Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning

		and the desired four, or tax your positioning							
	Check if applicabl	C Name of organization		D Employe	r identific	cation number			
г	Addre	ss mue varedte etimo							
F	lchang Name			-	22-2	126867			
\vdash	lchang lnitial		Doom/ouit	Talanhan	22-2126867				
<u> </u>	Ireturn Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephon		761-0422			
L	return/ termin					7,601,213.			
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receip					
<u> </u>	return □Applic	MAPLEWOOD, NO 07040	H(a) Is this a						
<u></u>	tion pendir	F Name and address of principal officer: DARKI KIRSCHNER				? Yes X No			
			reluded? Yes No						
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 52	⊣ ′		list. (see instructions)			
		te: > WWW.THEVALERIEFUND.ORG		H(c) Group		···			
		organization: X Corporation Trust Association Other	L Yea	ar of formation: 1	1976 N	1 State of legal domicile: NJ			
Pa	art I	Summary							
ģ		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$							
Governance		NOT FOR PROFIT ORGANIZATION ESTABLISHED	<u>ON 19</u>	76 IN ME	EMORY	OF NINE			
Ĕ	2	Check this box 🕨 🔛 if the organization discontinued its operations or disp	osed of mo	re than 25% of	its net as				
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	17			
	4	Number of independent voting members of the governing body (Part VI, line 1b))		4	17			
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) $$			5	16			
ξij	6	Total number of volunteers (estimate if necessary)			6	200			
Ćŧi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7а	0.			
٩	b	Net unrelated business taxable income from Form 990-T, line 38			7b	0.			
				Prior Yea	r	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,720,	104.	4,839,189.			
		Program service revenue (Part VIII, line 2g)			0.	0.			
ève		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		182,	829.	195,987.			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,232,		1,257,639.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,135,		6,292,815.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,808,		3,076,328.			
	ł	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
' 0	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	- 1	1,023,		1,066,737.			
Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
en		Total fundraising expenses (Part IX, column (D), line 25) 694							
Μ̈		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,117,	247.	940,504.			
	ł	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	- 1	4,949,		5,083,569.			
	1	Revenue less expenses. Subtract line 18 from line 12	ſ		210.	1,209,246.			
- S		nevenue less expenses. Subtract line 10 from line 12		Beginning of Curr		End of Year			
Net Assets or Fund Balances	00 .	Total accests (Dart V. line 16)		10,919,		11,515,568.			
Ball	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			012.	277,636.			
	21	Net assets or fund balances. Subtract line 21 from line 20	·····	10,472,		11,237,932.			
	ert II	Signature Block		10,412,	1340	11,201,002.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lan and atata	manta and to the	hact of my	knowledge and helief it is			
						/ Kilowieuge allu bellet, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	willen prepar	er rias arry kritowie	aye.				
		Signature of officer		Date					
Sigi	- 1			Date					
Her	е	BARRY KIRSCHNER, EXECUTIVE DIRECTOR Type or print name and title	···		· ·				
				Date	Charl	PTIN			
		Print/Type preparer's name Prepare 's signature' Prepare 's signature'	_	10-18-19	Check	-			
Paid		PATRICIA DIAZ, CPA Tabucca Wa	5		self-employe				
	arer	Firm's name DORFMAN ABRAMS MUSIC, LLC	/	Firm'	s EIN 🛌	22-1655803			
Jse	Only	Firm's address 250 PEHLE AVE., SUITE 702				1 400 0550			
		SADDLE BROOK, NJ 07663		Phon	ie no. 201	1-403-9750			
Maν	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			

Ра	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO RAISE FUNDS TO SUPPORT COMPREHENSIVE HEALTH CARE FOR CHILDREN WITH
	CANCER AND BLOOD DISORDERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? X Yes No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,041,428 · including grants of \$ 2,628,203 ·) (Revenue \$
	THE VALERIE FUND SUPPORTS PSYCHOSOCIAL PROGRAMS
	INCLUDING THE CHILD LIFE ACTIVITIES AND SOCIAL WORK
	PROGRAMS AT SEVEN HOSPITAL-BASED VALERIE FUND CENTERS IN NEW YORK & NEW
	JERSEY. CHILDREN AND THEIR FAMILIES VISITED THE CENTERS MORE THAN
	25,000 TIMES IN 2018, ALL TO BE TREATED FOR CANCER AND OTHER BLOOD
	DISORDERS.THE VALERIE FUND ALSO HOSTS HOLIDAY PARTIES AT ITS CENTERS DURING THE YEAR.HOLIDAY FUNCTIONS HOSTED BY THE VALERIE FUND DURING
	2018 SERVED APPROXIMATELY 3,000 PATIENTS AND THEIR FAMILIES.
	ZUIO SERVED AFFROXIMATEDI 3,000 FATIENIS AND INEIR FAMIDIES.
4b	(Code:) (Expenses \$
710	CAMP HAPPY TIMES
	THE VALERIE FUND OPERATES CAMP HAPPY TIMES, A FREE ONE-WEEK SUMMER CAMP
	FOR CHILDREN WITH CANCER. CAMP HAPPY TIMES SERVES APPROXIMATELY 200
	CHILDREN AND TEENAGE PATIENT LEADERS-IN-TRAINING.
	ADDITIONALLY, THE VALERIE FUND PROVIDES TRANSPORTATION AND FUNDING
	FOR APPROXIMATELY 100 CHILDREN WITH CANCER AND BLOOD DISORDERS
	TO ATTEND OTHER CAMP PROGRAMS DESIGNED FOR THEIR NEEDS THROUGHOUT THE
	YEAR.
4c	(Code:) (Expenses \$
	ADVOCACY
	THE VALERIE FUND ENGAGES IN YEAR ROUND ADVOCACY AND SUPPORT FOR THE
	CHILDREN TREATED WITH CANCER AND BLOOD DISORDERS.
	BEYOND PSYCHO-SOCIAL CARE PROVIDED FOR BY THE VALERIE FUND YEAR ROUND,
	EACH DECEMBER CHILDREN TREATED AT EACH OF THE CENTERS
	ARE INVITED TO ENJOY FESTIVE HOLIDAY PARTIES WITH THEIR PARENTS AND
	SIBLINGS.
	THESE PARTIES BRING TOGETHER AS MANY AS 500 AT A TIME FOR JOYOUS HOLIDAY CELEBRATIONS WHERE PATIENTS CAN ENJOY THEIR CAREGIVERS IN AN
	ENTIRELY DIFFERENT SETTING. THE FUND HAS CREATED A SCHOLARSHIP PROGRAM TO PROMOTE EDUCATION AND
	ADVANCEMENT OF CHILDREN TREATED AT THE CENTERS.
40	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 4 , 237 , 088 .
70	Total program Solvice expenses

Form 990 (2018) THE VALERIE FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		-25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "You " complete School to E. Parte Land IV.	14h		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- ^ `
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) THE VALERIE FUND Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	 		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₩.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	1
Pai	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	71	
_	Check if Schedule O contains a response or note to any line in this Part V			
	Check is deficitate of contains a response of note to any line in this rait v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in Box 3 of Form 1035. Enter 40-in 10t applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018) THE VALERIE FUND Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_		_V
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	ione provided to the pover		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70	21	
C		· .	7c		X
d	I	7d	70		
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	'	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
	,	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406			
_		13b 13c			
		'	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuners				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
-	If "Yes," complete Form 4720, Schedule O.				
				222	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	4 =[Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervis	ion			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed? \dots		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?			7b		X
8	$ \ Did the organization contemporaneously document the meetings held or written actions undertaken during the years of the organization of the property of the property$	ear by the following:				
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the	e form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\shortparallel}$	Yes," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independen	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
	The organization's CEO, Executive Director, or top management official		-	15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NJ , NY , FL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section	501(c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest p	oolicy, and	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	▶			
	BARRY KIRSCHNER - 973-761-0422 2101 MILLBURN AVE. MAPLEWOOD. NJ 07040					

