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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
THE NAVESINK FOUNDATION
C/O TRIPAR
% J HUGH DEVLIN

A Employer identification number
13-7154218

Number and street (or P O box number if mail is not delivered to street address)
47 WEST RIVER ROAD SUITE A

Room/suite

B Telephone number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
RUMSON, NJ 07760

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 3,143,780

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	22,110			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	20,491	20,491		
	4	Dividends and interest from securities	61,004	61,004		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	33,733			
	b	Gross sales price for all assets on line 6a 1,617,882				
	7	Capital gain net income (from Part IV, line 2)		33,733		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	9,704	85		
	12	**Total.** Add lines 1 through 11	147,042	115,313		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	22,110	11,055	0	11,055
	c	Other professional fees (attach schedule)				
	17	Interest	139	139		
	18	Taxes (attach schedule) (see instructions)	12,448	33		
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	6,038	3,174		
	24	**Total operating and administrative expenses.** Add lines 13 through 23	40,735	14,401	0	11,055
	25	Contributions, gifts, grants paid	170,727			170,727
	26	**Total expenses and disbursements.** Add lines 24 and 25	211,462	14,401	0	181,782
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-64,420			
	b	**Net investment income** (if negative, enter -0-)		100,912		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	6,419	5,694	5,694
	2 Savings and temporary cash investments	968,496	457,147	457,147
	3 Accounts receivable ▶ 1,556			
	Less allowance for doubtful accounts ▶	410	1,556	1,556
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	2,831,445	3,330,067	2,328,225
	c Investments—corporate bonds (attach schedule)	121,511	121,511	92,375
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	315,099	262,985	258,783
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	4,243,380	4,178,960	3,143,780
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	4,243,380	4,178,960	
	30 **Total net assets or fund balances** (see instructions)	4,243,380	4,178,960	
	31 **Total liabilities and net assets/fund balances** (see instructions)	4,243,380	4,178,960	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,243,380
2	Enter amount from Part I, line 27a	2	-64,420
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	4,178,960
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,178,960

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	33,733
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	181,643	3,972,608	0 045724
2016	146,591	3,790,717	0 038671
2015	233,365	4,162,003	0 05607
2014	272,435	4,774,752	0 057057
2013	248,335	5,076,713	0 048916

2	**Total** of line 1, column (d)	2	0 246438
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 049288
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	3,746,509
5	Multiply line 4 by line 3	5	184,658
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,009
7	Add lines 5 and 6	7	185,667
8	Enter qualifying distributions from Part XII, line 4	8	181,782

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	2,018
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-)	2	
3	Add lines 1 and 2	3	2,018
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	2,018
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 3,986		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	3,986
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**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	1,968
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 1,968 **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 any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(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 ▶ $ _____			
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*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
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 remain in the governing instrument?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NJ			
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) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
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 year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶

14 The books are in care of ▶ J HUGH DEVLIN Telephone no ▶ (732) 530-8778

Located at ▶ 47 WEST RIVER RD RUMSON NJ ZIP+4 ▶ 07760

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) 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 ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
J HUGH DEVLIN C/O TRIPAR 47 WEST RIVER ROAD SUITE A RUMSON, NJ 07760	TRUSTEE 0	0	0	0
NANCY DEVLIN C/O TRIPAR 47 WEST RIVER ROAD SUITE A RUMSON, NJ 07760	TRUSTEE 0	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation

Total number of others receiving over $50,000 for professional services. ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	3,127,972
b	Average of monthly cash balances	1b	675,590
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	3,803,562
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,803,562
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	57,053
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,746,509
6	**Minimum investment return.** Enter 5% of line 5	6	187,325

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	187,325
2a	Tax on investment income for 2018 from Part VI, line 5	2a	2,018		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	2,018
3	Distributable amount before adjustments Subtract line 2c from line 1			3	185,307
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	185,307
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	185,307

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	181,782
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	181,782
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	181,782

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				185,307
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 2016 , 2015 , 2014		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015. 21,787				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.	21,787			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 181,782				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				181,782
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018	3,525			3,525
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,262			
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.				
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	18,262			
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . . 18,262				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "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)					
(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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

J HUGH DEVLIN

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	20,491	
4 Dividends and interest from securities. . . .			14	61,004	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	33,733	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a EXCISE TAX REFUND			01	12,415	
b OTHER INCOME/LOSS	900001	-8,176	01	5,465	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		-8,176		133,108	
13 **Total.** Add line 12, columns (b), (d), and (e).				13	124,932

