DLN: 93491130016489

2018

OMB No 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For calendar year 2018, or tax   | year beginning 01-01-20                  | 18 , and e                   | nding 12-              | 31-2018   |
|--|--|------------------------------|------------------------|---|
| Name of foundation<br>THE GERALD M AND ROBERTA N QUIAT F               | AMILY                                    |                              | A Employe<br>26-270428 | er identification number<br>4                                       |
| Number and street (or P O box number if r<br>PO BOX 1501 NJ2-130-03-31 | mail is not delivered to street address) | Room/suite                   | <b>B</b> Telephon      | e number (see instructions)   |
| PO BOX 1301 NJ2-130-03-31  |  |                              | (609) 274-0            | 5834  |
| City or town, state or province, country, an PENNINGTON, NJ 085341501  | d ZIP or foreign postal code             |                              | C If exemp             | tion application is pending, check here                             |
| G Check all that apply ☐ Initial re                                    | eturn                                    | former public charity        | D 1. Foreig            | n organizations, check here   |
| Final re   | eturnAmended_return_                     |                              | <b>2</b> Foreid        | n organizations meeting the 85%                                     |
|  |  | •                            |                        |   |
| <del>\</del>   |  |                              |                        |   |
| (e) Gross sales price  | Depreciation allowed (f) (or allowable)  | Cost or othe                 |                        | Gain or (loss) (h) (e) plus (f) minus (g)                           |
| 47,564   |  |                              | 51,910                 | -4,346  |
| 68,330   |  |                              | 58,619                 | 9,711   |
| 70,750   |  |                              | 78,320                 | -7,570  |
| 35,375   |  |                              | 39,203                 | -3,828  |
| 38,983   |  |                              | 37,060                 | 1,923   |
| 19,492   |  |                              | 17,239                 | 2,253   |
| 37,723   |  |                              | 34,017                 | 3,706   |
| 18,861   |  |                              | 17,239                 | 1,622   |
| Form 990PF Part IV - Capital (   | Gains and Losses for Tax o               | n Investment Incon           | ne - Colum             | ns i - I  |
| Complete only for assets show  | ing 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-) <b>or</b> |
| (i) F M V as of 12/31/69   | Adjusted basis <b>(j)</b> as of 12/31/69 | Excess of c (k) over col (j) |                        | (I) Losses (from col (h))   |
|  |  |                              |                        | -4,346  |
|  |  |                              |                        | 9,711   |
|  |  |                              |                        | -7,570  |
|  |  |                              |                        | -3,828  |
|  |  |                              |                        | 1,923   |
|  |  |                              |                        | 2,253   |
|  |  |                              |                        | 3,706   |

| Form 990-                                | PF (2018)             |   |                         |                         |                               | Page <b>2</b>         |
|--|-----------------------|---|-------------------------|-------------------------|-------------------------------|-----------------------|
| Part II                                  | <b>Balance Sheets</b> | Attached schedules and amounts in the   |                         | Beginning of year       | End of                        |                       |
| $\overline{}$                            | Cash—non-interest     | should be for end-of-year amounts onlessed in the should be for end-of-year amounts onlessed in the should be for end-of-year amounts onlessed in the should be for end-of-year amounts on the should be for end-of-year amounts. | y (See Ilisti decions ) | (a) Book Value          | <b>(b)</b> Book Value 200,001 | (c) Fair Market Value |
| 1  |                       | <del>-</del>  |                         |                         |                               | 200,001               |
| 2  |                       | orary cash investments  |                         | 46,167                  | 150,586                       | 150,586               |
| 3  | Accounts receivable   | e <b>-</b>  |                         |                         | Į                             |                       |
|  |                       | <del></del>   | 1                       | ,                       | •                             | 1                     |
| •  |                       |   |                         |                         |                               |                       |
| Programme 1                              | <b>2</b> ,)           |   |                         |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |
| *  |                       |   |                         |                         |                               |                       |
| Part III                                 |                       | ous, charitable, etc., contribution   |                         |                         |                               |                       |
|  |                       | e year from any one contributor   |                         |                         |                               |                       |
|  |                       | mpleting Part III, enter the total ones information once. See instruc   |                         | us, cnaritable, etc., c | ontributions of \$1,0         | uuu or less tor       |
|  |                       | es of Part III if additional space is r   |                         |                         |                               |                       |
|  |                       | To are  |                         |                         |                               |                       |
| (a<br>No. fron                           | )<br>Dort I           | (b) Purpose of gift   | (c) Use                 | e of gift               | (d) Description               | of how gift is held   |
| NO. Tron                                 | 1 Part I              | ., .  | . ,                     |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |
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|  | <u> </u>              |   |                         |                         |                               |                       |
| ·- <u></u> -,                            | ,                     |   |                         |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |
| 7-4                                      |                       | ±#±   | <del>-</del> /——        | <del></del>             | • •                           |                       |
|  |                       |   |                         |                         |                               | •                     |
| () <del>'''</del>                        |                       |   |                         |                         |                               |                       |
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| - <del>1</del> 7                         |                       |   |                         |                         |                               |                       |
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|  |                       |   |                         |                         |                               |                       |
| 1 J. |                       |   |                         |                         |                               |                       |
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| 11                                       |                       |   |                         |                         |                               | -                     |
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|  |                       |   |                         |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |
|  |                       |   |                         |                         |                               |                       |

