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.

2019

	For	calendar year 2019 or tax year beginning	. <u> </u>	, and ending		
	Nar	me of foundation			A Employer identification	number
	D	LALOIA FAMILY FOUNDATION	J		26-2453178	
	_	mber and street (or P O box number if mail is not delivered to str		Room/suite	B Telephone number	
	0	NE GIRALDA FARMS, SUITE	130		973-984-33	52
		y or town, state or province, country, and ZIP or foreign			C If exemption application is p	ending, check here
	M	ADISON, NJ 07940				
	G	Check all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here 🕨 🔲
		Final return	Amended return		2 5	ating the 9504 test
		Address change	X Name change		Foreign organizations me check here and attach co	mputation
73	H C		3) exempt private foundation	NU	E If private foundation sta	
14		Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundati		under section 507(b)(1)	(A), check here
1		, =	unting method: X Cash	Accrual	F If the foundation is in a	
		rom Part II, col. (c), line 16)	Other (specify)olumn (d), must be on cash basis	1	under section 507(b)(1)	(B), check here
	_	\$ 7,282,221. [(Part I, c)] art Analysis of Revenue and Expenses			(a) Advicted not	(d) Disbursements
	1 6	(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	_	1 Contributions, gifts, grants, etc., received	251,833.		N/A	(
		2 Check III the foundation is not required to attach Sch E	<u> </u>			
		3 Interest on savings and temporary cash investments				
		4 Dividends and interest from securities	87,496.	87,496.		STATEMENT 1
2		5a Gross rents				
2020		b Net rental income or (loss)				
œ	d)	68 Net gain or (loss) from sale of assets not on line 10	34,203.			
	Š	b Gross sales price for all 315,836	<u>- </u>		RF	CEIVED
*	evenu		<u> </u>	34,203.		75-1-10
\geq	Œ	o Net Short-term capital gain				N 1 5 2020 S
SCANNED NOV 18		9 Income modifications Gross sales less returns		 -	e Ju	2020 07
<u> III</u>)		10a and allowances			00	DEN, UT
É		b Less Cost of goods sold				
. <u>Ā</u>		c Gross profit or (loss) 11 Other income				
(S)		12 Total. Add lines 1 through 11	373,532.	121,699.	<u> </u>	
•	_	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
		14 Other employee salaries and wages				
		15 Pension plans, employee benefits				
-0	Š	16a Legal fees		·		
1	Expense	b Accounting fees				
~~	X	c Other professional fees				
2020	ative 1		100	100		
) 3 ZC	rati	18 Taxes STMT 2	198.	_198.		Q.
`	inist	19 Depreciation and depletion				• • • • • • • • • • • • • • • • • • • •
<u>,</u>	Ē	20 Occupancy		· -	-	
Š	nd Ad		 - 		-	
•	a	3 amam 3	26.	26.		0.
노드통	ating					,
ટ્રેફ્ટ <u>ે</u>	era	expenses. Add lines 13 through 23	224.	224.		0.
Received in Batching Ogden	Oper	25 Contributions, gifts, grants paid	355,800.			355,800.
海碧		26 Total expenses and disbursements.				
. 82 83	1	Add lines 24 and 25	356,024.	224.		355,800.
, C		27 Subtract line 26 from line 12;				
		Excess of revenue over expenses and disbursements	17,508.			
		b Net investment income (if negative, enter -0-)		121,475.		
		c Adjusted net income (if negative, enter -0-) 101 12-17-19 LHA For Paperwork Reduction Act N			N/A	Form 990-PF (2019

