# SOS 012 257 0423228364 AUG 3 0 2018

Department of the Treasury Internal Revenue Service

Extended to November 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Open to Public Inspection

-	A For the 2017 calendar year, or tax year beginning and ending								
1	3 c	heck if	C Name of organization		D Employer identific	ation number			
	_ at	oplicable	John E. Moran and						
့ခွ		Address change	Gerald P. Ventre Foundation						
S	X	Name change	Doing business as		22-26	599997			
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
₹? ⊜		Final return/	200 Centerville Road		401-5	<u> 597-6700                                    </u>			
-		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 177,419.				
၁		Amende	Walwick, RI U2888		H(a) Is this a group return				
		Applica- tion pending	F Name and address of principal officer. David Hailia		for subordinates	? ☐Yes X No (			
0			200 Centerville Road, Suite 1, Warwick,		H(b) Are all subordinates inc				
Z	<u>I</u>		npt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	U+527		list. (see instructions)			
7	<u> </u>		: ▶ N/A		H(c) Group exemption				
3	<u>( F</u>	orm of c	rganization: X Corporation Trust Association Other ►	L Year	of formation: 1986 M	State of legal domicile; RI			
S	Pa		Summary	<u> </u>					
•			riefly describe the organization's mission or most significant activities. To un						
	Activities & Governance		penefit people with intellectual and devel						
	티		theck this box In the organization discontinued its operations or dispose	ed of more	1 1				
	흲		lumber of voting members of the governing body (Part VI, line 1a)		3	10 10			
	8		lumber of independent voting members of the governing body (Part VI, line 1b)	4	0				
	ties		otal number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0				
	<u>`</u>		otal number of volunteers (estimate if necessary)  stal unrelated business revenue from Part VIII, column (C), line 12		6	0.			
	٩		et unrelated business revenue from Form 990-T, line 34		7a 7b	0.			
-		/\$			Prior Year	Current Year			
		8/0	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		6,332.	36,452.			
	Revenue	9 P	rogram-service revenue (Perivill, line 20)		10,820.	5,672.			
	Š	10 li	westmen on come (Part, VIII, column (A), lines 3, 4, and 7d)		-5,801.	10,735.			
	æ		other revenue (Ran) VIII, cejumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		80,474.	97,021.			
_			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		91,825.	149,880.			
4			irants and similar amounts paid (Part IX, column (A), lines 1-3)		42,053.	31,024.			
D' B		14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	တ္ထ	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
	핥	bТ	otal fundraising expenses (Part IX, column (D), line 25)	<u>0.                                    </u>					
	w	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,128.	41,222.			
		18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		81,181.	72,246.			
	_	19 F	evenue less expenses. Subtract line 18 from line 12		10,644.	77,634.			
	sets or alances			Be	ginning of Current Year	End of Year			
			otal assets (Part X, line 16)	<u> </u>	540,148.	617,689.			
6	est Bass Bass Bass Bass Bass Bass Bass Ba	21 T	otal liabilities (Part X, line 26)	-	10,695.	10,600.			
ບ : ເ <b>ເ</b>	諨		let assets or fund balances Subtract line 21 from line 20 Signature Block		529,453.	607,089.			
			The second secon		unter and to the best of mil	Impulades and holist it is			
			ies of perjury; ideclare that I have examined this return, including accompanying schedules a and complete. Declaration of preparer (other than officer) is based on all information of whic			knowledge and belief, it is			
-	iuc,	CONTECT,	and complete, beglar and of preparer (other maryonicer) is based on an information of white	cii preparei	lias ally knowleage.				
) .	Sign		Signature of officer		Date O//	<del></del>			
7	tere		David Hanna, Treasurer						
2.			Type or print name and title						
ΚĪ			Print/Type preparer's name Presser's spnature	1	Date Check	PTIN			
,	aid		Steven Damiano	lo	5/14/18 of self-employe	P00088843			
ΛF	rep	arer [	rm's name ▶ CPA Tax Professionals, LLC		Firm's EIN	81-4915889			
ξ' (	Jse (		Firm's address 200 Centerville Road, Suite 1			H et			
ر			Warwick, RI 02886		Phone no. 4 0	1.942.4000			
1	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			
7	3200	1 11-28-	17 LHA For Paperwork Reduction Act Notice, see the separate instruction	15.		Form <b>990</b> (2017)			

