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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491128012057

2016

OMB No 1545-0052

Return of Private Foundation

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

or Section 4947(a)(1) Trust Treated as Private Foundation

Open to Public

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number THE EMMETT R QUADY FOUNDATION 94-3267527 Number and street (or P O box number if mail is not delivered to street address) 302 OLD LA HONDA ROAD B Telephone number (see instructions) (817) 928-1510 City or town, state or province, country, and ZIP or foreign postal code WOODSIDE, CA 94062 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end J Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) \$ 1,119,851 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach 57,164 schedule) Check ► ☐ If the foundation is **not** required to attach 2 20 3 Interest on savings and temporary cash investments Dividends and interest from securities 17,851 17,851 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 18.971 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 1,477 1,477 11 95,483 38,319 Total. Add lines 1 through 11 . . 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 938 938 Accounting fees (attach schedule) 2,815 9 Other professional fees (attach schedule) 13,161 Ω 0 [چە 1,382 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 4,613 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 21,971 1,010 938 161,500 161,500 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 183,471 1,010 162,438 27 Subtract line 26 from line 12 Excess of revenue over expenses and -87,988 disbursements 37,309 Net investment income (if negative, enter -0-) Adjusted net income(If negative, enter -0-)

1,071,219

1

2 3

4

5

6

803,401

840,080

Investments—corporate bonds (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis

Other assets (describe > _

	3	Accounts receivable -										
		Less allowance for doubtful accounts ▶										
	4	Pledges receivable ▶										
		Less allowance for doubtful accounts ▶										
	5	Grants receivable										
	6 Receivables due from officers, directors, trustees, and other											
		disqualified persons (attach schedule) (see instructions)										
	7	Other notes and loans receivable (attach schedule)										
		Less allowance for doubtful accounts ▶										
23	8	Inventories for sale or use										
Assets	9	Prepaid expenses and deferred charges										
As	10a	Investments—U S and state government obligations (attach schedule)										
	ь	Investments—corporate stock (attach schedule)										

C

11

12

13 14

15

	16	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	1,131,451	
	17	Accounts payable and accrued expenses		
	18	Grants payable		
ıes	19	Deferred revenue		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		
ıat	21	Mortgages and other notes payable (attach schedule)		
1	22	Other liabilities (describe)		
	23	Total liabilities(add lines 17 through 22)	0	
ses		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.		
anc	24	Unrestricted		
3a1	25	Temporarily restricted		
Fund Balances	26	Permanently restricted		
		Foundations that do not follow SFAS 117, check here 🕨 🗹		
or		and complete lines 27 through 31.		
ets	27	Capital stock, trust principal, or current funds	0	
155	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	1,131,451	
Ne	30	Total net assets or fund balances (see instructions)	1,131,451	
	31	Total liabilities and net assets/fund balances (see instructions) .	1,131,451	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		
1		l net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	30 (must agree with	end-
2	Ente	r amount from Part I, line 27a		. [
3	Othe	er increases not included in line 2 (itemize) >		Ļ
4		lines 1, 2, and 3		.
5		reases not included in line 2 (itemize) -		ļ
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	olumn (b), line 30	

```
840,080
840,080
840,080
```

1,131,451 -87,988

1,044,117

204,037

840,080 Form 990-PF (2016)