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_	art	Balance Sheets Attached schedules and amounts in the description	End o	f year		
Ė	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	15,851.	60,492.	60,492.	
	3	Accounts receivable ▶		<u> </u>		
		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				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
2	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ä	10a	Investments - U.S. and state government obligations				
	Ь	Investments - corporate stock STMT 5	1,941,977.	1,897,477.	7,221,729.	
	c	Investments - corporate bonds				
	11	Investments - land, buildings and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans		<u> </u>		
	13	Investments - other				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation				
	15	Other assets (describe STATEMENT 6)	3,059,466.	3,072,921.	0.	
	16	Total assets (to be completed by all filers - see the				
_		instructions. Also, see page 1, item I)	5,017,294.	5,030,890.	7,282,221.	
		Accounts payable and accrued expenses				
		Grants payable				
es	19	Deferred revenue			·	
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons				
ā		Mortgages and other notes payable				
_	22	Other liabilities (describe		-		
	l		,	,		
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow FASB ASC 958, check here				
ces	ļ <u>.</u>	and complete lines 24, 25, 29, and 30.	ļ		1	
	24	Net assets without donor restrictions				
or Fund Balar	25	Net assets with donor restrictions				
힏		Foundations that do not follow FASB ASC 958, check here				
2	١.,	and complete lines 26 through 30.	0.	0.	1	
	1	Capital stock, trust principal, or current funds	0.	- 0.		
set		Paid-in or capital surplus, or land, bldg., and equipment fund	5,017,294.	5,030,890.		
As	ŀ	Retained earnings, accumulated income, endowment, or other funds	5,017,294.	5,030,890.		
Net Assets	29	Total net assets or fund balances	3,017,234.	3,030,030.	 i	
	30	Total liabilities and net assets/fund balances	5,017,294.	5,030,890.		
_				2700703001		
P	art	Analysis of Changes in Net Assets or Fund Bal	ances			
	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	9			
	(mus	t agree with end-of-year figure reported on prior year's return)		1	5,017,294.	
!	Enter	amount from Part I, line 27a		2	17,508.	
ļ	Other	increases not included in line 2 (itemize)		3	0.	
ļ	Add I	ines 1, 2, and 3		4	5,034,802.	
		eases not included in line 2 (itemize)		TEMENT 4 5	3,912.	
	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29	6	5,030,890.	
					Form 990-PF (2019)	

