>U                                    </del>
Operating and Administrative Ex	C	Other professional fees (attach schedule)	2,000		-,		
<b>1</b>	17	Interest	165	· · ·	165		
St	18	Taxes (attach schedule) (see instructions) Stmt 2	20		20		
	19	Depreciation (attach schedule) and depletion					,
ᄩ	20	Occupancy			i i		
ĕ	21	Travel, conferences, and meetings					***
pu	22	Printing and publications					
g	23	Other expenses (att sch.) Stmt 3	8,793		8,793		
ğ	24	Total operating and administrative expenses.	,		,		٠.
ī		Add lines 13 through 23	91,778		91,778	ol	O '
be	25	Contributions, gifts, grants paid	44,181				44,181
0	26	Total expenses and disbursements. Add lines 24 and 25	135,959		91,778	0	44,181
	27	Subtract line 26 from line 12		·····			= = <b>, = = =</b>
	a	Excess of revenue over expenses and disbursements	-89,941				
	ь	Net investment income (if negative, enter -0-)			0		
	c	Adjusted net income (if negative, enter -0-)				18,749	
	<u> </u>		<u> </u>				

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Form	990-PF (2019) BETMAR CHARITABLE FOUNDATION, INC. 38-3515213				ige <b>4</b>	
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – se	e inst	ructi	ons)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				Š	
	Part I, line 12, col (b)				8	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0	
3	Add lines 1 and 2				₹	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0	
6	Credits/Payments					
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 594					
b	Exempt foreign organizations – tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)  6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d			5	594	
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				:sī,	,
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> </u>	594	•
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 594 Refunded ▶ 11				27	•
	rt VII-A Statements Regarding Activities					,
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1	Yes	No	
	participate or intervene in any political campaign?	Ī	1a		$\overline{\mathbf{x}}$	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	Ī				
-	instructions for the definition		1b		X	
	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			1		
С	Did the foundation file Form 1120-POL for this year?		1c	Ì	X	
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 ▶ \$	Ī				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
•	on foundation managers > \$				m	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Ī	2	Ì	X	
-	If "Yes," attach a detailed description of the activities					•
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	ĺ	3	Ì	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ľ	4a		х	•
b		N/A	4b			•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• •	5		X	•
•	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		. 1			
-	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	Ì	7	X	.7	•
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.					•
-	None					
b	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		8b	x	•	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<del></del>		•
•	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"		1	İ		_
	complete Part XIV		9		X	4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					•
	names and addresses		10	İ	X	
-	numes and additiones		orm <b>99</b>	0-PF	_	
					,,,	,

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2019?

foundation had excess business holdings in 2019)