732002 11-28-17

4d Other program services (Describe in Schedule O)

31.024.

including grants of \$

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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_		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ļ		,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ì		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8_	_	<u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
	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	_lb-4-a-	nar an	
•	as applicable			~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	├ <del></del> -		
	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	X	
С				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	х
<b>L</b>	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		_x_
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		<del></del>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	5 The state of the			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		,,
	complete Schedule G. Part III	19	000	X
		Form	990	(2017)

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	Continued)		<u> </u>	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		X
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			İ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
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		X
24a	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			
	Schedule K. If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			$\Box$
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			1
	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	~=	آخر الا	.* .
	instructions for applicable filing thresholds, conditions, and exceptions).	-		, x, x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	1

	Check if Schedule O contains a response or note to any line in this Part V	<del> i</del>	<del></del> 7	للم
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\overline{}$	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 0  1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	10		
22		1c		
Za	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  0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<del>- 55</del>		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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 Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as chantable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-	7.7.	м
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		•	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	, sa	~.	1 -
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<b>N</b>	<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		*.0
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		<u> </u>
10	Section 501(c)(7) organizations. Enter		-	
а	Initiation fees and capital contributions included on Part VIII, line 12	┨	177	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┨	***	-
11	Section 501(c)(12) organizations. Enter			× .
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	<del> </del>		<del> </del>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<del>├</del>
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		╁╌
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1	İ	1
_	organization is licensed to issue qualified health plans  Enter the amount of receives on hand	1		
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b></b>	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<b>-</b>	†
U	100, Tido it filled a 1 offit 720 to report these payments 1 // NO. provide an explanation in Schedule U			(2017

Form 990 (2017) Gerald P. Ventre Foundation 22-2699997 Page 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.

Sec	tion A. Governing Body and Management			4
	and the description of the state of the stat		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 10		103	<del>```</del>
10	If there are material differences in voting rights among members of the governing body, or if the governing		- 1	l
	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			- 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	1
-	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
J	of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ	<b>X</b> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	$\neg \neg$	<u>X</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
. –	more members of the governing body?	7a	ļ	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
	The governing body?	8a	х	
	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 reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	İ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This could be readed in a market and a sound of the internal readed could		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	$\neg \neg$	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		$\neg \neg$	
	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 body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7,3	, .	
	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 rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u> _
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u> _
15	Did the process for determining compensation of the following persons include a review and approval by independent		√	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u> _
b	Other officers or key employees of the organization	15b		<u>X</u>
	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 arrangement with a	<u> </u>		
	taxable entity during the year?	<u>16a</u>		<u>X</u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	•	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)	_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	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 books and records			
	Pamela Starr - 401.595.3481			
	200 Centerville Road, Suite 1, Warwick, RI 02886			

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Form **990** (2017)

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.