	IA FAMILY FOUN						6-245		Page 3
<u> </u>	Losses for Tax on In				ATTACE		TATEME		
	kınd(s) of property sold (for exar ouse; or common stock, 200 shs		ite,	P - P	v acquired urchase		acquired day, yr.)	(d) Da ^r (mo., d	te sold lav. vr.)
	0030, 01 0011111011 31008, 200 3113	. 14120 00.)		<u> U-U</u>	onation				
<u>1a</u> 				 					
C				<u> </u>					
<u>d</u>									
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) s (f) minus (g))	
a									
<u>b</u>									
С	· · · · · · · · · · · · · · · · · · ·								
<u>d</u>		_		_ _					
e 315,836.		<u> </u>	281,63	3.					<u>,203.</u>
Complete only for assets showing ga							Col. (h) gain i not less than		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any			Losses	(from col. (f)))	
<u>a</u>									
<u>b</u>		_		-+-					
<u>c</u>				+-					
<u>d</u>			<u> </u>					3.1	,203.
<u>e</u>				\	T				, 203.
2 Capital gain net income or (net capital	I loss) { If gain, also enter If (loss), enter -0-	in Part I, line	7 . 7) ₂				34	,203.
, ,	•		• •	7	1	_			<u>,</u>
3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, colu		a (6):		٦١					
If (loss), enter -0- in Part I, line 8	. ,] 3			N/A		
Part V Qualification Unde	er Section 4940(e) for	Reduced	Tax on Net	nvest	ment Inc	ome			
(For optional use by domestic private fou	ndations subject to the section 4	940(a) tax on	net investment ind	come.)					
If continue 4040/d\/2\ applies degree this s	art blank								
If section 4940(d)(2) applies, leave this p	art Diarik.								
Was the foundation liable for the section			•	lod2				Yes	X No
If "Yes," the foundation doesn't qualify un									
1 Enter the appropriate amount in each		structions bef	ore making any er					(4)	
(a) Base period years	(b) Adjusted qualifying dist	ributions	Net value of no	(c)	le-uce accets	.	Distribi	(d) ition ratio	(=))
Calendar year (or tax year beginning in	<u> </u>	7,500.	Net value of the		84,021		(col. (b) divi		(c)) 52186
2018		7,490.			81,950				$\frac{52130}{61433}$
<u>2017</u> 2016		0,000.	<u> </u>		31,194				72363
2015		2,250.			02,682				80008
2014		3,750.			80,281				40481
2014		37.300							
2 Total of line 1, column (d)						2		.30	06471
3 Average distribution ratio for the 5-year	ar base period - divide the total o	n line 2 by 5.0), or by the number	er of years	S				
the foundation has been in existence i	•		.,,	, , , , , ,		3		.00	61294
	· · · · · · · · · · · · · · · · · · ·								
4 Enter the net value of noncharitable-us	se assets for 2019 from Part X, li	ne 5				_4	ϵ	,198	,729.
	·							<u> </u>	
5 Multiply line 4 by line 3						_5		379	<u>,945.</u>
6 Enter 1% of net investment income (1	% of Part I, line 27b)					_6		1	<u>,215.</u>
7 Add lines 5 and 6						_7		381	<u>,160.</u>
8 Enter qualifying distributions from Pai	rt XII, line 4					8		355	<u>,800.</u>
If line 8 is equal to or greater than line	7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% ta	x rate.				
See the Part VI instructions.								000	DE
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CONTINUATION FOR 990-PF, PART IV 26-2453178 OF D'ALOIA FAMILY FOUNDATION PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation 1a SALIENT MLP ENERGYINFRASTRUCTURE 01/01/00|01/15/19 P 01/01/0002/22/19 STONERIDGE REINSURANCERISK P 08/23/1705/02/19 P c INVESCO EXCHANGE TRADED FTSE RAFI d ISHARES EDGE MSCI MIN VOL EMERGING MARKET 08/23/1710/09/19 P e ISHARES EDGE MSCI MIN VOL USA ETF P 08/23/1704/16/19 P 08/23/1710/09/19 f ISHARES EDGE MSCI MIN VOL USA ETF P 08/23/1704/02/19 g ISHARES RUSSELL 1000 VALUE ETF P 08/23/1710/09/19 h ISHARES TR GLB INFRASTR ETF 01/01/0003/06/19 | LIVENT CORP COM - CIL P 01/01/0001/15/19 SALIENT MLP ENERGYINFRASTRUCTURE P P 08/23/1702/22/19 k STONERIDGE REINSURANCERISK I STONERIDGE REINSURANCERISK P 08/23/17|05/24/19 08/23/1711/22/19 P m STONERIDGE REINSURANCERISK n CAPITAL GAINS DIVIDENDS 0 (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 1,464.1.413 <51.> а 546. 560. <14.> b 17,905. 2,403. 20,308. C <163.> 10,229. 10,392 d 7,781. 42,238. 50,019. е 59,234. 16,077. 75,311. 7.915. 105 ,311. 97,396. g 14,870. 164. 15,034. h 8. 10. 2. ,497.21 ,715. 25,212. 6,902. <1,591.> 5.311. k <1,366.> 4,478. 5.844. <761.> 2,350. 3,111. m 304. 304. n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <51.> a <14.> b 2,403. C <163.> d 7,781. е 16.077. f 7.915. g 164. h 8. 3,497. <1,591.> <1,366.> <761.> m

<u>n</u> 0

If gain, also enter in Part I, line 7

If (loss), enter "-0-" in Part I, line 7

N/A

2

304.

34,203.