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

******	2019-11-08	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
DARCY A LOUGHRAN		2018-11-04		P00429203

Firm's name ▶ FRANKEL LOUGHRAN STARR VALLONELLPWA — Firm's EIN ▶

Firm's address ▶ 2731 77TH AVENUE SE SUITE 201 MERCER ISLAND, WA 98040 — Phone no (206) 275-4600

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
1 STIFEL 9182 SHORT TERM COVERED - SEE ATTACHED			
1 STIFEL 9182 LONG TERM COVERED - SEE ATTACHED		2015-03-25	2018-03-20
100 SHS REGENXBIO INC		2018-08-10	2018-09-07
80 SHS TIDEWATER INC NEW (CASH IN LIEU)		2015-12-15	2018-11-16
STIFEL 4085 SHORT TERM COVERED - SEE ATTACHED			
STIFEL 4085 SHORT TERM NONCOVERED - SEE ATTACHED			
STIFEL 4085 LONG TERM COVERED - SEE ATTACHED			
STIFEL 4085 LONG TERM NONCOVERED - SEE ATTACHED		2015-02-18	2018-04-23
ST PARTNERSHIP GAIN OR (LOSS)			
LT PARTNERSHIP GAIN OR (LOSS)			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
204,913		189,810	15,103
27,175		43,425	-16,250
7,175		6,500	675
21		630	-609
649,197		638,715	10,482
325,018		339,778	-14,853
361,085		305,408	55,677
25,629		35,221	-9,592
3,869			3,869
		5,625	-5,625

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			15,103
			-16,250
			675
			-609
			10,482
			-14,760
			55,677
			-9,592
			3,869
			-5,625

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

	List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
	PTP LOSS ADJUSTMENT			
1	ORDINARY GAIN THROUGH PTP'S			
	STIFEL ACCOUNTS CAPITAL GAIN DISTRIBUTION			
	RENTECH INC WRITE OFF (WORTHLESS SECURITY)			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
6,469		6,690	-221
6,690			6,690
641			641
0		12,254	-12,254

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-221
			6,690
			641
			-12,254