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X

3b

4a

N/A

	990-PF (2019) <b>BETMAR CHAR</b> ]	<del></del>		515213			Р	age'
_Pa	irt VII-B Statements Regardi	ing Activities for Which Forn	<u>n 4720 May Be R</u>	Required (cont	tinued)	,		,
5a	During the year did the foundation pay o	r incur any amount to			_		Yes	No
	(1) Carry on propaganda, or otherwise a	attempt to influence legislation (section	n 4945(e))?	\	Yes X No			
	(2) Influence the outcome of any specifi	c public election (see section 4955), o	or to carry on,		_			
	directly or indirectly, any voter regist	ration drive?			res X No			
	(3) Provide a grant to an individual for tr	avel, study, or other similar purposes	?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res 🗓 No			
	(4) Provide a grant to an organization of	ther than a charitable, etc , organization	on described in	_				
	section 4945(d)(4)(A)? See instruction	ons			res 🛚 X No			
	(5) Provide for any purpose other than r	eligious, charitable, scientific, literary,	or educational					
	purposes, or for the prevention of cre	uelty to children or animals?		\	Yes 🛛 No			
b	If any answer is "Yes" to 5a(1)-(5), did a	ny of the transactions fail to qualify ui	nder the exceptions d	lescribed				
	in Regulations section 53 4945 or in a cu	urrent notice regarding disaster assist	ance? See instruction	าร	N/A	5b	<u> </u>	F.,
	Organizations relying on a current notice	e regarding disaster assistance, check	here		▶ 🗍			,
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax					,
	because it maintained expenditure response			N/A 🗌	res No			,
	If "Yes," attach the statement required by	y Regulations section 53 4945–5(d)		_	_			
6a	Did the foundation, during the year, rece	• •	pay premiums					
	on a personal benefit contract?	•			Yes X No			
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a i	personal benefit conti		<u></u>	6b		x
	If "Yes" to 6b, file Form 8870	,						<b></b>
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?		res X No			
b	If "Yes," did the foundation receive any p	· · · · · ·		_	N/A	7b	1	ĺ
8	Is the foundation subject to the section 4				,			
•	remuneration or excess parachute paym	, , , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes X No			
P		ficers, Directors, Trustees, F	oundation Man	agers. Highly	Paid Employ	ees.	<b></b>	<b></b>
• •	and Contractors	,,,,,		g,g,		,		3.,
1	ist all officers, directors, trustees, and	foundation managers and their co	mpensation. See ins	structions.				;";
				(c) Compensation	(d) Contributions to	Ι		7
	(a) Name and a	address	(b) Title, and average hours per week	(If not paid,	employee benefit plans and deferred		pense a	
			devoted to position	enter -0-)	compensation	0011	er allowa	iices
— AI	LAN JACOBS	PALM BEACH GARDENS	DIR, PRES, &					
14	8 PORTO VECCHIO WAY	FL 33418	0.00	39,000	1 0			(
	DUGLAS SHIFFMAN	FARMINGTON HILLS	DIR, VP & TR					
	920 APPLE BLOSSOM LANE	MI 48331	0.00	39,000	l			(
	OLDIE JACOBS	WEST BLOOMFIELD	DIRECTOR	30,750		1		
	34 TEMPLAR CROSSING	MI 48322	0.00	. ا	.			(
	34 TEMPLIAN CROSSING	111 40522	0.00					
				<u> </u>	<u> </u>	<u> </u>		
2	Compensation of five highest-paid en "NONE."	nployees (other than those included	d on line 1 – see ins	tructions). If non	ie, enter			
_			···		(d) Contributions to	1		
	(a) Name and address of each employee	and more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Ex	pense a	ccount,
	(a) Name and address of each employee	paid more main \$30,000	devoted to position	(c) Compensation	plans and deferred compensation	oth	er allowa	nces
					compensation	<u> </u>		
N	DNE					1		
						1		
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		50,000						C

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Part VIII Information About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid	Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instruction	ons. 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	29.0	<b>&gt;</b>
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 N/A	· · · · · · · · · · · · · · · · · · ·	<u> </u>
I N/ A		
2		
3		
4		
		*.
Part IX-B Summary of Program-Related Investments (see instruction	ons)	- <b>-</b>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	557	Amount
1 N/A		
2		
•		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	<b>&gt;</b>
the state of the s		

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Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

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44,181

44,181

4

Form 990-PF (2019) BETMAR CHARITABLE FOUNDATION, INC. 38-3515213 Page 9 Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2018 Corpus 2018 2019 Distributable amount for 2019 from Part XI, 46,506 line 7 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only b Total for prior years 20 \_\_\_\_\_ , 20 \_\_\_\_ Excess distributions carryover, if any, to 2019 22,958 a From 2014 12,451 **b** From 2015 3,120 c From 2016 d From 2017 8,641 e From 2018 4,264 51,434 f Total of lines 3a through e Qualifying distributions for 2019 from Part XII, 44,181 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) d Applied to 2019 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same 2,325 2,325 amount must be shown in column (a)) Enter the net total of each column as indicated below: 49,109 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - 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 0 distributed in 2020 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) Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) 20,633 Excess distributions carryover to 2020. 28,476 Subtract lines 7 and 8 from line 6a Analysis of line 9 12,451 Excess from 2015 3,120 Excess from 2016 8,641

