

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 -

2012

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

F	or ca	lendar	year 2012, or ta	x year beginning	5/14 ,2012	and ending 12,	/31 , 2012	
_	TOP	c CT	NDV COLDDE	DC DAMIN			A Employer identification nu 45-5388089	mber
			NDY GOLDBE	KG PAMILI		-	B Telephone number (see the	instructions)
			E'S WAY				203-457-0555	
			CT 06437	1			C If exemption application is	pending, check here
_	- 0:				The deal material and a form			
Ç	a Cr	eck all	that apply	Initial return	Initial return of a forn Amended return	ner public charity	D 1 Foreign organizations, che	ck here
				Address change	Name change		2 Foreign organizations mee	eting the 85% test, check
Ŧ	1 (Check	type of organizat		(c)(3) exempt private f	foundation	here and attach computati	on •
·					rust Other taxable		E If private foundation statu	
٦			ket value of all assets		counting method. X C	ash Accrual	under section 507(b)(1)(A	a), check here
			rt II, column (c), line		Other (specify)		F If the foundation is in a 6	
т	<u>, </u>		, 878 nalysis of Re		column (d) must be oi	n casn basis)	under section 507(b)(1)(E	T
L	Part			total of amounts in	(a) Revenue and	(b) Net investmen		(d) Disbursements for charitable
		co	lumns (b), (c), a	nd (d) may not neces-	expenses per books	ıncome	income	purposes (cash
			rily equal the am ee instructions))	nounts in column (a))				basis only)
-		 1		grants, etc, received (att sch)	64,563.	* · · · · · · · · · · · · · · · · · · ·		1 to 1, 14 1.4
		2		undn is not req to att Sch B		- 15	San San San	- 17.00 - 19.00
		3	Interest on savi	ings and temporary	3.		3.	174 To
		4	Dividends and inter	· -=·	14,299.	14,29		1
			Gross rents					18 7 4 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Net rental income or (loss)			1 2 2		17 37 - 18 W. W. S. W.
	R E		Net gain/(loss) from Gross sales price for	sale of assets not on line 10	649,552.	3 4 4	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	٧	,	assets on line 6a	700,908.	این از	649,55	2	ا من الله الله الله الله الله الله الله الل
	E N	8	Net short-term	ome (from Part IV, line 2) capital gain	1, 25 1 2, 3 2, 4		3 1	3 /
	U	9	Income modific		·	 	P 4 m	1 1967 - No. 30 1961
	Ε	10 a	Gross sales less returns and		, , , , , , , , ,			
		E	allowances Less Cost of		r		· · · · · · · · · · · · · · · · · · ·	
			goods sold Gross profit/(loss)	(att sch)		Tipony, , - will	1 1 1 2 2 2	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		11		attach schedule)		141		Treat and the
			S	SEE STATEMENT 1			10	
_			Total. Add lines		728,427.	663,85	54. 14,312	
		13	Other employee sale	icers, directors, trustees, etc.	0.	ļ		
		15		employee benefits				
	Þ	16-	Legal fees (attach s	• •				
	ĺ		Accounting fees (at	•				
	I	(Other prof fees (att	tach sch).			I RE	CEIVED
2	0 I	17	Interest					_او ====
	P S T A A T T	18	Taxes (attach schedule)(s Depreciation (a					2 0 2013 SI
	Ŷį	۱ ا	sch) and deple				S MA	
5	N V	20	Occupancy					
		1	Travel, confere Printing and pu	nces, and meetings			<u> </u>	DEN UT
Z Z	A E	23		s (attach schedule)		 		
_	É	: 1		·				
`		24	Total operating	g and administrative				
ŭ	3	25	Contributions nifts	lines 13 through 23, grants paid PART XV	27,150.	-		27,150.
SCANNED					21,130.			
Z				s and disbursements. nd 25	27,150.		0. 0	. 27,150.
\eth		27	Subtract line 2					
Š		'	a Excess of reve and disbursen	enue over expenses nents	701,277.		ĺ	
			b Net investment inc	ome (if negative, enter -0-)		663,8		,
				ne (if negative, enter -0-)			. 14,312	
	DAA	Ear D	anerwork Reduc	tion Act Notice see in	structions		TEFA0504L 12/23/12	Form 990-PF (2012)

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).

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize).