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Learning Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l	111126	((прсі	isai	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week (list any		JCI all		1 0010	17 11 113		from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	altrus	ınal tr		loyee	e ocumb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH M. CYRIAC	2.00	트	ü	₽	-\$	E E	요			
TRUSTEE	2.00	х						0.	0.	0.
(2) MATT DENICHILO	2.00									
TRUSTEE		х						0.	0.	0.
(3) HARRIET GREENHOLTZ	2.00									
TRUSTEE		х						0.	0.	0.
(4) DAVID NOVAK	2.00									
TRUSTEE		Х						0.	0.	0.
(5) JANET KEATING	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(6) NOEMI ROSA	2.00								•	•
TRUSTEE	0 00	Х						0.	0.	0.
(7) GLENN SCHIFFMAN	2.00	,,							0	0
TRUSTEE	2 00	Х						0.	0.	0.
(8) STEPHEN SQUERI	2.00	Х						0.	0.	0.
TRUSTEE (9) MERRIE BERNSTEIN	2.00	^						0.	0.	<u> </u>
TRUSTEE	2.00	Х						0.	0.	0.
(10) KRISTA MCKERRACHER	2.00							0.	0.	
TRUSTEE		x						0.	0.	0.
(11) SHARON WEINTRAUB	2.00									
TRUSTEE		Х						0.	0.	0.
(12) PETER FRIEDMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(13) DOMINIC DIBARI	2.00									
TRUSTEE		Х						0.	0.	0.
(14) JULIE RUBINSTEIN	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(15) TARA FAVORS	2.00								•	
TRUSTEE - TERM 6/18	2 22	Х					_	0.	0.	0.
(16) DEBBIE SCHILLER	2.00	,,							^	_
TRUSTEE - TERM 9/18	2 00	Х			_			0.	0.	0.
(17) DIANE YOUNG, M.D.	2.00	X						0.	0.	_
TRUSTEE - TERM 6/18		Λ			<u> </u>			<u> </u>	0.	0.

22-2126867

Form 990 (2018) THE VALES									22-21	L26	867	Pa	ıge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title Average hours per week (list any		Average lours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount o	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga and	ensar om the Inizati relate nizatio	e on ed
(18) NEIL YARIS BOARD CHAIR	2.00	х		х				0.		0.			0.
(19) JOSEPH UVA VICE CHAIR	2.00	х		х				0.		0.			0.
(20) BRIAN FUHRO, ESQ. TREASURER	2.00	х		х				0.		0.			0.
(21) BARRY KIRSCHNER EXECUTIVE DIRECTOR	40.00			X				182,763.		0.	r	5,56	
(22) DONALD ROBINSON	40.00			X				55,727.		0.		,, 5	0.
DIRECTOR OF FINANCE (23) BERNICE FLANDERS	40.00			Δ.		37						. 24	
COMMUNICATIONS DIRECTOR (24) LORI ABRAMS	40.00					X		139,503.		0.		1,20	
DEVELOPMENT DIRECTOR						Х		117,884.		0.	11	.,26	<u>)l.</u>
1b Sub-total							>	495,877.		0.	21	.,08	38.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<u> </u>	495,877.		0.	21	.,08	
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	ed al	bove	e) wł	าo r	received more than \$100	,000 of reportabl	е			3
3 Did the organization list any former officer,												Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportab	 le co	 omp	 ensa	 atior	and	 d ot	ther compensation from	the organization		3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a									idual for services		4	Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors	=				-						5		Х
Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation fr	om	
(A) Name and business address								(B) Description of s		С	(C) compen		1
Total number of independent contractors (i \$100,000 of compensation from the organization)	•	ot li	mite	d to		se li:)	stec	d above) who received m	nore than				
											Form 9	90 (2	018)

Ш	Statement	of Revenue
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		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			·	j	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our		Membership dues						
S, C	С	Fundraising events		602,400.				
ar,		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribut						
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f	4,236,789.				
90	g	Noncash contributions included in lines	1a-1f: \$	306,158.				
၂ ရ	h	Total. Add lines 1a-1f		>	4,839,189.			
				Business Code				
စ္ပ	2 a							
ه چَ	b							
Program Service Revenue	С							
eve.	d							
P G	е							
ᇫ	f	All other program service reve	enue					_
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			197,696.			197,696.
	4	Income from investment of tax						
	5	Royalties		▶ [
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	711,725.					
	b	Less: cost or other basis						
		and sales expenses	713,434.	.				
	С	Gain or (loss)						
	d	Net gain or (loss)			-1,709.			-1,709.
ne		Gross income from fundraising	g events (not		·			,
l en		including \$ 602						
Other Reven		contributions reported on line		1 052 603				
Je		Part IV, line 18						
₹		Less: direct expenses			1 257 620			1 257 620
		Net income or (loss) from fund		>	1,257,639.			1,257,639.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
-	44	Miscellaneous Revenu	е	Business Code				
	11 a							
	b							
	C	All alla avviv						
		All other revenue						
		Total. Add lines 11a-11d			6 202 015	^	^	1 452 626
	12	Total revenue. See instructions			6,292,815.	0.	0.	1,453,626.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	Section 50 I(c)(3) and 50 I(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
_	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	2,628,203.	2,628,203.							
2	Grants and other assistance to domestic	440 405	440 105							
	individuals. See Part IV, line 22	448,125.	448,125.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	244 052	112 200	27 765	102 000					
	trustees, and key employees	244,052.	112,399.	27,765.	103,888.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	667 730	207 512	76 177	202 721					
7	Other salaries and wages	667,720.	307,512.	76,477.	283,731.					
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)	91,825.	42,349.	7,425.	/2 NE1					
9	Other employee benefits	63,140.	29,119.	5,106.	42,051. 28,915.					
10	Payroll taxes	03,140.	29,119.	3,100.	20,913.					
11	Fees for services (non-employees):									
	Management									
	Legal	18,000.	3,472.	10,157.	4,371.					
	Accounting	10,000.	3,414.	10,137.	4,3/1.					
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	82,406.	3,481.	10,186.	68,739.					
40	column (A) amount, list line 11g expenses on Sch O.)	02,400.	3,401.	10,100.	00,733.					
12	Advertising and promotion									
13	Office expenses									
14 15	Information technology									
16	Royalties	195,519.	143,966.	7,466.	44,087.					
17	Occupancy	233,3231	223,3001	7,72000						
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	33,584.	22,715.	1,470.	9,399.					
23	Insurance	18,885.	9,594.	1,926.	7,365.					
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	OTHER PROGRAM EXPENSES	173,746.	173,746.							
b	CHILDREN'S ACTIVITIES	151,242.	151,242.							
С	COMMUNICATIONS	126,920.	58,249.	1,297.	67,374.					
d	SUPPLIES	57,707.	42,716.	1,450.	13,541.					
е	All other expenses	82,495.	60,200.	1,030.	21,265.					
25	Total functional expenses. Add lines 1 through 24e	5,083,569.	4,237,088.	151,755.	694,726.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	0 10 01 10				Earm 990 (2018)					

