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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

A Employee identification number (1997) and in the Medical Pollution to warm of the street of the street address) (1997) and the street of the street address) (1997) and the street of			ndar year 2020, or tax year	beginning 01-01-20)20 , a	nd en	ding 12-31-				
Street from Part (p. 6), but not provided if mail is not converted to street address) Street from Part (p. 6) Street from Revenue, and 21 or forsign passe code								entification numbe	r		
Association where country and IP or foreign sected code Citic completion application is certifing, clocic here Citic completion application is certifing, does here Citic completion application is certifing and in the interest Citic completion application is certified Address change Name change Na		1	1		In ()		13-3/5//94				
C Teleproption application is pending, deck here				t delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	ns)		
Check all that apply: Initial return Initial return	~:4						(732) 364-2000	l			
Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) necessary Section 501(c)(3) exempt private foundation Section 4947(a)(1) necessary Section 6947(a)(1) necessary				roreign postai code			C If exemption application is pending, check here				
Income modifications of the specified part	i Ch	eck al	l that apply: \Box Initial return	\square Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere		
Check type of organization: Address change Same chan											
Cancel by per of organization: Descript State Des			Address chang	je 🔲 Name change					· -		
Fair market value of all assets at end of year (from Part II, col. (c). Other (specify)	_		·								
of year (from Park II, col., (c). Other (specify) (Part I, column (d) must be on cash basis.)			· · · · · · · · · · · · · · · · · · ·								
1	of '	year (f	rom Part II, col. (c),	Other (specify)		ıal					
1	Pa	rt I	Analysis of Revenue and I	Expenses (The total	(-) D				(d) Disbursements		
11,142			of amounts in columns (b), (c), and (c	d) may not necessarily	expenses per	(b) i			for charitable purposes		
2 Check ▶		1		received (attach	411 142	,					
Sch. 8			´—	- L	411,142	1					
Dividends and interest from securities 119		2		ot required to attach							
Sa Gross rents		3	Interest on savings and temporar	y cash investments	1		1				
b Net rental income or (loss) b Net rental income or (loss) c Net gain or (loss) from sale of assets not on line 10 c Gross sales price for all assets on line 6a		4	Dividends and interest from secur	rities	119		119				
Section Sect		5a	Gross rents								
Net short-term capital gain	a.	b	` ,								
Net short-term capital gain	Ξ	6a	Net gain or (loss) from sale of ass	sets not on line 10	0						
Net short-term capital gain			•				105.040				
9 Income modifications							125,249				
10a Gross sales less returns and allowances		_	· -								
b Less: Cost of goods sold		_		ı							
11 Other income (attach schedule) 12 Total. Add lines 1 through 11				· ·							
12 Total. Add lines 1 through 11		С	Gross profit or (loss) (attach sche	dule)							
13 Compensation of officers, directors, trustees, etc.		11	Other income (attach schedule)								
14 Other employee salaries and wages		12	Total. Add lines 1 through 11 .		411,262		125,369	0			
15 Pension plans, employee benefits		13	Compensation of officers, director	rs, trustees, etc.	0		0	0	C		
16a Legal fees (attach schedule)		14	Other employee salaries and wag	es							
Other expenses (attach schedule)	S C	15	Pension plans, employee benefits								
Other expenses (attach schedule)	Š	16a	Legal fees (attach schedule)								
Other expenses (attach schedule)	×	b	Accounting fees (attach schedule))							
Other expenses (attach schedule)	a) Ti	С	Other professional fees (attach so	hedule)							
Other expenses (attach schedule)	2	17	Interest								
Other expenses (attach schedule)	ž	18	Taxes (attach schedule) (see insti	ructions)							
Other expenses (attach schedule)		19	Depreciation (attach schedule) an	d depletion							
Other expenses (attach schedule)	5		• •			<u> </u>					
Other expenses (attach schedule)	2										
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			•		201 100	l N	0	0	<u> </u>		
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ĕ				100 ومنا	1	U	U			
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ਹ ਦ	24	•	<u>-</u>	100		n	n			
26 Total expenses and disbursements. Add lines 24 and 25	2	25	-			<u> </u>			308,634		
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				ents. Add lines 24 and	·				<u> </u>		
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)					308,734	<u> </u>	0	0	308,634		
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				ses and							
C Adjusted net income (if negative, enter -0-) 0		a		oco allu	102,528	3					
		b	, -	•			125,369				
				•				_			

