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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ANTHONY QUINN FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
420 POPPASQUASH ROAD

City or town, state or country, and ZIP + 4
BRISTOL, RI 02809

D Employer identification number
05-0519118

E Telephone number
(401) 253-1817

F Group Exemption Number ▶

G Accounting method ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:▶ WWW ANTHONYQUINN COM

J Tax-Exempt status(check only one)— ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 167,950

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	134,752
	2	Program service revenue including government fees and contracts			2	22
	3	Membership dues and assessments			3	
	4	Investment income			4	7
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ 97,750 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	23,100		
	c	Less direct expenses from gaming and fundraising events	6c	42,907		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)			6d	-19,807
	7a	Gross sales of inventory, less returns and allowances	7a	10,069		
	b	Less cost of goods sold	7b	640		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	9,429
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	124,403
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	10,430
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	27,796
	13	Professional fees and other payments to independent contractors			13	5,376
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	258
	16	Other expenses (describe in Schedule O)			16	26,559
	17	**Total expenses.** Add lines 10 through 16			17	70,419
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	53,984
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	167,371
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	221,355

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	29,518	22	80,488
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	141,793	24	143,185
25 **Total assets**	171,311	25	223,673
26 **Total liabilities** (describe in Schedule O)	3,940	26	2,318
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	167,371	27	221,355

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO AID INDIVIDUALS WHO HAVE PROVEN RECOGNIZABLE ARTISTIC MERIT IN THE CATEGORIES OF FINE ART, FILM, THEATER, OR WRITING TO FOSTER AND ENCOURAGE THE ADVANCEMENT OF INDIVIDUALS AND PROGRAMS WITH RECOGNIZABLE MERIT THAT PARALLEL THE LIFELONG INTERESTS HELD BY ANTHONY QUINN TO SHARE THE LIFE AND WORK OF ARTIST AND ACTOR ANTHONY QUINN THROUGH THE SUPPORT OF SCHOLARLY EXCHANGE, THE BUILDING OF AN INTERNATIONAL NETWORK, AND THE PRESERVATION AND INTERPRETATION OF HIS ARTWORK, FILMS, ARCHIVE, AND COLLECTIONS THROUGH MUSEUM EXHIBITION PROGRAMS, STUDY AND DOCUMENTATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 LAST YEAR MARKED THE FOURTH YEAR OF EXISTENCE FOR THE ANTHONY QUINN FOUNDATION IT WAS A YEAR OF GROWTH AND PROGRESS ON MANY LEVELS AQF'S MAJOR FUNDRAISER OF THE YEAR WAS A COCKTAIL PARTY IN BRISTOL, RHODE ISLAND HOSTED BY BILL COSBY AND HIS WIFE CAMILLE THE EVENT WAS SOLD OUT, WITH 100 + GUESTS AND FIVE OUT OF SIX OF 2010'S SCHOLARSHIP WINNERS AND THEIR FAMILIES IN ATTENDANCE ALSO CONTRIBUTING TO THE FINANCIAL SUCCESS OF THE EVENT WAS THE LAUNCH OF THE SCHOLARSHIP SPONSORING OPPORTUNITY AT THE LIVE AUCTION WHICH RAISED $16,500 IN DIRECT SPONSORSHIPS FOR FIVE WEEKS FROM SEPTEMBER 14TH - OCTOBER 21ST, A SELECTION OF APPROXIMATELY 50 PIECES OF ARTWORK BY ANTHONY QUINN WAS ON EXHIBIT AT THE ST BOTOLPH CLUB IN BOSTON MADE POSSIBLE THROUGH THE EFFORTS OF RICHARD MILHENDER (IBA MEMBER) AND MICHAEL ALLEN (NEW IBA MEMBER), A SERIES OF EVENTS WERE SCHEDULED AROUND THE EXHIBITION TO RAISE AWARENESS FOR THE FOUNDATION AND ITS MISSION MEETINGS WERE HELD THROUGHOUT THE YEAR WITH INDIVIDUALS FROM OTHER ARTS-RELATED AND NON-PROFIT ORGANIZATIONS IN THE SPIRIT OF COLLABORATION, SYNERGY, OUTREACH AND PROGRAM DEVELOPMENT SOME OF THE RELATIONSHIPS DEVELOPED IN 2011 WERE WITH THE FOLLOWING ORGANIZATIONS BOSTON ARTS ACADEMY - BOSTON, BIBLIOTHECA ALEXANDRINA - EGYPT, HASSENFELD FOUNDATION - RI, PROJECT SUNSHINE - NYC, AND BRISTOL WARREN EDUCATIONAL FOUNDATION - RI ALEX & ANI, A RAPIDLY EXPANDING LINE OF JEWELRY, ADDED AQF TO ITS CHARITY BY DESIGN EFFORT BY CREATING A DUENDE BRACELET DUENDE WAS A WORD USED BY ANTHONY QUINN TO DESCRIBE HIS CREATIVE DRIVING FORCE IN SUPPORT OF THE SCHOLARSHIP PROGRAM, 20% OF THE PROCEEDS FROM THE SALE OF EACH BRACELET WILL BE DONATED TO AQF IN 2011, THE FOUNDATION HIRED A SCHOLARSHIP PROGRAM COORDINATOR WHO HELPED IMPROVE THE QUALITY AND INTEGRITY OF THE NOMINATION AND APPLICATION PROCESS WEBER MEDIA PARTNERS WAS ENGAGED TO INCREASE THE REACH AND VISIBILITY OF THE ANTHONY QUINN FOUNDATION SCHOLARSHIP THROUGH SOCIAL MEDIA THE NOMINATION PERIOD FOR NEW APPLICANTS FOR 2011'S SCHOLARSHIP PROGRAM CLOSED ON DECEMBER 15TH THERE WERE MORE THAN TRIPLE THE NUMBER OF HIGH QUALITY APPLICANTS OVER LAST YEAR THE WINNERS WILL BE DECIDED BY THE PANEL OF JUDGES BY MID-FEBRUARY 2012 AQF BEGAN USING DONOR DATABASE SOFTWARE CALLED GIFTWORKS IN OCTOBER 2011 ALL OF THE DATA FROM PAST DONORS WAS IMPORTED INTO THE DATABASE IN ORDER TO BETTER MANAGE DONOR RELATIONSHIPS AND DEVELOPMENT OF NEW DONORS THE SOFTWARE WILL ALSO ALLOW US TO TRACK FINANCIAL DATA AND IMPROVE THE OVERALL MANAGEMENT, EFFICIENCY AND QUALITY OF OUR DONOR BASE SETTING UP THIS DATABASE WAS A CRITICAL STEP TOWARDS THE GROWTH OF AQF AND IS AN ESSENTIAL COMPONENT FOR GRANT APPLICATIONS

(Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 53,389

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . ▶ **32** 53,389

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☑

		Line	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a **Form 990-T** for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 . 39a			
b	Gross receipts, included on line 9, for public use of club facilities . 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ RI

42a The organization's books are in care of ▶ ELIZABETH MARCONI Telephone no ▶ (401) 253-1817

Located at ▶ 420 POPPASQUASH ROAD BRISTOL, RI ZIP + 4 ▶ 02809

		Line	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041—**Check here . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . ▶ 43

		Line	Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . ☐

		Yes	No
47 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	47		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	48		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . ☑ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	****** Signature of officer	2012-05-10 Date
	ELIZABETH MARCONI TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ WILLIAM J PICCERELLI	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (See instructions) P00008456
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PICCERELLI GILSTEIN & CO LLP 144 WESTMINSTER STREET PROVIDENCE, RI 029032282			EIN ▶ 05-0353162 Phone no ▶ (401) 831-0200

May the IRS discuss this return with the preparer shown above? See instructions . . . . ▶ ☑ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANTHONY QUINN FOUNDATION

Employer identification number
05-0519118

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		178,519	191,475	48,834	134,752	553,580
2 Tax revenues levied for the organization'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		178,519	191,475	48,834	134,752	553,580
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, column (f)						231,817
6 **Public Support.** Subtract line 5 from line 4						321,763

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4		178,519	191,475	48,834	134,752	553,580
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			32	90	7	129
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						553,709

12 Gross receipts from related activities, etc (See instructions) | 12 | 38,721

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☑

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 05-0519118
Name: ANTHONY QUINN FOUNDATION