Form 990 (2018) Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Laans and other receivables from current and former officers, directors, trusteess, key employees, and highest compensated employees. Complete Part II of Schedulie L 6 Laans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employers beneficiary organizations (see inst), Complete Part II of Sch 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 11 1 Intrangible assets 1 Intrangible assets 1 Intrangible assets 1 Intrangible assets 1 Counts payable and accrued expenses 1 Secretary payable and accrued expenses 1 Secretary payable and accrued expenses 1 Accounts payable and accrued expenses 1 Carried assets, add lines 1 through 15 (must equal line 34) 1 Investments - program and notes payable to unrelated third parties 2 Laans and other payables to current and former officers, directors, trustees, key employees, highest compensated on lines 17-24). Complete Part X of Schedule D 2 Carried Intellities (Including federal income tax, payables to related third parties 2 Unsecured notes and loans payable to unrelated third parties 2 Complete Part II of Schedule I. 2 Captal stock or trust principal, or current funds 3 Captal stock or trust principal, or current funds 3 Capital stock or trust principal, or current funds 3 Capital stock or trust principal, or current funds 3 Capital stock or trust principal, or current fun	Pai	τ λ	Balance Sheet					
Beginning of year			Check if Schedule O contains a response or not	e to ar	y line in this Part X			
2 Savings and temporary cash investments 747,791, 2 1,304,160						Beginning of year		End of year
2 Savings and temporary cash investments		1	Cash - non-interest-bearing				1	639,503.
3 Pleages and grants receivable, net 4 Accounts receivable, net 1 Cans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Leans and other receivables from other disqualified persons (as defined under section 4956)(f(1)) Reysons described in section 49569(s(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 109 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intragible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 10 , 919 , 766. 16 11 , 515, 568 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Taylor or or usoftal alians to or line parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here 19 Deferred revenue 27 Investments - publicles or included on lines 17-24). Complete Part X of Schedule D 28 Taylor or custodial alians count liability. Complete Part X of Schedule D 29 Fernamently restricted net assets 5 (Again and other payables to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 (Taylor or or usoftal aliabilities on tinulcided on lines 17-24). Complete Part X of Schedule D 26 Total liabilities		2					2	
4 Accounts receivable, net 5 Losans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 6 Losans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(6)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 100 Land, buildings, and equipment cost or other basis. Complete Part II of Sch L. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assests. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Gerther assets. See Part IV, line 11 19 Deferred revenue 10 Deferred revenue 10 Deferred revenue 10 Deferred revenue 11 Schedule I. 22 Loans and other payables to urrent and former officers, directors, rustees, key employees, highest compensated employees, and disqualified parties, and other liabilities not included on lines 17-24). Complete Part V of Schedule D 23 Ecured mortgages and notes payable to urrelated third parties. 24 Unsecured notes and loans payable to urrelated third parties. 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 10 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Padein or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accomplated income, or other funds 33 Retained assets 34 Organizations that do not follow SFAS 117 (ASC 958)		3					3	2,822,327.
tustess, key employees, and highest compensated employees. Complete Part II of Schadule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(f(1)) spersons described in section 4958(g(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Preparid expenses and deferred charges 109, 137. 9 107, 592 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intrangible assets 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Defender devenue 19 Defender devenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 20 Complete Part II of Schedule D 21 Consumed and complete Part IV of Schedule D 22 Consumed and complete Part IV of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Tother liabilities not included on lines 17.24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 37 Organizations that follow SFAS 117 (ASC 958), check here 38 Temporally restricted net assets 39 Capital stock or trust principal, or current funds 31 Patchinor capital surplus, or land, building, or equipment fund 31 Patchinor capital surplus, or land, building, or equipment fund 31 Patchinor capital surplus, or land, building, or equipment fund 31 Patchinor capital surplus, or land, building, or equipme		4		67,653.	4	116,476.		
Part II of Schedule L Coans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(B) voluntary employers beneficiary organizations (see inst). Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 9 Prepaid expenses and deferred charges 109, 137, 9 107, 592 100 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 100 Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 382,768 . 17 126,992 88 Taxexempt bond liabilities 18 Deferred revenue 19 Deferred revenue 20 Taxexempt bond liabilities 21 Escrov or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties 23 Unsecured nortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (and payable to unrelated third parties 26 Organizations that follow SFAS 117 (ASC 958), check here IX and complete lines 27 through 29, and lines 33 and 34. 80 Capital stock or trust principal, or current funds 31 Patien or capital surplus, or land, building, or equipment fund 31 Patien or capital surplus, or land, building, or equipment fund 32 Reference and complete lines 27 and, building, or equipment fund 33 Reference and page and oncomplete lines 27 and, building, or equipment fund 34 Patien or capital surplus, or land, building, or equipment fund 35 Reference and page and converse (and page page and page page page and page page page page page page page page		5						
6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958(c)(3(8)), and contributing employees and sponsoring organizations of section 501(c)(8) voluntary employees heneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total sasets. Add lines 1 through 15 fmust equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Excrevor or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Excrevor or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Loans and other payables to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities and time Sas St. 27 Unrestricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capita			trustees, key employees, and highest compensation	ated er	nployees. Complete			
section 4958(r)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L			Part II of Schedule L				5	
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Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,08	3,5	69.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,47		
5	Net unrealized gains (losses) on investments	5	-41	4,9	06.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-2	9,1	62.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,23	7,9	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE VALERIE FUND 22-2126867 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,168,123.	3,052,550.	4,127,267.	3,720,104.	4,839,189.	19,907,233.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,168,123.	3,052,550.	4,127,267.	3,720,104.	4,839,189.	19,907,233.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						0.45 454
	column (f)						247,474.
	Public support. Subtract line 5 from line 4.						19,659,759.
	etion B. Total Support	() 22//	" > 00.45	() 00/0	(n aa -	() 00/0	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	4,168,123.	3,052,550.	4,127,267.	3,720,104.	4,839,189.	19,907,233.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	72,902.	100,257.	102 972	182,829.	197,696.	656,556.
_	and income from similar sources	12,902.	100,237.	102,072.	102,029.	191,090.	030,330.
9	Net income from unrelated business						
	activities, whether or not the						
10	Other income. Do not include gain						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							20,563,789.
12	Gross receipts from related activities,	etc (see instruction	one)			12 9	,766,318.
13	First five years. If the Form 990 is for			d fourth or fifth to	av vear as a sectio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
.0	organization, check this box and stor		,		•	* * * *	
Sec	ction C. Computation of Publ						
	Public support percentage for 2018 (column (f))		14	95.60 %
15	Public support percentage from 2017					15	94.53 %
	33 1/3% support test - 2018. If the o					•	
	stop here. The organization qualifies	· ·		,		,	\triangleright X
b	33 1/3% support test - 2017. If the						nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		1
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on				1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , , , ,	
<u></u>	check this box and stop here ction C. Computation of Publ						<u></u>
	<u>-</u>			(f)\		145	0/
	Public support percentage for 2018 (I					15	%
	Public support percentage from 2017 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	<u> </u>
	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the						
136	more than 33 1/3%, check this box a						17 13 1101
L	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2018

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or mare supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
_	EAGGGG 110111 2010			

Schedule A (Form 990 or 990-EZ) 2018

Dowt VI					
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,				
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				

THE VALERIE FUND 22-2126867

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HOWARD AND DEBBIE SCHILLER	507,500.	96,224.
DAVID AND JANE NOVAK	554,252.	142,976.
STEPHEN AND TINA SQUERI	419,550.	8,274.
Total Excess Contributions to Schedule A, Part II, Line 5		247,474.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

THE VALERIE FUND 22-2126867

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	~	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