Form	1 990-	PF (2020)				Page 2
Pai	rt II		schedules and amounts in the description column e for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End ((b) Book Value	of year (c) Fair Market Value
\equiv	1	Cash—non-interest-bearing		125,054	228,175	
	2	Savings and temporary casl	n investments			
	3	Accounts receivable ▶				
			l accounts ▶			
	4	Pledges receivable ▶				
		Less: allowance for doubtfu				
	5	Grants receivable				
	6	Receivables due from office	rs, directors, trustees, and other			
		disqualified persons (attach	schedule) (see instructions)			
	7	Other notes and loans recei	vable (attach schedule) ▶			
		Less: allowance for doubtfu	accounts -			
ر ا	8					
Assets	9	Prepaid expenses and defer	red charges			
As	10a	Investments—U.S. and stat	e government obligations (attach schedule)			
	b	Investments—corporate sto	ck (attach schedule)			
	С	Investments—corporate bor	nds (attach schedule)			
	11	Investments—land, building	ıs, and equipment: basis ▶			
		Less: accumulated deprecia	tion (attach schedule)			
	12	Investments—mortgage loa	ns			
	13		schedule)			
	14	Land, buildings, and equipm	nent: basis >			
			tion (attach schedule)			
	15)			
	16	Total assets (to be comple	ted by all filers—see the			
		instructions. Also, see page	1, item I)	125,054	228,175	228,175
_	17	Accounts payable and accru	ed expenses			
	18	Grants payable				
es	19	Deferred revenue				
<u>=</u>	20	Loans from officers, director	rs, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes	payable (attach schedule)			
<u> </u>	22)			
	23		17 through 22)	0	0	
<u></u>						-
ces		and complete lines 24, 2	FASB ASC 958, check here			
<u>=</u>	24	Net assets without donor re	·			
88	25	Net assets with donor restri				
밀	23		h			
or Fund Balance			follow FASB ASC 958, check here 🕨 🗹			
٥		and complete lines 26 th	-			
ş	26		l, or current funds	0	0	_
این	27		r land, bldg., and equipment fund	125.051	0	
	28	= :	ated income, endowment, or other funds	125,054	228,175	
ŽΙ	29		balances (see instructions)	125,054	228,175	
	30		ssets/fund balances (see instructions) .	125,054	228,175	
	Tota		in Net Assets or Fund Balances at beginning of year—Part II, column (a), line	. 29 (must parso with an	.d-	
1		। net assets or fund balances ear figure reported on prior y	d- 1	125,054		
2	Ente	r amount from Part I, line 27	2	102,528		
3	Othe	er increases not included in li	/a		3	593
4	Add	lines 1, 2, and 3			4	228,175
5		reases not included in line 2 (,		5	0
6	Tota	I net assets or fund balances	at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 29	6	228,175
						Form 990-PF (2020)

		ne kind(s) of property sold (e.g., ouse; 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 S	SANFORD C BERNSTEIN & C	0		D	2019-12-30	2020-12-31
b						
С						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h) or (loss) (f) minus (g)
a	411,1	42		285,8	93	125,249
b						
С						
d						
e						
	Complete only for assets sh	owing gain in column (h) and ow				(I)
	(i)	(j) Adjusted basis		(k) of col. (i)	col. (k), but no	. (̀h)́ gain minus ot less than -0-) or
	F.M.V. as of 12/31/69	as of 12/31/69		. (j), if any		from col.(h))
a						125,249
b						
С						
d						
e						
2	Capital gain net income or	(net capital loss)	If gain, also enter in P If (loss), enter -0- in F		2	125 240
,	Not chart-term capital gain	or (loss) as defined in sections :	1222(5) and (6):		' 2	125,249
3	· -	line 8, column (c) (see instructi		-	} 3	
Part	V Qualification Und	ler Section 4940(e) for Re	educed Tax on Net	Investment 1	income	
SECTI	ON 4940(e) REPEALE	D ON DECEMBER 20, 2019	- DO NOT COMPL	ETE		
1	Reserved					
	(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	
	Reserved	ineserveu	Reserved		ilesei veu	
2 F	Reserved			2		
3 F	Reserved			3		
4 F	Reserved			4		
5 F	Reserved			5		
					-	
				<u> </u>	\neg	
8 1	veserved ,			8		