654

1,083,172

1,119,851

List and describ 2-story brick w	(a) be the kınd(s) of property sold (e g , re varehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a PUBLICLY TRADED SE	CURITIES		Р	2016-01-01	2016-12-31
b PUBLICLY TRADED SE	CURITIES		Р	2015-12-31	2016-12-31
С С					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis	Gain c	or (loss)
	(or allowable)	plus exp	ense of sale		minus (g)
a	116,218		116,40		-189
b	153,866		134,70	5	19,160
С					
d					
e					
Complete only for ass	ets showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i)	(j)		(k)		h) gain minus
F M V as of 12/31/	69 Adjusted basis		of col (i)	\ ''	less than -0-) or
	as of 12/31/69	over col	l (j), if any	Losses (Tr	om col (h))
a					-189
b					19,160
c					
d					
e					
·	al gaın or (loss) as defined in sections Part I, line 8, column (c) (see instructi	, , , , ,	1	3	
Part V Qualification	n Under Section 4940(e) for Re	educed Tax on Net	Investment In	come	
(For optional use by domesti	c private foundations subject to the se	ction 4940(a) tax on ne	et investment incor	ne)	
If section 4940(d)(2) applies	, leave this part blank				
	the section 4942 tax on the distributa not qualify under section 4940(e) Do			?	es 🗹 No
1 Enter the appropriate	amount in each column for each year,	see instructions before	e making any entrie	es .	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ple-use assets	(d) Distribution rat (col (b) divided by o	
2015	153,709		1,125,625		0 136554
2014	81,983		1,120,543		0 073164
2013	90,750		903,328		0 100462
2012	206,744		725,468		0 284980
2011	124,626		738,455		0 168766
2 Total of line 1, column	n (d)		2		0 763926
number of years the for 4 Enter the net value of	atio for the 5-year base period—divide bundation has been in existence if less noncharitable-use assets for 2016 fron	than 5 years n Part X, line 5	3		0 152785 1,050,372
5 Multiply line 4 by line			5		160,481
	ment income (1% of Part I, line 27b)		6		373
					160,854
· · · · · · · · · · · · · · · · · · ·	outions from Part XII, line 4 , greater than line 7, check the box in Pa				162,438 ee the Part VI

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
(a) Name and address			Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee		Expense acco		
		(b) devoted to position	-0-)	benefit plans and deferred	(e)	(e) other allowances		nces
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "I	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid over	r ¢ E	50,000	1					
OLA	in number of other employees paid over	н фС	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

1a

1b

2

3a 3b

4

5

162,438

162,438

162.065

Form 990-PF (2016)

373

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

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

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

income Enter 1% of Part I. line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1

2

3

4

5

XII, line 4 > \$

indicated below:

(c)

2015

Page 9

52.146

52,146

Form **990-PF** (2016)

0

				•	
1	Distributable amo	unt for 201	6 from P	art XI, line	7
2	Undistributed inco	me, if any,	as of the	e end of 20	16
а	Enter amount for	2015 only.			
b	Total for prior yea	ars 20	, 20.	, 20_	

а	Enter amoun	t fo	r 2	015	or	ıly.							
b	Total for price	r y	ear	s	2	0	,		20_		,	20	
3	Excess distrib	outi	ons	са	rry	ove	er, if	f a	ny,	to	201	L6	
а	From 2011.												124,9
b	From 2012.												207,0
С	From 2013.												46,6
d	From 2014.												27,0
е	From 2015.												98,6
f	Total of lines	3a	thr	oug	gh e	e.		-					

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2016

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

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

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

124,995 207,000

46.649

27,055

98,605

207.000

46,649

27.055

98.605

110.292

(a)

Corpus

504,304

(چە

110.292

614,596

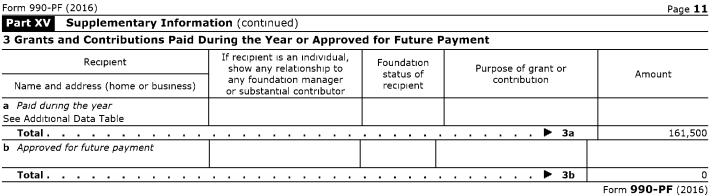
124,995

489,601

(b)

Years prior to 2015

REVENUE CODE (IRC) 2 DEMONSTRATE FISCAL AND ADMINISTRATIVE STABILITY BY SHOWING STRONG DIRECTOR AND BOARD COMMITMENT, GOOD MANAGEMENT POLICIES AND PRACTICES, AND PROVIDE A CURRENT BUDGET AND FINANCIAL STATEMENTS



Form 990-PF (2016)					Page 12
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a b					
c					
d e					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14	20	
4 Dividends and interest from securities			14	17,851	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property7 Other investment income			18	1,477	
8 Gain or (loss) from sales of assets other than					
inventory			18	18,971	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
c					
d e					
12 Subtotal Add columns (b), (d), and (e)		0		38,319	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	one)		13	3	38,319
Part XVI-B Relationship of Activities to the		ment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain the instructions (instructions)					
				Fo	rm 990-PF (2016)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