4 Add lines 1, 2, and 3.

5 Decreases not included in line 2 (itemize).

5 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30

6 701, 277.

	in a lambital adming and E	03303 (01 14/1011 11/104 11/1011					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How acquire P — Purcha D — Donate						(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	850 SHS POWERSHARES	OOO HINTT TR SRS1		D	-	VARIOUS	6/25/12
		INC.		D		VARIOUS	7/10/12
		INC.		D		VARIOUS	7/11/12
		NC.		D		VARIOUS	7/12/12
	CAPITAL GAIN DIVIDE			-			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bands of same control (g) Cost or other bands of same cost of same cost of the cost			(h) Gain or (e) plus (f) m	
а	53,211.			25,066.			28,145.
b	223,492.		· · · · · · · · · · · · · · · · · · ·	8,805.			214,687.
С	212,845.			8,805.			204,040.
d	206,661.			8,680.			197,981.
е							
	Complete only for assets show	ng gain in column (h) and owned b				(I) Gains (Col	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of colum over column (j), if	ın (ı) any		ain minús column (an -0-) or Losses (f	
а							28,145.
b							214,687.
С							204,040.
d							197,981.
е							<u>4,</u> 699.
2	Capital gain net income or (net	t capital loss) — If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7]_	2	ļ	649,552.
3	Net short-term capital gain or (loss) as defined in sections 1222(5)	and (6)				
		e 8, column (c) (see instructions) If	(loss), enter -0-	<u> </u>			
	in Part I, line 8	0 1 4040() (D			3	<u> </u>	0.
		Section 4940(e) for Reduce foundations subject to the section				N/A	
•	tion 4940(d)(2) applies, leave the	·			•		
		tion 4942 tax on the distributable ar		ase period?		Yes	☐ No
		ify under section 4940(e) Do not co		ung any ent	rioc		
		n each column for each year, see to		any any ent	I	(d)	·
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use a	ssets	(col	Distributio umn (b) divided	
	2011						
	2010						
	2009						
	2008						
	2007		<u> </u>				
2	Total of line 1, column (d)				2	r	
3		ne 5-year base period – divide the t	otal on line 2 by 5, or by t	he			
•	number of years the foundation	has been in existence if less than	5 years		3		
4	Enter the net value of nonchar	itable-use assets for 2012 from Par	t X, line 5		4		
5	Multiply line 4 by line 3				5		
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		-	6		
7	Add lines 5 and 6	·			7		
8	Enter qualifying distributions fr	om Part XII, line 4			8		
	If line 8 is equal to or greater t	than line 7, check the box in Part VI	, line 1b, and complete th	at part using	g a 1	% tax rate. See	the

Form 990-PF (2012) JOE & CINDY GOLDBERG FAMILY 45-5388089		ge 4
Part VI · Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	s)	
1 a Exempt operating foundations described in section 4940(d)(2), check here		
Date of ruling or determination letter (attach copy of letter if necessary – see instrs)	12 25	, –
b Domestic foundations that meet the section 4940(e) requirements in Part V,	13,27	<u> </u>
check here and enter 1% of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	•	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-).		0.
3 Add lines 1 and 2	13,27	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	13,27	_
6 Credits/Payments:		
a 2012 estimated tax pmts and 2011 overpayment credited to 2012	,	
b Exempt foreign organizations — tax withheld at source 6 b		; 1
c Tax paid with application for extension of time to file (Form 8868)	•	
d Backup withholding erroneously withheld 6 d	•	
7 Total credits and payments Add lines 6a through 6d 7		0.
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	13,27	77.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11 Enter the amount of line 10 to be Credited to 2013 estimated tax Refunded 11		
Part VII-A Statements Regarding Activities		
1 a 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?	Yes 1 a	No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b	
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	. 5 , . , .	
or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	10	 -
(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0.	, 44	Ì
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	<u>X</u>
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	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/	A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u>X</u>
If 'Yes,' attach the statement required by General Instruction T		į
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	44	`
 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	<u>X</u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7 X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) CT		} 1
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 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 calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	x .
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 4.	10 X	 -
	orm 990-PF (20	012)

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		X
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		Χ_
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	ition?	13	Х	
Website address N/A				
14 The books are in care of ► JOE GOLDBERG Telephone no ►	(203)	<u> 457:</u>	<u>-055</u>	<u>5</u>
Located at ► 130 RENEE'S WAY GUILFORD CT ZIP + 4 ► 064	37	_NT/X		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		N/A		
and enter the amount of tax-exempt interest received or accrued during the year	15	- ,		N/A
16 At any time during calendar year 2012, 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	Yes	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ▶			. j -]
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.		12	Yes	No
1 a 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	X No	٠, , .		, , ,
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	XNo	13		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No	"	1 3 N	: 1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No	ľ \	4 J. 1324 . ma	2.
(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)?	XNo			, ,
(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	X 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)?		1 b	N	
Organizations relying on a current notice regarding disaster assistance check here	- 🗍			- , 4
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 2012?	_	1 c		X
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))			72.5	, ,
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? Yes	X No			
If 'Yes,' list the years ► 20 _ , 20 _ , 20	ت	10		
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).		2 b	N	/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		7	21.	.:-
► 20 , 20 , 20 , 20			ا کی میں معنی آئی	1,5
3 a Did the foundation hold more than a 2% direct or indirect interest in any business		1	,	
enterprise at any time during the year? . Yes	X No			
b If 'Yes,' did it have excess business holdings in 2012 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 2012)		36	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		3 b	N	/A
chartable purposes:		4 a		X
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 2012?		4 b		- X
RAA		Vm 99	C DE /	

