Form 990-PF

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information 2018 For calendar year 2017 or tax year beginning FEB 1, 2017 , and ending JAN 31 A Employer identification number Name of foundation Frank J. Guarini Foundation c/o Frank J. Guarini 46-2036533 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 120 Central Park South 15A (201)938-0050 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here New York, NY 10019 Initial return Initial return of a former public charity D 1 Foreign organizations, check here G Check all that apply Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation ow Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here J Accounting method: X Cash I Fair market value of all assets at end of year Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes expenses per books ıncome income (cash basis only) N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all b assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances ٠.,٠ ... b Less Cost of goods sold c Gross profit or (loss) 11 Other income 0 Total Add lines 1 through 11 0. 0 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **VECEIVED b** Accounting fees c Other professional fees 2 2018 S 17 Interest 18 Taxes 19 Depreciation and depletion <del>JGDEN.</del> 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 0 expenses Add lines 13 through 23 0 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 0. a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

c Adjusted net income (if negative, enter -0-)

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N/A

=	min 990-PF (2017) C/O Frank J. Guartini		Beginning of year		End of year			
P	art	Balance Sheets   Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
<u>.</u>			(a) BOOK VAIUE	(b) book value	(b) I all Walket Value			
		Cash - non-interest-bearing						
	1	Savings and temporary cash investments						
	3	Accounts receivable	•	, ,				
	١.	Less: allowance for doubtful accounts		, *				
	4	Pledges receivable >	* 1					
	_	Less allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
	_	disqualified persons			,			
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts						
Assets	1 -	Inventories for sale or use			<u> </u>			
		Prepaid expenses and deferred charges						
		Investments - U S and state government obligations						
	ŀ	Investments - corporate stock		<del> </del>				
		Investments - corporate bonds						
	11	Investments land, buildings, and equipment basis	•					
		Less accumulated depreciation						
		Investments - mortgage loans						
	13	Investments - other			,			
	14	Land, buildings, and equipment basis ▶	, <u>, , , , , , , , , , , , , , , , , , </u>					
		Less accumulated depreciation		<del></del>				
		Other assets (describe)						
	16	Total assets (to be completed by all filers - see the		(×0.	/x0.			
_	-	instructions. Also, see page 1, item I)	0.	( >0.	1 ~ 0 .			
		Accounts payable and accrued expenses						
	18	Grants payable			•			
les	19	Deferred revenue						
Ĕ	20	Loans from officers directors, trustees and other disqualified persons						
Liabilities	21	Mortgages and other notes payable		<u> </u>	,			
_	22	Other liabilities (describe )						
			0	0	,			
	23	Total liabilities (add lines 17 through 22)		0.	,			
		Foundations that follow SFAS 117, check here			•			
ý		and complete lines 24 through 26, and lines 30 and 31						
nce	24	Unrestricted			'			
ala	25	Temporarily restricted		<del></del>				
Net Assets or Fund Balances	26	Permanently restricted			, ,			
Ë		Foundations that do not follow SFAS 117, check here			, '			
or F		and complete lines 27 through 31.	0	0.				
sts	27	Capital stock, trust principal, or current funds	0.	0.	r			
SSE	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.				
¥ A	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.				
ž	30	Total net assets or fund balances	U •		· `			
		*	0.	0.				
_	31	Total liabilities and net assets/fund balances		<u>U •</u>				
P	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30					
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.			
2	Ente	r amount from Part I, line 27a		2	0.			
3	Othe	r increases not included in line 2 (itemize)		3	0.			
4	Add	lines 1, 2, and 3		4	0.			
5	Decr	eases not included in line 2 (itemize)		5	0.			
6	<u>Tota</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	0.			
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Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income					
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)							acquired lay, yr )	(d) Date sold (mo., day, yr.)
1a								-	
b NO	<u>NE</u>	·			ļ				
<u>C</u> .					<del> </del>		-		
					-				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))			
a									
<u>b</u>									
<u>c</u>							<del></del>		<del></del>
<u>d</u>				<del></del> -			-	·	
Complete only for assets shown	l na aain in	column (h) and owned by	l the foundation	on 12/31/69			(I) Gains (C	Col. (h) gain	minus
(i) FMV as of 12/31/69				cess of col (i)			òi (k), but i	not less that (from col (	n -0-) <b>or</b>
a									
b							-		
С									
d									
<u>e</u>									
2 Capital gain net income or (net ca	apital loss	If gain, also enter If (loss), enter -0	in Part I, line - in Part I, line	7 7	}	2		<u> </u>	
3 Net short-term capital gain or (loilf gain, also enter in Part I, line 8,			ıq (6).		Ì				
If (loss), enter -0- in Part I, line 8		<u> </u>			ŗ	3			
Part V Qualification L	Inder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estment In	come		
(For optional use by domestic private If section 4940(d)(2) applies, leave to Was the foundation liable for the sec	his part bl	ank				· ,			Yes X No
If "Yes," the foundation doesn't quality and the second	fy under s	ection 4940(e). Do not con	nplete this part	<u>.</u>		 S.			100 22 110
(a) Base period years Calendar year (or tax year beginn		(b) Adjusted qualifying dis			(c)		s	Distrit	(d) oution ratio olded by col (c))
2016	g/		0.				0.		.000000
2015			0.				0.		.000000
2014			0.				0.		.000000
2013			0.				0.		.000000
2012							_		
2 Total of line 1, column (d)							2		.000000
3 Average distribution ratio for the the foundation has been in existe	-	•	on line 2 by 5.0	), or by the numb	er of	years	3		.000000
4 Enter the net value of noncharital	ole-use as	sets for 2017 from Part X,	line 5				4		
5 Multiply line 4 by line 3					5		0.		
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)					6		0.
7 Add lines 5 and 6		·					7		0.
8 Enter qualifying distributions from	n Part YII	line 4					8		0.
If line 8 is equal to or greater that See the Part VI instructions		•	1b, and comp	lete that part usin	ng a 1	% tax rate.	<u> </u>	<u> </u>	
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Frank J. Guarini Foundation Form 990-PF (2017) c/o Frank J. Guarini Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter 0. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 