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|  | e the kind(s) of property sold (e.g., arehouse, or common stock, 200 shs   | MLC Co ) P—Pu  | rchase<br>nation | Date acquired<br>(mo , day, yr )                         | Date sold<br>(mo , day, yr )                             |
|--|--|--|------------------|--|--|
| 1aSee Additional Data Tabl                                     | e  |  |                  |  |  |
| b  |  |  |                  |  |  |
| c  |  |  |                  |  |  |
| d  |  |  |                  |  |  |
| e  |  |  |                  |  |  |
| (e)<br>Gross sales price                                       | (f) Depreciation allowed (or allowable)  | (g)<br>Cost or other bas<br>plus expense of sa                           |                  | Gain o   | h)<br>r (loss)<br>) minus (g)                            |
| a See Additional Data Tabl                                     | e .  |  |                  |  |  |
| b  |  |  |                  |  |  |
| c  |  |  |                  |  |  |
| d  |  |  |                  |  |  |
| е  |  |  |                  |  |  |
| Complete only for assets                                       | s showing gain in column (h) and ow  | ned by the foundation on 12/31/  | 69               | (  | I)   |
| (i)<br>F M V as of 12/31/69                                    | (j)<br>Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i) over col (j), if an                                |                  | Gains (Col (l<br>col (k), but not                        | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |
| a See Additional Data Tabl                                     | e  |  | -                |  |  |
| b  |  |  |                  |  |  |
| С  |  |  |                  |  |  |
| d  |  |  |                  |  |  |
| e  |  |  |                  |  |  |
| 2 Capital gain net income                                      | e or (net capital loss)  | If gain, also enter in Part I, line If (loss), enter -0- in Part I, line |                  | 2  | 3,471  |
| •  | gain or (loss) as defined in sections I<br>rt I, line 8, column (c) (see instruction   | , , , , ,  | 1                |  |  |
| ın Part I, line 8  |  |  | · · }            | 3  |  |
| Part V Qualification I   | Jnder Section 4940(e) for Re   | duced Tax on Net Investr   | nent In          | come   |  |
| (For optional use by domestic p                                | private foundations subject to the sec   | tion 4940(a) tax on net investm  | ent incom        | ne )   |  |
| If section 4940(d)(2) applies, le                              | save this part blank   |  |                  |  |  |
| Was the foundation liable for th                               | e section 4942 tax on the distributal  |  | se period        | ?  | es 🔽 No  |
| · · · · · · · · · · · · · · · · · · ·                          | ot qualify under section 4940(e) Do  | <u> </u>   |                  |  |  |
| •                        | nount in each column for each year,  | see instructions before making a   | iny entrie       |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitable-use asse                               | ts               | <b>(d)</b><br>Distribution rati<br>(col (b) divided by c |  |
| 2017   | 113,046  | 2,149,:  | _                |  | 0 0526   |
| 2016   | 113,984  | 1,971,9  |                  |  | 0 057804   |
| 2015   | 41,912   | 783,2  |                  |  | 0 053509   |
| 2014   | 0  |  | 0                |  | 0 0  |
| 2013   | 0  |  | 0                | Т  | 0.0  |
| 2 Total of line 1, column (                                    |  |  | . 2              | 1  | 0 163913   |
|  | o for the 5-year base period—divide to a forther that the second of the forther than the fo |  | he   3           |  | 0 054638   |
|  | incharitable-use assets for 2018 from  |  | . 4              |  | 2,294,560  |
| <b>5</b> Multiply line 4 by line 3                             |  | •  | . 5              |  | 125,370  |
|  | ent income (1% of Part I, line 27b)  |  | . 6              |  | 271  |
|  |  |  | . 7              |  | 125,641  |
|  | ions from Part XII, line 4 ,   |  | . 8              |  | 129,680  |
| . , _  | eater than line 7, check the box in Pa   |  |                  | ng a 1% tax rate Se                                      |  |
| ınstructions   |  | ·  |                  |  |  |

Page **6** 

| 1.         | Statements Regard  | iiiig  | ACTIVITIES IOI WITHCIT       | FOITH 4720 May Be          | Kequirea (continuea             | )           |                      |       |       |
|------------|--|--------|------------------------------|----------------------------|---------------------------------|-------------|----------------------|-------|-------|
| 5a         | During the year did the foundation p                                 | oay o  | r incur any amount to        |                            |                                 |             |                      | Yes   | No    |
|            | (1) Carry on propaganda, or otherw                                   | vise a | ittempt to influence legisl  | ation (section 4945(e))?   | ☐ Yes                           | ✓ No        | ,                    |       |       |
|            | (2) Influence the outcome of any sp                                  | pecifi | c public election (see sect  | tion 4955), or to carry    |                                 |             |                      |       |       |
|            | on, directly or indirectly, any vo                                   |        | -                            |                            | · · · 🔲 Yes                     | ✓ No        | ,                    |       |       |
|            | (3) Provide a grant to an individual                                 | for t  | ravel, study, or other sım   | ılar purposes?             |                                 | ✓ No        |                      |       |       |
|            | (4) Provide a grant to an organization section 4945(d)(4)(A)? See in |        | •                            | , -                        | d                               |             |                      |       |       |
|            | (5) Provide for any purpose other t                                  | han r  | eligious, charitable, scien  | tific, literary, or        | ⊔ Yes                           | <b>⊻</b> No | <b>'</b>             |       |       |
|            | educational purposes, or for the                                     |        | · ·                          |                            | ∟ Yes                           | ✓ No        | ,                    |       |       |
| b          | If any answer is "Yes" to $5a(1)-(5)$ ,                              | did a  | any of the transactions fa   | nd to qualify under the ex | ceptions described in           |             |                      |       |       |
|            | Regulations section 53 4945 or in a                                  | curre  | ent notice regarding disas   | ter assistance? See instr  | ructions                        |             | 5b                   |       |       |
|            | Organizations relying on a current n                                 | otice  | regarding disaster assist    | ance check here            |                                 | П           |                      |       |       |
| C          | If the answer is "Yes" to question 5a                                | a(4),  | does the foundation clain    | n exemption from the       |                                 | _           |                      |       |       |
|            | tax because it maintained expenditu                                  | ire re | sponsibility for the grant?  | <sup>7</sup>               | · · 🔲 Yes                       | □ No        | ,                    |       |       |
|            | If "Yes," attach the statement requi                                 | red b  | y Regulations section 53     | 4945-5(d)                  |                                 |             | <b>´</b>             |       |       |
| <b>6</b> a | Did the foundation, during the year,                                 | rece   | ive any funds, directly or   | indirectly, to pay premi   | ums on                          |             |                      |       |       |
|            | a personal benefit contract?   |        |                              |                            | · 🔲 Yes                         | <b>.</b>    | _                    |       |       |
| b          | Did the foundation, during the year,                                 |        |                              |                            | res :                           | · NC        | °   6ь               |       | No    |
|            | If "Yes" to 6b, file Form 8870                                       |        |                              |                            |                                 |             |                      |       |       |
| 7a         | At any time during the tax year, wa                                  | s the  | foundation a party to a p    | prohibited tax shelter tra | nsaction? Yes                   |             |                      |       |       |
| b          | If yes, did the foundation receive ar                                |        |                              |                            | ∟ res i                         | <b>⊻</b> No | 7b                   |       |       |
| 8          | Is the foundation subject to the sec                                 |        | •                            |                            |                                 |             |                      |       |       |
| _          | excess parachute payment during th                                   |        | , , ,                        |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            | ∟ Yes                           | ✓ No        |                      |       | l     |
| Pai        | and Contractors  | JIIIC  | ers, Directors, Trust        | ices, roundation ma        | anagers, Highly Paid            | Emp         | ioyees,              |       |       |
| 1          | List all officers, directors, truste                                 | es. fo | oundation managers ar        | nd their compensation      | . See instructions              |             |                      |       |       |
|            |  |        | <b>b)</b> Title, and average | (c) Compensation (If       |                                 | Τ,          | - \                  |       |       |
|            | (a) Name and address   |        | hours per week               | not paid, enter            | employee benefit plans a        | and   1     | e) Expen<br>other al |       |       |
|            |  | ļ      | devoted to position          | -0-)                       | deferred compensation           | n           |                      |       |       |
| See /      | Additional Data Table  | 1      |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  | 1      |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  | 1      |                              |                            |                                 |             |                      |       |       |
| 2          | Compensation of five highest-pa                                      | id en  | nployees (other than t       | hose included on line      | 1-see instructions). If         | none,       | enter "              | NONE. | ."    |
|            |  |        | (b) Title, and average       |                            | (d) Contributions to            |             |                      |       |       |
| (a)        | Name and address of each employee                                    | paid   | hours per week               | (c) Compensation           | employee benefit                | (€          | Expens               |       |       |
|            | more than \$50,000   |        | devoted to position          |                            | plans and deferred compensation |             | other all            | owanc | es    |
| NON        | ===============================                                      |        |                              |                            | Compensation                    |             |                      |       |       |
|            | _  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        | -                            |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 |             |                      |       |       |
| Tota       | I number of other employees paid ov                                  | er \$5 | 0,000                        |                            |                                 |             |                      |       |       |
|            |  |        |                              |                            |                                 | F           | orm <b>99</b> 0      | 0-PF  | (2018 |

| 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 NONE  Total number of others receiving over \$50,000 for professional services   | Form 990-PF (2018)   |                                      | Page <b>7</b>             |
|---|--|--------------------------------------|---------------------------|
| (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation  NONE    Total number of others receiving over \$50,000 for professional services.   |  | Foundation Managers, Highly P        | aid Employees,            |
| Total number of others receiving over \$50,000 for professional services.   O Part IX-A Summary of Direct Charitable Activities  Is the foundation's four largest direct charitable activities  I Expenses  1 2 2 3 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions)  Obscribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions  3 I I I I I I I I I I I I I I I I I I  | 3 Five highest-paid independent contractors for professional service                   | es (see instructions). If none, ente | r "NONE".                 |
| Total number of others receiving over \$50,000 for professional services.   Part XX-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 beneficianes served, conferences convened, research papers produced, etc.  2  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  All other program-related investments. See instructions  3  Intelligence of the service of the s | (a) Name and address of each person paid more than \$50,000                            | (b) Type of service                  | (c) Compensation          |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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  All other program-related investments See instructions  3 All other program-related investments See instructions  All other program-related investments See instructions  | NONE   |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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  All other program-related investments See instructions  3 All other program-related investments See instructions  All other program-related investments See instructions  |  |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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  All other program-related investments See instructions  3 All other program-related investments See instructions  All other program-related investments See instructions  |  |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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 4 All other program-related investments See instructions  3 All other program-related investments See instructions  |  |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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 4 All other program-related investments See instructions  3 All other program-related investments See instructions  |  |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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 4 All other program-related investments See instructions  3 All other program-related investments See instructions  |  |                                      | <del></del>               |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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 4 All other program-related investments See instructions  3 All other program-related investments See instructions  |  |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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 4 All other program-related investments See instructions  3 All other program-related investments See instructions  |  |                                      |                           |
| Part IX-A Summary of Direct Charitable Activities  Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc  1 2 2 4 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 4 All other program-related investments See instructions  3 All other program-related investments See instructions  |  |                                      |                           |
| 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.  2  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  Amount  All other program-related investments. See instructions  3  All other program-related investments. See instructions  3  All other program-related investments. See instructions.  | <b>Total</b> number of others receiving over \$50,000 for professional services        |                                      | 0                         |
| organizations and other beneficiaries served, conferences convened, research papers produced, etc  1 2 3 3 4 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 All other program-related investments See instructions  |  |                                      |                           |
| 2  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  All other program-related investments See instructions  3  All other program-related investments See instructions   |  |                                      | er of Expenses            |
| 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  All other program-related investments See instructions  3  Total. Add lines 1 through 3  | <del></del>  | ,                                    |                           |
| 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  All other program-related investments See instructions  3  Total. Add lines 1 through 3  |  |                                      |                           |
| 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  All other program-related investments See instructions  3  Total. Add lines 1 through 3  |  |                                      |                           |
| 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  All other program-related investments See instructions  3  Total. Add lines 1 through 3  | 2  |                                      |                           |
| 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  All other program-related investments See instructions  3  Total. Add lines 1 through 3  |  |                                      |                           |
| 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  All other program-related investments See instructions  3  Total. Add lines 1 through 3  |  |                                      |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions  3  Total. Add lines 1 through 3   | 3  |                                      |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions  3  Total. Add lines 1 through 3   |  |                                      |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions  3  Total. Add lines 1 through 3   | 4  |                                      |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions  3  Total. Add lines 1 through 3   |  |                                      |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions  3  Total. Add lines 1 through 3   |  |                                      |                           |
| 1 2 All other program-related investments See instructions 3 Total. Add lines 1 through 3   | Part IX-B Summary of Program-Related Investments (see                                  | nstructions)                         |                           |
| All other program-related investments See instructions  3  Total. Add lines 1 through 3   | Describe the two largest program-related investments made by the foundation during the | ne tax year on lines 1 and 2         | Amount                    |
| 3   | 1  |                                      |                           |
| 3   |  |                                      |                           |
| 3   | ,  |                                      |                           |
| 3   | <u>-</u>   |                                      | <del></del>               |
| 3   |  |                                      |                           |
| Total. Add lines 1 through 3  | All other program-related investments See instructions                                 |                                      |                           |
| <u> </u>  | 3  |                                      |                           |
| <u> </u>  |  |                                      |                           |
| <u> </u>  | Total Add lines 1 through 3  |                                      |                           |
| F 000 DE /2010\   | Total Add inles I tillough 3   |                                      | Form <b>990-PF</b> (2018) |

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

129.680

129,409

Form 990-PF (2018)

271

2018

Page 9

114,457

114,457

Form **990-PF** (2018)

0

**b** Total for prior years

a From 2013. . . . .

**b** From 2014. . . . c From 2015. . .

d From 2016. . . . .

e From 2017. . . . .

Part XIII

Undistributed Income (see instructions) Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018

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

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

**b** Excess from 2015. .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

0 2 762

> 9.410 6,541

2,762

9.410

6,541

15.223

(a)

Corpus

18.713

15,223

33,936

33,936

0

(b)

Years prior to 2017

(c)

2017

factors



| nter gros                                    | s amounts unless otherwise indicated  | Unrelated bu                                | siness income                   | Excluded by section                  | 512, 513, or 514                      | (e)<br>Related or exempt               |
|--|---|---|---------------------------------|--------------------------------------|---------------------------------------|--|
| <b>1</b> Progran                             | n service revenue   | (a)<br>Business code                        | <b>(b)</b><br>Amount            | (c)<br>Exclusion code                | <b>(d)</b><br>Amount                  | function income<br>(See instructions ) |
|  |   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
| <ul><li>2 Member</li><li>3 Interes</li></ul> | and contracts from government agencies<br>ership dues and assessments   |   |                                 |                                      |                                       |  |
| 4 Dividei                                    | nents  nds and interest from securities.  ntal income or (loss) from real estate  |   |                                 | 14                                   | 41,265                                |  |
|  | -financed property  |   |                                 |                                      |                                       |  |
|  | lebt-financed property  |   |                                 |                                      |                                       |  |
|  | ntal income or (loss) from personal property  |   |                                 |                                      |                                       |  |
|  | nvestment income  |   |                                 |                                      |                                       |  |
|  | r (loss) from sales of assets other than  |   |                                 |                                      |                                       |  |
| invento                                      | •   |   |                                 | 18                                   | 3,471                                 |  |
|  | ome or (loss) from special events<br>profit or (loss) from sales of inventory   |   |                                 | +                                    |                                       |  |
| 1 Other                                      | revenue a   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
| с  |   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
|  |   |   |                                 |                                      |                                       |  |
| е  |   |   |                                 |                                      |                                       |  |
| e<br>2 Subtot                                | al Add columns (b), (d), and (e).   |   |                                 |                                      | 44,736                                |  |
| e<br>2 Subtot<br>3 Total.                    | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)   |   |                                 | 13                                   | 44,736                                |  |
| e<br>2 Subtot<br>3 Total.<br>(See w          | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  | lations )                                   |                                 |                                      | · · · · · · · · · · · · · · · · · · · |  |
| e 2 Subtot 3 Total. (See w Part XV           | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     |  |
| e 2 Subtot 3 Total. (See w Part XV Line No.  | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations )  le Accomplish  income is reporte | ment of Exemed in column (e) of | pt Purposes  of Part XVI-A contribut | ed importantly to                     | 44,736                                 |

|      | 10)  |      |  |
|------|--|------|--|
| (VII | Information Regarding Transfers To and Transactions and Relationships With Noncharit<br>Exempt Organizations | able |  |
|      |  |      |  |