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than d s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joanne Bridge	2.00	١								
Director		X	<del> </del>	<u> </u>			-	0.	0.	0
(2) Douglas Brown	2.00	١.,								_
Director (3) Dawn Burke		X	<u> </u>			<u> </u>	_	0.	0.	0
Director	2.00	x						0.	_	0
(4) Catherine Enos	2.00	^	<del> </del>	_	_	_		· · ·	0.	
Director	2.00	x						0.	0.	0
(5) Richard Kirby	3.00	1	-					•	<u>`</u>	
Director	3,00	x						0.	0.	o
(6) Zoraida M. Ramires	3.00	<del> </del>					-			
Director		X						0.	0.	0
(7) Dianne Ross	2.00									
Director		X						0.	0.	0
(8) Mary Warlop	2.00		i			İ				
Director		X	<u> </u>					0.	0.	0
(9) Gerald P. Ventre	20.00					1	Ì			
President		ـــــــــــــــــــــــــــــــــــــ		Х		_		0.	0.	0
(10) Tim Moran	5.00	1				ļ	ļ			,
Vice President	2 00	<del> </del> —	-	X		<del> </del>	<u> </u>	0.	0.	0
(11) David Hanna	2.00	┨		<b>.</b>					0.	0
Secretary / Treasurer	<del></del>	╁	_	X	-	├	-	0.	0.	<u> </u>
		1	i	l						
	<del></del>	╁─				-	$\vdash$	<del> </del>	<del> </del>	<del></del>
		1					ĺ			
<del></del>		$\vdash$	$\vdash$	╁		┼─	$\vdash$	<del> </del>		<del></del>
	* <del></del>	1								
		T				$\vdash$		1		
		1	1	1		Ì			]	1
							L			

	990 (2017) Gerald P.			_				_		22-26	999	97_	Page 8
Pai	t VII Section A. Officers, Directors, Trus		loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	offi	not ch unles cer an	Posi necki ssper	son s	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of er
		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-MISC		comper from organiz and re organiz	the zation lated
					;								
										· ·			
					-								
_										<del></del> .			
	Sub-total		L	· · · ·				<b>&gt;</b>	0.		0.		0.
_ <u>d</u>	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee,	or h	highest compensated er	nployee on	[	Ye	30°C
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su		е со	mpe	nsa	tion	and	oth	er compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services		4	X
Sec	rendered to the organization? If "Yes." com					-				·	[	5	Х
1	Complete this table for your five highest conthe organization. Report compensation for the	•									ensat	on from	
	(A) Name and business			ONE					(B) Description of s		C	(C) ompensa	ition
													<del></del>
		<del></del>							<del></del>				
	· · · · · · · · · · · · · · · · · · ·											<u></u>	
_												_	
2	Total number of independent contractors (in	=	ot lir	nited	l to	_	_	ted	above) who received me	ore than			
	\$100,000 of compensation from the organiz	ation					,					Form 99	<b>0</b> (2017)

Form 990 (2017) Gerald P. Ventre Foundation 22-2699997 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns b Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 36,452. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 36,452 Total, Add lines 1a-1f Business Code 5,672. 5,672. 624100 2 a Program Service Revenue All other program service revenue 5,672. Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,735. 10,735 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less. rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 65,395 Part IV, line 18 27,539 **b** Less direct expenses 37,856. 37,856. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 59,165. 900099 59,165. Increase in Market Val 11 a b d All other revenue

572

59,165.

149,880

e Total. Add lines 11a-11d

Total revenue See instructions.

0.

37,856.

Form 990 (2017) Gerald P. Ventre Foundation
Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		his 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		<u></u> .,		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	31,024.	31,024.		
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,				
	trustees, and key employees		· · · · · · · · · · · · · · · · · · ·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			ŀ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	25,791.		25,791.	
b	Legal				····
С	Accounting	4,500.		4,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		~		
f	Investment management fees	5,093.		5,093.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		·		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				<del></del>
17	Travel				<del>_</del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		·		
21	Payments to affiliates				<u>.</u>
22	Depreciation, depletion, and amortization				
23	Insurance	1,398.		1,398.	
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	Postage and Printing	3,831.		3,831.	
b	Meeting expenses	436.		436.	
С	License and Fees	133.		133.	··· <del></del>
d	Bank service charges	40.		40.	
е	All other expenses			_	
25	Total functional expenses. Add lines 1 through 24e	72,246.	31,024.	41,222.	0.
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 I If following SOP 98-2 (ASC 958-720)			ı	

