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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491308020091

2020

OMB No. 1545-0052

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 2020, or tax year beginning 07-01-20)20 , ar	ıd ending 06-30-	2021				
		undation RGE W BAUER FAMILY		A Employer id	A Employer identification number				
	UNDAT			22-6069622	22-6069622				
		d street (or P.O. box number if mail is not delivered to street address) ITAN ROAD	Room/suite	B Telephone nu	B Telephone number (see instructions)				
				(908) 324-4107	,				
		n, state or province, country, and ZIP or foreign postal code , NJ 07016	C If exemption	application is pendin	g, check here				
G CI	neck al	ll that apply:	former public charity	D 1. Foreign or	ganizations, check he	ere			
		\square Final return \square Amended return			ganizations meeting				
		Address change Name change			k here and attach co	· —			
_	,	/pe of organization: \checkmark Section 501(c)(3) exempt private			undation status was t n 507(b)(1)(A), chec				
			e private foundation						
of	year (f	ket value of all assets at end from Part II, col. (c), ▶\$ 27,343,603 J Accounting method: □ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accrui		ation is in a 60-montl n 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (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	40	40					
Reversie	4	Dividends and interest from securities	462,867	462,867					
	5a	Gross rents							
	b	Net rental income or (loss)	2 002 400						
	6a	Net gain or (loss) from sale of assets not on line 10	3,093,199						
	b	Gross sales price for all assets on line 6a 3,093,199							
ă	7	Capital gain net income (from Part IV, line 2)		3,093,199					
	8	Net short-term capital gain							
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	3,556,106	3,556,106					
	13	Compensation of officers, directors, trustees, etc.							
	14 15	Other employee salaries and wages							
156	16a	Legal fees (attach schedule)							
Expenses	ь	Accounting fees (attach schedule)	2,000	2,000					
Ě	С	Other professional fees (attach schedule)							
ţį	17	Interest	14,392	14,392					
and Administrative	18	Taxes (attach schedule) (see instructions)	56,303	51,803					
i I	19	Depreciation (attach schedule) and depletion							
Adı	20	Occupancy							
n D	21 22	Travel, conferences, and meetings							
g 9	23	Other expenses (attach schedule)	9 153,431	102,922		50,509			
Operating	24	Total operating and administrative expenses.		,					
ber		Add lines 13 through 23	226,126	171,117		50,509			
0	25	Contributions, gifts, grants paid	856,000			856,000			
	26	Total expenses and disbursements. Add lines 24 and 25	1,082,126	171,117		906,509			
_	27	Subtract line 26 from line 12:							
	a	Excess of revenue over expenses and disbursements	2,473,980						
	b	Net investment income (if negative, enter -0-)		3,384,989					
	С	Adjusted net income (if negative, enter -0-)							
ror	Paper	work Reduction Act Notice, see instructions.		Cat. No. 11289>	(For	m 990-PF (2020)			

15,702,422

15,746,081

55.142

55,142

15,690,939

15,690,939

15,746,081

18,195,013

18,221,040

56,121

56,121

18,164,919

18,164,919

18,221,040

15,690,939

2,473,980

18,164,919

18,164,919 Form 990-PF (2020)

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Page 2

27,317,576

27.343.603

	7

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17

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28

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Part III

2

Liabilities

Fund Balances

5

Assets 27

Net 29 Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment: basis ▶ ___

Less: accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Less: allowance for doubtful accounts ▶

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

Other assets (describe

Other liabilities (describe -_

Grants payable

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U.S. and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Less: accumulated depreciation (attach schedule) ▶

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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) .

Analysis of Changes in Net Assets or Fund Balances

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

Foundations that follow FASB ASC 958, check here ▶ ✓

Capital stock, trust principal, or current funds

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

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

Form 990-PF (2020)