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MELANOMA RESEARCH FOUNDATION 1411 K STREET NW SUITE 800 WASHINGTON, DC 20005	NONE	PC	CHARITABLE CONTRIBUTION - RAISING AWARENESS ABOUT MELANOMA	1,000
PARISH CATALYST 11100 SANTA MONICA BOULEVARD SUITE 1910 LOS ANGELES, CA 90025	NONE	PC	CHARITABLE CONTRIBUTION - HELPING PASTORS AND LEADERSHIP TEAMS WHO ARE GROWING VIBRANT CATHOLIC PARISHES	2,000
MONMOUTH DAY CARE 9 WEST BERGEN PLACE RED BANK, NJ 07701	NONE	PC	CHARITABLE CONTRIBUTION - EDUCATION & CHILDCARE	500
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABCORE ONE HARDING ROAD SUITE 102 P O BOX RED BANK, NJ 07701	NONE	PC	CHARITABLE CONTRIBUTION - HOUSING FOR HOMELESS	500
COOKE FOUNDATION 475 RIVERSIDE DRIVE SUITE 730 NEW YORK, NY 10115	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION - SCHOLARSHIPS TO DESERVING INDIVIDUALS	2,000
CHURCH OF THE NATIVITY HANCE AND RIDGE ROADS PO BOX 66 FAIR HAVEN, NJ 077040066	NONE	PC	CHARITABLE CONTRIBUTION - CATHOLIC CHURCH	32,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUMSON COUNTRY DAY SCHOOL 33 BELLEVUE AVE RUMSON, NJ 07760	NONE	PC	CHARITABLE CONTRIBUTION - COEDUCATIONAL, NONSECTARIAN PRIVATE DAY SCHOOL LOCATED IN RUMSON NJ	2,000
THE SNEAKER EXCHANGEPO BOX 7046 VERO BEACH, FL 32961	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION - PROVIDE COMFORTABLE SCHOOL SHOES TO EVERY PUBLIC SCHOOL STUDENT IN NEED IN INDIAN RIVER COUNTY	500
BIRTHRIGHTPO BOX 202 RED BANK, NJ 077010202	NONE	PC	CHARITABLE CONTRIBUTION - SUPPORT TO GIRLS AND WOMEN WHO ARE DISTRESSED BY AN UNPLANNED PREGNANCY AND LOOKING FOR ALTERNATIVES TO ABORTION	1,500
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER LAND TRUST 80 ROYAL PALM POINT VERO BEACH, FL 32960	NONE	PC	CHARITABLE CONTRIBUTION - PRESERVATION AND CONSERVATION OF INDIAN RIVER COUNTY'S NATURAL RESOURCES	900
HOLY NAME CATHOLIC CHURCH (CAMDEN MINISTRIES) 522 STATE STREET CAMDEN, NJ 08102	NONE	PC	CHARITABLE CONTRIBUTION - CATHOLIC CHURCH	5,000
CATHOLIC CHARITIES 145 MAPLE AVENUE RED BANK, NJ 07701	NONE	PC	CHARITABLE CONTRIBUTION - SUPPORT FAMILIES, REDUCE POVERTY, BUILD COMMUNITIES	1,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER HABITAT FOR HUMANITY 4568 US HIGHWAY 1 VERO BEACH, FL 329671563	NONE	PC	CHARITABLE CONTRIBUTION - PROVIDE AFFORDABLE HOUSING IN PARTNERSHIP WITH PEOPLE IN NEED	1,000
SISTERS OF MERCY OF NEW JERSEY 1645 US HIGHWAY 22 WATCHUNG, NJ 070696587	NONE	PC	CHARITABLE CONTRIBUTION - MINISTRY FOCUSED ON SERVICE TO COMMUNITY THROUGH EDUCATION AND HEALTH CARE	500
MERCY CENTER1106 MAIN STREET ASBURY PARK, NJ 07712	NONE	PC	CHARITABLE CONTRIBUTION - FAMILY RESOURCE CENTER	500
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE THEATRE 3250 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	NONE	PC	CHARITABLE CONTRIBUTION - FAMILY THEAER, ACTING CLASSES, PLAYS AND MUSICALS	500
LUNCH BREAK 121 DRS JAMES PARKER BLVD PO BOX 2215 RED BANK, NJ 07701	NONE	PC	CHARITABLE CONTRIBUTION - PROVIDE FOOD, CLOTHING AND FELLOWSHIP FOR THOSE IN NEED	500
THE CATHEDRAL OF IMMACULATE CONCEPTION 642 MARKET STREET CAMDEN, NJ 08102	NONE	PC	CHARITABLE CONTRIBUTION - CATHOLIC CHURCH	5,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELIA DE LANGE SYNDROME FOUNDATION 302 WEST MAIN STREET 100 AVON, CT 060013681	NONE	PC	CHARITABLE CONTRIBUTION - FAMILY SUPPORT ORGANIZATION THAT EXISTS TO ENSURE EARLY DIAGNOSIS OF CDLS	675
MOUNT SAINT MARY - HOUSE OF PRAYER 1645 US HIGHWAY 22 PLAINFIELD, NJ 07069	NONE	PC	CHARITABLE CONTRIBUTION - SPIRITUAL CENTER DEDICATED TO NOURISHING SPIRTUAL GROWTH	450
FAMILY RESOURCE ASSOCIATES (FRA) MONMOUTH COUNTY 35 HADDON AVENUE SHREWSBURY, NJ 07702	NONE	PC	CHARITABLE CONTRIBUTION - ASSISTANCE FOR INDIVIDUALS WITH DISABILITIES	400
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VNA OF CENTRAL JERSEY 176 RIVERSIDE AVENUE RED BANK, NJ 077011096	NONE	PC	CHARITABLE CONTRIBUTION - VISITING NURSE SERVICES	3,500
HOLY CROSS CHURCH OF VERO BEACH 500 IRIS LANE VERO BEACH, FL 32963	NONE	PC	CHARITABLE CONTRIBUTION - CATHOLIC CHURCH SERVING VERO BEACH	11,250