and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 0. 3 Add lines 1 and 2 0. 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-5 Credits/Payments 0. a 2017 estimated tax payments and 2016 overpayment credited to 2017 0. b Exempt foreign organizations - tax withheld at source 0. c Tax paid with application for extension of time to file (Form 8868) 6c n d Backup withholding erroneously withheld 0. 7 Total credits and payments Add lines 6a through 6d 0. 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_\_ if Form 2220 is attached 8 0. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation > \$ 0 . (2) On foundation managers > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ Х 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or 3 Х bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Х remain in the governing instrument? Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions

NY

N/A

8b

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b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

c/o Frank J. Guarini

Pa	VII-A Statements Regarding Activities (continued)			
ç			Yes	No
11	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	ection 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	id the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	"Yes," attach statement. See instructions	12		X
13	id the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	/ebsite address ► N/A			
14	ne books are in care of ▶ Mandel, Fekete & Bloom, CPAs Telephone no ▶ (201	434-	687	5
	ocated at ▶ 30 Montgomery Street, Suite 685, Jersey City, NJ ZIP+4 ▶	<u>)7302</u>	?	
15	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here			· 🔃
	nd enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	I/A	
16	t any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	_
	ecurities, or other financial account in a foreign country?	16		X
	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	İ		
_	reign country			<u> </u>
Ра	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		120	T
	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	uring the year, did the foundation (either directly or indirectly):			٠.
	) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ŀ	-	-
	a disqualified person?			
	Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
		-		
	for the benefit or use of a disqualified person (or make any of either available  Yes X No			
	Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			ı
	termination of government service, if terminating within 90 days )  any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		,	-
Ų	ection 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b		
	rganizations relying on a current notice regarding disaster assistance, check here			
	id the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
·	efore the first day of the tax year beginning in 2017?	10		х
2	axes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	
-	efined in section 4942(j)(3) or 4942(j)(5)):			1
а	t the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
_	efore 2017? Yes X No			
	"Yes," list the years $\blacktriangleright$ ,,,,,			
b	re there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	aluation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	tatement - see instructions ) . N/A	2b		
C	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	·			
3a	id the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	i	į	, - 1
	uring the year?			/.
b	"Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			-
	lay 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	f holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	orm 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b	-	<u> </u>
	id the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del> </del>	X
b	id the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			17
	ad not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	n DE	(2017)

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	1	
	_	
· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	cal information such as the uced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on l	ines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<b>•</b>	0.
Total, Add midd T tillough o		Form <b>990-PF</b> (2017)

P	art X Minimum Investment Return (All domestic foundations mu	st complete this part. Foreign four	ndations, see in	structions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc., purposes:		
а	Average monthly fair market value of securities		1a	0.
b	Average of monthly cash balances		1b	
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1	e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, si	ee instructions)	4	
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on P	art V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5		6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations, check here ▶ ☐ and do not complete this part.)	(j)(5) private operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	0.
2a	Tax on investment income for 2017 from Part VI, line 5	ta		
b		?b	-	
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	0.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	0.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XI	II, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos	ses		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.
b	Program-related investments - total from Part IX-B	1	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)		3a	
þ	Cash distribution test (attach the required schedule)	ļ	3b	
4	$\label{eq:Qualifying distributions.} \textbf{Add lines 1a through 3b. Enter here and on Part V, line 8, and}$	Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investr	ment		
	income. Enter 1% of Part I, line 27b	ļ	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years whe 4940(e) reduction of tax in those years	en calculating whether the foundation q	jualifies for the se	ction