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KATHERINE QUINN 420 POPPASQUASH ROAD BRISTOL, RI 02809	PRESIDENT 65 00	0	0	0
ERICH G RHYNHART 420 POPPASQUASH ROAD BRISTOL, RI 02809	VICE PRESIDENT/SECRETARY 15 00	0	0	0
ELIZABETH MARCONI 420 POPPASQUASH ROAD BRISTOL, RI 02809	TREASURER 10 00	0	0	0
THOMAS ROBERTS 420 POPPASQUASH ROAD BRISTOL, RI 02809	DIRECTOR 10 00	0	0	0
SANDRA VAN DEN BROEK 420 POPPASQUASH ROAD BRISTOL, RI 02809	DIRECTOR 2 00	0	0	0
GLADYS CORVERA-BAKER 420 POPPASQUASH ROAD BRISTOL, RI 02809	DIRECTOR 2 00	0	0	0
ROBERT CICHOCKI 420 POPPASQUASH ROAD BRISTOL, RI 02809	DIRECTOR 5 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492135015942

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANTHONY QUINN FOUNDATION

Employer identification number
05-0519118

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 COSBY EVENT (event type)	(b) Event #2 ST. BOTOLPH EVENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	112,750	8,100		120,850
	2 Less Charitable contributions	91,900	5,850		97,750
	3 Gross income (line 1 minus line 2)	20,850	2,250		23,100
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,237	500		1,737
	7 Food and beverages	7,672	1,985		9,657
	8 Entertainment	225			225
	9 Other direct expenses	24,972	6,316		31,288
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(42,907)
	11 Net income summary Combine lines 3 and 10 in column (d). ▶				-19,807

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ ☐ No	☐ Yes ____ ☐ No	☐ Yes ____ ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ 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 ____

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b 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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ANTHONY QUINN FOUNDATION

Employer identification number
05-0519118

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 7
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 10,069 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 640 GROSS PROFIT 9,429 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 31,462 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS -279 INVENTORY AT END OF YEAR 30,543 COST OF GOODS SOLD 640
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP PROGRAM FOR ARTS EDUCATION GRANTEE NAME 6 ARTS EDUCATION STUDENTS GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNT GIVEN 10,430
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION FUNDRAISING EXPENSES AMOUNT 2,058 DESCRIPTION TRAVEL & ENTERTAINMENT AMOUNT 2,168 DESCRIPTION TELEPHONE AMOUNT 820 DESCRIPTION STORAGE & MOVING AMOUNT 796 DESCRIPTION OFFICE EXPENSE AMOUNT 1,613 DESCRIPTION BANK CHARGES AMOUNT 478 DESCRIPTION FILING FEES AMOUNT 90 DESCRIPTION PAYROLL PROCESSING FEES AMOUNT 1,587 DESCRIPTION ADVERTISING AMOUNT 5,000 DESCRIPTION BAD DEBT AMOUNT 125 DESCRIPTION SCHOLARSHIP RECEPTION AMOUNT 1,340 DESCRIPTION INSURANCE AMOUNT 1,140 DESCRIPTION PAYROLL TAXES AMOUNT 2,763 DESCRIPTION GIFTS AMOUNT 430 DESCRIPTION INTERNET AMOUNT 1,826 DESCRIPTION DEPRECIATION AMOUNT 4,325 TOTAL TO FORM 990-EZ, LINE 16 26,559
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 31,462 END OF YEAR AMOUNT 30,543 DESCRIPTION ART WORK BEG OF YEAR AMOUNT 100,000 END OF YEAR AMOUNT 100,000 DESCRIPTION WEBSITE BEG OF YEAR AMOUNT 6,493 END OF YEAR AMOUNT 7,523 DESCRIPTION BASES FOR SCULPTURES BEG OF YEAR AMOUNT 3,838 END OF YEAR AMOUNT 2,985 DESCRIPTION ACCOUNT RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,675 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 459
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,985 END OF YEAR AMOUNT 1,500 DESCRIPTION ACCRUED PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 284 END OF YEAR AMOUNT 80 DESCRIPTION PAYROLL WITHHOLDING TAXES BEG OF YEAR AMOUNT 671 END OF YEAR AMOUNT 738

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: ANTHONY QUINN FOUNDATION

EIN: 05-0519118

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.