JOHN'S ISLAND FOUNDATION 3055 CARDINAL DRIVE VERO BEACH, FL 32963	NONE	PC	CHARITABLE CONTRIBUTION - SPECIAL PROJECTS, SERVING THOSE IN INDIAN RIVER COUNTY	10,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CANCER SUPPORT COMMUNITY 3 CROSSROADS DRIVE BEDMINSTER, NJ 07921	NONE	PC	CHARITABLE CONTRIBUTION - PROVIDING SUPPORT TO PEOPLE AFFECTED BY CANCER	400
LEARNING ALLIANCEPO BOX 643446 VERO BEACH, FL 32964	NONE	PC	CHARITABLE CONTRIBUTION - LEARNING AND LITERACY	400
SHORE HOUSE270 BRODWAY LONG BRANCH, NJ 07740	NONE	PC	CHARITABLE CONTRIBUTION - SUPPORT SERVICES FOR PEOPLE WITH MENTAL ILLNESS	250
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIR HAVEN FIRST AID35 FISK ST FAIR HAVEN, NJ 07704	NONE	PC	CHARITABLE CONTRIBUTION - EMERGENCY MEDICAL SERVICES	1,000
HORIZONS123 TRUXTON AVE FORT WALTON BEACH, FL 32547	NONE	PC	CHARITABLE CONTRIBUTION - ADVOCACY FOR CITIZENS WITH COGNITIVE, INTELLECTUAL, AND DEVELOPMENTAL DISABILITIES	1,000
THE KEITH MCHEFFEY FOUNDATION PO BOX 528 RUMSON, NJ 07760	NONE	PC	CHARITABLE CONTRIBUTION - COMMUNITY IMPROVEMENT IN FAIRHAVEN & RUMSON NEW JERSEY	2,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RIVERVIEW MEDICAL FOUNDATION ONE RIVERVIEW PLAZA RED BANK, NJ 07701	NONE	PC	CHARITABLE CONTRIBUTION - OFFER SUPPORT FOR RIVERVIEW MEDICAL CENTER	1,500
TAKE A BREATHER1836 14TH AVENUE VERO BEACH, FL 32960	NONE	PC	CHARITABLE CONTRIBUTION - RAISES MONEY FOR CRITICAL HUMAN SERVICES IN INDIAN RIVER COUNTY	10,000
CLASSROOM INC 245 FIFTH AVENUE 20TH FL NEW YORK, NY 10016	NONE	PC	CHARITABLE CONTRIBUTION - HELPS STUDENTS IN HIGH-POVERTY COMMUNITIES DEVELOP LITERACY AND LEADERSHIP SKILLS	500
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVE VERO BEACH, FL 32960	NONE	PC	CHARITABLE CONTRIBUTION - TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES	1,000
THE VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963	NONE	PC	CHARITABLE CONTRIBUTION - PROVIDE CULTURAL LEADERSHIP AND ENRICHMENT FOR THE PUBLIC THROUGH A WIDE VARIETY OF EDUCATIONAL, STUDIO ART AND HUMANITIES PROGRAMS	1,000
INDIAN RIVER MEDICAL CENTER 1000 36TH STREET VERO BEACH, FL 32960	NONE	PC	CHARITABLE CONTRIBUTION - TO PROVIDE EXCEPTIONAL, PATIENT-CENTERED, EVIDENCE-BASED HEALTHCARE TO RESIDENTS OF INDIAN RIVER COUNTY AND SURROUNDING AREAS	5,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
180 TURNING LIVES AROUND 1 BETHANY ROAD BUILDING 2 STE 42 HAZLET, NJ 07730	NONE	PC	CHARITABLE CONTRIBUTION - ORGANIZATION DEDICATED TO ENDING DOMESTIC AND SEXUAL VIOLENCE IN THE COMMUNITY	500
CRESTWOOD EQUITY PARTNERS LP 700 LOUISIANA ST STE 2550 HOUSTON, TX 77002	NONE	PC	CHARITABLE CONTRIBUTION - PARTNERSHIP PASSTHROUGH	2
HYDROCEPHALUS ASSOCIATION 4340 EAST WEST HIGHWAY STE 905 BETHESDA, MD 20814	NONE	PC	CHARITABLE CONTRIBUTION - ORGANIZATION DEDICATED TO RESEARCH ON HYDROCEPHALUS, A CONDITION DEFINED BY AN ABNORMAL, EXCESSIVE ACCUMULATION OF CEREBROSPINAL FLUID WITHIN THE CAVITIES OF THE BRAIN	41,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKER FAMILY HEALTH CLINIC 211 SHREWSBURY AVENUE RED BANK, NJ 07701	NONE	PC	CHARITABLE CONTRIBUTION - OFFER SUPPORT FOR THE PARKER FAMILY HEALTH CENTER, A FREE HEALTH CARE FACILITY IN MONMOUTH COUNTY	10,000
CUREPSP404 FIFTH AVENUE 3RD FL NEW YORK, NY 10018	NONE	PC	CHARITABLE CONTRIBUTION - TO PROVIDE AWARENESS, EDUCATION, CARE AND CURE FOR DEVASTING PRIME OF LIFE NEURODEGENERATIVE DISEASES	3,000
THE LILABEAN FOUNDATION 105 ROCKDALE DRIVE SILVER SPRING, MD 20901	NONE	PC	CHARITABLE CONTRIBUTION - ORGANIZATION COMMITTED TO SUPPORTING THE FUNDING OF PEDIATRIC BRAIN TUMOR RESEARCH	2,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN KETTERING CANCER CENTER (CYCLE) 1275 YORK AVENUE NEW YORK, NY 10065	NONE	PC	CHARITABLE CONTRIBUTION - PREVENTION, TREATMENT AND CURE OF CANCER THROUGH EXCELLENCE, VISION, AND COST EFFECTIVENESS IN PATIENT CARE, OUTREACH PROGRAMS, RESEARCH, AND EDUCATION	1,000
ST JUDE HOSPITAL INC (ST JUDES MEDICAL CENTER) 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92385	NONE	PC	CHARITABLE CONTRIBUTION - IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITY	1,000
THOMAS G LABRECQUE FOUNDATION 1414 PRINCE STREET NO 400 ALEXANDRIA, VA 22314	NONE	PC	CHARITABLE CONTRIBUTION - PREVENT LUNG CANCER THROUGH EDUCATION AND RESEARCH	1,000
Total . . . . . ▶ **3a**				170,727