| F (-        | LYATI           | Exempt Organia  | zations                         |                                 |                        |   |   |  |                    |      |
|-------------|-----------------|---|---------------------------------|---------------------------------|------------------------|---|---|--|--------------------|------|
| <b>1</b> D  | id the or       | ganization directly or in than section 501(c)(3)  | directly engage                 |                                 |                        |   |   | 501  | Yes                | No   |
| аΤ          | ransfers        | from the reporting foun   | dation to a nor                 | ncharitable exe                 | empt organization      | of                                      |   |  |                    |      |
| (           | <b>1)</b> Cash. |   |                                 |                                 |                        |   |   | 1a(1)                                      |                    | No   |
| (           | <b>2)</b> Other | rassets   |                                 |                                 |                        |   |   | . 1a(2)                                    |                    | No   |
| <b>b</b> 0  | ther tran       | isactions   |                                 |                                 |                        |   |   |  |                    |      |
| (           | <b>1)</b> Sales | of assets to a nonchari   | table exempt o                  | organization.                   |                        |   |   | . 1b(1)                                    |                    | No   |
| -           | -               | nases of assets from a n  |                                 |                                 |                        |   | $\dots \dots \dots$                             | . 1b(2)                                    |                    | No   |
| -           | -               | al of facilities, equipmer  |                                 |                                 |                        |   | $\cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot$ | . 1b(3)                                    |                    | No   |
|             |                 | bursement arrangemen  |                                 |                                 |                        |   |   | 1b(4)                                      |                    | No   |
| •           | •               | s or loan guarantees.   |                                 |                                 |                        |   |   | 1b(5)                                      |                    | No   |
| •           | •               | mance of services or m  |                                 | -                               |                        |   |   | 1b(6)                                      |                    | No   |
|             | _               | facilities, equipment, n  | -                               | -                               |                        |   |   | 1c   |                    | No   |
| oi<br>In    | f the goo       | wer to any of the above ds, other assets, or sernsaction or sharing arra  (b) Amount involved | vices given by<br>ngement, show | the reporting<br>v in column (d | foundation If the      | foundation receive<br>goods, other asse | ed less than fair market                        | t value<br>d                               | ngemen             | ts   |
|             |                 | `,'   |                                 |                                 | , ,                    |   | ,   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 | ndation directly or indire  |                                 |                                 |                        |   | _   |  |                    |      |
|             |                 | ın section 501(c) (other  |                                 | 501(c)(3)) or ı                 | in section 527? .      |   | ∐Yes  | <b>✓</b> No                                |                    |      |
| <b>b</b> If | "Yes," c        | omplete the following so  |                                 |                                 |                        | 1                                       | ( ) 5   |  |                    |      |
|             |                 | (a) Name of organization  | n                               | (1                              | ) Type of organization | n l                                     | (c) Description of                              | relationship                               |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             |                 |   |                                 |                                 |                        |   |   |  |                    |      |
|             | of m            | er penalties of perjury,<br>ny knowledge and belief<br>th preparer has any kno                | , it is true, corr              |                                 |                        |   |   |  |                    |      |
| Sig<br>Her  |                 | ****  |                                 |                                 | 2019-04-24             | *****                                   |   | May the IRS di<br>return<br>with the prepa |                    |      |
|             |                 | Signature of officer or ti  | rustee                          |                                 | Date                   | Title                                   |   | below<br>(see instr )?                     | ✓ <sub>Yes</sub> I | □ No |
|             |                 | Print/Type preparer's   | name P                          | Preparer's Sigr                 | nature                 | Date                                    | Check if self-                                  | IN<br>P00146                               | 3417               |      |
| Pai         |                 | KAREN J KISER   |                                 |                                 |                        | 2019-04-24                              | employed ▶ ☐                                    |  |                    |      |
|             | parer           |   | K OF AMERICA                    |                                 |                        |   | Fir   | m's EIN ▶94                                | -16876             | 65   |
| JSE         | Only            |   | O BOX 1802                      |                                 |                        |   |   |  |                    |      |
|             |                 |   | OVIDENCE, RI                    | 029011802                       |                        |   | Pho   | one no (888                                | ) 866-3            | 3275 |
|             |                 | 1   |                                 |                                 |                        |   | 1   |  |                    |      |

|       | 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)<br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo , day, yr ) | <b>(d)</b><br>Date sold<br>(mo , day, yr ) |
|-------|---|---|--|--|
| 1     | 2000 INVESCO VARIABLE RATE  |   | 2017-08-22                                     | 2018-11-20                                 |
| 1     | 500 ISHARES TR RUSSELL 2000   |   | 2015-11-20                                     | 2018-12-17                                 |
|       | 2000 ISHARES U.S. PREFERRED STOCK ETF   |   | 2015-11-18                                     | 2018-11-20                                 |
|       | 1000 ISHARES U.S. PREFERRED STOCK ETF   |   | 2015-11-23                                     | 2018-11-20                                 |
|       | 1000 VANGUARD EUROPE PACIFIC  |   | 2015-12-23                                     | 2018-11-20                                 |
|       | 500 VANGUARD EUROPE PACIFIC   |   | 2016-03-01                                     | 2018-11-20                                 |
|       | 1000 VANGUARD EUROPE PACIFIC  |   | 2016-02-26                                     | 2018-12-17                                 |
|       | 500 VANGUARD EUROPE PACIFIC   |   | 2016-03-01                                     | 2018-12-17                                 |
| Eorm. | 000DE Part TV - Canital Gains and Losses for Tay on Investment To   | ncome_ Colum                                    | ac a = h                                       |  |
|       |   |   |  |  |
|       |   |   |  |  |

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

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation ROBERTA N QUIAT TRUSTEE 1873 S BELLAIRE ST SUITE 900 DENVER, CO 80222 MELINDA QUIAT CHAIRPERSON 1873 S BELLAIRE ST SUITE 900 DENVER. CO 80222 DANIEL QUIAT TREASURER 1873 S BELLAIRE ST SUITE 900 DENVER, CO 80222 JAMES QUIAT **SECRETARY** 1873 S BELLAIRE ST SUITE 900 DENVER, CO 80222 RUTH COHEN EXECUTIVE DIRECTOR 2,500 1873 S BELLAIRE ST SUITE 900 DENVER, CO 80222 AUDREY QUIAT KENTZ TRUSTEE 1873 S BELLAIRE ST SUITE 900 DENVER, CO 80222 LEONARD QUIAT TRUSTEE 1873 S BELLAIRE ST SUITE 900 DENVER, CO 80222

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WASHINGTON ENSEMBLE THEATRE N/A PC LINRESTRICTED GENERAL 2 000 |

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

| PO BOX 20834<br>SEATTLE, WA 98102                                     |     |    | OTTLES TRACTED GENERALE | 2,000  |
|---|-----|----|-------------------------|--------|
| PLANNED PARENTHOOD FEDERATION<br>PO BOX 97166<br>WASHINGTON, DC 20090 | N/A | PC | UNRESTRICTED GENERAL    | 11,900 |
| COOPERATIVE FOR ASSISTANCE AND  | N/Δ | PC | LINRESTRICTED GENERAL   | 2 150  |

| COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INCPO BOX 7039 MERRIFIELD, VA 22116 PC UNRESTRICTED GENERAL 2,150 | PO BOX 97166<br>WASHINGTON, DC 20090 | 147. |    |                      | 11,500 |
|--|--------------------------------------|------|----|----------------------|--------|
|  | RELIEF<br>EVERYWHERE INCPO BOX 7039  | N/A  | PC | UNRESTRICTED GENERAL | 2,150  |

Total .

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

a Paid during the year

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

| ANTI-DEFAMATION LEAGUE<br>1120 LINCOLN ST<br>DENVER, CO 80203           | N/A | PC | SUPPORT "NO PLACE FOR HATE" | 14,250 |
|---|-----|----|-----------------------------|--------|
| DOCTORS WITHOUT BORDERS USA<br>333 7TH AVE 2ND FL<br>NEW YORK, NY 10001 | N/A | PC | UNRESTRICTED GENERAL        | 6,150  |

| DOCTORS WITHOUT BORDERS USA<br>333 7TH AVE 2ND FL<br>NEW YORK, NY 10001        | N/A | PC | UNRESTRICTED GENERAL | 6,150   |
|--|-----|----|----------------------|---------|
| JEWISH FAMILY SERVICE OF<br>COLORADO INC<br>6007 OREG AVE<br>BOULDER, CO 80303 | N/A | PC | UNRESTRICTED GENERAL | 4,500   |
| Total  |     |    | ▶ 3a                 | 113,050 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

| , ,                                      | or substantial contributor |    |                      |        |
|--|----------------------------|----|----------------------|--------|
| a Paid during the year                   |                            |    |                      |        |
| EMERGENCY FAMILY ASSISTANCE<br>ASSOC INC | N/A                        | PC | UNRESTRICTED GENERAL | 11,650 |

| 1575 YARMOUTH AVE<br>BOULDER, CO 80304 |     |    |                      |       |
|--|-----|----|----------------------|-------|
| FOOD BANK OF THE ROCKIES               | N/A | PC | UNRESTRICTED GENERAL | 8,075 |

| THE MANY SHIPS THOUSEN W. 40TH AVE                              | 21/2 |    |                      |       |
|---|------|----|----------------------|-------|
| FOOD BANK OF THE ROCKIES<br>PO BOX 151560<br>LAKEWOOD, CO 80215 | N/A  | PC | UNRESTRICTED GENERAL | 8,075 |
| '   |      |    |                      |       |

| PO BOX 151560<br>LAKEWOOD, CO 80215 |     |    | OTTRESTITIONED GENERAL | 0,073 |
|-------------------------------------|-----|----|------------------------|-------|
| THE MAX FUND INC720 W 10TH AVE      | N/A | PC | UNRESTRICTED GENERAL   | 8,075 |

| LAKEWOOD, CO 80215                              |     |    |                      |       |
|---|-----|----|----------------------|-------|
| THE MAX FUND INC720 W 10TH AVE DENVER, CO 80204 | N/A | PC | UNRESTRICTED GENERAL | 8,075 |

|   |     |    |                      | (    |
|---|-----|----|----------------------|------|
| THE MAX FUND INC720 W 10TH AVE DENVER, CO 80204 | N/A | PC | UNRESTRICTED GENERAL | 8,07 |
|   |     |    |                      | 1    |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |  |   |  |  |  |
|--|--|---|--|--|--|
| If recipient is an individual, show any relationship to  | Foundation<br>status of  | Purpose of grant or contribution  | Amount   |  |  |
| any foundation manager<br>or substantial contributor   | recipient  |   |  |  |  |
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|  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | If recipient is an individual, Foundation show any relationship to status of any foundation manager recipient | If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution any foundation manager recipient |  |  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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

or substantial contributor

Total .

|                              | or substantial contributor |    |                      |        |
|------------------------------|----------------------------|----|----------------------|--------|
| a Paid during the year       |                            |    |                      |        |
| JEWISH FAMILY SERVICE OF LOS | N/A                        | PC | UNRESTRICTED GENERAL | 10,000 |

| ANGELES<br>3580 WILSHIRE BLVD STE 700<br>LOS ANGELES, CA 90010 |     |    |                      |       |
|--|-----|----|----------------------|-------|
| LOS ANGELES REGIONAL FOOD BANK                                 | N/A | PC | UNRESTRICTED GENERAL | 1,150 |

| LOS ANGELES, CA 90010  |     |    |                      |    |
|--|-----|----|----------------------|----|
| LOS ANGELES REGIONAL FOOD BANK<br>1734 E 41ST ST<br>VERNON, CA 90058 | N/A | PC | UNRESTRICTED GENERAL | 1, |

| LOS ANGELES REGIONAL FOOD BANK<br>1734 E 41ST ST<br>VERNON, CA 90058 | N/A | PC | UNRESTRICTED GENERAL | 1,150 |
|--|-----|----|----------------------|-------|
| PROJECT ANGEL FOOD922 VINE ST  | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

| VERNON, CA 90058              |     |    |                      |       |
|-------------------------------|-----|----|----------------------|-------|
| PROJECT ANGEL FOOD922 VINE ST | N/A | PC | UNRESTRICTED GENERAL | 5,000 |

| *  |     |    |                      |      |
|--|-----|----|----------------------|------|
| PROJECT ANGEL FOOD922 VINE ST<br>LOS ANGELES, CA 90036 | N/A | PC | UNRESTRICTED GENERAL | 5,00 |