Form 990 (2017)
Part X Balance Sheet

	nt X	Check if Schedule O contains a response or not	e to any line in this Part X			
			o to any mio in this rate x	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	81,836.	2	87,787	
	3	Pledges and grants receivable, net			3	<del></del>
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under			
ফ		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use	Ī		8	
	9	Prepaid expenses and deferred charges	Γ	500.	9	
	10a	Land, buildings, and equipment cost or other	1 i - [			
		basis Complete Part VI of Schedule D	_10a	*		
	b	Less. accumulated depreciation	10b		10c	· ·
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	457,812.	12	529,902	
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14		
	15	Other assets See Part IV, line 11	Ī		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	540,148.	16	617,689
	17	Accounts payable and accrued expenses			17	<del></del>
	18	Grants payable		18		
	19	Deferred revenue		10,695.	19	10,600
	20	Tax-exempt bond liabilities			20	<u> </u>
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
ģ	22	Loans and other payables to current and former		, , ,		
Liabilities		key employees, highest compensated employees	s, and disqualified persons.		agab	
<u>a</u>		Complete Part II of Schedule L			22	· · · · · · · · · · · · · · · · · · ·
J	23	Secured mortgages and notes payable to unrela-	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		10,695.	26	10,600
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and			• ,
S		complete lines 27 through 29, and lines 33 and	134.			*
Š	27	Unrestricted net assets	L	509,122.	27	593,527
sala	28	Temporarily restricted net assets		20,331.	28	13,562
9	29	Permanently restricted net assets			29	
בֿ		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🔲 📗			
5		and complete lines 30 through 34.	L			
ets	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
Z	33	Total net assets or fund balances		529,453.	33	607,089.
	34	Total liabilities and net assets/fund balances		540,148.	34	617,689.

Form **990** (2017)

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2017)

X

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За

Act and OMB Circular A-133?

## **SCHEDULE A**

· (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

John E. Moran and Employer identification number Name of the organization Gerald P. Ventre Foundation 22-2699997 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 12, check only one box.) 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). 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) 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 10 X 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, 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 (v) Amount of monetary (vi) Amount of other (I) Name of supported (ii) EIN (III) Type of organization (described on lines 1-10 support (see instructions) organization support (see instructions) No above (see instructions))

J2699991

Schedule A (Form 990 or 990-EZ) 2017 Gerald P. Ventre Foundation

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(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I o	r if the organization			
fails to qualify under the tests  Section A. Public Support	listed below, piez	ase complete Part	III )			
	(=) 2012	T (5) 2014	(-) 0015	(-0.0010	(1) 0047	(0. Taba)
Calendar year (or fiscal year beginning in)   1 Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
membership fees received (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-		<del> </del>				
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					1	
4 Total. Add lines 1 through 3						
5 The portion of total contributions				/		<del></del>
by each person (other than a			/	1		
governmental unit or publicly						
supported organization) included	ŧ					
on line 1 that exceeds 2% of the					~ ~	
amount shown on line 11,					~	
column (f)				ĺ		
6 Public support. Subtract line 5 from line 4		operate a mention of	-vegen " To FF (Animal)			
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on					•	
securities loans, rents, royalties,					·	
and income from similar sources						
9 Net income from unrelated business		1				
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10		<u> </u>	<u> </u>		* / / * * * * * * * * * * * * * * * * *	. <u>.</u>
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	ax year as a sectioi	n 501(c)(3)	. $\square$
organization, check this box and stop Section C. Computation of Publi		rcentage				
<del></del>					T 1	
14 Public support percentage for 2017 (li			olumn (f))		14	%
15 Public support percentage from 2016	•	•		14 00 1/00/	15	. %
16a 33 1/3% support test - 2017. If the c				14 is 33 1/3% or m	iore, check this box	and
stop here. The organization qualifies		_		1 l 45 00 4 /00/		<b>▶</b> □
b 33 1/3% support test - 2016. If the c				ı iine 15 is 33 1/3%	or more, check the	S DOX
and stop here. The organization quali				o 10 10o oz 10b .	and line 44 is 400/ a	<b>▶</b>
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact					irt vi now the organ	ization
/ meets the "facts-and-circumstances"   b 10% -facts-and-circumstances test					17a, and line 15 := 1	<b>▶</b>
b 10% -facts-and-circumstances test more, and if the organization meets the		-				
organization meets the "facts-and-circ				•		▶□
18 Private foundation If the organization		<del>-</del>	•	•		