Form	990-PF (2020)							Page 6	
Pa	rt VII-B Statements Regar	rding	Activities for Which	Form 4720 May Be	Required (continued)				
5a	During the year did the foundation	рау о	r incur any amount to:				Yes	No	
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisla	ition (section 4945(e))?	☐ Yes ✓	No			
	(2) Influence the outcome of any	specifi	c public election (see secti	""					
	on, directly or indirectly, any v	oter re	egistration drive?	No					
	(3) Provide a grant to an individua	al for t	ravel, study, or other simi	No					
	(4) Provide a grant to an organiza								
	in section 4945(d)(4)(A)? See			No					
	(5) Provide for any purpose other		- ·						
	educational purposes, or for th	•	•		∟ Yes 🖭	No			
b	If any answer is "Yes" to 5a(1)-(5		-						
	Regulations section 53.4945 or in			5b	+	_			
_	Organizations relying on a current		-						
С	If the answer is "Yes" to question tax because it maintained expendi			•					
	If "Yes," attach the statement requ				· · L Yes L	No			
6-					mac an				
6a	Did the foundation, during the yea a personal benefit contract?			munectly, to pay premiu	<u> </u>				
b	Did the foundation, during the yea			rectly on a personal ben	nefit contract?	No 6b		No	
b	If "Yes" to 6b, file Form 8870.	i, pay	premiums, unectry or mai	0.5		110			
7a	At any time during the tax year, w	as the	foundation a party to a pi	rohibited tax shelter tran	saction?				
	If "Yes", did the foundation receive				∟ res 🖭	No 7b			
8	Is the foundation subject to the se		,						
	excess parachute payment during		1 / ()						
					<u>· · </u>	No —	-		
Pa	and Contractors	Onic	ers, Directors, Trust	ces, i oundation ria	nagers, mgmy raid En	пріоусса	?,		
1	List all officers, directors, trust	ees fo	undation managers an	d their compensation	See instructions				
	List all officers, unccess, trust		(b) Title, and average	(c) Compensation (If					
	(a) Name and address		hours per week	not paid, enter	employee benefit plans and		e) Expense account, other allowances		
D 6) (7)	D 1 DEV/D 4	PDEC	devoted to position	-0-)	deferred compensation				
	D J BEYDA DVERLIN AVENUE SOUTH	2.00	IDENT	0	C]		0	
	WOOD, NJ 08701								
JEFFR	REY BEYDA		PRESIDENT	0	C			0	
	OVERLIN AVENUE SOUTH	2.00							
	WOOD, NJ 08701 D J BEYDA	SECE	ETARY/TREASURER	0					
	OVERLIN AVENUE SOUTH	2.00	LIANT INLASONEN	0 0				U	
	WOOD, NJ 08701								
2	Compensation of five highest-p	aid en	nployees (other than th	ose included on line 1		ne, enter	"NONE	<u>." </u>	
(2)	Name and address of each employe	o naid	(b) Title, and average		(d) Contributions to employee benefit	(e) Expe	nco 200	ount	
(a)	more than \$50,000	e paiu	hours per week devoted to position	(c) Compensation	plans and deferred		illowand		
			devoted to position		compensation				
NON	E								
Tota	l number of other employees paid o	ver \$5	0,000					0	
						Form 99	O-DE	(2020)	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (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	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	
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	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

2a |

2b

1.743

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

1,743

1.510

1.510

1.510

308,634

308.634

308.634

Form 990-PF (2020)

Tax on investment income for 2020 from Part VI, line 5.

Distributable amount before adjustments. Subtract line 2c from line 1.

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

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

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

2a

3

4 5

6

1

2

3

4

5

b

Part XII

2020

Page 9

1,510

1,510

Form 990-PF (2020)

Part XIII	

Form 990-PF (20	020)	
Part XIII	Undistributed Income	(see instructions)

1 Distributable amount for 2020 from Part XI, line 7

From 2015.

b From 2016. **c** From 2017.

d From 2018.

e From 2019.