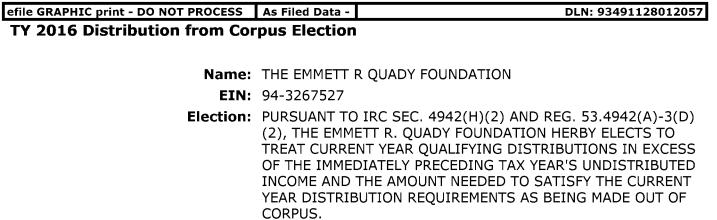
Part	XVI		rmation Ke npt Organi	-	ransı	rers 10 a	and Iransacti	ions	s and Relati	onsnips with No	oncnarita	abie		
		rganization	directly or in	directly enga			e following with a or in section 527,			tion described in sect	tion 501		Yes	No
a Tra	Transfers from the reporting foundation to a noncharitable exempt organization of													
(1)	Casl	h										1a(1)		No
(2)	(2) Other assets											1a(2)		No
b Oth	b Other transactions													
(1) Sales of assets to a noncharitable exempt organization												1b(1)		No
(2)	Purc	chases of as	sets from a r	noncharitable	exem	pt organi	zation				[1b(2)		No
(3) Rental of facilities, equipment, or other assets											[1b(3)		No
(4) Reimbursement arrangements											. [1b(4)		No
(5) Loans or loan guarantees											[1b(5)		No
(6)	Perfo	rmance of	services or m	embership oi	fund	raising so	licitations				. [1b(6)		No
c Sha	arıng d	of facilities,	equipment, r	mailing lists, o	other .	assets, or	paid employees.					1c		No
										always show the fair				
										ved less than fair ma sets, or services rece		!		
ın a	iny tra	ansaction o	snaring arra	ingement, sn	ow in	column (c	a) the value of the	ne g	oods, other as	sets, or services rece	eivea			
(a) Line	e No	(b) Amou	nt involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Description	of transfers, transaction	s, and sharı	ng arra	ngemen	ts
2a Is t	he fou	undation dir	ectly or indire	ectly affiliated	d with	, or relate	d to, one or mor	re ta	x-exempt orga	inizations				
des	cribed	l in section	501(c) of the	Code (other	than	section 50	01(c)(3)) or in se	ectio	n 527?		\square] _{Yes}	✓ N	0
b If "	Yes,"	complete th	ne following s	chedule										
			e of organization			(b) Type of organiza	ation		(c) Description	n of relation	iship		
										lying schedules and s er than taxpayer) is b				
Sign			r has any kno		orrect,	, and com	piete Deciaratio	111 01	preparer (othe	er than taxpayer) is i	Jaseu on a	1111101	mation	1 01
		*****		· · · · · · · · · · · · · · · · · · ·			2017-05-05		\ *****		May the IR:	S discus	s this r	eturn
Here							2017-03-03		_		with the pr	eparer s	shown b	elow
	"	Signature	of officer or t	rustee			Date		Title		(see instr)	₂ 🗹 Y	es 🗆 N	lo
	1	Deunt/Ti			Dran	avaria Ciai		1.			DTIN			
		Print/Ty	pe preparer's	i i di i le	Prep	arer's Sıgı	nature		Date	Check if self-	PTIN			
										employed ▶ □	F	200156	5212	
Paid ROBERT A LEE														
Dronovor														
Use		11 11 11 1 3 11	arne ► KOB	ERT LEE & AS	SOCI	ATES LLP					Fırm's EII	N ▶94·	-23709	06
J3C	- 1111	-	ddress ▶ 99	9 W TAYLOR	STRE	ET SUITE	A							
											Phone no	(402) 855-6	5770
			SA	AN JOSE, CA	9512	6						, 100	, 555 (_,,0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (c) Compensation (If (a) Name and address Title, and average Expense account, (d) not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN C DEAN CHAIRMAN 0 0 0.50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 A SUSAN DEAN 0 0 PRESIDENT 0.50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 MONICA DEAN DIRECTOR 0 0 0 50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 SALLY DEAN DIRECTOR 0 0 0.50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 MARK DEAN 0 DIRECTOR 0.50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 ERIN DEAN DIRECTOR 0 0 50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 SANDRA QUADY DIRECTOR 0 0 0.50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 CHRIS LUTES CFO 0 0 1 00 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 A CATHERINE NGO SECRETARY 0 0 0 50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062 SALLY QUADY DIRECTOR 0 0 0 50 302 OLD LA HONDA ROAD WOODSIDE, CA 94062