Schedule A (Form 990 or 990-EZ) 2017

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(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

Sec	ction A. Public Support	elow, please comp	lete Part II )					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and	(4) 2010	(6) 2014	(0) 2010	(0) 2010	(6) 2011	(i) Total	
•	membership fees received. (Do not							
	include any "unusual grants.")	25,444.	19,723.	15,284.	17,152.	38,702.	116,305.	
2	Gross receipts from admissions,	23,1111	13,723	13,201	17,1326	30,702.	110,3031	
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	83,849.	64,317.	84,624.	78,468.	70.617.	381,875.	
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	109,293.	84,040.	99,908.	95,620.	109,319.	498,180.	
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
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				•		0.	
	Add lines 7a and 7b		*	,			0.	
8	Public support. (Subtract line 7c from line 6)			*	~ ~		498,180.	
			# \ 0014	4 1 00 1 7				
	ndar year (or fiscal year beginning in)	(a) 2013 109, 293.	(b) 2014 84,040.	(c) 2015 99, 908.	(d) 2016 95,620.	(e) 2017 109,319.	(f) Total 498,180.	
	Amounts from line 6 Gross income from interest,	109,293.	04,040.	33,300.	93,020.	109,319.	430,100.	
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources	49,950.	19,646.	11,396.	11,021.	10,735.	102,748.	
b	Unrelated business taxable income	-		•				
	(less section 511 taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b	49,950.	19,646.	11,396.	11,021.	10,735.	102,748.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	40,000	19,040.	11,330.	11,021.	10,733.	102,740.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)	159,243.	103,686.	111,304.	106,641.	120,054.	600,928.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,	
	check this box and stop here							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2017 (I	• • •	•	olumn (f))		15	82.90 %	
	16 Public support percentage from 2016 Schedule A, Part III, line 15							
Sec	ction D. Computation of Inves					<del></del>		
17								
18	Investment income percentage from	•	•			18	21.26 <u>%</u>	
19a	33 1/3% support tests - 2017. If the							
	more than 33 1/3%, check this box ar		=		=		<b>►</b> X	
b	33 1/3% support tests - 2016. If the	_			•	•	and	
	line 18 is not more than 33 1/3%, che			·		•	₹ -	
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions , ,		

# Schedule A (Form 990 or 990-EZ) 2017 Gerald P. Ventre Foundation

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 (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
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2		
3a		<u></u>
3b		
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9a	$\vdash$	$+ \neg$
9b	<del> </del>	+-
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9c	╁	+
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10a	†	+
104	+	+
1	1	
10b		

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	John E. Moran		2	2 2600007 5
Sche Pai	dule A (Form 990 or 990 EZ) 2017 Gerald P. Ven  V Type III Non-Functionally Integrated 509			2-2699997 Page 7
Щ.	on D - Distributions	(a)(o) oupporting orga	(Continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or parpasses		1
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	-	
4	Amounts paid to acquire exempt-use assets	3		
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	<u> </u>		
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017		*	
а				, , , , , , , , , , , , , , , , , , ,
b	From 2013	. , .	, , , , , , , , , , , , , , , , , , ,	
С	From 2014			* * * * * * * * * * * * * * * * * * * *
d	From 2015			<u> </u>
е	From 2016			·
f	Total of lines 3a through e			. , , , ,
9	Applied to underdistributions of prior years			. , , , , , , , , , , , , , , , , , , ,
<u>h</u>	Applied to 2017 distributable amount		, J	
i_	Carryover from 2012 not applied (see instructions)		ķ	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		*	
4	Distributions for 2017 from Section D,	*****		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	line 7· \$		À 1	* ** **
a	Applied to underdistributions of prior years			·
	Applied to 2017 distributable amount	,		× ×
<u>c</u>	Remainder Subtract lines 4a and 4b from 4.			* * **
5	Remaining underdistributions for years prior to 2017, if	*		Section of the sectio
	any Subtract lines 3g and 4a from line 2 For result greater	,		**************************************
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h		· ·	
	and 4b from line 1 For result greater than zero, explain in			1
	Part VI See instructions	<del>                                     </del>		
7	Excess distributions carryover to 2018. Add lines 3j			3
	and 4c		·	
_8_	Breakdown of line 7.			
	Excess from 2013			<u> </u>
	Excess from 2014			
	Excess from 2015			
	Excess from 2016	<del></del>		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