Page **3**

	(a) List and describ 2-story brick wa		kind(s) of propert se; or common st				(b) How acqu P—Purch D—Donat	ase		(c) acquired day, yr.)	(d) Date solo (mo., day,	
1a	1											
	•											
•												
•												
				(f)			(g)			(1	1)	
	(e) Gross sales price		Depreciat	ion allowed			other basis			Gain ò	r (loss)	
	Gross sales price		(or all	owable)		plus expe	ense of sale			(e) plus (f) minus (g)	
a												
b												
С												
d												
e												
	Complete only for assets	s show	ing gain in colum	n (h) and ow	ned by	the foundation of	on 12/31/69				I)	
	(i)			(i)		_ ((k)				n) gain minus	
	F.M.V. as of 12/31/69			ed basis .2/31/69			of col. (i) . (j), if any		coi.	(K), but not Losses (fro	less than -0-)	or
а			d3 01 1	.2/31/09		over con	. (J), II ally			200000 (
b												
c												
d												
e												
				ſ	If gair	n, also enter in Pa	art I line 7	- 1				
2	Capital gain net income	or (n	et capital loss)	{		s), enter -0- in P		}				
				ţ				,	2		3,093	,199
3	Net short-term capital	gain oi	r (loss) as defined	l in sections	1222(5	i) and (6):						
	If gain, also enter in Pa	ırt I, lii	ne 8, column (c) ((see instructi	ions). I	f (loss), enter -0	-	l	3			
	in Part I, line 8							• /	3			
Part	V Qualification	Inde	r Section 4940	O(e) for Re	educe	d Tax on Net	Investme	nt Ind	ome			
	ION 4940(e) REPEA											
	Reserved	LLD	ON DECEMBER	\ ZO, ZOIS	, ,	MOT COM EI	- 1 1-					
	(a)		(b)			(c)				(d)		
	Reserved		Reserved			Reserved				Reserved		
_	Reserved							<u> </u>				
								2	<u> </u>			
	Reserved							3				
4	Reserved							4				
5	Reserved							5				
6	Reserved							6				
7	Reserved							7				
	Reserved ,							8				
_					•			_ •			_	

(b)

Page **6**

Pai	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (co	ontinue	ed)				<u> </u>
5a	During the	year did the foundation p	ay o	r incur any amount to:	·						Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes					
		nce the outcome of any sp		-		L	⊔ Yes	¥	No			
	on, dir	rectly or indirectly, any vo	ter re	gistration drive?		г	٦.,	✓				
	(3) Provid	le a grant to an individual	for t	avel, study, or other sim	ilar purposes?	F	່ Yes		No			
	(4) Provid	le a grant to an organizati	on ot	her than a charitable, etc	, organization described	<u></u>	」Yes	•	No			
	in sect	tion 4945(d)(4)(A)? See ir	stru	ctions		г	Yes		N.			
	(5) Provid	le for any purpose other th	nan r	eligious, charitable, scien	tific, literary, or	L	_ Yes	•	NO			
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?	г	Yes		N			
b	If any ans	wer is "Yes" to 5a(1)-(5),	did a	ny of the transactions fa	il to qualify under the ex	ceptions describ		•	NO			
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions											
Organizations relying on a current notice regarding disaster assistance check here												
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the											
	tax because it maintained expenditure responsibility for the grant?											
	If "Yes," a	ttach the statement requi	ed b	y Regulations section 53.	4945-5(d).	_	_ 1es	Ш	NO			
6a	Did the fo	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on						
		benefit contract?		, , , , ,			٦ ٧	✓	N			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No 6b									6b		No	
	If "Yes" to	6b, file Form 8870.										
7a	7a. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?											
b	L Yes ▼ No									7b		
8												
excess parachute payment during the year?												
		Information About C	ffic	ers, Directors, Trust	ees, Foundation Ma	anagers, Higl				vees,		
Pai	t VIII	and Contractors			•		-					
1	List all of	ficers, directors, trustee	es, fo	oundation managers ar	d their compensation	. See instruction	ns					
	() N	1 11	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contrib			(e)	Expen	se acc	ount,
	(a) Na	me and address		hours per week devoted to position						lowand		
See A	Additional D	ata Table			-0-)							
2	Compens	ation of five highest-pai	d en	ployees (other than t	hose included on line	L—see instruct	ions). I	if no	ne, er	nter "l	NONE.	71
				(b) Title, and average		(d) Contrib	utions t	ю				
(a)		address of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee plans and					se acco	
	me	ore than \$50,000		devoted to position		compen		۱ ا	οι	ner an	owance	25
NON						· ·						
-												
Tota	I number of	other employees paid over	er \$5	0,000				\dashv				
		- , .							For	m 99 (D-PF (2020)