4,264

Excess from 2017

Excess from 2018 Excess from 2019

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN CANCER SOCIETY PO BOX 30280 NONE PUB CHARITY LANSING MI 48909 1,000 RESEARCH AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE NONE PUB CHARITY ARLINGTON VA 22202 RESEARCH 1,000 AMERICAN KIDNEY FUND ٠, بل: 11921 ROCKVILLE PIKE NONE PUB CHARITY ROCKVILLE MD 20852 RESEARCH 500 AMERICAN RED CROSS PO BOX 37839 NONE PUB CHARITY **BOONE IA 50036** COMMUNITY ASSISTANCE 1,000 AMERICAN FRIENDS OF MAGEN DAVID 3300 PGA BLVD, STE 970 PUB CHARITY NONE PALM BEACH GARDENS FL 334 RESEARCH 125 ANTI DEFAMATION LEAGUE 605 THIRD AVE. NONE PUB CHARITY NEW YORK NY 10158 EDUCATION 500 1 BAR LIAN UNIVERSITY 6735 TELEGRAPH RD STE 130 NONE PUB CHARITY BLOOMFIELD MI 48301 EDUCATION 750 DENTAL VOLUNTEERS FOR ISRAEL 1640 EAST 2nd ST STE 200 PUB CHARITY NONE AUSTIN TX 78702 COMMUNITY ASSISTANCE 500 DETROIT PUBLIC TV WTVS STUDIOS 7441 SECOND AVE NONE PUB CHARITY DETROIT MI 48202 PUBLIC TELEVISION 250 ıξ FRIENDSHIP CIRCLE 6892 WEST MAPLE RD NONE PUB CHARITY WEST BLOOMFIELD MI 48322 COMMUNITY ASSISTANCE 2,000 44,181 Total **b** Approved for future payment N/A Total 3b  $\triangleright$ 

6,1 1,1

Part XV Supplementary Information (continued)

Recipient Name and address (home or business)  a Paid during the year HADASSAH 5030 ORCHARD LAKE RD WEST BLOOMFIELD MI 48323  If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Foundation status of recipient is an individual, show any relationship to any foundation manager or substantial contributor  Purpose of grant or contribution  Purpose of grant or contribution  Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year  HADASSAH  5030 ORCHARD LAKE RD  NONE  PUB CHARITY	
Paid during the year HADASSAH 5030 ORCHARD LAKE RD NONE PUB CHARITY	
HADASSAH 5030 ORCHARD LAKE RD NONE PUB CHARITY	
WEST BLOOMFIELD MI 48323 PUBLIC ASSISTANCE	
	2,2
HOLOCAUST MEMORIAL CENTER	
28123 ORCHARD LAKE ROAD NONE PUB CHARITY	
FARMINGTON HILLS MI 48334 COMMUNITY ASSISTANCE	5
TARMINGTON MILLID MI 40554	3
INTERNATION RETT SYNDRONE FOUNDATIO	
4600 DEVITT DRIVE NONE PUB CHARITY	
CINCINNATI OH 45246 RESEARCH	5
JAFCO	
4200 N. UNIVERSITY NONE PUB CHARITY	
SUNRISE FL 33351 COMMUNITY ASSISTANCE	5
	_
JARC	
30301 NORTHWESTERN HWY NONE PUB CHARITY	
FARMINGTON HILLS MI 48334 COMMUNITY ASSISTANCE	2,0
JEWISTH FED OF METRO DETROIT	
6735 TELEGRAPH RD NONE PUB CHARITY	
BLOOMFIELD HILLS MI 48303 CHARITABLE	2,0
JEWISH FED OF PALM BEACH	
1 HARVARD CIRCLE, STE 100 NONE PUB CHARITY COMMUNITY ASSISTANCE	4 -
WEST FALM BEACH FE 33409 COMMONITI ABSISTANCE	1,5
JEWISH HOSPICE & CHAPLANCY NETWORK	
6555 WEST MAPLE NONE PUB CHIARTY	
WEST BLOOMFIELD MI 48322 CHARITABLE	5
KDAVIC CRAMED FOR MUE DEDE ADMC	
KRAVIS CENTER FOR THE PERF ARTS 701 OKEECHOBEE BLVD NONE PUB CHARITY	
WEST BLOOMFIELD MI 48322 CHARITABLE	1,0
WEST BLOOM TELD MI 40322	1,0
LUEKEMIA AND LYMPHOMA SOCIETY	
3 INTERNATIONAL DRIVE NONE PUB CHARITY	
RYE BROOK NY 10573 COMMUNITY	5
Total 3a	
N/A	
Total	
Total ▶ 3b	m 990-PF

Part XV Supplementary Information (c	<del></del>	C. 30 3313213	<del>'</del>	Page II
Part XV Supplementary Information (c 3 Grants and Contributions Paid During		or Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year MALTZ JUPITER THEATER LEGA 1001 EAST INDIANTOWN RD JUPITER FL 33477	CY NONE	PUB CHARITY		1,001
MAZON 10495 SANTA MONICA BLVD LOS ANGELES CA 90025	NONE	PUB CHARITY COMMUNITY A	SSISTANCE	500 
MICHIGAN STATE UNIVERSIT 360 CHARLES STREET EAST LANSING MI 48823	Y HILLEL NONE	PUB CHARITY COMMUNITY A	SSISTANCE	<u>ដ</u> ្  250
MICHIGAN JEWISH SPORTS FOU 29425 NORTHWESTERN HWY FARMINGTON HILLS MI 48334	NONE	PUB CHARITY		1,600
MUSCULAR DYSTROPHY PO BOX 97075 WASHINGTON DC 20077-7256	NONE	PUB CHARITY COMMUNITY A	SSISTANCE	500
PALM BEACH COMMUNITY FOOD 525 GATOR DRIVE LANTANA FL 33462	BANK NONE	PUB CHARITY COMMUNITY A	SSISTANCE	ม: 50 <u>0</u>
SIMON WEISONTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES CA 90035	NONE	PUB CHARITY COMMUNITY A	SSISTANCE	500
SHRINER'S HOSPITAL 2900 ROCKY POINT DR. TAMPA FL 33607-1460	NONE	PUB CHARITY COMMUNITY A	SSISTANCE	500
SUSAN B KOMEN PO BOX 98060 WASHINGTON DC 20090	NONE	PUB CHARITY COMMUNITY A	SSISTANCE	500 \
ST JUDE CHILDREN'S RESEARC 501 ST. JUDE PLACE MEMPHIS TN 38105	H HOSPITA NONE	PUB CHARITY COMMUNITY A		500
b Approved for future payment			<b>▶</b> 3a	
N/A				•0
Tabl				
Total			▶ 3b	- 000 PE

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Purpose of grant or show any relationship to status of Amount 11) any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year TEMPLE ISRAEL 5725 WALNUT LAKE ROAD NONE PUB CHARITY WEST BLOOMFIELD MI 48323 COMMUNITY ASSISTANCE 8,350 UNIVERSITY OF MIAMI NONE 1500 NW 12TH AVE PUB CHARITY MIAMI FL 33136 COMMUNITY ASSISTANCE 5,000 UNIVERSITY OF MICHIGAN 3003 S STATE STREET NONE PUB CHARITY ANN ARBOR MI 48109 EDUCATION 3,000 UNIV OF MI - HILLEL MANDEL BERMAN 1429 HILL STREET NONE PUB CHARITY ANN ARBOR MI 48104 COMMUNITY ASSISTANCE 250 WOUNDED WARRIOR PUB CHARITY 1 SOUTH NEVADA AVE, STE. NONE COLORADO SPRINGS CO 80903 COMMUNITY ASSISTANCE 500 WPBT PUBLIC TV PO BOX 19731 NONE PUB CHARITY PUBLIC TELEVISION 905 MIAMI FL 33101 YAD EZRA หกุ๋ 2850 W 11 MILE ROAD NONE PUB CHARITY 500 BERKLEY MI 48072 COMMUNITY ASSISTANCE YIDDISH BOOK CENTER 1021 WEST STREET NONE PUB CHARITY COMMUNITY ASSISTANCE 500 AMHERST MA 01002 Total 3a b Approved for future payment N/A 3b Total