# John E. Moran and

Schedule A	Form 990 or 990-E2	2) 2017	Gerald	<u>l P.</u>	<u> Ventre</u>	<u>Foundation</u>	<u> </u>	22-2699997	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Inforn lines 1, lition D, li	<b>nation.</b> P 2, 3b, 3c, 4l nes 2 and 3	ovide f o, 4c, 5 ; Part l	the explanation oa, 6, 9a, 9b, 9d V. Section E. lir	s required by Part II, c, 11a, 11b, and 11c; nes 1c. 2a. 2b. 3a. an	line 10; Part II, line 17a o Part IV, Section B, lines id 3b, Part V, line 1; Part te this part for any addition	r 17b; Part III, line 12; 1 and 2; Part IV, Section V. Section B. line 1e: Pa	C.
	(See instructions)				<del>*</del>				
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# **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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

John E. Moran and

Employer identification number

Pai	Gerald P. Ventre Fo		22-2699991
Га			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	<u> </u>	(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 wi	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	. —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	• •	
ŭ	listed in the National Register	ter 7725700, and not on a mistoric structo	"e   2d
3	Number of conservation easements modified, transferred, release	ased extinguished or terminated by the	
	year	ased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the pend		
•	violations, and enforcement of the conservation easements it h	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, his		<del></del> ··· ·
•		ariaming or violations, and amoroting corre	or validity decommends during the year
7	Amount of expenses incurred in monitoring, inspecting, handlii	ng of violations, and enforcing consents	tion easements during the year
•	<b>▶</b> \$	ing or violations, and emoroting obtinoona	tion basements daring the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1700	b)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?	salely the requirements of section 11 of	Yes No
9	In Part XIII, describe how the organization reports conservation	a easements in its revenue and expense	
J	include, if applicable, the text of the footnote to the organization		
	conservation easements.	on a midnetal statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under SFAS 116 (ASC		nent and halance sheet works of art
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		noo of public corvice, provide, in rail 7.11,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, edu		
	relating to these items	deation, of research in furtherance of pur	blic service, provide the following amounts
			<b>▶</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
•	(ii) Assets included in Form 990, Part X	nurse or other complete contacts for for	
2	If the organization received or held works of art, historical treas		i gain, provide
_	the following amounts required to be reported under SFAS 116	o (ASC 938) relating to these items.	<b>~</b> 0
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt; </b>
D	Assets included in Form 990, Part X		<b>&gt;</b> 5