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient							
a Paid during the year									
BENNINGTON COLLEGE 1 COLLEGE DR BENNINGTON, VT 05201		501(C)(3)	EDUCATION	5,000					
CATHOLIC CHARITIES OF HAWAII 1822 KEEAUMOKU ST HONOLULU, HI 96822		501(C)(3)	HEALTH AND HUMAN SERVICES	40,000					
COLLEGE OF THE HOLY CROSS 1 COLLEGE ST WORCESTER, MA 01610		501(C)(3)	EDUCATION	10,000					
COUNTERPULSE 1310 MISSION ST SAN FRANCISCO, CA 94103		501(C)(3)	ARTS	1,500					
ENDEAVOR INSTITUTE PO BOX 5090 VANDENBERG AFB, CA 93437		501(C)(3)	EDUCATION	3,000					
FORT WORTH DROWNING PREVENTION COALITION FORT WORTH TEXAS FORT WORTH, TX 76102		501(C)(3)	HEALTH AND HUMAN SERVICES	2,500					
FRIENDS OF YOUTH OUTREACH 91-1264 KAIOPUA STREET EWA BEACH, HI 96706		501(C)(3)	HEALTH AND HUMAN SERVICES	1,000					
FRIENDS OF YOUTH OUTREACH 91-1264 KAIOPUA STREET EWA BEACH, HI 96706		501(C)(3)	HEALTH AND HUMAN SERVICES	4,000					
GIRL SCOUTS OF HAWAII 410 ATKINSON DR STE 2E1 BOX 3 HONOLULU, HI 96814		501(C)(3)	HEALTH AND HUMAN SERVICES	5,000					
HUI MALAMA O KE KAI 41-1537 KALANIANAOLE HWY 201 WAIMANALO, HI 96795		501(C)(3)	HEALTH AND HUMAN SERVICES	40,000					
IHM SISTERS 610 WEST ELM AVENUE MONROE, MI 48162		501(C)(3)	HEALTH AND HUMAN SERVICES	500					
MARSHALL & YUKO HUNG FOUNDATION 215 N KING ST STE 1000 HONOLULU, HI 968176710		501(C)(3)	HEALTH AND HUMAN SERVICES	10,000					
OCCIDENTAL COLLEGE 1600 CAMPUS RD LOS ANGELES, CA 90041		501(C)(3)	EDUCATION	10,000					
OI FOUNDATION 804 W DIAMOND AVE 210 GAITHERSBURG, MD 20878		501(C)(3)	HEALTH AND HUMAN SERVICES	3,000					
PACIFIC HISTORIC PARKS 1 ARIZONA MEMORIAL RD HONOLULU, HI 96818		501(C)(3)	HEALTH AND HUMAN SERVICES	5,000					
Total				161,500					

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient							
a Paid during the year									
ROSE HILL CENTER 5130 ROSE HILL BLVD HOLLY, MI 48442		501(C)(3)	HEALTH AND HUMAN SERVICES	3,000					
SALEM-KEIZER EDUCATION FOUNDATION 233 COMMERCIAL ST NE SALEM, OR 97301		501(C)(3)	HEALTH AND HUMAN SERVICES	3,000					
ST JOAN OF ARC CARE FUND 4537 3RD AVE MINNEAPOLIS, MN 55419		501(C)(3)	HEALTH AND HUMAN SERVICES	3,000					
SUI WAH SCHOOL 101-161 N KUKUI ST HONOLULU, HI 96817		501(C)(3)	EDUCATION	1,000					
THE AUDACITY PERFORMING ARTS PROJECT 1484 POLLARD RD SUITE 546 LOS GATOS, CA 95032		501(C)(3)	ARTS	1,500					
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SUITE 900 SAN FRANCISCO, CA 94104		501(C)(3)	HEALTH AND HUMAN SERVICES	1,500					
WAIKIKI COMMUNITY CENTER 310 PAOOAKALANI AVE HONOLULU, HI 96815		501(C)(3)	HEALTH AND HUMAN SERVICES	2,500					
WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY WAIMANALO, HI 96795		501(C)(3)	HEALTH AND HUMAN SERVICES	2,500					
WAYNE MORSE HISTORICAL PARK CORP 595 CREST DR EUGENE, OR 97405		501(C)(3)	HEALTH AND HUMAN SERVICES	3,000					
Total				161,500					