Form 990-PF (2020)		Page 7
Part VIII Information About Officers, Directors, Training and Contractors (continued)	ustees, Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for profession		IONE".
(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 service	ces	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. 1	Include relevant statistical information such as the number of	:
organizations and other beneficiaries served, conferences convened, research pa	apers produced, etc.	Expenses
1		
		4
2		
-		-
-		-
3		
4		_
		4
Part IX-B Summary of Program-Related Investmen	ite (egg instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1 N/A	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		P
		5 000 PF (3030)

1a

1b

2

За 3h

4

5

906,509

906.509

906.509

Form 990-PF (2020)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the:

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

b

2

3

4

5

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

Part XIII Undistributed Income (see instruction	ions)			
	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,170,796
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			843,275	
b Total for prior years: 20				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
4 Qualifying distributions for 2020 from Part				
XII, line 4: ► \$ 906,509				
a Applied to 2019, but not more than line 2a		1	843.275	

9	From 2019						
F	Total of lines 3a through e						
	Qualifying distributions for 2020 from Part						
	XII, line 4: ► \$906,509						
3	Applied to 2019, but not more than line 2a	L					

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

6 Enter the net total of each column as

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

9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . .

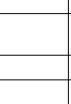
10 Analysis of line 9: a Excess from 2016. **b** Excess from 2017. . c Excess from 2018. . d Excess from 2019. . e Excess from 2020. .

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 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

indicated below:

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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



Page 9

63,234

1,107,562

Form **990-PF** (2020)

Page **10**

	Private Operating Found	ations (see mstru	ictions and Part V	11-A, question 9)					
1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20								
b	Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2a		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	(e) rotar			
	year listed								
b	85% of line 2a								
C	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:								
Ū	(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	(Camadata this		 	† 000 au au	<u> </u>			
Pa	Supplementary Information assets at any time during th			roundation had :	\$5,000 or more	ın			
=	Information Regarding Foundation Mana		i decions. j						
а	List any managers of the foundation who hav	e contributed more				n			
	before the close of any tax year (but only if	they have contribute	ed more than \$5,000	U). (See section 507	(a)(2).)				
b	List any managers of the foundation who own	10% or more of th	e stock of a corporat	tion (or an equally la	arge portion of the				
	ownership of a partnership or other entity) o	of which the foundat	ion has a 10% or gr	eater interest.					
2	Information Regarding Contribution, Gra		• • • • •	_					
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the foundation	tion makes gifts, gra	ints, etc. to individua						
	other conditions, complete items 2a, b, c, a	nd d. See instruction	S						
а	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed:				
	GEORGE W BAUER FAMILY FOUNDATION 663 RARITAN ROAD								
	CRANFORD, NJ 07016								
	(908) 324-4107								
b	The form in which applications should be sub	mitted and informa	tion and materials th	ney should include:					
	DECLIECTS CHOULD BE IN LETTER FORM WIT	TH CHROODTING MA	TERIAL C ENCLOSES	`					

REQUESTS SHOULD BE IN LETTER FORM WITH SUPPORTING MATERIALS ENCLOSED. **c** Any submission deadlines:

factors: NONE

APRIL 30 (ANNUAL MEETING IS IN MAY OR JUNE)

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

Form 990-PF (2020)	-			Page 11
Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	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 Paid during the year See Additional Data Table				
Total			▶ 3a	856,000
b Approved for future payment				
Total		· · · · · · · · · · · · · · · · · · ·	▶ 25	

Enter gross amounts unless otherwise indicated.		Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
-	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash					
investr	nents			14	40	
	nds and interest from securities			14	462,867	
	ntal income or (loss) from real estate:					
	-financed property.					
	lebt-financed property					
	investment income.					
	r (loss) from sales of assets other than					
invento						3,093,199
9 Net inc	come or (loss) from special events:					,
	profit or (loss) from sales of inventory					
	revenue: a					
2 Subtot	al Add columns (b) (d) and (e)					2 002 100
	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e).			1	462,907	
3 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)			462,907 3	
3 Total. (See w Part XV	Add line 12, columns (b), (d), and (e)	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	
3 Total. (See w Part XV Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3	3,093,199 3,556,106