Form 990-PF (2012) JOE & CINDY GOLDBE	RG FAMILY		45-538	88089 Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	
5 a During the year did the foundation pay or incui	-			
(1) Carry on propaganda, or otherwise attemp	2		∐ Yes X	No
'(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	tion drive?			No S
(3) Provide a grant to an individual for travel,	No C			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	ian a charitable, etc, or 4940(d)(2)? (see instru	ganization described ictions)	Yes X	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children i	, literary, or or animals?	Yes X	No No
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to d a current notice regard	qualify under the except ling disaster assistance	tions	5b N/A
Organizations relying on a current notice regard	rding disaster assistanc	e check here	▶ [_]	
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response	he foundation claim ex- sibility for the grant?	emption from the	N/A Yes	No No
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	5-5(d)		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes X	No
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene	fit contract?	6 b X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	lation a narty to a prob	ibited tay shelter transa	iction? Yes X	No S
b If 'Yes,' did the foundation receive any procee				N/A 7b
Part VIII Information About Officers, D				47 44
and Contractors	,	•	, , ,	
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(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
JOSEPH M. GOLDBERG	PRESIDENT/TR	0.	0.	0.
GUILFORD, CT 06437	0			
CYNTHIA C. GOLDBERG 130 RENEE'S WAY GUILFORD, CT 06437	V. PRES./SEC 0	0.	0.	0.
AMY HEALY POND VIEW CIRCLE	DIRECTOR 0	0.	0.	0.
GUILFORD, CT 06437				
MELISSA A. GOLDBERG 130 RENEE'S WAY	DIRECTOR 0	0.	0.	0.
GUILFORD, CT 06437				
2 Compensation of five highest-paid employees (or	ther than those included			· I
(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				
		 		
····				
	1		1	
Total number of other employees paid over \$50,00	<u>. </u>		•	
BAA	TEEA0306L 1	12/25/12	******************	Form 990-PF (2012)

Form Part	990-PF (2012) JOE & CINDY GOLDBERG FAMILY 45 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	-5388 aid Em	089 ployees,	Page 7
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) Compens	ation
NON	E	İ		
			.	
		l		
		-		
	· 			
	· · · · · · · · · · · · · · · · · · ·			
	· 			
				
	number of others receiving over \$50,000 for professional services			0
Parl	Summary of Direct Charitable Activities			
Luct the	o foundation's four leasest direct aboutable activities during the tay user. Include relevant statistical information such as the number of			
organiz	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of rations and other beneficiaries served, conferences convened, research papers produced, etc.		Expense	:5
1	N/A			
2				
2				
3				
				
4				
Par	Summary of Program-Related Investments (see instructions)			
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amoun	t
1				
	N/A			
2				
Λ11 -	ther program related investments. See instructions	$-\!\!\!+$		
3	ther program-related investments. See instructions			
J				
Total	. Add lines 1 through 3	>		0.
BAA			Form 990-PF	

Part XII Qualifying Distributions (see instructions)

Amounts hald (including administrative expenses) to accomplish charitable, etc. nurnoses

	Expenses, contributions, gifts, etc – total from Part 1, column (d), line 26	1 a	27,150.
ŀ	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
ŀ	Cash distribution test (attach the required schedule) .	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,150.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,150.

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.

BAA

Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				11,591.
2 Undistributed income, if any, as of the end of 2012		-		
a Enter amount for 2011 only .			` o.\	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007	7 ,	-		* 1
b From 2008	<u> </u>			•
c From 2009	,			
d From 2010				
e From 2011		~		,
f Total of lines 3a through e	0.	*	*	· , }
4 Qualifying distributions for 2012 from Part	· · · · ·			
XII, line 4 ► \$ 27,150.				
a Applied to 2011, but not more than line 2a			0.	
• •				
 b Applied to undistributed income of prior years (Election required — see instructions) 		0.	^	,
		0.	* * * * * * * * * * * * * * * * * * * *	
c Treated as distributions out of corpus (Election required — see instructions)	0.			-
d Applied to 2012 distributable amount				11,591.
e Remaining amount distributed out of corpus	15,559.	· · · · · · · · · · · · · · · · · · ·		11, 331.
5 Excess distributions carryover applied to 2012	13,339.			0 '
(If an amount appears in column (d), the	0.	1		
same amount must be shown ın column (a))				,
		,		
6 Enter the net total of each column as	-	~	~	
indicated below:	15 550		_	~
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	15,559.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency	-,		,	-
has been issued, or on which the section 4942(a) tax has been previously assessed	•	0.	-	
4942(a) tax has been previously assessed	- ,			-
d Subtract line 6c from line 6b Taxable amount – see instructions	,			-
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2012. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2013.	·			0.
7 Amounts treated as distributions out of				· · · · · · · · · · · · · · · · · · ·
corpus to satisfy requirements imposed				}
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			-
,				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			i
	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	15,559.		•	
10 Analysis of line 9:	13,339.	 		<u> </u>
a Excess from 2008				
b Excess from 2009	┪			
c Excess from 2010	┪			
d Excess from 2011	┥			
	-			
e Excess from 2012 . 15, 559	:	<u> </u>	<u> </u>	5 000 DE (0010)

Form 990-PF (2012) JOE Part XIV Private O			ictions and Part	VII-A guestion	45-5388089	Page 10 N/A
1 a If the foundation has re		rmination letter that i				N/A
b Check box to indicate		=	rating foundation de	escribed in section	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of th		Tax year		Prior 3 years		
income from Part I o investment return fro each year listed		(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
b 85% of line 2a.						
c Qualifying distribution line 4 for each year I	isted					
d Amounts included in line 2 for active conduct of exemp	ot activities					
e Qualifying distribution for active conduct of Subtract line 2d from	exempt activities Ine 2c					
3 Complete 3a, b, or c alternative test relied	upon					
a 'Assets' alternative to						
(1) Value of all asse (2) Value of assets of section 4942(i)(3	qualifying under					<u></u>
b 'Endowment' alternative te minimum investment retur line 6 for each year listed	st — enter 2/3 of	!				
c 'Support' alternative	test – enter:					
(1) Total support off investment incordividends, rents, on securities loa 512(a)(5)), or roy	ne (interest, payments ns (section					
(2) Support from general more exempt organiz in section 4942(j)(3)(ations as provided					
(3) Largest amount of an exempt organ	uzation					
(4) Gross investmen						
Part XV Supplemen	itary Information ny time during th	(Complete this	part only if the	foundation had	\$5,000 or more	ın
1 Information Regardi	ng Foundation Manage the foundation who have (but only if they have	gers: e contributed more th	nan 2% of the total co	ontributions received section 507(d)(2).)	by the foundation bef	ore the
b List any managers of a partnership or othe NONE	the foundation who owner entity) of which the	10% or more of the foundation has a 1	stock of a corporation 0% or greater intere	n (or an equally large est	e portion of the owner	ship of
requests for funds l' complete items 2a, t	the foundation only ma f the foundation make o, c, and d	akes contributions to s gifts, grants, etc	preselected charitable (see instructions) to	e organizations and e o individuals or orga	inizations under oth	
a The name, address, a	nd telephone number o	r e-mail of the persor	n to whom application	ns should be address	ed	
b The form in which a	oplications should be	submitted and infor	mation and materia	ils they should inclu	ıde	
c Any submission dear	dlines					
d Any restrictions or li	mitations on awards,	such as by geograp	hical areas, charita	ble fields, kinds of	institutions, or other	factors:
BAA		TE	EA0310L 12/23/12			Form 990-PF (2012)

. .

Page 11

3 Grants and Contributions Paid During the Yo	ear or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 6	substantial contributor	recipient	CONTRIBUTION	
Total			► 3a	27,150.
b Approved for future payment				
Total			► 3 t	

Form **990-PF** (2012)

Part XVI-A Analysis of Income-Producing Activities

BAA

inter gross	amounts unless otherwise indicated	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)	
,		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)	
_	am service revenue			code			
а Ь				 		·-	
С				 			
ď				+ + +		· · · · · · · · · · · · · · · · · · ·	
e				 			
í —				 -			
a Fees	and contracts from government agencies	 		1			
_	pership dues and assessments			1			
	t on savings and temporary cash investments			14	3.		
	ends and interest from securities			14	14,299.		
	ental income or (loss) from real estate	1	, ,				
	financed property		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ebt-financed property						
	ntal income or (loss) from personal property						
	investment income	 		1 1			
	r (loss) from sales of assets other than inventory	 		18	649,552.		
	ncome or (loss) from special events						
	s profit or (loss) from sales of inventory						
	revenue	-,	, , , , ,	14.20		•	
а мтс	CELLANEOUS			1	10.		
b	СППИМЕСОВ						
c		1					
d		†					
e	-						
	otal Add columns (b), (d), and (e)	· Lotte Barris		1.31	663,864.		
12 Subto	otal Add Coldinis (b), (d), and (e)	8 6 5 C. (1880) 1.			000,001.		
		Fer all the	L		13	663,864.	
13 Total	Add line 12, columns (b), (d), and (e) Heat in line 13 instructions to verify calculate		L			663,864.	
13 Total See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations	ons)	lichment of Ever	***	13	663,864.	
13 Total See works	. Add line 12, columns (b), (d), and (e)	ons)	lishment of Exem	***	13	663,864.	
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		
13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. Belationship of Activities to the	ons)		pt Purpos	es		

TEEA0502L 12/23/12

Form 990-PF (2012) JOE & CINDY GOLDBERG FAMILY 45-5388089 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

				_						
 described 	rganization directly d in section 501(c) o o political organizati	of the Code (ot)	ngage in any of t her than section	the following 501(c)(3) org	with any o anizations	ther organizations) or in section 5	n 527,		Yes	No
a Transfers	from the reporting	foundation to a	a noncharitable	exempt orgar	ization of				, , , ,	33
(1) Cash	ı							1,a (1)		_X_
(2) Othe	r assets			•				1 a (2)		X
b Other tra									است مراد. التي ا	~; · · · ·
(1) Sales	s of assets to a none	charitable exer	mpt organization	ı				1 b (1)		<u>X</u>
(2) Purcl	hases of assets from	n a noncharitat	ble exempt orga	nızatıon				1 b (2)		X
(3) Renta	at of facilities, equip	ment, or other	assets		•	,		1 b (3)		<u>X</u>
	ibursement arranger					-		1 b (4)	+	X
	s or loan guarantee:							1 b (5)		X
	ormance of services							1 b (6)		X
c Sharing o	of facilities, equipme	ent, mailing list	ts, other assets,	or paid empl	oyees.			1 c	<u> </u>	<u> X</u>
d If the ans the goods	swer to any of the al s, other assets, or sen saction or sharing ar	bove is 'Yes,' o vices given by t	complete the following found	lowing schedidation. If the fo	ule Colum oundation r	in (b) should alw eceived less than s. other assets.	rays show the fair market value or services r	e fair market va value in received.	lue of	
<u></u>	(b) Amount involved		f noncharitable exem	<u> </u>		Description of tran			ngemen	ts
N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>				<u> </u>		
							-			
_	<u></u>									
			·							
			-							
						.=.				
	 									
	 									
!		<u> </u>								
describe	indation directly or inc d in section 501(c) c complete the followi	of the Code (ot	l with, or related t her than section	to, one or more n 501(c)(3)) o	tax-exem	pt organizations n 527?		Ye	s X	No
	Name of organizati		(b) Type	of organizat	on	(c) Description	n of relationship		
N/A .	<u> </u>									
									-	
						<u></u>				
Under po correct,	enalties of perjury, I declar and complete Declaration	re that I have exami of preparer (other t	ined this return, includ than taxpayer) is base	ding accompanyin ed on all informat	g schedules a on of which p	ind statements, and t reparer has any knov	o the best of my vledge	knowledge and belie	i, it is tru	e,
Sign	Au Olubey			5/14/1	3 ▶	PRESIDENT/	TREAS	this reti prepare (see in	e IRS disc urn with t er shown atructions	he below
Sig	tule of officer or trustee		· · · · · · · · · · · · · · · · · · ·	Date		Title		1 I DOTING	Yes	No
ا Paid	Print/Type preparer's flar NICHOLAS LEW		Preparer's	Bude	TOKER	Date 6/4	Check self-emplo	oyed P0132	0056	!
Preparer	_	EWITZ BAL	OSIE WOLLA	ACK RAYNE	∦ & GI	ROUX LLC	Firm's EIN	06-1533072	?	
Use Only	<u> </u>	6 ELM ST.					1			
	0	LD SAYBRO	OK, CT 064	75			Phone no	(860) 388		
BAA								Form 9 !	90-PF (2	2012)

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

OMB No 1545-0047

2012

Name of the organization JOE & CINDY GO	Employer identification number	
FOUNDATION, I	NC.	45-5388089
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiz	zation
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation
	527 political organization	
Form 990-PF	\boxed{X} 501(c)(3) exempt private foundation	•
	4947(a)(1) nonexempt charitable trust	treated as a private foundation
	501(c)(3) taxable private foundation	
	The vertex burger are recovered.	
Check if your organization is covered by	the General Rule or a Special Rule	
, ,	•	eral Dula and a Special Dula. See instructions
	0) organization can check boxes for both the Gene	eral Rule and a Special Rule. See Instructions
General Rule		
X For an organization filing Form 990, 990 contributor (Complete Parts I and II	0-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
continuation (complete) and remain	,	
Special Rules		
•	filing Form 990 or 990-EZ that met the 33-1/3% su	unnort test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and re	ceived from any one contributor, during the year, 0, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Co	a contribution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) orga	anization filing Form 990 or 990-EZ that received from	n any one contributor, during the year,
the prevention of cruelty to children	00 for use <i>exclusively</i> for religious, charitable, scient or animals. Complete Parts I, II, and III	entific, literary, or educational purposes, or
,	anization filing Form 990 or 990-EZ that received from	n any one contributor, during the year,
contributions for use exclusively for relic	gious, charitable, etc, purposes, but these contribution al contributions that were received during the year for	ns did not total to more than \$1,000
purpose Do not complete any of the pa	rts unless the General Rule applies to this organization	on because it received nonexclusively
religious, charitable, etc, contribution	s of \$5,000 or more during the year .	▶ \$
Caution: An organization that is not covered by the Canswer 'No' on Part IV, line 2, of its Form 990, or meet the filing requirements of Schedule	General Rule and/or the Special Rules does not file Schedule B (r check the box on line H of its Form 990-EZ or on Part I, lin B (Form 990, 990-EZ, or 990-PF)	(Form 990, 990-EZ, or 990-PF) but it must ne 2, of its Form 990-PF, to certify that it does not
BAA For Paperwork Reduction Act Not or 990-PF.	ice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

•			-
Schedule	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1
Name of org	anyzation	' -	r identification number
	CINDY GOLDBERG FAMILY	45-5.	388089
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSEPH & CINDY GOLDBERG		Person Payroll
	130 RENEE'S WAY	\$1 <u>,047,788</u> .	Noncash X
	GUILFORD, CT 06437		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$ 	Payroll Noncash
,			(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is
(a) Number	(b)	(c) Total	(d) Type of contribution
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll

Noncash

(Complete Part II if there is a noncash contribution)

Page

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

of Part II

Name of organization

BAA

JOE & CINDY GOLDBERG FAMILY

Employer identification number

45-5388089 Part:II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received from Part I (see instructions) 44,858 SHARES OF TANGOE, INC. COMMON STOCK 1 850 SHARES OF POWERSHARES QOO TR UNIT SRS 1 1,047,788 **VARIOUS** (a) No. (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given from Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (see instructions) (a) No. (d) Date received (c) FMV (or estimate) (see instructions) (b) Description of noncash property given from Part I (b)
Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. (b) (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given from Part I

1 to

of Part III

lame of	i org	anįzation		
TOF	۲,	CIMDA	COLDBERG	FAMILY

Employer identification number 45-5388089

·	organizations that total more than story organizations completing Part III, enter the contributions of \$1,000 or less for the year of \$1,000 or less for th	\$1,000 for the year. Complet otal of <i>exclusively</i> religious, cha Enter this information once. Se	te columns (a) thro aritable, etc.	
(a) No. from Part I	Use duplicate copies of Part III if additional s (b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
,	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(b) (c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relatio	nship of transferor to transferee

20	1	2
----	---	---

FEDERAL STATEMENTS

PAGE 1

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

45-5388089

DATE MARKED

STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME

_	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TOTAL \$	10. 10.	\$ 0	\$ <u>10.</u> .\$ 10.

MISCELLANEOUS

STATEMENT 2 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	METHOD	VALUE	VALUE
TANGOE, INC. COMMON	COST TOTAL	\$ 13,207. \$ 13,207.	\$ 178,050. \$ 178,050.

STATEMENT 3 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION METHOD		BOOK VALUE	F2	AIR MARKET VALUE
OTHER PUBLICLY TRADED SECURITIES	-				
VARIUOS MUTUAL FUNDS	COST	\$	644,743.	\$	657,183.
	TOTAL	\$	644,743.	\$	657,183.

STATEMENT 4 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR 130 RENEE'S WAY GUILFORD, CT 06437 JOSEPH & CINDY GOLDBERG

FEDERAL STATEMENTS

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

PAGE 2

45-5388089

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

JOSEPH M. GOLDBERG CYNTHIA C. GOLDBERG

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
GUILFORD LAND CONSERVATION TRUST P.O. BOX 200 GUILFORD, CT 06437		501 (C) 3	ACQUISITION & PROTECTION OF OPEN SPACE IN GUILFORD, CT	\$ 1,250.
SHORELINE GREENWAY TRAIL P.O. BOX 148 BRANFORD, CT 06405	NONE	501 (C) 3	HELP CREATE RECREATIONAL TRAILS ON THE SHORELINE	300.
THE CHILDRENS DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001	NONE	501 (C) 3	PROGRAMS TO SUPPORT AMERICA'S CHILDREN	250.
GUILFORD VOLUNTEER FIRE DEPT. 390 CHURCH STREET GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT VOLUNTEER FIRE DEPT PROGRAMS	200.
WOMEN & FAMILY LIFE CENTER 96 FAIR STREET GUILFORD, CT 06437	NONE	501 (C) 3	ASSIST WOMEN & FAMILIES MEET THE CHALLANGES OF DAILY LIVING	500.
FAULKNER'S LIGHT BRIGADE P.O. BOX 4444 GUILFORD, CT 06437	NONE	501 (C) 3	PRESERVATION & UPKEEP OF FAULKNER'S LIGHTHOUSE	250.
CONNECTICUT FOOD BANK P.O. BOX 8686 NEW HAVEN, CT 06531	NONE	501 (C) 3	ASSIST IN FEEDING THE STATE'S HUNGRY	1,000.
GUILFORD FREE LIBRARY 67 PARK STREET GUILFORD, CT 06437	NONE	501 (C) 3	FUNDING TO BUY BOOKS & MATERIALS FOR THE LIBRARY	300.
CT SPECIAL OLYMPICS 2666 STATE STREE, SUITE 1 HAMDEN, CT 06517	NONE	501 (C) 3	SUPPORT SPECIAL OLYMPIC PROGRAMS	200.

FEDERAL STATEMENTS

PAGE 3 45-5388089

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
GUILFORD A BETTER CHANCE PROGRAM P.O. BOX 140 GUILFORD, CT 06437	NONE .	501 (C) 3	PROVIDE OPPORTUNITY TO WOMEN OF COLOR TO ATTEND GUILFORD HIGH SCHOOL	\$ 1,000.
CONNECTICUT HOSPICE 100 DOUBLE BEACH RD BRANFORD, CT 06405	NONE	501 (C) 3	SUPPORT PROGRAMS FOR INPATIENT & HOMECARE FOR DYING WITH DIGNITY	550.
THE U.S. HOLOCAUST MEMORIAL MUSEUM 60 EAST 42ND ST., SUITE 2540 NEW YORK, NY 10165	NONE	501 (C) 3	SUPPORT MUSEUMS COMMITMENT TO HOLOCAUST EDUCATION	1,000.
READ TO GROW 53 SCHOOL GROUND RD, UNIT 3 BRANFORD, CT 06405	NONE	501 (C) 3	BOOKS AND READING PROGRAMS FOR CHILDREN AND FAMILIES	500.
BIKUR CHOLIM SHEVETH ACHIM 112 MARVEL ROAD NEW HAVEN, CT 06515	NONE	501 (C) 3	SUPPORT SYNAGOGUE PROGRAMS	150.
SAIL CT ACCESS PROGRAM ONE RIVERSIDE COURT GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT PROGRAMS TO ALLOW PERSONS WITH SPECIAL NEEDS THE OPPORTUNITY TO ENJOY SAILING	250.
MUSEUM OF JEWISH HERITAGE 36 BATTERY PLACE NEW YORK, NY 10280	NONE	501 (C) 3	SUPPORT EDUCATION PROGRAMS ABOUT THE HOLOCAUST	250.
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	NONE	501 (C) 3	FIGHT IGNORANCE AND PREJUDICE	100.
MYSTIC SEAPORT P.O. BOX 6000 MYSTIC, CT 06355	NONE	501 (C) 3	SUPPORT THE MISSION OF MYSTIC SEAPORT MUSEUM	450.

FEDERAL STATEMENTS

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

PAGE 4

45-5388089

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
PLANNED PARENTHOOD 345 WHITNET AVENUE NEW HAVEN, CT 06511	NONE	501 (C) 3	SUPPORT HEALTH CENTERS & EDUCATIONAL PROGRAMS	\$ 500.
CONNECTICUT PUBLIC BROADCASTING NETWORK 1049 ASYLUM AVE HARTFORD, CT 06105	NONE	501 (C) 3	SUPPORT CT PUBLIC TV AND RADIO PROGRAMS	250.
VNA COMMUNITY HEALTHCARE 753 BOSTON POST ROAD GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT VISITING NURSES PROGRAMS IN THE COMMUNITY	750.
CALVIN LEETE PLAYGROUND FUND 280 SOUTH UNION ST GUILFORD , CT 06437	NONE	501 (C) 3	ASSIST IN REPLACING SCHOOL PLAYGROUND	500.
MOVEMBER P.O. BOX 2726 VENICE, CA 90294	NONE	501 (C) 3	RAISE AWARENESS OF MEN'S HEALTH ISSUES, ESPECIALLY PROSTATE CANCER	200.
AMERICAN RED CROSS 209 FARMINGTON AVENUE FARMINGTON, CT 06032	NONE	501 (C) 3	2012 HURRICANE RELIEF EFFORTS	1,000.
GUILFORD POLICE BENEVOLENT ASSOC 800 VILLAGE WALK GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT POLICE PROGRAMS	100.
GUILFORD YOUTH MENTORING 605 NEW ENGLAND RD GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT IN-SCHOOL MENTORING PROGRAMS IN GUILFORD, CT	500.
COWGIRLS OF HOPE 106 HIGH MEADOWS WEATHERFORD, TX 76088	NONE	501 (C) 3	SUPPORT PROGRAMS FOR CHILDREN SUFFERING FROM CANCER	250.
GIRL SCOUTS 340 WASHINGTON STREET HARTFORD, CT 06106	NONE	501 (C) 3	TO SUPPORT GIRL SCOUT PROGRAMS	200.

FEDERAL STATEMENTS

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

PAGE 5

45-5388089

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
DOROTHY WHITFIELD HISTORIC SOCIETY P.O. BOX 229 GUILFORD, CT 06437	NONE	501 (C) 3	TO SUPPORT MUSEUM PROGRAMS ON COLONIAL LIFE AND ARCHITECTURE	\$ 250.
GUILFORD COMMUNITY FUND P.O. BOX 271 GUILFORD, CT 06437	NONE	501 (C) 3	ANNUAL CAMPAIGN TO HELP SUPPORT 20 LOCAL NON-PROFIT ORGANIZATIONS	2,000.
NEW HAVEN READS 45 BRISTOL STREET NEW HAVEN, CT 06511	NONE	501 (C) 3	SUPPORT PROGRAMS OF ONE ON ONE TUTORING IN NEIGHBORHOODS.	500.
DOMUS TO DOMUS 83 LOCKWOOD AVENUE STAMFORD, CT 06902	NONE	501 (C) 3	SUPPORT DISADVANTAGED YOUTHS IN COMMUNITY CENTERS, GROUP HOMES, SCHOOLS & EMPLOYMENT PROGRAMS	1,000.
SCLERDERMA FOUNDATION 300 ROSEWOOD DR., SUITE 105 DANVERS , MA 01923	NONE	501 (C) 3	SUPPORT RESEARCH AND SERVICE TO PATIENTS/FAMILIE S AFFECTED BY SCLERODERMA	500.
THE DUDLEY FOUNDATION ROUTE 77 GUILFORD, CT 06437	NONE	501 (C) 3	PRESERVATION OF HISTORIC FARM BUILDINGS AND SUPPORT PROGRAMS	300.
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET, SUITE 900 SAN FRANCISCO, CA 94104	NONE .	501 (C) 3	SAVE FORESTS, FARMS & WILDERNESS FOR FUTURE GENERATIONS.	250.
BIKES FOR KIDS P.O. BOX 94 CENTERBROOK, CT 06409	NONE	501 (C) 3	ACQUIRE & REPAIR BIKES FOR NEEDY CHILDREN	500.
SARAH 246 GOOSE LAND #104 GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT PEOPLE LIVING WITH INTELLECTUAL DISABILITIES.	250.

2012 .

FEDERAL STATEMENTS

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

PAGE 6

45-5388089

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
GUILFORD PRESERVATION ALLIANCE P.O. BOX 199 GUILFORD, CT 06437	NONE	501 (C) 3	PRESERVATION OF BUILDINGS, LANDSCAPES & NATURAL HERITAGE OF GUILFORD	\$ 300.
SOUNDVIEW FAMILY YMCA 622 EAST MAIN STREE BRANFORD, CT 06405	NONE	501 (C) 3	2012 STRONG KIDS CAMPAIGN FOR RECREATIONAL SERVICES AND HEALTH PROGRAMS	1,000.
NEW BRITIAN MUSEUM OF FINE ARTS 56 LEXINGTON STREET NEW BRITIAN, CT 06052	NONE	501 (C) 3	SUPPORT OPERATING BUDGET OF THE MUSEUM.	350.
COMMITTEE ON TEMPORARY SHELTER P.O. BOX 1616 BURLINGTON, VT 05402	NONE	501 (C) 3	PROVIDE SHELTER & PROGRAMS FOR HOMELESS FAMALIES	250.
ST. MICHAELS COLLEGE P.O. BOX 256, 1 WINOOSKI PARK COLCHESTER, VT 05439	NONE .	501 (C) 3	DONATION TO ST. MICHAEL'S SCHOLARSHIP FUND	500.
WARM THE CHILDREN-MADISON ROTARY P.O. BOX 335 MADISON, CT 06443	NONE	501 (C) 3	BUY WINTER CLOTHING FOR SHORELINE CHILDREN IN NEED	250.
LEAP - NH 31 JEFFERSON STREET NEW HAVEN, CT 06511	NONE	501 (C) 3	TUTORING AND LEADERSHIP DEVELOPMENT FOR STUDENTS	500.
CONNECTICUT CHILDRENS MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106	NONE	501 (C) 3	SUPPORT CHILDRENS HOSPITAL PROGRAMS	1,000.
SHORELINE ARTS ALLIANCE 725 BOSTON POST POAD GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT ARTS & CULTURAL ACTIVITIES FOR PEOPLE OF ALL AGES	500.
CAPA THE SHUBERT THEATER 247 COLLEGE STREET NEW HAVEN, CT 06510	NONE	501 (C) 3	OUTREACH PROGRAMS FOR THEATERS	1,000.

FEDERAL STATEMENTS

JOE & CINDY GOLDBERG FAMILY FOUNDATION, INC.

PAGE 7

45-5388089

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT	
FRIENDS OF GUILFORD PUBLIC LIBRARY 67 PARK STREET GUILFORD, CT 06437	NONE	501 (C) 3	TO SUPPORT LIBRARY PROGRAMS	\$ 250.	
GUILFORD FOUNDATION YOUTH ADVISORY GRP 44 BOSTON STREET GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT YOUTH ADVISORY GROUP PROGRAMS	200.	
GUILFORD FUND FOR EDUCATION 800 VILLAGE WALK #269 GUILFORD, CT 06437	NONE	501 (C) 3	FUND GRANTS FOR TEACHERS AND NON-PROFIT ORGANIZATIONS	1,000.	
GUILFORD ART CENTER 411 CHURCH STREET GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT OF THE ARTS THROUGH COMMUNITY OUTREACH PROGRAMS	500.	
MARRAKECH, INC. 6 LUNAR DRIVE WOODBRIDGE, CT 06525	NONE	501 (C) 3	SUPPORT PROGRAMS FOR PERSONS WITH DISABILITIES	500.	
GUILFORD WELFARE GIFT FUND 263 CHURCH STREET GUILFORD, CT 06437	NONE	501 (C) 3	SUPPORT FAMILIES IN NEED IN GUILFORD, CT	750.	
TOTAL $\frac{$}{27,150}$.					