2 Undistributed income, if any, as of the end of 2020:
a Enter amount for 2019 only.
b Total for prior years: 20____, 20____, 20____
3 Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. e Remaining amount distributed out of corpus

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

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: **a** Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. 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 2015 not

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 308,634
 a Applied to 2019, 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).

(a)

Corpus

2.907.235

307.124

3,214,359

367.517

2,846,842

367,517 810,958

793 931

453,480 481,349

810,958 793,931

453,480

481.349

307,124

(b)

Years prior to 2019

(c)

2019

	Private Operating Found	ations (see instr	uctions and Part V	/II-A, question 9)		
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	on 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) 2020	(b) 2019	(c) 2018	(d) 2017	
	year listed					
	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	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.					
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)					
	(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 Supplementary Information	(Complete this	part only if the	 foundation had	E OOO or more	in
Pa	assets at any time during the			iounuation nau	\$5,000 or more	***
1	Information Regarding Foundation Mana					
а	List any managers of the foundation who hav before the close of any tax year (but only if					n
	before the close of any tax year (but only if	they have contribut	ea more than \$5,000	o). (See Seedon 50)	(d)(2).)	
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here ▶ ☑ if the foundation only mak	es contributions to	preselected charitabl	le organizations and	does not accept	
	unsolicited requests for funds. If the foundar other conditions, complete items 2a, b, c, ar	tion makes gifts, gr	ants, etc. to individu	als or organizations	under	
а	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed:	
	DAVID J BEYDA					
	475 OBERLIN AVENUE SOUTH LAKEWOOD, NJ 08701					
_	(732) 364-2000					
b	The form in which applications should be sub	mitted and informa	tion and materials th	hey should include:		
	(1) WRITTEN APPLICATION, (2) THE APPLIC BENEFITS TO THE FOUNDATION			•	REPORTING PROCE	DURES, (5)
	Any submission deadlines:					
	NONE					

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

MUST FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER.

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e 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	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	308,634
b Approved for future payment				
	-			
Total			▶ 3b	0

Part XVI-	-A Analysis of Income-Producing	Activities				rage L
	amounts unless otherwise indicated.		usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
_	nd contracts from government agencies ship dues and assessments.					
	on savings and temporary cash			1.4		
	ds and interest from securities			14	119	
5 Net rent	al income or (loss) from real estate:					
	inanced property					
	bt-financed property					
	vestment income					
	(loss) from sales of assets other than					
inventor	•			18		
	me or (loss) from special events: rofit or (loss) from sales of inventory					
11 Other re	evenue: a					
	l. Add columns (b), (d), and (e).		0		120	0
	add line 12, columns (b), (d), and (e)			1	.3	120
	rksheet in line 13 instructions to verify calcu -B Relationship of Activities to the		hment of Exem	pt Purposes		
	<u> </u>	•		-		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions.)					
T						
+						

Part XVII	Information R Exempt Organ		ransfers	Тоа	and 1	Γran	sactio	ons and F	Relatio	nsh	ips \	With I	Nonc	harit	able	
B. L.		12					11.1									

Pairvall	Exempt Organia	zations							
1 Did the org		directly engag				ization described in sect ations?	ion 501	Yes	No
a Transfers f	rom the reporting foun	dation to a no	ncharitable e	exempt organization	n of:				
(1) Cash.							. 1a(1)		No
(2) Other	assets						1a(2)		No
b Other trans	sactions:								
(1) Sales	of assets to a nonchari	table exempt	organization				1b(1)		No
(2) Purch	ases of assets from a n	oncharitable e	exempt organ	nization			1b(2)		No
(3) Renta	l of facilities, equipmer	it, or other as	sets				1b(3)		No
(4) Reimb	oursement arrangemen	ts					. 1b(4)		No
(5) Loans	or loan guarantees.						1b(5)		No
(6) Perfor	mance of services or m	embership or	fundraising s	solicitations			. 1b(6)		No
${f c}$ Sharing of	facilities, equipment, n	nailing lists, of	her assets, d	or paid employees.			. 1c		No
of the good	ds, other assets, or ser	vices given by	the reportin	g foundation. If the	foundation re	ld always show the fair ceived less than fair ma assets, or services rece	arket value		
(a) Line No.	(b) Amount involved	(c) Name of n	oncharitable ex	xempt organization	(d) Descripti	ion of transfers, transaction	s, and sharing arra	ngemen	ts
	(-,-	()			(-,	,			
							-		
3- I- th - f	dation directly or indire								
	•	•	•	•	•	_	Yes 🔽 No		
	n section 501(c) (other		501(c)(3)) 0	r in section 527?			res 🖭 No		
b If "Yes," co	omplete the following so			(L) T	·	(-) Di-ti-			
	(a) Name of organization	'n		(b) Type of organizat	ion	(c) Descriptio	on of relationship		
			 						