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		4531/8		Page 4	
_					" "	
18	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1 -		2,4	30	
		-'-		4,4	30.	
	of Part I, line 27b 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-)				╗.	
3	Add lines 1 and 2	3		2,4		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		<i>L</i> , T	0.	
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		2,4	<u> </u>	
6	Credits/Payments:			<i>L</i> , T		
_	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 9,834.	' i			ľ	
	Exempt foreign organizations - tax withheld at source 6b 0.	:			,	
	Tax paid with application for extension of time to file (Form 8868) 6c 6c				ŀ	
	Backup withholding erroneously withheld 6d 0.				}	
7	Total credits and payments. Add lines 6a through 6d	7		9,8	34.	
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		7,4	04.	
	Enter the amount of line 10 to be: Credited to 2020 estimated tax	11		','-	0.	
	rt VII-A Statements Regarding Activities				<u> </u>	
$\overline{}$	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		Yes	No	
	any political campaign?		1a	1	X	
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini	tion	1b	1	X	
	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.				1	
C	Did the foundation file Form 1120-POL for this year?		10		X	
	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. ▶ \$			ł	1 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .				لييا	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		_2	1	X	
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			-		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	1	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT /	3 48	-		
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/		1	x	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		_5_	1	 ^	
•	If "Yes," attach the statement required by General Instruction T					
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1		ĺĺ	
	By language in the governing instrument, or Post to be a second of the second of	la				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	iaw		x		
_	remain in the governing instrument?		6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	^		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. NJ		_			
ħ	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	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar				/
-	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9		X	4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X	
			Form 99	0-PF	(2019)	

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Form 990-PF (2019) D'ALOIA FAMILY FOUNDATIO	N		26-24531	.78	f	⊃age €
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be R	equired (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:		<u> </u>			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗶 No			
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire	ectly,		- 1		
any voter registration drive?		Y	es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?		es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions			es X No]		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or f					
the prevention of cruelty to children or animals?	,		es X No	l		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described				·	
section 53.4945 or in a current notice regarding disaster assistance? See instr	·		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check			▶ □ [<u> </u>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined				
expenditure responsibility for the grant?			es 🔲 No		ŀ	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	-	۰, ، ،			l	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiume on		1	ľ	ľ	
a personal benefit contract?	pay promiums on	v	es X No	ŀ		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	narcanal hanafit contract?	·''	58 [24] 140	6b	—	X
If "Yes" to 6b, file Form 8870.	personal benefit contract,		<u> </u>	<u>~</u>	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax:	chalter transaction?		es X No	l	ł	
b If "Yes," did the foundation receive any proceeds or have any net income attribi			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			- 11/12 -	''		
	51,000,000 iii teinuneiauoii oi		es X No			
Part VIII Information About Officers, Directors, Trusto	ees Foundation Mar		55 <u>21</u> NU _			
Paid Employees, and Contractors	ces, i oundation inal	lagers, riigiliy				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.	- -	·			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expe	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ac	count, allowan	other Ices
G. PETER D'ALOIA	PRESIDENT					
ONE GIRALDA FARMS, SUITE 130	†					
MADISON, NJ 07940	4.00	0.	0.			0.
MARGUERITE D'ALOIA	SECRETARY					
ONE GIRALDA FARMS, SUITE 130						
MADISON, NJ 07940	4.00	0.	0.			0.
JONELLE MARCHESE	VICE PRESIDEN	Tr		Ì		
ONE GIRALDA FARMS, SUITE 130	1	ļ				
MADISON, NJ 07940	2.00	0.	` 0.			0.
TARA ROSELLI	VICE PRESIDEN	T				
ONE GIRALDA FARMS, SUITE 130	1					
MADISON, NJ 07940	2.00	0.	0.	J		0.
2 Compensation of five highest-paid employees (other than those inc						
(a) Name and address of each analysis and area to a first one	(b) Title, and average	(-) Co	(d) Contributions to employee benefit plans and deferred	(e) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	ac	count, allowan	ces
NONE						
]				-
				<u> </u>		
				<u> </u>		
Tatal number of other employees hald ever \$50,000						n

Part VIII Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors (continued)		133170
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	···
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5) /// 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
	·	
	· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services	~	▶ 0
Part IX-A Summary of Direct Charitable Activities	-	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, et	c.	Expenses
1 NONE		
		0.
2		
3		
4		
Don't IV D. C. D. L.		
Part IX-B Summary of Program-Related Investments	nnd 2	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	iiiu 2.	Amount
1 NONE		
		0.
^		
2	-	
	_	
All other program-related investments. See instructions.		
3 NONE		
31101111		
		0.
Total. Add lines 1 through 3	>	0.
· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	П	
-	Average monthly fair market value of securities	1a	6,228,332.
b	Average of monthly cash balances	1b	64,794.
Č	Fair market value of all other assets	1c	01,751.
d	Total (add lines 1a, b, and c)	1d	6,293,126.
_	Reduction claimed for blockage or other factors reported on lines 1a and	'"- 	0,233,120.
·	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,293,126.
ა 4		4	94,397.
5	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	5	6,198,729.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	6	309,936.
6 P	Minimum investment return. Enter 5% of line 5 art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		
Ŀ	foreign organizations, check here and do not complete this part.)	ų certairi	
1	Minimum investment return from Part X, line 6	1	309,936.
2a	Tax on investment income for 2019 from Part VI, line 5 2, 430.		
ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,430.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	307,506.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	307,506.
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	307,506.
<u> </u>	art XII Qualifying Distributions (see instructions)		
	at XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>355,800.</u>
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3Ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	355,800.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	355,800.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	or the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	<u> </u>			
line 7			····	307,506.
2 Undistributed income, if any, as of the end of 2019			•	
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:		- 0.		
a From 2014	ļ			
b From 2015 133, 925.		İ		
c From 2016 84,025.				
d From 2017 78,909.				
e From 2018 14, 265.				
f Total of lines 3a through e	311,124.			
4 Qualifying distributions for 2019 from	311,121	*		
Part XII, line 4: ►\$355,800.				Ì
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		-		<u> </u>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				307,506.
e Remaining amount distributed out of corpus	48,294.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	359,418.			
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		0.		
assessed				
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			}	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	359,418.			
O Analysis of line 9:				
a Excess from 2015 133,925.]		J	
b Excess from 2016 84,025.				
c Excess from 2017 78,909.				
d Excess from 2018 14, 265.				
e Excess from 2019 48, 294.				Form 990-PF (2019)

923581 12-17-19

Form 990-P		FAMILY FOU				53178 Page 10
Part XI	V Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
	foundation has received a ruling o			İ		
	ation, and the ruling is effective fo	•	•	▶ ∟		
b Check	box to indicate whether the found		ng foundation described i		4942(j)(3) or49	942(j)(5)
2 a Enter	the lesser of the adjusted net	Tax year		Prior 3 years		
incom	ie from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
ınvest	ment return from Part X for					
each y	ear listed					
b 85% c	of line 2a			L		
c Qualify	ying distributions from Part XII,					
line 4,	, for each year listed					<u> </u>
d Amou	nts included in line 2c not					
used o	directly for active conduct of					
	ot activities					
	ying distributions made directly					
	tive conduct of exempt activities.]
	act line 2d from line 2c			\ /	1	
	lete 3a, b, or c for the			X		
	ative test relied upon:					
	s" alternative test - enter; alue of all assets					
• •		<u> </u>			\	
	alue of assets qualifying nder section 4942(j)(3)(B)(i)					
	wment" alternative test - enter			/	 \ 	
	minimum investment return					
	n in Part X, line 6, for each year					
listed		-			 	
	ort" alternative test - enter:					
	otal support other than gross					
	ivestment income (interest, ividends, rents, payments on				\	
	ecurities loans (section				'	(
5	12(a)(5)), or royalties)				_	
	upport from general public					
	nd 5 or more exempt rganizations as provided in					
Se	ection 4942(j)(3)(B)(iii)					
(3) La	argest amount of support from			1		
ar	n exempt organization				<u> </u>	
	ross investment income			<u> </u>	<u> </u>	
Part XV				f the foundation I	had \$5,000 or mor	e in assets
	at any time during the	ne year-see instru	uctions.)			
1 Inforr	matıon Regarding Foundatioı	n Managers:				
	ny managers of the foundation who			ibutions received by the	foundation before the close	e of any tax
year (t	but only if they have contributed m	iore than \$5,000). (See se	ection 507(d)(2).)			
SEE S	TATEMENT 7		.,		<u></u>	
	ny managers of the foundation who			or an equally large portio	n of the ownership of a pa	rtnership or
	entity) of which the foundation has	a 10% or greater interes	L			
NONE	matica Danardina Cantubutu	- Crant Cift Laan	Cabalarahin ata Dra			
	mation Regarding Contributed here ► X if the foundation of		•	-	ot accept uppeliested requi	acte for funds. If
	undation makes gifts, grants, etc.,					315 IOI IUIIU3. II
						
a ine na	ame, address, and telephone numb	ici oi cinan addiess of thi	s herzou in minnii abbiics	mons should be addless	cu.	
b The fo	rm in which applications should be	e submitted and informati	on and materials they sh	ould include:		
c Any su	ibmission deadlines:				 	
d Anv re	strictions or limitations on awards	such as by neographica	l areas, charitable fields	kinds of institutions, or o	ther factors:	
_ /y 10		, _ x 0				

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	1
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
	Ì	1		İ
•				•
ALS ASSOCIATION	NONE	PC	GENERAL	
1275 K STREET NW, SUITE 250				2 000
WASHINGTON, DC 20005	-	 		2,000.
BALLET THEATRE FOUNDATION	NONE	PC	GENERAL	
890 BROADWAY 3RD FLOOR				
NEW YORK, NY 10003				10,000.
DATTOLI CANCER FOUNDATION	NONE	₽C	GENERAL	
2803 FRUITVILLE ROAD			1	
SARASOTA, FL 34237		 		10,000.
GROOVE WITH ME	NONE	PC	GENERAL	
186 EAST 123RD STREET, 2ND FLOOR	1.02.12	[]		
NEW YORK, NY 10035				60,800.
			1	
MOUNT SINAI MEDICAL CENTER FOUNDATION	NONE	₽C	GENERAL	
4300 ALTON ROAD, ASCHER BLDG # 100				
MIAMI BEACH, FL 33140	<u> </u>			50,000.
	TINUATION SHEE	T(S)		355,800.
b Approved for future payment				
NONE				
NONE				
		 	 	
Total	L		▶ 3b	0.
Total				orm 990-PF (2019)

Part XV Supplementary Informatio	n		<u></u>	
3 , Grants and Contributions Paid During the			· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		<u>-</u>
RUTGERS PREPARATORY SCHOOL	NONE	PC	GENERAL	
1345 EASTON AVENUE	[
SOMERSET, NJ 08873				100,000
THE CHILD OF OCEAN MEDICAL CENTER	NONE	PC	GENERAL	
THE GUILD OF OCEAN MEDICAL CENTER 148 PRINCETON AVENUE	NONE		GENERAL	
BRICK, NJ 08724				3,000.
				,
WINSTON SCHOOL	NONE	PC	GENERAL	
30 EAST LANE				10 000
SHORT HILLS, NJ 07078		-	 	10,000.
MOVE INCLUSIVE DANCE	NONE	₽C	GENERAL	
7657 HWY 70 S #101				
NASHVILLE, TN 37221				5,000.
				•
OVI & VIOLET INTERNATIONAL	NONE	PC	GENERAL	
325 ERRIN DR	10.72			
SOMERSET, KY 42503-4315				5,000.
		1		
UNDERSTOOD FOR ALL, INC.	NONE	PC	GENERAL	
145 HUDSON ST SUITE 5B		Ì		100,000.
NEW YORK, NY 10013-2152	 -			200,000.
			· ·	
				1
		 		
	,			1
		1		1
		<u> </u>	<u> </u>	202 222
Total from continuation sheets				223,000

Part XVI-A	Analysis of Income-Producing	Activities
•	=	

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		y section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue:	code		code	Amount	function income	
a	-					
b			 			
<u> </u>	-		+			
0			+ +			
e						
g Fees and contracts from government agencies			+ + +			
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	87,496.		
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			\bot			
8 Gain or (loss) from sales of assets other				24 222		
than inventory			18	34,203.	<u></u>	
9 Net income or (loss) from special events	<u> </u>	 	+			
Offices profit or (loss) from sales of inventory			+	· -	<u> </u>	
1 Other revenue:						
a	- 		+ +			
	-	-	 			
d	1 1					
e						
2 Subtotal. Add columns (b), (d), and (e)	_	0	•	121,699.	0.	
3 Total. Add line 12, columns (b), (d), and (e)				13	121,699.	
See worksheet in line 13 instructions to verify calculations.)				<u> </u>	
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt Pu	poses		
Line No. Explain below how each activity for which in	nome is constant in a	olumn (a) of Part V/	A contributed	importantly to the accomp	lichment of	
the foundation's exempt purposes (other that			-A COMMIDUTED	ппроганиу то ине ассотр	nsiment oi	
NOT APPLICABLE						

Part Avi-b Relationship of Activities to the Accomplishment of Exempt Furbos	Part XVI-B	es to the Accomplishment of Exempt Purposes
--	------------	---

NOT	APPLI	CABLE					-				
 1101	111111	<u> </u>	 								
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Form 990-PF_(IA FAMIL	Y FOUND	ATION		26-	2453178	Pa	age <u>1</u> :
Part XVII	d : : : :		ansfers to a	and Transactions a	nd Relationsh	ips With None	haritable		
1 Did the o	Exempt Organ		ny of the follows	ng with any other organizati	on described in sect			Yes	No
				ng with any other organizations?		ion 50 i(c)	ĺ		-
	from the reporting found	•	-	- · •					1
(1) Cash	, •			ga:::22::017 01,			1a(1)		X
(2) Othe							1a(2)		X
b Other tran									
(1) Sales	of assets to a noncharita	ible exempt organi	ızatıon				1b(1)		X
	hases of assets from a no						1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	bursement arrangements						1b(4)		X
(5) Loan	s or loan guarantees						1b(5)		X
(6) Perfo	ormance of services or me	mbership or fund:	Iraising solicitation	ons			1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other as	ssets, or paid en	nployees			1c		X
d If the ans	wer to any of the above is	"Yes," complete th	he following sch	edule. Column (b) should al	ways show the fair r	market value of the g	oods, other ass	ets,	
				ed less than fair market valu	ie in any transaction	or sharing arrangen	nent, show in		
	i) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name		e exempt organization	(d) Description	of transfers, transaction	s, and sharing arri	angemer	nts
		ļ	N/A		 				
									
		ļ —			<u> </u>				
		 	·				· · · · ·		
	·	<u> </u>		 					
									
					+	 			
+		 			+				
		-	-		 				
			-			· · · · · · · · · · · · · · · · · · ·			
		 	 .	.					
		-	_						
									
	- -								
2a Is the four	ndation directly or indirec	tly affiliated with, (or related to, one	e or more tax-exempt organi	zations described				
	501(c) (other than sectio						Yes	X] No
	omplete the following sch					_			_
	(a) Name of org			(b) Type of organization		(c) Description of re	lationship		
	N/A								
	<u> </u>								
	<u> </u>								
		<u>a</u>		<u> </u>	<u> </u>				
1				g accompanying schedules and st taxpayer) is based on all informa			May the IRS d	scuss t	his
Sign Here	Sel ILX	11		1			shown below?	See ins	er Str
₽ _	V V V	1/6			PRESID	DEN'I'	_ X Yes	L	JNo
Sign	rature of officer or trustee		1224	Date	Title	Chack	DTIM		
	Print/Type preparer's na	me	Preparer's s	gnature	Date/	Check if self- employed	PTIN		
Paid	DODER ST	w 053	1/1/	Um and	5/29/2020	Sell- ellibloken	D01205	064	
Paid Preparer	ROBERT REH		EXUBELKT	REHM, CPA	7/1/2-9	Firm's EIN ► 20	P01205	56	
lise Only	Firm's name ► MAR	THEK MEW	TLH ADV	ISORS		Firm's EIN - 20	7-40034	סכ	

Phone no. 973-984-3352 Form **990-PF** (2019)

Firm's address ▶ 1 GIRALDA FARMS, SUITE 130

MADISON, NJ 07940

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Name of the organization **Employer identification number** D'ALOIA FAMILY FOUNDATION 26-2453178 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 X 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

מדח.דמ'ת	FAMTI.V	FOINDATION

26-2453178

D ADO	IA FAMILI FOUNDATION		<u>-7433110</u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	G. PETER AND MARGURITE D'ALOIA 1435 W 27TH STREET MIAMI BEACH, FL 33140	\$ 251,833.	Person Payroll Moncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Onncash If or noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Onncash If for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Name of organization

. .

Employer identification number

D'ALOIA FAMILY FOUNDATION

26-2453178

art II	Noncash Property (see instructions) Use duplicate copies of Part II i	f additional space is needed	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	1890 SHS OF WABCO - FMV OF \$251,833 WITH A BASIS OF	_	
	\$235,973.	-	
		\$251,833.	12/04/19
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	
		-	
		- _	
		_ \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions)	
		-	
		- .	
		_ \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions)	
		-	
		- -	
		_ \$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	
		-	
		- -	
		_	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		-	
.		-	
		_ \$	

(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

923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	ITIES S'	PATEMENT 1
SOURCE	GROSS AMOUNT		(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY FIDELITY	87,496. 304.		0. 87,496. 4. 0.		
TO PART I, LINE 4	87,800.	30	87,496.	87,496.	
FORM 990-PF		TAX	ES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID		198.	198.		0.
TO FORM 990-PF, PG 1,	, LN 18	198.	198.		0.
FORM 990-PF		OTHER E	XPENSES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FILING FEE	_	26.	26.		0.
TO FORM 990-PF, PG 1,	LN 23 =	26.	26.		0.
FORM 990-PF OTHER	DECREASES	IN NET AS	SETS OR FUND B	ALANCES ST	CATEMENT 4

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 4
DESCRIPTION	AMOUNT
PRIOR YEAR CORRECTION OF SECURITY BASIS ADJ IN JANUARY	3,912.
TOTAL TO FORM 990-PF, PART III, LINE 5	3,912.

FORM 990-PF	CORPORATE STOCK	· · · · · · · · · · · · · · · · · · ·	STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FMC CORPORATION		990,676.	4,772,394.
WABCO HOLDINGS INC		503,163.	
VERSUS CAPITAL MULTI MNGR RI	EAL ESTATE	23,403.	24,670.
LOOMIS SAYLES BOND INSTL		27,981.	27,259.
LORD ABBETT SHORT DURATION	INCOME	27,274.	26,815.
STONERIDGE REINSURANCE RISK	PREM	15,265.	11,239.
ISHARES EDGE MSCI MIN VOL		53,799.	63,727.
ISHARES EDGE MSCI MIN EMERGI	NG	17,321.	17,598.
ISHARES TR GLB INFRASTRUCTUR		23,106.	
ISHARES EDGE MSCI MIN VOL US	~	13,496.	•
INVESCO EXCHANGE TRADED FD		29,457.	34,861.
INVESCO EXCHANGE TRADED FD	TR II SR	24,915.	
LIVENT CORP		147,621.	382,322.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	1,897,477.	7,221,729.

FORM 990-PF	OTHER ASSETS		STATEMENT 6
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BOOK/TAX DIFFERENCE OF CONTRIBUTED SECURITIES INCOME IN TRANSIT BASIS IN TRANSIT	3,057,061. 75. 2,330.	3,072,921.	0. 0. 0.
TO FORM 990-PF, PART II, LINE 15	3,059,466.	3,072,921.	0.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 7
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

G. PETER D'ALOIA MARGUERITE D'ALOIA