orm 9	90-PF (2020)									Pa	ge 13
Pari	: XVII	Information Re Exempt Organi		ans	fers To a	nd Transacti	ons and	Relatio	nships With Non	charitable		
		ganization directly or in than section 501(c)(3)								on 501	Yes	No
٠,	•	from the reporting foun	-				_	,				
(1) Cash									. 1a(1)		No
(2) Other	rassets								. 1a(2)		No
b Otl	ner tran	sactions:										
(1) Sales	of assets to a nonchari	table exempt	orga	nization.					. 1b(1)		No
(2) Purch	nases of assets from a n	oncharitable e	exem	npt organiz	ation				1b(2)	+	No
-	-	al of facilities, equipmer	· ·							1b(3)		No
-		bursement arrangemen								. 1b(4)		No
•	•	s or loan guarantees.								. 1b(5)		No
•	•	mance of services or m	•		-					1b(6)		No
	-	facilities, equipment, n wer to any of the above										No
of in	the goo any trai	ds, other assets, or ser nsaction or sharing arra	vices given by ngement, sho	the w in	reporting f column (d	oundation. If the	e foundatione goods, c	on receive other asse	d less than fair mark ts, or services receiv	ket value /ed.		
(a) Lin	e No.	(b) Amount involved	(c) Name of n	ionch	aritable exer	npt organization	(d) Des	scription of	transfers, transactions,	and sharing arra	ingemer	nts
2a Is	the four	ndation directly or indire	ectly affiliated	with	, or related	to, one or mor	e tax-exen	npt organ	zations			
de	scribed	in section 501(c) (other	than section	501((c)(3)) or i	n section 527? .			🗆 Ye	es 🗹 No		
b If'	Yes," c	omplete the following s	chedule.									
		(a) Name of organization	n		(b) Type of organiza	tion		(c) Description	of relationship		
6.	of m	er penalties of perjury, ly knowledge and belief th preparer has any kno	, it is true, co									
Sign		*****				2021-11-02		*****		May the IRS d return	iscuss t	nis
Here	* -) -			with the prepa	rer show	wn
		Signature of officer or t	rustee			Date	, ,	Title		(see instr.)	Yes	□No
		Print/Type preparer's	name	Prep	arer's Sign	ature	Date		Check if self-	PTIN		
		DAVID A WILLIAMS	S CPA				2024	-11-04	employed ▶ □	P0130	8413	
Paid Prer	arer			:			2021	. 11-04				
_	Only		EN & JOHNSO		A				F	Firm's EIN ▶22	:-21730	92
		Firm's address ► 18	2 WEST HIGH	ST								
		50	MERVILLE N	1 08	8761819				F	Phone no. (908) 722-6400		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans

			and deferred compensation	
BETSY BAUER	TRUSTEE	0	0	(
663 RARITAN ROAD	0.25			

			Compensation	1
BETSY BAUER	TRUSTEE	0	0	
663 RARITAN ROAD CRANFORD, NJ 07016	0.25			

	1 0.25			
JOHN W FEDOR	TRUSTEE	0	0	0
663 RARITAN ROAD CRANFORD, NJ 07016	0.25			

JOHN W FEDOR	TRUSTEE	0	0	0
663 RARITAN ROAD CRANFORD, NJ 07016	0.25			
PATRICIA RUUD	TRUSTEE	0	0	0

CRANFORD, NJ 07016				
PATRICIA RUUD	TRUSTEE	0	0	0
663 RARITAN ROAD CRANFORD, NJ 07016	0.25			

663 RARITAN ROAD CRANFORD, NJ 07016	0.25			
KIMBERLY B HOWELL	TRUSTEE	0	0	0
663 RARITAN ROAD	0.25			

KIMBERLY B HOWELL	TRUSTEE	0	0	0
663 RARITAN ROAD CRANFORD, NJ 07016	0.25			

663 RARITAN ROAD CRANFORD, NJ 07016	0.25			
CAROL A ROMANO	SECRETARY	0	0	0

CAROL A ROMANO	SECRETARY	0	0	C
663 RARITAN ROAD CRANFORD, NJ 07016	8.00			

TRUSTEE 1.00

THOMAS B BOAK

663 RARITAN ROAD CRANFORD, NJ 07016

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 husiness)