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMER & PARKINSON ASSOCIATION OF INDIAN RIVER 2300 5TH AVENUE SUITE 150 VERO BEACH, FL 32960	NONE		CHARITABLE CONTRIBUTION - SERVING COMMUNITY RESIDENTS WITH DISORDERS AFFECTING MEMORY AND MOVEMENT BY PROMOTING QUALITY OF LIFE AND CHOICE THROUGH ADVOCACY, SUPPORT, EMPOWERMENT, EDUCATION AND RESEARCH CONNECTIONS	4,000
Total . . . . . ▶ **3a**				170,727

TY 2018 Accounting Fees Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR

EIN: 13-7154218

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	22,110	11,055		11,055

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR
EIN: 13-7154218

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TY 2018 Investments Corporate Bonds Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR
EIN: 13-7154218

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
TOTAL FIXED INCOME - SEE ATT	121,511	92,375

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TY 2018 Investments Corporate Stock Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR

EIN: 13-7154218

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK - SEE ATTACHED	2,845,106	1,906,375
PREF STOCK - SEE ATTACHED	484,961	421,850

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TY 2018 Investments - Other Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR
EIN: 13-7154218

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CARDINAL ADVISOR STRATEGIES	AT COST	119,213	120,002
PTP'S - SEE ATTACHED	AT COST	143,772	138,781

TY 2018 Other Expenses Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR

EIN: 13-7154218

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER DEDUCTIONS (K-1'S)	3,169	3,169		
NONDEDUCTIBLE EXPENSE (K-1'S)	364			
EXCESS BUS INT EXPENSE (K-1'S)	2,500			
INVESTMENT FEES	5	5		

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TY 2018 Other Income Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR
EIN: 13-7154218

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
EXCISE TAX REFUND	12,415		
PTP K-1'S	-11,214	-3,038	
NONTAXABLE INCOME	5,380		
STIFEL - ROYALTY INCOME	434	434	
LEHMAN BROTHERS HOLDINGS	2,689	2,689	

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TY 2018 Substantial Contributors Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR

EIN: 13-7154218

Name	Address
J HUGH DEVLIN - CASH	47 WEST RIVER ROAD SUITE A RUMSON, NJ 07760

TY 2018 Taxes Schedule

Name: THE NAVESINK FOUNDATION
C/O TRIPAR

EIN: 13-7154218

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	12,415			
FOREIGN TAXES WITHHELD	33	33		

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

Name of the organization	**Employer identification number**
THE NAVESINK FOUNDATION C/O TRIPAR	13-7154218

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
THE NAVESINK FOUNDATION C/O TRIPAR	13-7154218

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J HUGH DEVLIN - CASH 47 WEST RIVER ROAD SUITE A RUMSON, NJ 07760	$ 22,110	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
THE NAVESINK FOUNDATION C/O TRIPAR	13-7154218

Part II Noncash Property

(See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
THE NAVESINK FOUNDATION
C/O TRIPAR

Employer identification number
13-7154218

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee