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

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

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

Name of foundation
HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

A Employer identification number
26-3843309

Number and street (or P O box number if mail is not delivered to street address)
360 MOUNT KIMBLE AVENUE

Room/suite

B Telephone number (see instructions)
(866) 888-5157

City or town, state or province, country, and ZIP or foreign postal code
MORRISTOWN, NJ 07960

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 34,098,478

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	2,218,026			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	20	20		
	4	Dividends and interest from securities	316,894	316,894		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	1,566,850			
	b	Gross sales price for all assets on line 6a 10,824,195				
	7	Capital gain net income (from Part IV, line 2)		1,566,850		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	640,415	640,415	0	
	12	**Total.** Add lines 1 through 11	4,742,205	2,524,179	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	5,535	2,767	0	2,768
	c	Other professional fees (attach schedule)	107,362	107,362	0	0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	14,810	6,199	0	0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	57	0	0	0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	127,764	116,328	0	2,768
	25	Contributions, gifts, grants paid	2,091,530			2,091,530
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,219,294	116,328	0	2,094,298
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	2,522,911			
	b	**Net investment income** (if negative, enter -0-)		2,407,851		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	7,638,480	9,801,747	9,801,747
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	8,932,241	5,770,428	6,543,244
	c Investments—corporate bonds (attach schedule)	0	1,097,136	881,202
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	198,699	60,951	53,065
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	13,120,125	14,617,688	16,819,220
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	29,889,545	31,347,950	34,098,478
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	29,889,545	31,347,950	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	29,889,545	31,347,950	
	31 **Total liabilities and net assets/fund balances** (see instructions)	29,889,545	31,347,950	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	29,889,545
2	Enter amount from Part I, line 27a	2	2,522,911
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	32,412,456
5	Decreases not included in line 2 (itemize) ▶	5	1,064,506
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	31,347,950

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,566,850
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	-132,984

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,296,621	31,215,256	0 073574
2016	1,331,381	27,543,905	0 048337
2015	1,320,827	26,111,743	0 050584
2014	1,015,596	26,534,729	0 038274
2013	823,746	20,227,729	0 040724

2	**Total** of line 1, column (d)	2	0 251493
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 050299
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	34,552,282
5	Multiply line 4 by line 3	5	1,737,945
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	24,079
7	Add lines 5 and 6	7	1,762,024
8	Enter qualifying distributions from Part XII, line 4	8	2,094,298

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	24,079
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	24,079
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	24,079
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 30,800		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 15,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	45,800
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	21,721
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 21,721 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DE			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

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

Website address ▶ N/A

14 The books are in care of ▶ JPMORGAN CHASE BANK NA Telephone no ▶ (866) 888-5157

Located at ▶ 10 S DEARBORN IL1-0117 CHICAGO IL ZIP+4 ▶ 60603

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

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

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

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	9,703,785
b	Average of monthly cash balances		1b	8,977,927
c	Fair market value of all other assets (see instructions)		1c	16,396,747
d	**Total** (add lines 1a, b, and c)		1d	35,078,459
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	35,078,459
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	526,177
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	34,552,282
6	**Minimum investment return.** Enter 5% of line 5		6	1,727,614

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

1	Minimum investment return from Part X, line 6		1	1,727,614
2a	Tax on investment income for 2018 from Part VI, line 5	2a 24,079		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	24,079
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,703,535
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	1,703,535
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	1,703,535

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,094,298
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,094,298
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	24,079
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,070,219

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,703,535
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			493,432	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 2,094,298				
a Applied to 2017, but not more than line 2a			493,432	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				1,600,866
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				102,669
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . .				

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

CO JP MORGAN CHASE BANK NA
270 PARK AVENUE
NEW YORK, NY 10017
(212) 577-7020

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

N/A

c Any submission deadlines

N/A

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

THE ADVISORY COMMITTEE DIRECTS THE TRUSTEES TO MAKE GRANTS TO CHARITABLE ORGANIZATIONS OPERATING EXCLUSIVELY FOR SPECIFIED PURPOSES AND DESCRIBED IN IRX SEC 170(C), 170(B)(1)(A), 2522(A), & 2022(A)

Part XV Supplementary Information (continued)

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

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	20	
4 Dividends and interest from securities. . . .			14	316,894	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	640,415	
8 Gain or (loss) from sales of assets other than inventory			18	1,566,850	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		2,524,179	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	2,524,179

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2019-11-13	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
		2019-11-13		P01761342

Firm's name ▶ DAVID BECK CPA PLLC — Firm's EIN ▶84-2956974

Firm's address ▶ 311 WEST 43RD ST FL 13 NEW YORK, NY 10036 — Phone no (267) 486-4125

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

	List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
1	FIDELITY 676-199480	P	2018-01-01	2018-12-31
1	FIDELITY 676-199480	P	2018-01-01	2018-12-31
	FIDELITY 656-222719	P	2018-01-01	2018-12-31
	FIDELITY 656-222719	P	2018-01-01	2018-12-31
	FIDELITY 676-199481	P	2018-01-01	2018-12-31
	FIDELITY 676-199481	P	2018-01-01	2018-12-31
	PERSHING N4Q-519693	P	2018-01-01	2018-12-31
	PERSHING N4Q-519693	P	2018-01-01	2018-12-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
2,666,671		2,925,252	-258,581
3,881,175		2,712,456	1,168,719
274,525		321,198	-46,673
1,499,181		1,357,486	141,695
1,081,067		907,582	173,485
1,365,744		977,265	388,479
5,090		6,305	-1,215
50,742		49,801	941

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-258,581
			1,168,719
			-46,673
			141,695
			173,485
			388,479
			-1,215
			941

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
EDWARD R HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	PRESIDENT 1 00	0	0	0
HELEN S HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	VIP & TREASURER 1 00	0	0	0
VIRGINIA HINTZ REMMEY 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	SECRETARY 1 00	0	0	0
HUME R STEYER 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	ASST SECRETARY 1 00	0	0	0
KATHRYN S HINTZ 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	MEMBER 1 00	0	0	0
MEMBER 360 MOUNT KIMBLE MORRISTOWN, NJ 07960	MEMBER 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNERSTONE FAMILY PROGRAMS 62 ELM STREET MORRISTOWN, NJ 07960			CHILDREN'S PROGRAM	1,000
JERICHO PROJECT 245 WEST 29TH STREET NEW YORK, NY 10001			COMMUNITY SERVICE	25,000
SMITHSONIAN INSTITUTION PO BOX 37012 MRC035 WASHINGTON, DC 20013			MUSEUM AND CULTURAL	75,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BLING FOUNDATION 6TH SOUTH STREET NEW PROVIDENCE, NJ 07974			MEDICAL CLINICAL	2,000
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 10458			COMMUNITY SERVICE	500
SMITHSONIAN DESIGN MUSEUM - COOPER HEWITT 2 EAST 91ST STREET NEW YORK, NY 10128			MUSEUM AND CULTURAL	35,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKS COMMUNITY FOUNDATION 237 COURT STREET READING, PA 19601			COMMUNITY SERVICE	300
CAROL G SIMON CANCER CENTER 475 SOUTH STREET 1ST FLOOR MORRISTOWN, NJ 07960			COMMUNITY SERVICE	300
CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK 14 WALL STREET SUITE 4E NEW YORK, NY 10005			CHILDREN'S PROGRAM	10,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 940 COMMONWEALTH AVENUE WEST BOSTON, MA 02215			EDUCATIONAL	50,000
NY PHILHARMONIC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023			MUSEUM AND CULTURAL	4,000
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036			EDUCATIONAL	150,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAGE 73 PRODUCTIONS 80 HANSON PLACE 6TH FLOOR BROOKLYN, NY 11217			MUSEUM AND CULTURAL	10,000
BROOKLINE COMMUNITY MENTAL HEALTH 41 GARRISON ROAD BROOKLINE, MA 02445			MEDICAL CLINICAL	2,000
CANNON SCHOOL 508 POPLAR TENT ROAD CONCORD, NC 28017			EDUCATIONAL	550,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON UNITED METHODIST CHURCH 233 SOUTH MAIN STREET DAVIDSON, NC 28036			INTERRELIGIOUS UNDERSTANDING	10,000
HOSPITAL FOR SPECIAL SURGERY 535 E 70TH STREET NEW YORK, NY 10021			MEDICAL CLINICAL	50,000
LAKE NORMAN YMCA (GREATER YMCA OF CHARLOTTE) 21300 DAVIDSON STREET CORNELIUS, NC 28031			COMMUNITY SERVICE	100,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF PHYSICIANS AND SURGEONS (COLUMBIA MEDICAL CENTER) 535 W 116 STREET 211 NEW YORK, NY 10027			MEDICAL CLINICAL	100,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024			MUSEUM AND CULTURAL	100,000
HARVARD BUSINESS SCHOOL TEELE HALL SOLDIERS FIELD BOSTON, MA 02163			EDUCATIONAL	50,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN INSTITUTE FOR POLICY RESEARCH 52 VANDERBILT AVENUE NEW YORK, NY 10017			COMMUNITY SERVICE	25,000
NC STATE UNIVERSITY FOUNDATION - CHASS ADVISORY BOARD CAMPUS BOX 7011 RALEIGH, NC 27695			EDUCATIONAL	5,000
NC STATE UNIVERSITY FOUNDATION - REMMEY FAMILY DEAN'S SCHOLAR CAMPUS BOX 7011 RALEIGH, NC 27695			EDUCATIONAL	20,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NC STATE UNIVERSITY FOUNDATION - REMMEY FAMILY SCHOLARSHIP CAMPUS BOX 7011 RALEIGH, NC 27695			EDUCATIONAL	50,000
HANDEL AND HAYDEN 9 HARCOURT STREET BOSTON, MA 02116			MUSEUM AND CULTURAL	10,000
PAT ROCHE HOSPICE HOME 86 TURKEY HILL ROAD HINGHAM, MA 02043			COMMUNITY SERVICE	250
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028			MUSEUM AND CULTURAL	500
CHATHAM TOWNSHIP POLICE DEPARTMENT 401 SOUTHERN BOULEVARD CHATHAM, NJ 07928			COMMUNITY SERVICE	5,000
CRANFORD POLICE DEPARTMENT 8 SPRINGFIELD AVENUE CRANFORD, NJ 07016			COMMUNITY SERVICE	5,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARWOOD POLICE DEPARTMENT 403 SOUTH AVENUE GARWOOD, NJ 07027			COMMUNITY SERVICE	5,000
MORRIS TOWNSHIP POLICE DEPARTMENT 49 WOODLAND AVENUE PO BOX 7603 CONVENT STATION, NJ 07961			COMMUNITY SERVICE	5,000
BOSTON COLLEGE - LYNCH SCHOOL OF EDUCATION 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467			EDUCATIONAL	5,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON UNIVERSITYPO BOX 5357 PRINCETON, NJ 08543			EDUCATIONAL	5,000
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460			COMMUNITY SERVICE	500
THE CORNELIA CONNELLY CENTER FOR EDUCATION 220 E 4TH STREET NEW YORK, NY 10009			EDUCATIONAL	20,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM TOWNSHIP POLICE DEPARTMENT 401 SOUTHERN BOULEVARD CHATHAM, NJ 07928			COMMUNITY SERVICE	5,000
CRANFORD POLICE DEPARTMENT 8 SPRINGFIELD AVENUE CRANFORD, NJ 07016			COMMUNITY SERVICE	5,000
GARWOOD POLICE DEPARTMENT 403 SOUTH AVENUE GARWOOD, NJ 07027			COMMUNITY SERVICE	5,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS TOWNSHIP POLICE DEPARTMENT 49 WOODLAND AVENUE PO BOX 7603 CONVENT STATION, NJ 07961			COMMUNITY SERVICE	5,000
CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK 14 WALL STREET SUITE 4E NEW YORK, NY 10005			CHILDREN'S PROGRAM	5,000
JERICHO PROJECT 245 WEST 29TH STREET NEW YORK, NY 10001			COMMUNITY SERVICE	10,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LIBRARY OF THE CHATHAMS 214 MAIN STREET CHATHAM, NJ 07928			COMMUNITY SERVICE	5,000
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036			EDUCATIONAL	150,000
BOYS AND GIRLS CLUB OF INDIAN RIVER COUNTY 1729 17TH AVENUE VERO BEACH, FL 32960			CHILDREN'S PROGRAM	1,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN'S ISLAND FOUNDATION 6001 HIGHWAY A1A PMB 8323 INDIAN RIVER SHORES, FL 32963			COMMUNITY SERVICE	1,000
NURTURING MINDS INCPO BOX 600617 NEWTONVILLE, MA 02460			EDUCATIONAL	3,000
OPERATION BLING FOUNDATION 6TH SOUTH STREET NEW PROVIDENCE, NJ 07974			MEDICAL CLINICAL	1,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERO BEACH MUSEUM OF ART 3001 RIVERSIDE PARK DRIVE VERO BEACH, FL 32963			MUSEUM AND CULTURAL	500
CHANNEL THIRTEENWNET 825 EIGHTH AVENUE NEW YORK, NY 10019			COMMUNITY SERVICE	250
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036			EDUCATIONAL	350,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROAD FUTURES 2014 H STREET NW 5TH FLOOR WASHINGTON, DC 20006			CHILDREN'S PROGRAM	10,000
LAKE NORMAN YMCA (GREATER YMCA OF CHARLOTTE) 21300 DAVIDSON STREET CORNELIUS, NC 28031			COMMUNITY SERVICE	10,000
SENIOR CENTER OF THE CHATHAMS 58 MEYERSVILLE ROAD CHATHAM TOWNSHIP, NJ 07928			COMMUNITY SERVICE	3,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR MORRISTOWN MEDICAL 475 SOUTH STREET 1ST FLOOR MORRISTOWN, NJ 07960			MEDICAL CLINICAL	2,000
CHATHAM EDUCATION FOUNDATION PO BOX 81 CHATHAM, NJ 07928			EDUCATIONAL	5,000
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT, MA 02478			MEDICAL CLINICAL	5,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN DESIGN MUSEUM - COOPER HEWITT 2 EAST 91ST STREET NEW YORK, NY 10128			MUSEUM AND CULTURAL	500
SMITHSONIAN DESIGN MUSEUM - COOPER HEWITT 2 EAST 91ST STREET NEW YORK, NY 10128			MUSEUM AND CULTURAL	1,000
FM KIRBY CHILDREN'S CENTER - MADISON AREA YMCA 54 EAST STREET MADISON, NJ 07940			CHILDREN'S PROGRAM	5,000
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREETSQUASH INC 40 W 116TH STREET NEW YORK, NY 10026			COMMUNITY SERVICE	10,000
COLE MENTAL HEALTH RESOURCE CENTER 115 MILL STREET ROOM 120A BELMONT, MA 02478			MEDICAL CLINICAL	500
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 164 NEW YORK, NY 10065			EDUCATIONAL	500
Total . . . . . ▶ **3a**				2,091,530

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FACING ADDICTION WITH NCADD 100 MILL PLAIN ROAD 3RD FLOOR DANBURY, CT 06811			COMMUNITY SERVICE	430
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123			MEDICAL CLINICAL	500
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521			EDUCATIONAL	5,000
Total . . . . . ▶ **3a**				2,091,530

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TY 2018 Accounting Fees Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,535	2,767	0	2,768

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TY 2018 Investments Corporate Bonds Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS	1,097,136	881,202

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TY 2018 Investments Corporate Stock Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	5,770,428	6,543,244

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TY 2018 Investments - Other Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BLACKSTONE-JP	AT COST	60,951	53,065

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TY 2018 Other Assets Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
VALUEACT CAPITAL PTRS II, LP	978,927	1,133,467	1,753,832
SEG PARTNERS OFFSHORE LTD	1,665,000	1,665,000	2,531,775
GOLUB CAPITAL PARTNERS INTL IX	875,000	875,000	875,000
ARROWPOINT PARTNERSHIP	488,430	0	305
BRENHAM CAP OFFSHORE FUND LTD	1,800,000	1,800,000	1,510,083
GOLUB CAPITAL PARTNERS INTL X	1,050,000	1,312,500	1,312,500
PRINCE ST INSTITUTIONAL OFFSHORE	1,300,000	1,300,000	1,206,646
RRE LEADERS FUND LP	1,025,723	1,194,876	1,362,145
BESPOKE FUND ONE LP	926,854	926,739	926,854
CASDIN PARTNERS LP	1,609,165	1,757,704	2,519,685
RENAISSANCE INSTITUTIONAL	1,022,100	1,532,678	1,687,235
VALOR VENTURE FUND II LP	375,000	500,332	559,666
RESOLUTE CAPITAL PARTNERS IV LP	3,926	619,392	573,494

TY 2018 Other Decreases Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Description	Amount
COST BASIS ADJUSTMENT	899,440
FMV OF ASSETS CONTRIBUTED IN EXCESS OF BASIS	165,066

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TY 2018 Other Expenses Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INTEREST EXPENSES	57	0	0	0

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TY 2018 Other Income Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME FROM BLACK STONE GSO	35,785	35,785	0
OTHER INCOME FROM GOLUB CAPITAL IX	88,223	88,223	0
OTHER INCOME FROM GOLUB CAPITAL X	111,602	111,602	0
ARROWPOINT PARTNERSHIP	5,812	5,812	0
BESPOKE FUND ONE LP	-115	-115	0
CASDIN PARTNERS LP	197,262	197,262	0
RENAISSANCE INSTITUTIONAL	30,457	30,457	0
RESOLUTE CAPITAL PARTNERS IV LP	117,733	117,733	0
RRE LEADERS FUND LP	1	1	0
BLACKSTONE	112,068	112,068	0
VALOR VENTURE FUND II, L P	-58,413	-58,413	0

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TY 2018 Other Professional Fees Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	107,362	107,362	0	0

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TY 2018 Taxes Schedule

Name: HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

EIN: 26-3843309

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	6,199	6,199	0	0
FEDERAL EXCERCISE TAX PAID	8,611	0	0	0

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2018

Name of the organization
HINTZ FAMILY FUND INC P13619005
C/O HINTZ CAPITAL MANAGEMENT

Employer identification number
26-3843309

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	26-3843309

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HINTZ 2008-2020 NON-GRANTOR CLAT C/O JP MORGAN CHASE BANK NA MORRISTOWN, NJ 07960	$ 914,988	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	EDWARD R HINTZ 140 SUNSET DRIVE CHATHAM, NJ 07928	$ 1,303,038	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	26-3843309

Part II Noncash Property

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	1,200 SHARES ALPHABET INC CAP STKCL A, GOOGL, 02079K305	$ 1,303 038	2018-02-05
		$	
		$	
		$	
		$	
		$	

Name of organization	**Employer identification number**
HINTZ FAMILY FUND INC P13619005 C/O HINTZ CAPITAL MANAGEMENT	26-3843309

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

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	