Part XVI-A	Analysis of Income-Producing Act	ivities				
	unts unless otherwise indicated	1	ed business income	Excluded	d by section 512, 513, or 514	
		_ (a)	(b)	(c) Exclusion	(d)	(e) Related or exempt
1 Dragram oor	avec revenue	Business code	Amount	code	Amount	function income (See instructions)
1 Program ser				+		
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e f			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
·	d contracts from government agencies					
=						
	dues and assessments avings and temporary cash investments			14	32	· · · · · · · · · · · · · · · · · · ·
	nd interest from securities			14	18,717	
	come or (loss) from real estate			1	20,72.	······································
	anced property					
	t-financed property					
	come or (loss) from personal property					
7 Other invest	• • • • • • • • • • • • • • • • • • • •					••,
	s) from sales of assets other than inventory			18	27,269	-
	or (loss) from special events		··· · · · · · · · · · · · · · · · · ·			
	or (loss) from sales of inventory					
	ue a					
·						
е						<u> </u>
12 Subtotal Ad	d columns (b), (d), and (e)			0	46,018	
13 Total. Add I	ne 12, columns (b), (d), and (e)				13	46,018
	in line 13 instructions to verify calculations)					75
Part XVI-B	Relationship of Activities to the Ac					
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	•			, ,	
N/A	accomplishment of the foundation's exempt purpo	aca (other than	Tby providing failes i	or such po	arposes) (oce mstructi	4
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				_		

				PTF LOONDY							ge 13
Part X		Information Re Organizations	•	ransfers To and	d Transactio	ns and Relation	ships Wit	th Noncharitabl	e Ex	empt	t ———
1 Did	the orga	nization directly or	indirectly enga	ge in any of the foll	owing with any o	ther organization des	scribed		i	Yes	No
				organizations) or ii					ĺ		
	anization		.,,						i		
•			undation to a n	oncharitable exemp	ot organization o	f			į		ĺ
	Cash					•			1a(1)		х
- •		a a ta									X
	Other as								1a(2)	-	-
	er transa								İ	1	
		assets to a nonch	•	•					1b(1)		X
(2)	Purchas	es of assets from a	a noncharitable	e exempt organization	on			1	1b(2)	<u> </u>	X
(3)	Rental c	of facilities, equipm	ent, or other as	sets					1b(3)		X
(4)	Reımbu	rsement arrangem	ents						1b(4)		X
(5)	Loans o	r loan guarantees							1b(5)		X
(6)	Perform	ance of services of	membership o	or fundraising solicit	tations				1b(6)		X
c Sha	iring of fa	acilities, equipment	, mailing lists,	other assets, or pai	d employees				1c	L	X
d If th	e answe	r to any of the abo	ve is "Yes," cor	mplete the following	schedule Colu	mn (b) should always	show the fa	ıır market			
valu	e of the	goods, other asset	s, or services of	given by the reportir	ng foundation. If	the foundation receiv	ed less than	fair market			
valu	ie in any	transaction or sha	ring arrangeme	ent, show in column	(d) the value of	the goods, other ass	ets, or service	ces received			
(a) Lin		(b) Amount involved	<del></del>	ne of noncharitable exemp		· ·		ansactions, and sharing are	angem	ents	
N/A	<del> </del>										
	-										έş
								<del></del>			
			<del></del>								
	<del></del>		-				<del></del>				
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					,						
											+7
		<u> </u>									15
2a Is th	ne found	ation directly or ind	irectly affiliated	with, or related to,	one or more tax	-exempt organization	s				
des	cribed in	section 501(c) (ot	her than sectio	n 501(c)(3)) or in se	ection 527?				Y	es 🛚 🗶	No
b If "Y	es," con	nplete the following	schedule								
	(i	a) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationship			
N/A	<b>A</b>			1		L					
•											
										-	
								·			
						edules and statements, and		my knowledge and belief,	ıt ıs tru	е,	
	correct, a	nd complete Declaration	n of preparer (other	than taxpayer) is based	on all information of	which preparer has any kno	owledge	May the IRS discu	iss this (	return	_
Sign								with the preparer			_
Here		$\sim$	_			-//		See instructions		Yes	No
Tere		Albartono	losa		1 8	5/3/2021	חדם	PRES, & S	PC		
	X	oturo of decor or truston			Date	13/0000	Title	PRES, & S	<u> </u>		
L	- Signa	ALUI O DATCET OF TRUSTEE			Date	<del>                                     </del>				T	
	Print/Ty	pe preparer's name			Preparer's agnate	fe ✓		Date		Check	لسميا
Paid					1 199					self-em	ployed
Preparer		M. GLASSER	·	<del></del>			т	07/23			
Jse Only	Firm's r			Associates		<del> </del>				2258	
	F≀rm's a			hwestern l	_					041	
	l	Far	mington	Hills, M	I 48334			Phone no 248	<u>-85</u>	1-3	<u>300</u>

383515213 BETMAR CHARITABLE FOUNDATION, INC. 38-3515213 FYE: 12/31/2019	FOUNDATION, INC. Federal Statements	;	7/23/2020
Sta	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	- Accounting Fees	
Description Indirect Accounting Fees Total	Total   Investment	t Adjusted Net 4,800 \$ \$ 0	Charitable Purpose
	Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	le 18 - Taxes	
Description Indirect Taxes/Licenses Total	Total   Investment	Adjusted Net  20 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Charitable Purpose
15l	Statement 3 - Form 990-PF, Part I, Line 23	- Other Expenses	
Description	Total	1	Charitable Purpose
Expenses FINANCIAL FEES Total	\$ \$ \\ \frac{8}{8} \\ \frac{8}{8} \\ \frac{8}{8} \\ \frac{8}{193} \\ \frac{8}{193} \\ \frac{8}{193} \\ \frac{8}{193} \\ \frac{8}{193} \\ \frac{8}{193} \\ \frac{8}{193} \\ \frac{1}{193} \\ \frac{8}{193} \\ \frac{1}{193} \\ \frac	, 793 , 793 \$ 0	n vr
Statement	Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	oorate Stock Investments	
Description	Beginning of Year	(	Fair Mark Value
Total	\$ 681,631 \$	587,160 587,160	\$ 887,885
-	^ ·		14

383515213 BETMAR CHARITABLE FOUNDATION, INC. 38-3515213 Federal Statements

7/23/2020

FYE: 12/31/2019

Description	Amount
BROKERAGE ADJUSTMENTS	\$ 2,426
Total	\$ 2,426
Form 990-PF, Part XV, Line 1a - I	Managers Who Contributed Over 2% or \$5,000
Name of Manager	Amount
NONE	\$
Total	\$0
Form 990-PF, Part XV, Line 1	b - Managers Who Own 10% or More Stock
Name of Manager	Amount
NONE	\$
Total	\$0
Form 990-PF, Part XV, Line 2b	- Application Format and Required Contents
Description	
APPLICATION SHOULD BE MADE BY MAIL	
_ <del>-</del>	V, Line 2c - Submission Deadlines
Form 990-PF, Part X	
Form 990-PF, Part X  Description	
Description	<del></del>
Description	e 2d - Award Restrictions or Limitations
Description NONE	e 2d - Award Restrictions or Limitations