THE VALERIE FUND

22-2126867

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	JOSH AND SHARON WEINTRAUB 14 GRASSMERE COURT LIVINGSTON, NJ 07039	\$ <u>116,700</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	JUSTIN GIMELSTOB CHILDREN'S FUND 130 EISENHOWER PARKWAY ROSELAND, NJ 07068	\$ <u>100,000</u> .	Person X Payroll		
(a) No.	(b)	(c) Total contributions	(d)		
3	Name, address, and ZIP + 4 THE ALFIERO AND LUCIA PALESTRONI FOUNDATION, INC 333 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632	\$ 401,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	THE SILVER FAMILY FOUNDATION 105 GROVE STREET MONTCLAIR, NJ 07042	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	ANDREW AND JULIE RUBINSTEIN 164 WEST 79TH STREET NEW YORK, NY 10024	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	DR. DIANE YOUNG 1020 DIAMOND HEAD WAY PALM BEACH GARDENS, FL 33418	\$360,000.	Person X Payroll		

Name of organization Employer identification number

THE VALERIE FUND 22-2126867

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KRONTHAL FAMILY FOUNDATION 157 VILLAGE ROAD GREEN VILLAGE, NJ 07935	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JOEL AND ETHEL SHARENOW 11 RIDGEWOOD DRIVE LIVINGSTON, NJ 07039	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BRENDAN GARVEY 245 WEST 99 STREET NEW YORK, NY 10025	\$ 105,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE VALERIE FUND

22-2126867

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number Name of organization 22-2126867 THE VALERIE FUND Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE VALERIE FUND

Employer identification number 22-2126867

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizar	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amount
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900, Part Y		¢

	dule D (Form 990) 2018 THE VALE								Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Other	r Similar <i>i</i>	Asset	S (continu	ed)	
3	Using the organization's acquisition, accessic	n, and other record	s, check any of the	following that	are a sig	nificant use	of its o	collection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange prograi	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organizatio	n's exem	npt purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			. \square	Yes	No_	
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?							Yes	☐ No	
	If "Yes," explain the arrangement in Part XIII a									
	, .	•	· ·					Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Ending balance					1f				
	Did the organization include an amount on Fo					v?		Yes	No	
	If "Yes," explain the arrangement in Part XIII.									
Par										
		(a) Current year	(b) Prior year	(c) Two years	back (c	d) Three years	s back	(e) Four y	ears back	
1a	Beginning of year balance	2,087,187.	1,901,490.	1,730		1,759			50,801.	
	Contributions	469.	7,750.	-	,780.		,250.	,	74,708.	
	Net investment earnings, gains, and losses	-107,874.	196,105.		,148.	-45	,791.		34,601.	
	Grants or scholarships	,	,		<i></i>		<u>'</u>		<u> </u>	
	Other expenditures for facilities									
	and programs	27,459.	17,159.						495.	
	Administrative expenses	, -	, -		14.		498.			
	End of year balance	1,952,323.	2,087,187.	1,901	490.	1,730	576.	1.7	59,615.	
_	Provide the estimated percentage of the curre				, -	,	, -			
	Board designated or quasi-endowment	8.28	%	,,, riola ao.						
	Permanent endowment 80.62	%								
	Temporarily restricted endowment ▶ 11									
	The percentages on lines 2a, 2b, and 2c shou									
	Are there endowment funds not in the posses		ation that are held a	nd administer	ed for the	e organizatio	on			
-	by:	olori or the organiza	thorr triat are riola a	ira dariii ilotoi	00 101 111	o organizati	011	Γv	es No	
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on Schedule R?					3b		
	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered		. Part IV. line 11a. S	See Form 990.	Part X. li	ine 10.				
	Description of property	(a) Cost or ot				cumulated		(d) Book	value	
	2000p.i.o o. proporty	basis (investm			. ,	reciation		, 2, 200K		
1a	Land	<u> </u>	, I	0,000.				50	,000.	
	Buildings			5,500.	1	30,330			,170.	
	Leasehold improvements			3,918.		25,864			,054.	
	Equipment			8,238.		15,532			,706.	
	Other			1,763.		21,763			0.	

Schedule D (Form 990) 2018

245,930.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Table (Call /b) reveal agreed Forms (200 Point V and /D) line 10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 B+ IV	line 44 - Oce Ferry 000 Part V line 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV	(c) Method of valuation: Cost or	and of year market value
	(b) DOOK value	(c) Method of Valuation. Gost of	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.	,		•
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018 THE VALERIE FUND			22-	2126867 Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per F		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	•		
			1	5,957,079
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-414,906.		
b Donated services and use of facilities		108,332.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	-306,574
3 Subtract line 2e from line 1			3	6,263,653.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,162.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	29,162.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,292,815.
Part XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
Total expenses and losses per audited financial statements			1	5,191,901.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	108,332.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	108,332
3 Subtract line 2e from line 1			3	5,083,569
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,083,569
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac				
PART V, LINE 4:				
THE ORGANIZATION ESTABLISHED THE ENDOWMENT	FUND FO	R BOTH SPE	CIF	IC PURPOSES
AND FOR THE GENERAL SUPPORT OF THE ORGANIZA	TION.			
PART X, LINE 2:				
AS OF DECEMBER 31, 2018, MANAGEMENT BELIEVE	S THAT	BASED ON E	VAL	UATION OF
THE FUND'S TAX POSITION THAT ANY LIABILITY	AS A RE	SULT OF UN	ICER'	TAIN TAX
POSITIONS WOULD NOT BE MATERIAL. MANAGEMEN	T CONTI	NUALLY EVA	LUA'	TES

AUTHORITATIVE RULINGS TO ASSIST US IN EVALUATING THE FUND'S TAX POSITIONS.

ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF

EXPIRING STATUTES OF LIMITATIONS, CHANGES IN TAX LAW, AND NEW

ANY, WOULD BE RECOGNIZED AS PART OF THE INCOME TAX PROVISION.

RETURNS ARE FILED IN THE U.S. FEDERAL JURISDICTION AND STATE
JURISDICTIONS. U.S. FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL
YEAR 2015 ARE CLOSED.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

d X In-person solicitations

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

No

Name of the organization

THE VALERIE FUND

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a X Mail solicitations

b X Internet and email solicitations

c Phone solicitations

g X Special fundraising events

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **X** Yes

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or

(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE MUNSHINE GROUP - 41			Yes	No			
LAUREL DRIVE, SPRINGFIELD, NJ	CAPITAL	CAMPAIGN		Х	2,170,872.	64,356.	2,106,516.
Total				•	2,170,872.	64,356.	2,106,516.

NJ,NY,FL				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events THANKSGIVING (add col. (a) through BALL WALK-A-THON 4 col. (c)) (event type) (event type) (total number) Revenue 2,455,003. 460,471. 948,447. 1,046,085. 1 Gross receipts 389,000 213,400. 602,400. 2 Less: Contributions 1,852,603. 71,471. 948,447. 832,685. **3** Gross income (line 1 minus line 2) 4 Cash prizes 23,200. 11,275. 34,475. 5 Noncash prizes Direct Expenses 28,413. 114,325. 172,738. 30,000. 6 Rent/facility costs 35,000. 1,297. 34,788. 71,085. 7 Food and beverages 5,775. 8,300. 14,075. 8 Entertainment 56,979. 302,591. 9 Other direct expenses 101,298. 144,314. 59<u>4,964.</u> **10** Direct expense summary. Add lines 4 through 9 in column (d) 1,257,639. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 THE VALERIE FUND 22-2	126	867	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		100	140
-	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	solutions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
Ĭ	retain the state gaming license?		Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year ▶ \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
<u>(I</u>) NAME OF FUNDRAISER: THE MUNSHINE GROUP			
(I) ADDRESS OF FUNDRAISER: 41 LAUREL DRIVE, SPRINGFIELD, NJ 070	81		

Schedule G	(Form 990 or 990-EZ)	THE VALERIE	FUND	22-2126867 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		-

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization 22-2126867 THE VALERIE FUND

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate th	ne amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II ca	n be duplicated if addit	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VALERIE FUND CHILDREN'S CENTER -							
NEWARK BETH ISRAEL HOSPITAL - 201							SUPPORT OF CHILDREN'S
LYONS AVE NEWARK, NJ 07112	22-2587176	501(C)(3)	901,923.	0.			CENTER
VALERIE FUND CHILDREN'S CENTER -							
ST BARNABAS MEDICAL CENTER - 94							
OLD SHORT HILLS RD LIVINGSTON,							SUPPORT OF CHILDREN'S
NJ 07039	22-2378422	501(C)(3)	95,023.	0.			CENTER
VALERIE FUND CHILDREN'S CENTER -							
OVERLOOK/MORRISTOWN HOSPITAL - 33							
OVERLOOK RD. SUITE 211 - SUMMIT,							SUPPORT OF CHILDREN'S
NJ 07901	51-0194054	501(C)(3)	521,661.	0.			CENTER
VALERIE FUND CHILDREN'S CENTER -							
MONMOUTH MEDICAL CENTER - 300							
SECOND AVE LONG BRANCH, NJ							SUPPORT OF CHILDREN'S
07740	22-2456079	501(C)(3)	180,595.	0.			CENTER
VALERIE FUND CHILDREN'S CENTER -							
NY PRESBYTRIAN HOSPITAL - 622 WEST							SUPPORT OF CHILDREN'S
168TH ST - NEW YORK, NY 10032	74-3066193	501(C)(3)	280,075.	0.			CENTER
VALERIE FUND CHILDREN'S CENTER -			,				
CHILD.HOSP.OF PHILA., NJ SECTION OF							
HEM/ONC - 100 PENN SQ EAST - 8TH							SUPPORT OF CHILDREN'S
FLOOR N - PHILADELPHIA, PA 19107	23-2237932	501(C)(3)	290,275.	0.			CENTER
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				> 7.
3 Enter total number of other organizations	s listed in the line	1 table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LERIE FUND CHILDREN'S CENTER JOSEPH'S MEDICAL CENTER .UNDATION - 703 MAIN STREET -							WSALINAS - 10/27/17 04:40PM INTERVIEW FOR
TERSON, NJ 07503	94-2941245	501(C)(3)	358,651.	0.			9901-2

22-2126867 THE VALERIE FUND

Schedule I (Form 990) (2018) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance SCHOLARSHIPS 100 448,125 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION MONITORS GRANT FUNDS TO HOSPITAL CENTERS ON A QUARTERLY BASIS AS STATUS REPORTS ARE SENT TO THE MAIN OFFICE. FUNDS TO BE ALLOCATED TO EACH CENTER IS DETERMINED ANNUALLY DURING THE BUDGET PLANNING PROCESS WITH THE BOARD. SCHOLARSHIP APPLICATIONS ARE REVIEWED AND VOTED ON BY THE

COLLEGE.

SCHOLARSHIP RECIPIENTS ARE VALERIE FUND PEDIATRIC PATIENTS ENTERING

BOARD.

832102 11-02-18

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE VALERIE FUND

Part I Questions Regarding Compensation

Employer identification number 22-2126867

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		Λ
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
а	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Bentiations section as appoint?	. 4		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(15)(1)-(15)	reported as deferred on prior Form 990
(1) BARRY KIRSCHNER (i)	182,763.	0.	0.	5,562.	0.	188,325.	0.
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization THE VALERIE FUND

Types of Property

Employer identification number 22-2126867

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		_	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion ar	nount	S
1	Art - Works of art		items contributed	1 01111 000,1 art viii, iiiio 19				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	6	3,352.	FAIR MARKET	VA	LUE	
7	Boats and planes			.,				
8	Intellectual property							
9	Securities - Publicly traded	Х	5	91,060.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock			-				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			444 404				
25	Other (SPORT TICKETS)	X	65		FAIR MARKET			
26	Other \blacktriangleright ($\overline{\text{COSMETICS} - C}$)	X	1	63,150.	FAIR MARKET	VA	LUE	
27	Other ()							
28	Other (<u> </u>				
29	Number of Forms 8283 received by the organi		,					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			1	
	5						Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date					00-		X
L	exempt purposes for the entire holding period	<i>r</i>				30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	nolicy that w	equires the review	of any nonetandard contribu	itions?	24		Х
31 322	Does the organization have a gift acceptance Does the organization hire or use third parties		•	•		31		
JZd			_			32a	х	
h	If "Yes," describe in Part II.					3∠a		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proport	y for which column (a) is cho	rked			
-	describe in Part II.	.c.uiiii (c) 10	. a type of propert	y 101 Willion Column (a) is one	onou,			
НА	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Forn	n 990)	2018

Part	is	reportin	g in Part	I, colu	ımn (b),	the nur	vide th nber c	ne info of cont	rmat ributi	ion red ions, tl	quired ne nun	by Par nber o	t I, lir f item	nes 30b ns receiv	, 32b, ved, or	and 33, a a comb	and w inatior	hether ti n of both	ne orgai i. Also c	nization complete	
SCHE	DUL	ЕM,	LINE	32	2B:																
FOR	ANY	AUTO)MOB1	LE	DONA	TIO	NS I	WE :	LIÇ	UII	ATE	тн	E	CARS	THI	ROUGI	ΙΑ	THI	RD		
PART	Y C.	ALLEI	CAF	RS,	INC,	A :	NAT	ION.	AL	ORG	ANI	ZAT	OI	N BA	SED	OUT	OF				
CALI	FOR	NIA.																			

SCHEDULE O

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE VALERIE FUND

Employer identification number 22-2126867

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YEAR OLD VALERIE GOLDSTEIN BY HER PARENTS, ED AND SUE. THE VALERIE

FUND'S MISSION IS TO PROVIDE SUPPORT FOR THE COMPREHENSIVE HEALTH CARE

OF CHILDREN WITH CANCER AND BLOOD DISORDERS. FAMILIES TURN TO THE

VALERIE FUND BECAUSE OF THE UNIQUE COMBINATION OF MEDICAL CARE,

COUNSELING, AND OTHER SERVICES IT PROVIDES. THE VALERIE FUND

CHILDREN'S CENTERS COMPRISE THE LARGEST NETWORK OF HEALTHCARE

FACILITIES FOR CHILDREN WITH CANCER AND BLOOD DISORDERS IN NEW JERSEY,

AND ONE OF THE LARGEST IN THE NATION. THE SEVEN CENTERS HOST

APPROXIMATELY 25,000 PATIENT VISITS EACH YEAR.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2018 THE ORGANIZATION EXPANDED THE PSYCHOLOGIST PROGRAM AT

CHOP-VOORHEES TO FULL TIME STATUS FOR THE CHILDREN TREATED THERE. ALSO

IN 2018, THE ORGANIZATION ADDED A LONG TERM FOLLOW-UP SOCIAL WORKER TO

THE SURVIVORSHIP PROGRAM AT MORRISTOWN. ADDITIONALLY IN 2018, THE

ORGANIZATION MORETHAN DOUBLED THE NUMBER OF HOURS OF THE INTEGRATIVE

MEDICINE PROGRAMS AT NEWARK BETH ISRAEL AND MORRISTOWN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2018 OVER 100 CANCER AND BLOOD DISORDER STUDENTS RECEIVED HIGHER

THE FUND ALSO PROVIDES FUNDING FOR THE PSYCHO-SOCIAL STAFF TO ATTEND

NATIONAL CONFERENCES TO ENHANCE THE PSYCHOLOGICAL AND EMOTIONAL CARE OF

THE CHILDREN UNDER TREATMENT,

EDUCATION SCHOLARSHIPS.

Name of the organization

THE VALERIE FUND

Employer identification number 22-2126867

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF TRUSTEES REVIEWS ALL INFORMATION ON FORM 990 ALONG WITH OUR OUTSIDE AUDITORS PRIOR TO FILING THE FORM.

EXCUTIVE DIRECTOR OR STAFF MEMBERS TAKE NOTES AT QUARTERLY BOARD MEETINGS.

THE NOTES ARE REVIEWED AND FORMALLY DISTRIBUTED AND APPROVED BY BOARD

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE EXECUTIVE DIRECTOR MONITORS ANY ACTIVITY THAT WOULD RELATE TO CONFLICTS

OF INTEREST RELATED TO VALERIE FUND MATTERS AND REPORTS BACK TO THE BOARD

ON ANY INSTANCES THAT MIGHT OCCUR, ALTHOUGH THERE HAVE BEEN NO INSTANCES OF

EVEN POTENTIAL CONFLICTS OF INTEREST IN THE PAST.

FORM 990, PART VI, SECTION B, LINE 15A:

ALL COMPENSATION DECISIONS ARE MADE BY THE EXECUTIVE DIRECTOR AND APPROVED

BY THE BOARD OF TRUSTEES FOR ALL OFFICERS AND KEY EMPLOYEES. THE BOARD OF

TRUSTEES IS RESPONSIBLE FOR COMPENSATION DECISIONS RELATED TO THE EXECUTIVE

DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE

MADE AVAILABLE TO THE PUBLIC ON DEMAND AND ARE POSTED ON THE ORGANIZATION'S

WEBSITE. ALSO ALL DOCUMENTS ARE FILED WITH PUBLIC WEBSITES SUCH AS

GUIDESTAR AND CHARITY NAVIGATOR.

FORM 990, PAGE 11, PART XI, LINE 2C

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND

	ule O (Form 990 or 9	90-EZ	(2018)					Page 2
Name	of the organization	THI	E VAI	LERIE FUND			Employer identification 22-2126867	number
FOR	SELECTION	OF	THE	INDEPENDENT	AUDITORS.			

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	cts, for which an extension request must be sent to the IR f this form, visit www.irs.gov/e-file-providers/e-file-for-chari			e details on	the electronic					
Autor	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corp	porations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnersh	nips, REMIC	s, and trusts					
				Enter file	er's identifying num	ber				
Type o	Name of exempt organization or other filer, see instru	ctions.		Employer	ridentification numb	er (EIN) or				
print	THE VALERIE FUND				22-212686	7				
File by the due date filing your return. Se	for Number, street, and room or suite no. If a P.O. box, sor 2101 MILLBURN AVENUE	ee instruc	tions.	Social se	curity number (SSN	1)				
instructio										
Enter tl	he Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1				
Applica	ation	Return	Application			Return				
Is For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 9	90-BL	02	Form 1041-A	80						
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	90-PF	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	90-T (trust other than above)	06	Form 8870			12				
	books are in the care of books are in the care			040						
	ephone No. ► 973-761-0422		Fax No.							
	e organization does not have an office or place of business									
	is is for a Group Return, enter the organization's four digit (1								
box >	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs	of all memb	ers the extension is	tor.				
	request an automatic 6-month extension of time until he organization named above. The extension is for the organization			ile the exem	pt organization retu	rn for				
	► X calendar year 2018 or	amzation	s return for.							
		, an	d ending							
2 li	f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n					
3a II	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less							
<u>a</u>	ny nonrefundable credits. See instructions.			3a	\$	0.				
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_				
<u>e</u>	estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.				
c E	Balance due. Subtract line 3b from line 3a. Include your pa	ıyment wit	h this form, if required, by			_				
	ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.				
Cautio	n: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form	8453-EO ar	nd Form 8879-EO fo	r payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions.

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2018

Prepared for	The Valerie Fund 2101 Millburn Avenue Maplewood, NJ 07040
Prepared by	Dorfman Abrams Music, LLC 250 Pehle Ave., Suite 702 Saddle Brook, NJ 07663
Amount due or refund	Fee to be determined online
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	The New Jersey Form CRI-300R should be filed via the web at: https://njconsumeraffairs.state.nj.us/sign-in/
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	

New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Initial Registrations.

Date fiscal year ends: $\frac{12/31/18}{}$ Date of this application: $\frac{04/30/1}{}$	19 N.J. Chariti	es Registration Number: CH- 01131-00
Charity's Full Legal Name: THE VALERIE FUND		
Other Names Used (d.b.a.)		
Mailing Address:		
2101 MILLBURN AVENUE, MAPLEWOOD, NJ 07	040	
In care of: Address	City	State ZIP Code
Street Address:		
Street Address	City	State ZIP Code
Check this box to flag a change of address or o	other vital inform	ation.
Contact Person: BARRY KIRSCHNER		Phone Number:(include area code)
E-mail:	Federal	Tax ID (EIN): 22-2126867
Web site: WWW.THEVALERIEFUND.ORG		Fax Number: 973-761-6792
1. A six-month extension of time to file the Renewal Statement and Financial Rethe following reason(s): ADDITIONAL INFORMATION IS NEEDED IN CACCURATE RETURN		

890381

2.	Has the organization filed all renewal registration stateme application?	nts for years prior to the fi	scal year ending on the date show	n on the first page of this X Yes No
	If "No," please stop: if any prior years' filings are delinqued for all previous years up to date before submitting a reque		_	
3.	Has the organization submitted all previous years' registra of Consumer Affairs?	ation fees and/or penalties	owed to the Charities Registration	Section of the Division X Yes No
4.	Has the organization previously filed an initial registration If "No," please stop: You must immediately file an initial re	· ·		X Yes No
5.	Final Check List - please review and check off each of the	e five items below as they	are confirmed and accomplished.	
and p	I have read the instructions for the extension of tin X All of the questions on this application have been X. The charity has filed all previous renewal registration The charity has paid all previous years' fees and p Payment of the registration fee due for the fiscal years to the "New Jersey Division of Consumer Affairs." Pereby certify that all of the above statements are true. I fur the penalties owed to the Division, and that this extension requirements.	answered. ons and required documer enalties owed to the Division ear being requested on the	nts. on. is application is enclosed and has be ization has filed all previous years'	reports, has paid all fines
	ments are willfully false, we are subject to punishment.	Title EXECUTIVE	DIREC	Date
Signa		Title TREASURER		Date
J		igned by at least one (1) or		

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

2. Fo	this statement contains the facts and financial information for the fiscal year ending: \frac{12/31/2018}{month day year} The derivative Registration Number: CH- \frac{01131-00}{01131-00} The valeries Registration Number: CH- \frac{01131-00}{01131-00} The valeries Fund The v									
3. F (ull legal name of the registering organization: THE VALERIE FUND									
In	ull legal name of the registering organization: THE VALERIE FUND care of: (if necessary, otherwise leave this line blank) BARRY KIRSCHNER									
	•									
4. M	lailing Address: 2101 MILLBURN AVENUE, MAPLEWOOD, NJ 07040 City State ZIP Code Change of Address									
NOTE:	OTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.									
_	ne principal street address of the registering organization Street Address City State ZIP Code									
	oes the organization have any offices in New Jersey in addition to the one listed above? "Yes," attach a list giving the street address and telephone number of each office in New Jersey.									
N co	the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in ew Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom prespondence should be addressed. ••ARRY KIRSCHNER ,									
9	Telephone number (include area code) Street address City State ZIP Code Fax number (include area code)									
	rganization's contact information: 73-761-0422 Telephone number (Include area code) 973-761-6792 Fax number (Include area code) WWW.THEVALERIEFUND.ORG									
_	E-mail address WWW.IREVALIERIEF UND.ORG									
8. T	ype of organization (check one):									
]	X Nonprofit corporation Foundation Individual Association Society Partnership Trust Other (Specify)									

9.	Where and when was the organization legally established? Date: 08/09/1976 State:	NJ						
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, is constitution) only if the document has been issued or amended during the fiscal year being reported.	ation, agreement of association, instrument of trust, or						
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used:	Yes	X No					
11.	Does the organization intend to solicit contributions from the general public?	X Yes	☐ No					
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper. NY, FL	X Yes	□ No					
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for	Yes each one.	X No					
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate registration. TO RAISE FUNDS TO SUPPORT COMPREHENSIVE HEALTH CARE FOR COMPREHENSIVE AND BLOOD DISORDERS.		is					
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program, state is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registra							
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full ad number, registration number in New Jersey, and a contact person's name.	Yes dress, telephone	X No e number, fax					
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's If "Yes," please describe the situation.	s funds?	X No					
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-vent end being reported? If "Yes," please explain:	urer during the f	iscal year-					
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. b. Has a tax exemption been granted under another I.R.S. code? If "Yes," advise which one: c. Has an I.R.S. tax exemption been refused, changed or revoked?	X Yes Yes Yes Yes	No X No X No X No					
	If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determina and provide a detailed explanation of the circumstances on a separate sheet of paper.	ation letter of no	tification					

1

18.	18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction organization ever entered into any voluntary agreement of discontinuance with any governmental entity? If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the denial is the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separation of the denial is the reasons for the denial is the reaso	Yes [f the docun	X No nent
19.	19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, agency or officer? If "Yes," please attach to this registration the relevant document.	state or fed	
20.	20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engage practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions such proceedings pending in this or any other jurisdiction? If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative of formal notice, written assurance or other document) which show the final disposition of the matter.	ons, or are Yes	X No
21.	21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever be of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal cinvolving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed conviction.	or civil offen es regulate a	ise
22.	22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgme in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in practice in relation to the solicitation of contributions or the administration of charitable assets. If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents included in the matter.	nt of liability an unlawfu Yes	y I X No
23.	23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff em	nployees:	
	Name Business address Telephone number Title (include area code) SEE STATEMENT 2	Salary	

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and	d street add	dress of the organization		
Full legal name: 1	HE VA	LERIE FUND		
Fiscal year-end bei	ing reporte	d: 12/31/2018 Federal ID Number (El	N) <u>22-2126867</u>	
		AVENUE, MAPLEWOOD, NJ 0704		
Mailing Add		P.O. Box Number or Suite	City	State ZIP Code
Street address of t	the register	ring organization: Street Address	City	State ZIP Code
New Jersev Chariti	ies Reaistr	ation number: CH 01131-00	-00 Telephone nu	mber: 973-761-0422
				(include area code)
president or other	r authorize	nization received gross revenue of less than \$500,000 d officer of the organization's board. the CRI-300R Financial Statement pages, attached plants.		
A. Receipts				
Line A1a.	Direct Pub	olic Support received from the following sources:		
	(1)	Direct mail		
	(2)	Telephone solicitation	·	
	(3)	Commercial co-venture		
	(4)	Gross receipts from fund-raising events		
	(5)	Canisters, counter cards, door to door etc		
	(6)	Corporations and other businesses		
	(7)	Foundations and trusts		
	(8)	Donated land, buildings, property, equipment and materials	<u></u>	
	(9)	Legacies and bequests		
	(10)	Membership dues solely resulting from		
		solicitations	-	
	(11)	Other support (specify)		
Line A1b.	Total Direc	ct Public Support (add lines A1a(1) through A1a(11))		
Line A1c	Indirect Pi	ublic Support received from the following sources:		
Zillo / (10.	(1)	Federated fund-raising organization		
	(2)			
	(3)	From another fund-raising organization		
Line A1d.	Total Indir	ect Public Support (add lines A1c(1) thru A1c(3))		
Line A1e.	Total Gro	ss Contributions (add lines A1b and A1d)		

Line A2.	Government grants including purchase of service contracts (specify agency)	
	a	
	b	
	C	
Line A2e.	d	
Line A3.	Other Support	
	a. Bona fide membership	
	b. Program service revenue	
	c. Professional services rendered by volunteers	
	d. Miscellaneous income (specify)	
Line A3e.	. Total Other Support (add the total of lines A3a thru A3d)	
Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	
B. Expenses	s	
Line B1.	Program expenses	
Line B2.	Management and general expenses	
Line B3.	Fund-raising expenses	
Line B4.	Payments to state/national affiliates (if applicable)	
Line B5.	Total Expenses (add the totals of line B1 thru B4)	
C. Excess o	r Deficit	
For the fisca	al year-end (subtract line B5 from line A4)	
D. Fund Bala	ance	
Line D1.	Net assets or fund balances at beginning of year	
Line D2.	Other changes in net assets or fund balances (attach explanation)	
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	
Please Note: T	The amount of Gross Contributions (line A1e on this form) determines the registration fe	e which must be paid and the form which
	d. July 2006 revisions to the Charities Registration Act now require all charities to pay a	
	tions and less than \$40,000. Further information for about the middle and the formation	

Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our

Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Orga	nization's Name: THE VALERI	E FUND				
N.J. (N.J. Charities Registration Number: CH- 01131-00 -00 Federal ID Number (EIN) 22-2126867					u) <u>22-2126867</u>
Fisca	Fiscal Year-End being reported: 12/31/2018					
	Are any of the organization's officers, adoption to:	directors, trustees or t	the five most-highly o	compensated e	mployees related by bloc	od, marriage or
	 a. each other? b. any officers, agents or employees c. any chief executive, employee, ar proprietor, director, officer, truster vendor providing goods or serviced. d. If you answered "Yes," to question 	ny other employee of the e, or to any shareholde es to the organization?	ounsel or independer Yes he organization with er of the organization	X No a direct financia n with more thar	ıl interest in the transacti n two (2) percent interest	ion, or any partner,
	Do any of the organization's officers, officers, officers, officers, of activities engaged in by a fund-raising vendor providing goods or services to lif "Yes," please detail these relationshounder of all interested parties.	counsel or independent the organization?	ent paid fund-raiser u	under contract to No	o the organization, or any	y supplier or
nay ir	nderstand that this registration is being respect the records in the possession of nderstand that we may be required to	of this organization in o	order to ascertain co	mpliance with t		
	ereby certify that the above information statements are willfully false, we are		. ,	nd statement(s)	are true. We are aware t	hat if any of the
Signa	ture	Name BARRY K	KIRSCHNER	EXEC 	CUTIVE ECTOR	Date
Signa	ture	Name •		Title TREA	ASURER	Date
	This form must be sign	ed by two (2) authorize	ed officers of the org	anization, includ	ling the chief financial of	ficer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R SPECIFIC PROGRAMS AND CHARITABLE PURPOSES STATEMENT PAGE 2, LINE 14A

1

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-SUPPORTING CHILD LIFE ACTIVITIES AND SOCIAL WORK AT H ALREADY EXISTS-OPERATING CAMPS FOR CHILDREN WITH CANCER ALREADY EXISTS-SUPPORT FOR HEALTH CARE OF CHILDREN WITH CANCER/BLOOD

THE VALERIE FUND		22-21 	.2686
	CERS, DIRECTORS, TRUSTEES THIGHLY PAID EMPLOYEES	STATEMEN	IT
NAME OF INDIVIDUAL	TITLE	TELEPHONE	NO.
BERNICE FLANDERS	COMMUNICATIONS DIRECTOR		
ADDRESS			
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040			
SALARY			
139,503.			
NAME OF INDIVIDUAL	TITLE	TELEPHONE	NO.
LORI ABRAMS	DEVELOPMENT DIRECTOR		
ADDRESS			
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040			
SALARY			
117,884.			
NAME OF INDIVIDUAL	TITLE	TELEPHONE	NO.
BARRY KIRSCHNER	EXECUTIVE DIRECTOR		
ADDRESS			
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040			
SALARY			
100 500			

182,763.