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

c Leasehold improvements

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

d Equipment e\_Other\_\_\_

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A) Mutual Funds	254,159.	End-of-Yea		
(B) Publicly Traded Equities	275,743.	End-of-Yea	<u>r Market</u>	Value
(C)				
(D)				
(E)			<del></del>	
(F)			······	
(G)		·		· · · · · ·
(H)	E20 002	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	529,902.			
<del></del>	5 000 B 1844			
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valua	X, line 13.	of year market value
(1)	(D) BOOK VAIGE	(C) Welliod Or Valua	tion. Cost or end-t	or-year market value
(2)	<del></del>			
(3)	· · · · · · · · · · · · · · · · · · ·			<del></del>
(4)				
(5)				
(6)				
(7)				<u> </u>
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(9)				
(9)				
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		* * * * *		
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
tal (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) E	n Form 990, Part IV, line 1		X, line 15	(b) Book value
lal (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  Tart IX Other Assets.  Complete if the organization answered "Yes" o  (a) [			X, line 15	
lal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" organization (a) [1]			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or (a) [1]  (1)  (2)  (3)			X, line 15	
tal (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" organization (a) [1]  (1)  (2)  (3)  (4)			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" organization (a) [1]  (1)  (2)  (3)  (4)  (5)			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" o  (a) [ (1) (2) (3) (4) (5) (6)			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)			X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" organization (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Description		X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" organization a	Description		X, line 15	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (art X)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  The Assets.  Complete if the organization answered "Yes" of (a) [Col. (b) Inc. (col. (co	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  The Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  The Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  The Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  The Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
at IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col., (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	
al (Col. (b) must equal Form 990, Part X, col. (8) line 13.)  The art IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.) n Form 990, Part IV, line 1	1d See Form 990, Part	<b>&gt;</b>	

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

2 [] **Employer identification number** 22-2699997 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Gerald P. Ventre Foundation John E. Moran and General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

irt IV, line 21, for any	(h) Purpose of grant or assistance				
es" on Form 990, Pa	(g) Description of noncash assistance				:
Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any and it additional space is peeded.	(f) Method of valuation (book, FMV, appraisal, other)				
complete if the orga	(e) Amount of non-cash assistance				
Domestic Governments. C	(d) Amount of cash grant				line 1 table
nizations and Domestic	(rf applicable)				anizations listed in the
Domestic Organiz	(b) EIN				nd government org
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

John E. Moran and

Schedule I (Form 990) (2017)

22-2699997

Page 2

Gerald P. Ventre Foundation

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information 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 The organization's management discusses with each recipient the use of (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients funds for the intended purpose. (a) Type of grant or assistance Part I, Line 2: Part III

### **SCHEDULE 0**

(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 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.

Open to Public Inspection

Name of the organization

John E. Moran and

Gerald P. Ventre Foundation

**Employer identification number** 22-2699997

Form 990 - PAGE 1 - PART 1 - LINE 1 - Organization's Mission
The foundation will support individuals with intellectual and
developmental disabilities and organizations providing services to meet
the needs of these two populations and also to underrite initiatives
that benefit people with intellectual and developmental disabilities.
Form 990, Part VI, Section A, line 2:
GOVERNING BODY:
TIM MORAN WHO IS A DIRECTOR IS THE SON OF THE ORIGINAL FOUNDER
OF THE FOUNDATION (JOHN MORAN IN 1986). HE IS RELATED TO
MARY MACLEAN (SISTER) AND JOHN E MORAN III (NEPHEW). HE IS ALSO
A MINORITY SHAREHOLDER AND A MEMBER OF THE BOARD OF DIRECTORS
OF MCLAUGHLIN & MORAN, INC (A FAMILY OWNED ENTERPRISE). TWO
OF THE OTHER DIRECTORS ARE ALSO EMPLOYEES OF MCLAUGHLIN, INC.
THERE IS NO BUSINESS RELATIONSHIP WHATSOEVER BETWEEN THE MORAN
FOUNDATION AND MCLAUGHLIN & MORAN, INC. AS DIRECTORS OF THE
FOUNDATION, THIS GROUP IS VERY DEDICATED TO CARRYING OUT THE
MISSION OF THE FOUNDATION WHICH WAS ESTABLISHED YEARS AGO BY
JOHN E MORAN.

Form 990, Part VI, Section B, line 11b:

A preliminary copy of form 990 is furnished to each board member for their review prior to their next regular meeting. The full Board of Directors reviews the return allowing them to ask quaestions as to any of the items

contained in the return and then the Board of Directors approves the return LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17