			+						
			+						
Unde	er nenalties of perium	I declare that	I have evam	ined this return in	cluding accom	panying schedules and s	statements and	to the	hest
						other than taxpayer) is b			
	h preparer has any kno	wledge.							
Sign	·****			2021-09-08	****	**	May the IRS di	scuss th	nis
Here 👠 _				2021 05 00			return with the prepar	er shov	vn
	Signature of officer or to	rustee		Date	Title		below		
	orginature of officer of the	ustee		Date	Title		(see instr.) 🗹	Yes [] No
	Drint/Type present	namo	Dranararia C:	anaturo	D-1		DTIN		
	Print/Type preparer's	Hallie	Preparer's Si	ynature	Date	Check if self-	PTIN		
						employed ▶ □	P00057	568	
Paid	LEE M COHEN CPA			2021-09-08					
Preparer	Firm's name ► LM C	OHEN & CO L	LP				Firm's EIN ▶46-	41337	'00
Jse Only	Firm's address ▶ 53	5 FIFTH AVEN	IIIE 12TU EI						
	n in in a dudiess ► 33	SITILI HACI	OL 1210 FL				Di (212	067	2200
	NE	W YORK, NY	10017				Phone no. (212)	96/-2	2 3 00
							Form 990)-PF (2020)

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)

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

or substantial contributor

Total .

a Paid during the year			
BARKAI YESHAIVAH5302 21ST AVE BROOKLYN, NY 11204	' /\ /	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	2,600
BNEI YITZHAK (FOUNDATION FOR	501(C)(3)	TO FURTHER THE GOALS SET	5,200

BNEI YITZHAK (FOUNDATION FOR SEPHARDIC STUDIES) 730 AVENUE S BROOKLYN, NY 11223	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,
			_

730 AVENUE S BROOKLYN, NY 11223		CHARTER	
CHAI LIFE LINE106 CLIFTON AVENUE LAKEWOOD, NJ 08701	(-) (-)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S	16,800

730 AVENUE S BROOKLYN, NY 11223		CHARTER	
CHAI LIFE LINE106 CLIFTON AVENUE LAKEWOOD, NJ 08701		TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	16,800

За

308,634

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

CHARTER

▶ 3a

308,634

any foundation manager

or substantial contributor

Name and address (home or business)

BROOKLYN, NY 11223

	or substantial contributor			
a Paid during the year				
EXCEED NETWORK404 5TH AVENUE NEW YORK, NY 10018		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,000
HILLEL YESHIVA1025 DEAL RD OCEAN TOWNSHIP, NJ 07712		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	10,200

HILLEL YESHIVA1025 DEAL RD OCEAN TOWNSHIP, NJ 07712	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	10,200
ILEAD EXPERIENCE 1901 OCEAN PARKWAY	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S	18,000

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 status of contribution

Purpose of grant or contribution

any foundation manager

or substantial contributor

Name and address (home or business)

SAFE FOUNDATION255 AVENUE W

BROOKLYN, NY 11223

Total .

a Paid during the year				
MIKDASH ELIYAHU400 AVENUE U BROOKLYN, NY 11223		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	8,000
CONGREGATION OHEL YISHAK 108 ALLEN AVE ALLENHURST, NJ 07711		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	22,892
	l			

501(C)(3)

TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S

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CHARTER

17,000

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recipient

Recipient If recipient is an individual, show any relationship to status of contribution status of reconstribution status of s

OUT IN THE FOUNDATION'S

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CHARTER

any foundation manager

or substantial contributor

Name and address (home or business)

1061 OCEAN PARKWAY

BROOKLYN, NY 11230

a Paid during the year			
SEPHARDIC ACADEMY OF MANHATTAN 1274 2ND AVE NEW YORK, NY 10065	` ' ' '	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	3,600
SEPHARDIC BIKUR HOLIM 425 KINGS HIGHWAY BROOKLYN, NY 11223	(-)(-)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	68,000
SEPHARDIC COMMUNITY ALLIANCE	501(C)(3)	TO FURTHER THE GOALS SET	40,300

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

CHARTER

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any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
SEPHARDIC COMMUNITY CENTER 1901 OCEAN PARKWAY BROOKLYN, NY 11223		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	50,000
SEPHARDIC RABBINCAL COLLEGE 730 AVENUE S BROOKLYN, NY 11223		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,000

SEPHARDIC RABBINCAL COLLEGE 730 AVENUE S BROOKLYN, NY 11223	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,000
SEPHARDIC SYNAGOGUE511 AVENUE R BROOKLYN, NY 11223	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S	1,260

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

CHARTER

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any foundation manager

Name and address (home or business)

NEW YORK, NY 10012

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
BONEI OLAM1755 46TH STREET BROOKLYN, NY 11204		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	1,800
CARE FOR SPECIAL CHILDREN 1977 CONEY ISLAND AVE BROOKLYN, NY 11223		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	1,800

		OTH WEIGHT	
CARE FOR SPECIAL CHILDREN 1977 CONEY ISLAND AVE BROOKLYN, NY 11223	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	1,800
CONGREGATION MAGEN DAVID	501(C)(3)	TO FURTHER THE GOALS SET	4,202

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

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CHARTER

any foundation manager

or substantial contributor

Name and address (home or business)

1201 ROUTE 112 STE 350

Total .

PORT JEFFERSON, NY 11776

	or substantial contributor			
a Paid during the year				
DEBORAH SALEM FOUNDATION 302 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10001		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	1,000
ILAN HIGH SCHOOL 1200 ROSELD AVENUE OCEAN TOWNSHIP, NJ 07712		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,000
NEW YORK CANCER FOUNDATION		E04 (C) (2)	TO SUPTLIED THE COALC SET	F 200

ILAN HIGH SCHOOL 1200 ROSELD AVENUE OCEAN TOWNSHIP, NJ 07712	\ /\ /	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,000
NEW YORK CANCER FOUNDATION	501(C)(3)	TO FURTHER THE GOALS SET	5,200

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 a Paid during the year

2,600

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REACH FOR THE STARS LEARNING CENTER 1818 AVENUE P BROOKLYN, NY 11229	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	
SEPHARDIC HERITAGE FOUNDATION	501(C)(3)	TO FURTHER THE GOALS SET	

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

OOKETN, NT 11225			
PHARDIC HERITAGE FOUNDATION 8 AVENUE P OOKLYN, NY 11223	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	
E EDUCATION ASSOCIATION FOR	501(C)(3)	TO FURTHER THE GOALS SET	

448 AVENUE P BROOKLYN, NY 11223		OUT IN THE FOUNDATION'S CHARTER	
THE EDUCATION ASSOCIATION FOR CHILDREN IN NEW YORK	(-/(-/	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S	5,200

BROOKLYN, NY 11223		CHARTER	
THE EDUCATION ASSOCIATION FOR CHILDREN IN NEW YORK 1080 MCDONALD AVENUE 204 BROOKLYN, NY 11230	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,200

CHILDREN IN NEW YORK 1080 MCDONALD AVENUE 204 BROOKLYN, NY 11230	OUT IN THE FOUNDATION'S CHARTER
--	---------------------------------

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

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

Name and address (home or husiness)

Total.

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
TRUSTEES OF COLUMBIA UNIVERSITY 535 2 116TH STREET NEW YORK, NY 10027		501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	2,500

NEW YORK, NY 1002/		CHARTER	
YESHIVAH OF FLATBUSH1609 AVENUE J BROOKLYN, NY 11230	(-) (-)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S CHARTER	5,2

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	NEW YORK, NY 10027		CHARTER	
1	YESHIVAH OF FLATBUSH1609 AVENUE J BROOKLYN, NY 11230	501(C)(3)	TO FURTHER THE GOALS SET OUT IN THE FOUNDATION'S	5,200

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491256000181		
TY 2020 Other Expenses Sche	dule					
Name: DAVID J BEYDA MEMORIAL FOUNDATION INC						
EIN:	EIN: 13-3757794					
Other Expenses Schedule						
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Other Expenses Schedule		ı		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	75	0	0	0

25

FILING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934912560	00181		
TY 2020 Other Increases Schedule						
Name: DAVID J BEYDA MEMORIAL FOUNDATION INC						
EIN:	13-3757794					
Other Increases Schedule						
Description		Amount				
PRIOR PERIOD ADJUSTMENT				593		

efile GRAPHIC print - Do	NOT PROCESS As File	d Data -			DLN: 93491256000181		
Schedule B		chedule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Attach to Form 990, 990-E. www.irs.gov/Form990 for th			2020		
Name of the organization DAVID J BEYDA MEMORIAI	FOUNDATION INC			Employer id	entification number		
Organization type (chec	k one):			13-3757794			
	,						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexe	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 political organ	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private foundation						
	4947(a)(1) nonexe	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxable p	501(c)(3) taxable private foundation					
	ion filing Form 990, 990-EZ, property) from any one contr						
Special Rules							
under sections 50 received from any	on described in section 501(o 9(a)(1) and 170(b)(1)(A)(vi), one contributor, during the 1h, or (ii) Form 990-EZ, line	that checked Schedule Ayear, total contributions of	A (Form 990 or 990-EZ), P f the greater of (1) \$5,000	art II, line 13,	16a, or 16b, and that		
during the year, to	on described in section 501(on the section 501) of the section of the prevention of cruelty to characteristics.	an \$1,000 exclusively for	religious, charitable, scien				
during the year, o If this box is chec purpose. Don't co	on described in section 501(or contributions exclusively for re- ked, enter here the total con- mplete any of the parts unle le, etc., contributions totaling	eligious, charitable, etc., tributions that were receiv ss the General Rule app	ourposes, but no such con /ed during the year for an lies to this organization be	tributions tota exclusively rel cause it recei	led more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i>		
990-EZ, or 990-PF), but i	that isn't covered by the Ge must answer "No" on Part rt I, line 2, to certify that it do	IV, line 2, of its Form 990	; or check the box on line	H of its Form			
For Paperwork Reduction Ag for Form 990, 990-EZ, or 990	t Notice, see the Instructions PF.	Cat. No. 30	613X Schedu	ıle B (Form 990,	, 990-EZ, or 990-PF) (2020)		

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(a)

No.

(a) No. **Employer identification number** 13-3757794

nal sp	ace is needed.			
	(c) Total contributions	(d) Type of contribution		
		Person		
		 ☐ Payroll		
	\$ 212,440	✓ Noncash		
		(Complete Part II for noncash contributions.)		
	(c) Total contributions	(d) Type of contribution		
		Person		
		Payroll		
	\$ 198,702	✓ Noncash		
		(Complete Part II for noncash contributions.)		
	(c) Total contributions	(d) Type of contribution		
	Total contributions	Person		
		☐ Payroll		
	\$	□ Noncash		
		(Complete Part II for noncash		
		contributions.)		
	(c) Total contributions	(d) Type of contribution		
		Person		
		☐ Payroll		
	\$	Noncash		
		(Complete Part II for noncash contributions.)		
	(c) Total contributions	(d) Type of contribution		
		Person		
		☐ Payroll		
	\$	Noncash		
		(Complete Part II for noncash contributions.)		
	(c) Total contributions	(d) Type of contribution		
	. Juli Contributions	Person		
		☐ Payroll		
	\$	☐ Noncash		
		(Complete Part II for noncash		
	Schodulo B /Ec	contributions.) prm 990, 990-EZ, or 990-PF) (202		
	Julieuule D (F	//// 550, 550- LL , UI 550 - FF] [202		