ITLE IRECTOR OF FINANCE ITLE RUSTEE	TELEPHONE NO.
ITLE	TELEPHONE NO.
	TELEPHONE NO.
RUSTEE	
ITLE	TELEPHONE NO.
RUSTEE	
ITLE	TELEPHONE NO.
RUSTEE	
	TITLE

SALARY

0.

THE VALERIE FUND		22-2126867
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID NOVAK	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JANET KEATING	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NOEMI ROSA	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
	TRUSTEE	
GLENN SCHIFFMAN	111001111	
	111001111	
ADDRESS	TRODILL	
GLENN SCHIFFMAN ADDRESS 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040 SALARY		

THE VALERIE FUND		22-2126867
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
STEPHEN SQUERI	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NEIL YARIS	BOARD CHAIR	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MERRIE BERNSTEIN	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
KRISTA MCKERRACHER	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		

THE VALERIE FUND		22-2126867
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOSEPH UVA	VICE CHAIR	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SHARON WEINTRAUB	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PETER FRIEDMAN	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DOMINIC DIBARI	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		

THE VALERIE FUND		22-2126867
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JULIE RUBINSTEIN	TRUSTEE	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BRIAN FUHRO, ESQ.	TREASURER	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TARA FAVORS	TRUSTEE - TERM 6/18	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DEBBIE SCHILLER	TRUSTEE - TERM 9/18	
ADDRESS		
2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040		
SALARY		
0.		

THE VALERIE FUND

22-2126867

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DIANE YOUNG, M.D.

TRUSTEE - TERM 6/18

ADDRESS

2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040

SALARY

0.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:				
understand that this registration i	s being issued at the dis	cretion of the Nev	v Jersey Division of	
Consumer Affairs and agree that e	mployees of the Division	may inspect the	records in the possession of	
this organization in order to ascert	ain compliance with the	statute and all per	rtinent regulations. I also	
understand that I may be required	to provide additional info	ormation if reques	sted.	
hereby certify that the information	າ contained in this registi	ration and the atta	ached financial schedule(s)	
and statement(s) are true. I am awa	are that if any of the abov	ve statements are	willfully false, I am subject	
o punishment.				
Signature	Name BARRY	KIRSCHNER	EXECUTIVE DIRECTOR	Date
Second Authorization:				
understand that this registration i	s boing issued at the dis	oration of the New	y Jorgay Division of	
understand that this registration is	-		•	
Consumer Affairs and agree that e	. ,	, ,	•	
his organization in order to ascertain compliance with the statute and all pertinent regulations. I also				
understand that I may be required	to provide additional info	ormation it reques	stea.	
hereby certify that the information	n contained in this registi	ration and the atta	ached financial schedule(s)	
and statement(s) are true. I am awa	are that if any of the abou	ve statements are	willfully false, I am subject	
to punishment.				
Signature	Name <u>•</u>		Title TREASURER	Date

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

December 31, 2018

Prepared for	The Valerie Fund 2101 Millburn Avenue Maplewood, NJ 07040
Prepared by	Dorfman Abrams Music, LLC 250 Pehle Ave., Suite 702 Saddle Brook, NJ 07663
Amount due or refund	Balance due of \$25.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).
	The attached copy of federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018						
Check if Applicable:	Name of Or		Employer Identification Number (EIN):			
Address Change	THE VALERIE FUND				22-2126867	
Name Change	Mailing Address:				NY Registration Number:	
Initial Filing	2101 MILLBURN AVENUE				42-43-38	
Final Filing	City / State		25242		Telephone:	
Amended Filing		WOOD, NJ	07040		973 761-0422	
Reg ID Pending	Website: WWW.THEVALERIEFUND.ORG				Email:	
Check your organization's		IID v Abbitte	r ond r one			
registration category: X 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.						
2. Certification						
	ication requi	rements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires	
two signatories.						
					e best of our knowledge and belief,	
tney ar	e true, correc	ct and complete ir	accordance with the laws	of the State of New York a		
				BARRY KIRS		
President or Authorized	Officer:			EXECUTIVE DIRECTOR		
		Signature		Print Name	e and Title Date	
Chief Financial Officer or	r Treasurer:	TREASURER				
		Signature	Print Name and Title Date			
3. Annual Reporting Exemption						
	-				, , , , , , , , , , , , , , , ,	
Check the exemption(s) t	hat apply to	your filing. If your	-	-	egory (7A or EPTL only filers) or both	
Check the exemption(s) to categories (DUAL filers) to	hat apply to	your filing. If your	complete only parts 1, 2, a	nd 3, and submit the certif	ied Char500. No fee, schedules, or	
Check the exemption(s) t categories (DUAL filers) the additional attachments as	hat apply to nat apply to y re required. I	your filing. If your your registration, of f you cannot claim	complete only parts 1, 2, a	nd 3, and submit the certif		
Check the exemption(s) to categories (DUAL filers) to	hat apply to nat apply to y re required. I	your filing. If your your registration, of f you cannot claim	complete only parts 1, 2, a	nd 3, and submit the certif	ied Char500. No fee, schedules, or	
Check the exemption(s) to categories (DUAL filers) to additional attachments at schedules and attachments.	hat apply to nat apply to y re required. In nts and pay a	your filing. If your your registration, of f you cannot claim applicable fees.	complete only parts 1, 2, an an exemption or are a DU	nd 3, and submit the certif JAL filer that claims only on	ied Char500. No fee, schedules, or ne exemption, you must file applicable	
Check the exemption(s) to categories (DUAL filers) to additional attachments at schedules and attachments. 3a. 7A filing	hat apply to nat apply to y re required. In the and pay a	your filing. If your your registration, of you cannot claim applicable fees. Total contributio	complete only parts 1, 2, and an exemption or are a DU	nd 3, and submit the certif JAL filer that claims only on g residents, foundations, go	ied Char500. No fee, schedules, or	
Check the exemption(s) to categories (DUAL filers) to additional attachments at schedules and attachments are attachments and attachments and attachments are attachments and attachments and attachments and attachments are attachments and attachments and attachments are attachments are attachments are attachments and attachments are	hat apply to hat apply to hat apply to here required. It hats and pay a generation and the state of the hats and pay and the hats apply the hats and the hats apply the hat apply the hats apply the hat	your filing. If your your registration, of you cannot claim applicable fees. Total contributio	complete only parts 1, 2, and an exemption or are a DU	nd 3, and submit the certif JAL filer that claims only on g residents, foundations, go	ied Char500. No fee, schedules, or ne exemption, you must file applicable overnment agencies, etc. did not	
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reversiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$750,00 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report	000 and up to \$750,000. 0 oport is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
\$1500, if the NET WORTH is \$50,000,000 or more	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Total Liabilities (Part II, line 23(b)).