Marile and address (nome or business)	or substantial contributor			
a Paid during the year				
ALZHEIMER'S NEW JERSEY	NONE	PC	UNRESTRICTED	10,000

ROSELAND, NJ 07068				
AMERICA'S GROW-A-ROW INC 150 PITTSTOWN ROAD	NONE	PC	UNRESTRICTED	30,000

AMERICA'S GROW-A-ROW INC 150 PITTSTOWN ROAD PITTSTOWN, NJ 08867	NONE	PC	UNRESTRICTED	30
ANIMAL SPAY AND NEUTER	NONE	PC	UNRESTRICTED	10

PITTSTOWN ROAD PITTSTOWN, NJ 08867				
ANIMAL SPAY AND NEUTER 3524 KOA WAY	NONE	PC	UNRESTRICTED	10,000

PITTSTOWN, NJ 08867				
ANIMAL SPAY AND NEUTER 3524 KOA WAY AUBURN, CA 95602	NONE	PC	UNRESTRICTED	10,000

Total			▶ 3a	856,000
ANIMAL SPAY AND NEUTER 3524 KOA WAY AUBURN, CA 95602	NONE	PC	UNRESTRICTED	10,000
ANITMAL CDAV AND NELITED	INONE	I DC	LINBECTRICTED	10 000

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

	or substantial continuation			
a Paid during the year				
BOYS GIRLS CLUBS OF MONMOUTH CTY 1201 MONROE AVENUE	NONE	PC	UNRESTRICTED	20,000

1201 MONROE AVENUE ASBURY PARK, NJ 07712				
BOYS GIRLS CLUBS OF SCOTTSDALE 10533 EAST LAKESIDE DRIVE SCOTTSDALE, AZ 85258	NONE	PC	UNRESTRICTED	30,000
CENTRAL PRESBYTERIAN CHURCH	NONE	PC	FOR RESTORATION OF THE	10.000

BOYS GIRLS CLUBS OF SCOTTSDALE 10533 EAST LAKESIDE DRIVE SCOTTSDALE, AZ 85258	NONE	PC	UNRESTRICTED	30,000
CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET SUMMIT, NJ 07901	NONE	PC	FOR RESTORATION OF THE ORGAN	10,000

Total	856.000			
CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET SUMMIT, NJ 07901	NONE	PC	FOR RESTORATION OF THE ORGAN	10,000
10533 EAST LAKESIDE DRIVE SCOTTSDALE, AZ 85258				

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				
COALITION FOR RAINFOREST NATIONS 52 VANDERBILT AVE FL14	NONE	PC	UNRESTRICTED	20,000

NEW YORK, NY 10017				
COMMUNITY FOOD BANK OF NJ 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	NONE	PC	UNRESTRICTED	10,000
COMMUNITY VMCA	NONE	DC.	FOR CAMP ZEHNDER	30,000

31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	NONE	PC	UNRESTRICTED	10,000
COMMUNITY YMCA 170 PATTERSON AVENUE SHREWSBURY, NJ 07702	NONE	PC	FOR CAMP ZEHNDER	20,000

HILLSIDE, NJ 07205				
COMMUNITY YMCA 170 PATTERSON AVENUE SHREWSBURY, NJ 07702	NONE	PC	FOR CAMP ZEHNDER	20,000
Total			▶ 3a	856,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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 CRANFORD FIRST AID SQUAD NONE PC UNRESTRICTED 15,000 PO BOX 1771

CRANFORD, NJ 07016				
EMORY UNIVERSITY SCHOOL OF NURSING 1520 CLIFTON RD STE269 ATLANTA, GA 303224297	NONE	PC	FOR FARMWORKER FAMILY HEALTH PROGRAM	20,000
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR	NONE	PC	UNRESTRICTED	10,000

▶ 3a

856,000

1520 CLIFTON RD STE269 ATLANTA, GA 303224297				
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR COLUMBIA, MD 21046	NONE	PC	UNRESTRICTED	10,0

Total .