| efile GRAPHIC print - DO NOT PR                               | OCESS As Filed D | ta - DLN: 93491130016489 |                        |   |  |  |  |
|---|------------------|--------------------------|------------------------|---|--|--|--|
| TY 2018 Accounting Fees Schedule                              |                  |                          |                        |   |  |  |  |
|   |                  |                          |                        |   |  |  |  |
| Name: THE GERALD M AND ROBERTA N QUIAT FAMILY EIN: 26-2704284 |                  |                          |                        |   |  |  |  |
| Category  | Amount           | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| TAX PREPARATION FEES  | 2,500            |                          |                        | 2,500                                       |  |  |  |

| TY 2018 Investments Corporate Bonds Schedule |  |
|--|--|
|  |  |

Name: THE GERALD M AND ROBERTA N QUIAT FAMILY

912828D23 U.S. TREASURY NOTE

3130A9J77 FEDERAL HOME LOAN BA

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| <b>EIN:</b> 26-2704284 |  |  |  |
|------------------------|--|--|--|
| Schedule               |  |  |  |
|                        |  |  |  |

DLN: 93491130016489

124,649

186,738

124,575

200,000

| 20 2701201                           |                           |    |  |  |  |  |  |
|--------------------------------------|---------------------------|----|--|--|--|--|--|
| Investments Corporate Bonds Schedule |                           |    |  |  |  |  |  |
| Name of Bond                         | End of Year Book<br>Value | En |  |  |  |  |  |

nd of Year Fair **Market Value** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491130016489 TY 2018 Investments Government Obligations Schedule Name: THE GERALD M AND ROBERTA N QUIAT FAMILY **EIN:** 26-2704284 US Government Securities - End of Year Book Value: **US Government Securities - End** of Year Fair Market Value: State & Local Government Securities - End of Year Book Value: State & Local Government Securities - End of Year Fair Market Value:

| effile GRAPHIC print - DO NOT PROCESS | AS Filed Data - I | DLN: 93491130016489 |
|---------------------------------------|-------------------|---------------------|
|                                       |                   |                     |
| TV 2019 Investments - Other C         | Schodulo          |                     |

## 2018 investments - Other Schedule

Name: THE GERALD M AND ROBERTA N QUIAT FAMILY

| <b>EIN</b> : 26-27             | '04284                |            |                                  |
|--------------------------------|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2   |                       |            |                                  |
| Category/ Item                 | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| 464288687 S&P US PFD STK INDEX |                       |            |                                  |
| 921943858 VANGUARD EUROPE PACI |                       |            |                                  |
| 81369Y407 CONSUMER DISCRETIONA | AT COST               | 194,972    | 247,525                          |
| 464287655 ISHARES RUSSELL 2000 | AT COST               | 53,313     | 66,950                           |
| 78462F103 SPDR S&P 500 ETF TRU | AT COST               | 506,371    | 624,800                          |
| 81369Y209 HEALTH CARE SELECT S | AT COST               | 62,131     | 75,696                           |
| 464287614 ISHARES RUSSELL 1000 | AT COST               | 433,851    | 569,459                          |
| 73937B597 POWERSHARES VARIABLE |                       |            |                                  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                           | DLN: 93491130016489 |  |  |
|--------------------------------------|-----------------|---------------------------|---------------------|--|--|
| TY 2018 Other Decreases Schedule     |                 |                           |                     |  |  |
|                                      |                 |                           |                     |  |  |
| Name:                                | THE GERALD I    | M AND ROBERTA N QUIAT FAN | MILY                |  |  |
| EIN:                                 | 26-2704284      |                           |                     |  |  |
|                                      |                 |                           |                     |  |  |
| De                                   | escription      |                           | Amount              |  |  |
| ACCRUED INTEREST C/O                 | escription      |                           | Amount 129          |  |  |
|                                      | escription      |                           |                     |  |  |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule      |                                      |                          |                        |   |  |  |
| o_o other Expended other             |                                      |                          |                        |   |  |  |
| Name:                                | THE GERALD M                         | AND ROBERTA N            | QUIAT FAMILY           |   |  |  |
| EIN:                                 | <b>EIN:</b> 26-2704284               |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| CHANGE OF AGENT FEE                  | 10                                   | 10                       |                        | 0   |  |  |

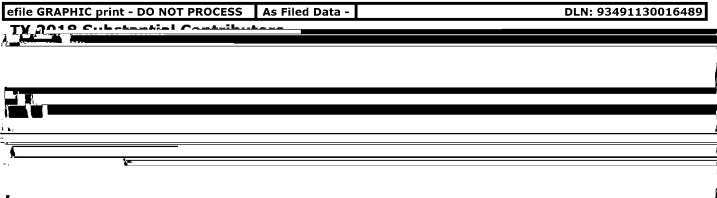
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|---|--|--------------------------|------------------------|---|--|--|
| TY 2018 Other Professional Fees Schedule                      |  |                          |                        |   |  |  |
|   |  |                          |                        |   |  |  |
| Name: THE GERALD M AND ROBERTA N QUIAT FAMILY EIN: 26-2704284 |  |                          |                        |   |  |  |
|   | 114. 20-270 <del>-</del> 20 <del>-</del> |                          |                        |   |  |  |
| Category  | Amount                                   | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |

17,445

11,630

29,075

INVESTMENT MANAGEMENT FEES



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|--------------------------------------|------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Taxes Schedule               |                        |                          |                        |   |  |  |
|                                      |                        |                          |                        | 1   |  |  |
| Name:                                | THE GERALD             | O M AND ROBERTA          | N QUIAT FAMILY         | 1   |  |  |
| EIN:                                 | <b>EIN:</b> 26-2704284 |                          |                        |   |  |  |
| Category                             | Amount                 | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| FOREIGN TAXES                        | 152                    | 152                      |                        | 0   |  |  |
| EXCISE TAX - PRIOR YEAR              | 693                    | 0                        |                        | 0   |  |  |
| EXCISE TAX ESTIMATES                 | 956                    | 0                        |                        | 0   |  |  |
| FOREIGN TAXES ON NONQUALIFIED        | 35                     | 35                       |                        | 0   |  |  |

| efile GRAPHIC print -   | DO NOT PROCESS   | As Filed Data -  |  |  |   | LN: 93491130016489   |  |
|---|--|--|--|--|---|--|--|
| Schedule B  |  | Schedu   | le of Contributo   | rs   |   | OMB No 1545-0047   |  |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ı  |  | Form 990, 990-EZ, or 990-<br>o <u>v/Form990</u> for the latest in  |  |   | 2018   |  |
| Name of the organizat   |  | Y  |  | E  | mployer ide                                       | entification number  |  |
|   | -  | •  |  | 2  | 6-2704284   |  |  |
| Organization type (ch   | eck one)   |  |  |  |   |  |  |
| Filers of:  | Section:   |  |  |  |   |  |  |
| Form 990 or 990-EZ  | ☐ 501(c)(  | ) (enter number) o   | rganization  |  |   |  |  |
|   | ☐ 4947(a)(1  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |  |   |  |  |
|   | ☐ 527 politic  | ☐ 527 political organization   |  |  |   |  |  |
| Form 990-PF   | <b>✓</b> 501(c)(3)   | exempt private fo  | undation   |  |   |  |  |
|   | ☐ 4947(a)(1  | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |  |   |  |  |
|   | ☐ 501(c)(3)  | 501(c)(3) taxable private foundation   |  |  |   |  |  |
|   |  |  | PF that received, during the omplete Parts I and II Se   |  |   |  |  |
| Special Rules   |  |  |  |  |   |  |  |
| under sections received from a  | 509(a)(1) and 170(b)   | (1)(A)(vı), that che<br>urıng the year, tota                                     | g Form 990 or 990-EZ tha<br>cked Schedule A (Form 9<br>al contributions of the grea<br>plete Parts I and II                                    | 990 or 990-EZ), Part   | II, line 13, 1                                    | 6a, or 16b, and that   |  |
| during the year.  | total contributions of   | more than \$1,000  | or (10) filing Form 990 or<br>0 exclusively for religious,<br>animals Complete Parts   | charitable, scientific   |   |  |  |
| during the year<br>If this box is che<br>purpose Don't                            | , contributions <i>exclusi</i><br>ecked, enter here the<br>complete any of the p | ively for religious,<br>total contributions<br>parts unless the <b>G</b> e       | or (10) filing Form 990 or<br>charitable, etc , purposes<br>that were received durin<br>eneral Rule applies to thi<br>or more during the year. | , but no such contrit<br>g the year for an ex<br>s organization beca | outions totale<br>clusively reli<br>use it receiv | ed more than \$1,000<br>gious, charitable, etc ,<br>ed <i>nonexclusively</i> |  |
| 990-EZ, or 990-PF), bu  | it it <b>must</b> answer "No'  | on Part IV, line 2   | le and/or the Special Rule<br>, of its Form 990, or chec<br>t it doesn't meet the filing   | k the box on line H  | of its  |  |  |
| For Paperwork Reduction for Form 990, 990-EZ, or 9                                |  | ructions   | Cat No 30613X  | Schedule   | B (Form 990, 9                                    | 990-EZ, or 990-PF) (2018)  |  |

| Name of organization<br>THE GERALD M AND ROBERTA N QUIAT FAMILY |  | Employer identification<br>26-2704284 | Employer identification number<br>26-2704284   |  |  |
|---|--|---------------------------------------|--|--|--|
| Part I  | Contributors (See instructions) Use duplicate copies of Part I if ac | iditional space is needed             |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution  |  |  |
| 1   | ROBERTA N QUIAT 5361 NASSAU CIRCLE E ENGLEWOOD, CO 80113             | \$ 200,000                            | Person Payroll Noncash  (Complete Part II for noncash contributions)                             |  |  |
| (a)<br>No.  | (b) Name, address, and ZIP + 4                                       | (c) Total contributions               | (d) Type of contribution  Person  Payroll  Noncash   |  |  |
| (a)   | (b)  | (c)                                   | (Complete Part II for noncash contributions )  |  |  |
| . No.   | Name, address, and ZIP + 4   | Total contributions                   | Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions)     |  |  |
| (a)<br>No.  | (b) Name, address, and ZIP + 4                                       | (c) Total contributions               | (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)    |  |  |
| (a)<br>No.  | (b) Name, address, and ZIP + 4                                       | (c) Total contributions               | (d) Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |
| (a)<br>No.  | (b) Name, address, and ZIP + 4                                       | (c) Total contributions               | (d) Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |

| Schedule B (Form 9     | 90, 990-EZ, or 990-PF) (2018)  |  | Page <b>3</b>                  |  |
|------------------------|--|--|--------------------------------|--|
| Name of organization   | on<br>ROBERTA N QUIAT FAMILY   | Employer identification number           |                                |  |
| THE GERMES TO ARREST   | COSEMINIT QUENTINITE   | 26-27                                    | 04284                          |  |
| Part II                | Noncash Property   |  |                                |  |
| (a)<br>No. from Part I | (See instructions) Use duplicate copies of Part II if additional space is needed<br>(b)<br>Description of noncash property given | (c) FMV (or estimate) (See Instructions) | (d)<br>Date received           |  |
|                        |  |  |                                |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |  |
| =                      |  |  |                                |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See Instructions) | (d)<br>Date received           |  |
|                        |  |  |                                |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |  |
|                        |  | \$                                       |                                |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |  |
| =                      |  |  |                                |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See Instructions) | (d)<br>Date received           |  |
|                        |  |  |                                |  |
|                        |  | Schedule B (Form 9                       | 990, 990-EZ, or 990-PF) (2018) |  |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018)  Name of organization  | Page 4  Employer identification number        |
|--|---|
| Name of organization<br>THE GERALD M AND ROBERTA N OLITAT FAMILY   | ' '   |
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