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349112801205											
TY 2016 Accounting Fees Schedule											
_											
Name: THE EMMETT R QUADY FOUNDATION EIN: 94-3267527											
Category	Amo	ount	Net Investment Income	Adjusted Ne Income	t Disbursements for Charitable Purposes						
ACCOUNTING FEES		2,815	93	В	938						



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TY 2016 Investments - Other S	Schedule	

Name: THE EMMETT R QUADY FOUNDATION

EIN : 94-1			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MORGAN STANLEY 187-028164-086	FMV	401,941	554,494
MORGAN STANLEY 187-028217-086	FMV	229,165	319,338
MORGAN STANLEY 187-028218-086	FMV	172,295	209,340
MORGAN STANLEY 187-028254-086	FMV	0	0

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TY 2016 Other Decreases Sch	edule		
Name:	THE EMMETT R Q	UADY FOUNDATION	
EIN:	94-3267527		
De	escription		Amount
UNREALIZED GAINS/LOSSES			204,037

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Name: THE EMMETT R QUADY FOUNDATION

As Filed Data -

EIN: 94-3267527

Other Income Schedule

1.477

Net Investment Income

1,477

DLN: 93491128012057

CAPITAL GAINS

Revenue And

Adjusted Net Income

1.477

Description

Expenses Per Books

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934911280	12057	
TY 2016 Other Increases Schedule					
Name:	THE EMMETT I	R QUADY FOUNDATION			
EIN:	94-3267527				
De	scription		Amount		
TAX EXEMPT INTEREST				206	
NON DIVIDEND DISTRIBUTIONS				448	

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491128012057		
TY 2016 Other Professional Fees Schedule						
Name: THE EMMETT R QUADY FOUNDATION EIN: 94-3267527						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

13,161

BROKERAGE FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491128012057			
TY 2016 Substantial Contributors Schedule						
	THE EMMETT R C 94-3267527	QUADY FOUNDATION				
Name		Ad	dress			
JOHN DEAN		302 OLD LA HONDA ROAD WOODSIDE, CA 94062				

efile GRAPHIC print - DO NOT PROCE	NOT PROCESS As Filed Data - DLN: 93491128012057					
TY 2016 Taxes Schedule						
Name: THE EMMETT R QUADY FOUNDATION						
	IN: 94-3267527					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAXES	1,310	0		0		
FOREIGN TAXES PAID	72	72		0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349112801209				
Schedule B (Form 990, 990-EZ,	Schedule of Contributo	ors	OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at			
Name of the organizat		Employer	r identification number	
		94-32675	27	
Organization type (ch	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated a	s a private foundation		
	☐ 527 political organization			
Form 990-PF	☑ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a	private foundation		
	501(c)(3) taxable private foundation			
•	ation filing Form 990, 990-EZ, or 990-PF that received, during r property) from any one contributor. Complete Parts I and II. S	•	• ,	
Special Rules				
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ th 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form by one contributor, during the year, total contributions of the great h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	990 or 990-EZ), Part II, line 1	3, 16a, or 16b, and that	
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 of total contributions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Complete Part	s, charitable, scientific, literary		
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 of contributions exclusively for religious, charitable, etc., purpose backed, enter here the total contributions that were received during complete any of the parts unless the General Rule applies to able, etc., contributions totaling \$5,000 or more during the year	s, but no such contributions to ng the year for an <i>exclusively</i> this organization because it r	otaled more than \$1,000 religious, charitable, etc , eceived <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special R t it must answer "No" on Part IV, line 2, of its Form 990, or che Form 990PF, Part I, line 2, to certify that it does not meet the fili	ck the box on line H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613X	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Name of organia THE EMMETT R Q	zation UADY FOUNDATION	Employer identification 94-3267527	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN AND SUE DEAN 302 OLD LA HONDA ROAD	\$ 54.164	Person Payroll
	WOODSIDE, CA94062	\$ 54,164	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)
(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
-		\$ Salashula P. (5	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3	
lame of organization HE EMMETT R QUADY FOUNDATION		Employer identification number		
THE EMMETT IN QUADT	TOUNDATION	94-32	267527	
Part II	Noncash Property		_	
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
(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	
		s		
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)