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

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
FROST VALLEY YMCA	NONE	PC	FOR HAINES DECK	20,000

2000 FROST VALLEY ROAD CLARYVILLE, NY 12725	NONE	FC	FOR HAINES DECK	20,
FURNITURE ASSIST INC	NONE	PC	UNRESTRICTED	10,

CLARIVILLE, NY 12/25				
FURNITURE ASSIST INC 398 CHESTNUT STREET UNION, NJ 07083	NONE	PC	UNRESTRICTED	10
· · · · · · · · · · · · · · · · · · ·				·

FURNITURE ASSIST INC 398 CHESTNUT STREET UNION, NJ 07083	NONE	PC	UNRESTRICTED	10,000
THE GATEWAY FAMILY YMCA 144 MADISON AVENUE	NONE	PC	UNRESTRICTED	30,000

UNION, NJ 07083				
THE GATEWAY FAMILY YMCA 144 MADISON AVENUE ELIZABETH, NJ 07201	NONE	PC	UNRESTRICTED	30,000

THE GATEWAY FAMILY YMCA 144 MADISON AVENUE ELIZABETH, NJ 07201	NONE	PC	UNRESTRICTED	30,000
Total			▶ 3a	856,000

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

Total .

a Paid during the year				
GIVE DIRECTLY INCPO BOX 3221	NONE	PC	UNRESTRICTED	20,00

12W 10KK, W1 10000				
GOLD COUNTRY WILDLIFE RESCUE INC 11251 B AVENUE AUBURN, CA 95603	NONE	PC	UNRESTRICTED	

GOLD COUNTRY WILDLIFE RESCUE INC 11251 B AVENUE AUBURN, CA 95603	NONE	PC	UNRESTRICTED	20,000
GREAT SWAMP WATERSHED ASSOCIATION BO ROY 200	NONE	PC	UNRESTRICTED	20,000

Addonit, ca 95005				
GREAT SWAMP WATERSHED ASSOCIATION	NONE	PC	UNRESTRICTED	20,000
PO BOX 300			!	
NEW VERNON, NJ 07976				

▶ 3a

856,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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 HOSPICE PALLIATIVE CARE-CHARLOTTE | NONE PC LINRESTRICTED 20 000

1420 E 7TH STREET CHARLOTTE, NC 28247	NONE		ONNESTRICIES	20,000
INFORMATION TECHNOLOGY INNOV FDN 1101 K STREET NW NO 610	NONE	PC	UNRESTRICTED	20,000

INFORMATION TECHNOLOGY INNOV FDN 1101 K STREET NW NO 610 WASHINGTON, DC 20005	NONE	PC	UNRESTRICTED	20,000
INROADS TO OPPORTUNITIES 301 COX STREET ROSELLE, NJ 07203	NONE	PC	UNRESTRICTED	15,000

Total .

856,000

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

or substantial contributor

	or substantial continuation			
a Paid during the year				
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 101681289	NONE	PC	UNRESTRICTED	20,000

NEW TORK, NT 101001209			
JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	NONE	 FOR LOEYS-DIETZ SYNDROME RESEARCH	10,000

600 NORTH WOLFE STREET BALTIMORE, MD 21287	NONE	FC	RESEARCH	10,000
JUNIOR LEAGUE OF SUMMIT 37 DEFOREST AVENUE	NONE	PC	FOR G.R.A.C.E.	16,000

600 NORTH WOLFE STREET BALTIMORE, MD 21287			RESEARCH	
JUNIOR LEAGUE OF SUMMIT 37 DEFOREST AVENUE SUMMIT, NJ 07904	NONE	PC	FOR G.R.A.C.E.	16,000

JUNIOR LEAGUE OF SUMMIT 37 DEFOREST AVENUE SUMMIT, NJ 07904 NONE PC FOR G.R.A.C.E. 16,000

37 DEFOREST AVENUE SUMMIT, NJ 07904		
Total	 ▶ 3a	856,000

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				
CITY OF LINDEN 605 SOUTH WOOD AVENUE LINDEN, NJ 07036	NONE	PC	FOR THE SUMMER CONCERT SERIES	15,000

LINDEN, NJ 07036				
MATHENY SCHOOL 65 HIGHLAND AVENUE PEAPACK, NJ 07977	NONE	PC	UNRESTRICTED	10,000

MATHENY SCHOOL 65 HIGHLAND AVENUE PEAPACK, NJ 07977	NONE	PC	UNRESTRICTED	10,000
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	NONE	PC	UNRESTRICTED	10,000

65 HIGHLAND AVENUE PEAPACK, NJ 07977				
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	NONE	PC	UNRESTRICTED	10,000
Total			▶ 3a	856,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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

NEW VERNON FIRST AID SQUAD MILLBROOK RD NEW VERNON, NJ 07976	NONE	PC	UNRESTRICTED	10,000
NEWARK DAY CENTER43 HILL STREET	NONE	PC	UNRESTRICTED	20,000

NEWARK DAY CENTER43 HILL STREET NEWARK, NJ 07102	NONE	PC	UNRESTRICTED	20,000
NORTH NAPLES CHURCH 6000 GOODLETTE RD N NAPLES, FL 34109	NONE	PC	UNRESTRICTED	10,000

NEWARK, NJ U/102				
NORTH NAPLES CHURCH 6000 GOODLETTE RD N NAPLES, FL 34109	NONE	PC	UNRESTRICTED	10,000
Total			▶ 3a	856,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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

OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	NONE	PC	UNRESTRICTED	10,000
ORBIS INTERNATIONAL	NONE	PC	UNRESTRICTED	10,000

520 EIGHTH AVENUE NEW YORK, NY 10018				
ORBIS INTERNATIONAL	NONE	PC	UNRESTRICTED	

520 EIGHTH AVENUE NEW YORK, NY 10018	NONE		ONNESTRICTED	10,00
OVERLOOK FOUNDATIONPO BOX 220	NONE	PC	UNRESTRICTED	15,00

NEW YORK, NY 10018				
OVERLOOK FOUNDATIONPO BOX 220	NONE	PC	UNRESTRICTED	15,000

OVERLOOK FOUNDATIONPO BOX 220 SUMMIT, NJ 079020220	NONE	PC	UNRESTRICTED	15,000

SUMMIT, NJ 079020220	NONE	PC	UNKESTRICTED	15,00
Total			▶ 3a	856,000

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				
PARKER FAMILY HEALTH CENTER	NONE	PC	FOR THE DIABETES PROGRAM	30,000

RED BANK, NJ 07701				
PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE RD	NONE	PC	UNRESTRICTED	

Total.

PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE RD WHEATON, IL 60187	NONE	PC	UNRESTRICTED	25,000
PLACER LAND TRUST	NONE	PC	LINRESTRICTED	20,000

201 SOUTH NAPERVILLE RD WHEATON, IL 60187				
PLACER LAND TRUST 11641 BLOCKER DRIVE	NONE	PC	UNRESTRICTED	20,000

PLACER LAND TRUST 11641 BLOCKER DRIVE AUBURN, CA 95603 NONE PC UNRESTRICTED 20,000	WHEATON, IL 60187				
	11641 BLOCKER DRIVE	NONE	PC	UNRESTRICTED	20,000

PLACER LAND TRUST	NONE	PC	UNRESTRICTED	20
11641 BLOCKER DRIVE AUBURN, CA 95603				

11641 BLOCKER DRIVE AUBURN, CA 95603	NONE	OMNESTIMETED	20
Total		 ▶ 3a	856,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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 PLACER NATURE CENTER NONE PC UNRESTRICTED 10,000 3700 CHRISTIAN VALLEY RD AUBURN, CA 95602

PLANNED PARENTHOOD OF NEW JERSEY 196 SPEEDWELL AVENUE MORRISTOWN, NJ 07960	NONE	PC	UNRESTRICTED	10,000
THE REFORMED CHURCH OF LINDEN 600 NORTH WOOD AVENUE	NONE	PC	UNRESTRICTED	20,000

856,000

LINDEN, NJ 07036

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 recipient Name and address (home or business) or substantial contributor a Paid during the year ST HUBERT'S ANIMAL WELFARE CENTER NONE PC UNRESTRICTED 10,000 575 WOODLAND AVENUE MADISON.NJ 07940

SHELTER FOR ABUSED WOMEN CHILDREN PO BOX 10102 NAPLES, FL 34101	NONE	PC	UNRESTRICTED	25,000
SUMMIT VOLUNTEER FIRST AID SOUAD	NONE	PC	UNRESTRICTED	15,000

PO BOX 10102 NAPLES, FL 34101				
SUMMIT VOLUNTEER FIRST AID SQUAD PO BOX 234 SUMMIT N1 07902	NONE	PC	UNRESTRICTED	15,00

PO BOX 10102 NAPLES, FL 34101				
SUMMIT VOLUNTEER FIRST AID SQUAD PO BOX 234	NONE	PC	UNRESTRICTED	15

Total .