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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	( <b>b</b> ) Years prior to 2016	(c) 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI,			-	_
line 7				<u> </u>
2 Undistributed income if any as of the end of 2017	٧, ٠		_	
a Enter amount for 2016 only	,	N N	0.	
b Total for prior years.	÷,	0.		
3 Excess distributions carryover, if any, to 2017:	, ,		,	
<b>a</b> From 2012			,	
<b>b</b> From 2013	* * * * * * * * * * * * * * * * * * * *	\$ 1 m	, ,	r
<b>c</b> From 2014		, ;		
d From 2015			,	<b>.</b> 1
e From 2016				
f Total of lines 3a through e	0.		,	
4 Qualifying distributions for 2017 from		1 1 2 1 1	,	`,
Part XII, line 4 <sup>-</sup> ► \$0.	,		-,	
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior	1 -21		,	,
years (Election required - see instructions)		0.	,	
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount		* 4		
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	1 1 1 1 1		0.
6 Enter the net total of each column as indicated below:				ه میر د
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract	· '		•	
line 4b from line 2b		0.		
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		0.	-4	
d Subtract line 6c from line 6b. Taxable			,	
amount - see instructions	,	0.	- , ,	
e Undistributed income for 2016 Subtract line	, , , ,			
4a from line 2a Taxable amount - see instr.		,	0.	
f Undistributed income for 2017. Subtract	,		•	
lines 4d and 5 from line 1. This amount must	* .			_
be distributed in 2018	*			0.
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)	0.	1	. '	
8 Excess distributions carryover from 2012	0	, , , , , , , , , , , , , , , , , , , ,	,	
not applied on line 5 or line 7	0.	1		
9 Excess distributions carryover to 2018.	0.	1	The second secon	
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9				
a Excess from 2013	7 4 4.			
b Excess from 2014	-		,	•
c Excess from 2015				
d Excess from 2016	,	2	· · · · · · · · · · · · · · · · · · ·	
e Excess from 2017	1 416			

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Pa	rt XIV Private Operating Fo	oundations (see ins		-A, question 9)	N/A	<u> </u>					
1 a	If the foundation has received a ruling or	r determination letter that	it is a private operating								
	foundation, and the ruling is effective for 2017, enter the date of the ruling										
b	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)										
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	V/\ /						
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total					
	investment return from Part X for										
	each year listed										
h	85% of line 2a					<del></del>					
	Qualifying distributions from Part XII,		, , <del>,</del> .								
·	line 4 for each year listed										
d	Amounts included in line 2c not				/						
•	used directly for active conduct of										
	exempt activities			/	<b>'</b>						
e	Qualifying distributions made directly			/							
٠	for active conduct of exempt activities.										
	Subtract line 2d from line 2c										
3	Complete 3a, b, or c for the			/							
	alternative test relied upon:	:									
а	"Assets" alternative test - enter (1) Value of all assets		/								
			/								
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)										
h	"Endowment" alternative test - enter					·					
J	2/3 of minimum investment return										
	shown in Part X, line 6 for each year										
	IIsted		_/								
U	"Support" alternative test - enter:										
	(1) Total support other than gross investment income (interest,	/	,								
	dividends, rents, payments on										
	securities loans (section										
	512(a)(5)), or royalties)		<del></del>								
	(2) Support from general public and 5 or more exempt										
	organizations as provided in										
	section 4942(J)(3)(B)(III)	/									
	(3) Largest amount of support from										
	an exempt organization	/									
Do	(4) Gross investment income /	rmotion (Comple	to this next enly	f the foundat	ion had \$5,000 or mo	ro in accets					
Га	at any time during t					16 111 055615					
	<del></del>	<del></del>	<u> </u>	N/	A						
1	Information Regarding Foundatio	-	N 00/ - 1 N - 1 - 1 1			f bass					
a	List any managers of the foundation who year (but only if they have contributed m			ributions received by	y the foundation before the clos	e or any tax					
	your (our only it alloy have contributed it	ιστο τημη φοισσοή (σου σ	001(d)(L) )								
	Laborate Alberta and Alberta a	100/ 110									
D	List any managers of the foundation who other entity) of which the foundation has			or an equally large p	portion of the ownership of a pa	rulership or					
	onto chary, or which the foundation has	sa 1070 of greater interes									
2	Information Regarding Contributi										
	Check here X if the foundation o					ests for funds. If					
	the foundation makes gifts, grants, etc ,	<del></del>				<del></del>					
а	The name, address, and telephone number	per or email address of th	e person to whom applic	ations should be ad	dressed'						
	<del></del>				<del></del>						
b	The form in which applications should b	e submitted and informat	ion and materials they sh	nould include:							
	<del></del>				<del></del>						
С	Any submission deadlines										
	Annual to the second se		Janes abantiti fill	المنافعين في مارسورا	a v athay factor -						
d	Any restrictions or limitations on awards	s, such as by geographica	ii areas, charitable fields,	kinas of institutions	s, or other factors:						