NAPLES, PL 34101				
SUMMIT VOLUNTEER FIRST AID SQUAD	NONE	PC	UNRESTRICTED	15,000
PO BOX 234				
SUMMIT, NJ 07902				i

856,000

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				
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 07207	NONE	PC	FOR THE EMERGENCY ROOM WAITING AREA	50,000

ELIZABETH, NJ 07207				
TRUST FOR PUBLIC LANDS 60 PARK PLACE SUITE 901 NEWARK, NJ 07102	NONE	PC	FOR THE NEWARK PLAYGROUND	5,000
UNION COUNTY COLLEGE FOUNDATION	NONE	PC	UNRESTRICTED	20,000

TRUST FOR PUBLIC LANDS 60 PARK PLACE SUITE 901 NEWARK, NJ 07102	NONE	PC	FOR THE NEWARK PLAYGROUND	5,000
UNION COUNTY COLLEGE FOUNDATION 1033 SPRINGFIELD AVENUE CRANFORD, NJ 07016	NONE	PC	UNRESTRICTED	20,000
Total	856 000			

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

UNITED METHODIST CHURCH OF LINDEN 321 NORTH WOOD AVENUE LINDEN, NJ 07036	NONE	PC	UNRESTRICTED	20,000
UNITED METHODIST CHURCH OF RED	NONE	PC	UNRESTRICTED	20,000

321 NORTH WOOD AVENUE LINDEN, NJ 07036				
UNITED METHODIST CHURCH OF RED BANK 247 BROAD STREET RED BANK, NJ 07701	NONE	PC	UNRESTRICTED	20,000
VALERIE FUND2101 MILLBURN AVENUE	NONE	PC	UNRESTRICTED	20,000

247 BROAD STREET RED BANK, NJ 07701				
VALERIE FUND2101 MILLBURN AVENUE	NONE	PC	UNRESTRICTED	20,000

Total .

RED BANK, NJ 07701				
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	PC	UNRESTRICTED	20,000

VALERIE FUND2101 MILLBURN AVENUE	NONE	PC	UNRESTRICTED	20,000
MAPLEWOOD, NJ 07040				·

856,000

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

a Paid during the year			
	or substantial contributor		

or substantial contributor

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

Name and address (home or business)

WOODS HOLE OCEANOGRAPHIC	NONE	PC	UNRESTRICTED	20,000
INSTITUTE				
266 WOODS HOLE ROAD 40				
WOODS HOLE, MA 02543				

Total	 ▶ 3a	856,000
INSTITUTE 266 WOODS HOLE ROAD 40 WOODS HOLE, MA 02543		

efile GRAPHIC print - DO NOT PI	ROCESS	As Filed D	ata -			DLN: 93491308020091	
TY 2020 Accounting Fees Schedule							
	Name:	THE GEO	RGE '	W BAUER FAM	ILY		
FOUNDATION							
	EIN:	22-60696	622				
Category	Amo	ount		Investment Income	Adjusted Net Income	Disbursements for Charitable	
						Purposes	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491308020091
TY 2020 Investments - Other	Schedule	
Name:	THE GEORGE W BAUER FAMILY	
	FOUNDATION	
EIN:	22-6069622	
Investments Other Schedule 2		

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
TRUFFLE HOUND GLOBAL VALUE, LL	AT COST	18,195,013	27,317,576			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491308020091			
TY 2020 Other Expenses Schε	TY 2020 Other Expenses Schedule						
Name: THE GEORGE W BAUER FAMILY							
ı	FOUNDATION						
EIN: 22-6069622							
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES			1				
ADMINISTRATIVE EXPENSES	56,121	5,612	1	50,509			
INVESTMENT FEES - TRADER	97,280	97,280	1				
MISCELLANEOUS EXPENSES	30	30	1				

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491308020091		
TY 2020 Taxes Schedule						
Na	me: THE GEORG	E W BAUER FAMIL	Y			
FOUNDATION						
E	EIN: 22-6069622					
Taxes Schedule						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAXES	51,803	51,803				
FEDERAL EXCISE TAX	4,500					