Form 990-PF (2017) <u>c/o Frank J. Guarini</u> 46-2036533 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor a Paid during the year None ▶ 3a Total 0. **b** Approved for future payment None

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**▶** 3b

Total

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	( <b>d</b> ) Amount	Related or exempt function income
a	999				
b					
С	l l				
d	_	_ <del></del>	1		
e	_		1		
f	_		-		
g Fees and contracts from government agencies			+		<u></u>
Membership dues and assessments					
Interest on savings and temporary cash investments			1 1		
Dividends and interest from securities			1 -		
Net rental income or (loss) from real estate:			1.1		
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal					
property			1 1		
Other investment income					
Gain or (loss) from sales of assets other					
than inventory		_			
Net income or (loss) from special events			<u> </u>		· · · · · · · · · · · · · · · · · · ·
Gross profit or (loss) from sales of inventory	<u> </u>		4		
Other revenue					
a			+ +		
b	ļ I		+		
d			<del>  </del>		
d					· · · · · · · · · · · · · · · · · · ·
		0.		0.	
Subtotal Add columns (b), (d), and (e)				13	
	-				
Total Add line 12, columns (b), (d), and (e)	)				
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations		plishment of E	xempt		
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom	<u> </u>	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activities	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities tine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities tine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
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Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
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Total Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
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Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations  Part XVI-B  Relationship of Activities  and No  Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities tine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities tine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	
ine No Explain below how each activity for which in	s to the Accom	olumn (e) of Part XVI-A	<u> </u>	Purposes	

		C U. Guarin		acion		45.00		_	
		rank J. Gu				46-20			age <b>13</b>
Part 2	<del></del>		ters to and	Transactions a	ind Relations	hips With Nonch	aritable	<b>;</b>	
	Exempt Organ							V	NI.
	the organization directly or ind					tion 501(c)		Yes	No
	ner than section 501(c)(3) orga	•		. •	•				
	nsfers from the reporting found	lation to a noncharitable	e exempt organı	zation of:					
. ,	Cash						1a(1)		X
. ,	Other assets						1a(2)	<u> </u>	X
	er transactions								
	Sales of assets to a noncharit	· -					1b(1)	1-	X
	Purchases of assets from a no		ganization				1b(2)		X
(3)	Rental of facilities, equipment	, or other assets					1b(3)		X
	Reimbursement arrangements	\$					1b(4)	1	X
	Loans or loan guarantees						1b(5)		X
	Performance of services or m	·	•				1b(6)	-	X
	iring of facilities, equipment, m	•					1c	<u> </u>	X
	ie answer to any of the above is							sets,	
	ervices given by the reporting			ess than fair market val	ue in any transaction	n or sharing arrangemen	it, show in		
. :	ımn (d) the value of the goods.				<del></del>				
(a) Line n	(b) Amount involved	(c) Name of n		empt organization	(d) Descriptio	n of transfers transactions, a	ind sharing ar	rangeme	ents
		<del>  </del>	N/A	<del></del>		<del></del>			
		<u> </u>		<del></del>	<u> </u>	<del> </del>			
							<del></del>		
		<del></del>		8					
	-								
				<del></del>		<del></del>			
							<del> </del>		
		<del> </del>		·					
	ne foundation directly or indirec	•	•	nore tax-exempt organ	izations described		<u> </u>	r==	<b>n</b>
	ection 501(c) (other than section		ion 5277				Yes	LX	No
p   t "\	es," complete the following sch			VT of	<u> </u>	(a) Decomption of relation			
	(a) Name of or	ganization	(D)	) Type of organization		(c) Description of relation	лізнір		
	N/A			· · · · · · · · · · · · · · · · · · ·					
		<del></del>							
	<del></del>								
	Under penalties of peruly, I declare	that I have examined this re	etura includina acc	companying schedules and	statements fand to the	hest of my knowledge =			
Sign		omplete Declaration of preparation				r has any knowledge	May the IRS return with th	ne prepar	rer
Here	Wanh?	} <b>X</b>		16/11	► 445 B	,	shown below	/? Se <u>e in</u>	<u>s</u> tr
	Signature of officer or truste	· / \		Date / 1/75	Title		X Yes	i L	_ No
	Print/Type preparer's n		Preparer's signa		Date	Check If PTI	N		
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Prepa			E Bla	on, CPAs		Firm's EIN ▶ 22-			
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Form **990-PF** (2017)

Phone no (201) 434-6875

**Use Only** 

Firm's address ▶ 30 Montgomery Street, Suite 685 Jersey City, NJ 07302