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

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► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Department of the Treasury Internal Revenue Service For calendar year 2013, or tax year beginning . 2013, and ending Employer identification number THE ELLIS FAMILY FOUNDATION 06-6489334 117 OUARTER HORSE LANE Telephone number (see the instructions) FAIRFIELD, CT 06430-1964 C If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return **D** 1 Foreign organizations, check here Address change Name change 2 Foreign organizations meeting the 85% test, check X Section 501(c)(3) exempt private foundation Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash Accrual (from Part II, column (c), line 16) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) column (d) must be on cash basis) 200,054 Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necespurposes (cash sarily equal the amounts in column (a) basis only) (seé instructions)) Contributions, gifts, grants, etc. received (att sch) 45,107 If the foundn is **not** req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 3,924 3.924 5 a Gross rents b Net rental income or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 3,755 **b** Gross sales price for all 67,388. assets on line 6a 3,755 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 787 7,680 0 13 Compensation of officers, directors, trustees, etc. 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) SEE ST 1 1,850 c Other prof-fees_(attach-sch) RECEI Interest Taxes (attach schedule)(see instrs) Depreciation (attach sch) and depletion 19 2014 ÖŠ 19 Travel, conferences, and meetings. 20 21 Printing and publications
Other-expenses (attach-schedule) 23 Total operating and administrative expenses. Add lines 13 through 23 1,850 Contributions, gifts, grants paid PART XV 28,700 28,700. Total expenses and disbursements. 28,700 30,550 0 0 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 22,237 and disbursements. 7,680 b Net investment income (if negative, enter -0-). 0. C Adjusted net income (if negative, enter -0-) Form 990-PF (2013) BAA For Paperwork Reduction Act Notice, see instructions. TEEA0504L 10/18/13

Page 2

| Part II Balance Sh | | Ralanca Shoote | Attached schedules and amounts in the description column should be for end of year amounts only | Beginning of year | En | End of year | | |
|---|-----------|---|---|---------------------------|----------------|-------------|-------------------|--|
| r ai | <u></u> ' | Dalance Silects | (See instructions) | (a) Book Value | (b) Book Value | (c) | Fair Market Value | |
| | 1 | Cash - non-interest | -bearing | | | | | |
| | 2 | Savings and tempor | ary cash investments | 17,464. | 21,00 | 2. | 21,002. | |
| | 3 | Accounts receivable | - | | | | | |
| | | Less allowance for | doubtful accounts • | | | | | |
| | 4 | Pledges receivable | • | | _ | | | |
| | ŀ | Less allowance for | doubtful accounts 🟲 | | | | | |
| | 5 | Grants receivable | | | | | | |
| | 6 | Receivables due from offic disqualified persons (attac | cers, directors, trustees, and other ch schedule) (see instructions) | | | | | |
| | 7 | Other notes and loans rec | eivable (attach sch) | | | _ | | |
| A S | | Less allowance for | doubtful accounts 🟲 | | | | | |
| Š | 8 | Inventories for sale | | | | | | |
| A S E T | 9 | Prepaid expenses ai | nd deferred charges | | | _ | | |
| S | 10 a | Investments – U S obligations (attach s | and state government chedule) | | | | | |
| | t | Investments — corporate | stock (attach schedule) | 136,848. | 155,54 | 7. | 179,052. | |
| | 0 | : Investments — corporate | bonds (attach schedule) | | | | | |
| | 11 | Investments – land, equipment basis | buildings, and | | | | , | |
| | | Less accumulated deprec (attach schedule) | lation | | | | | |
| | 12 | Investments - morto | gage loans | | · | | | |
| | 13 | Investments - other | (attach schedule) | | • | | | |
| | 14 | Land, buildings, and | equipment basis • | | | | | |
| | | Less accumulated deprec (attach schedule) | nation • | | | | | |
| | | Other assets (descri | | | | | | |
| | 16 | see the instructions | completed by all filers — Also, see page 1, item I) | 154,312. | 176,54 | 9. | 200,054. | |
| Ļ | 17 | · - | nd accrued expenses | | | | | |
| Å B | 18 | Grants payable | | | | | | |
| В | 19 | Deferred revenue | | | | | | |
| Ĺ | 20 | · · | tors, trustees, & other disqualified persons | | | | | |
| l T | 21 | * * | s payable (attach schedule) | | | _ | | |
| - 1 | 22 | Other liabilities (des | cribe) | | | | | |
| E S | 23 | Total liabilities (add | lines 17 through 22) | 0. | | o. | | |
| | | Foundations that fo and complete lines | llow SFAS 117, check here 24 through 26 and lines 30 and 31. | | | | | |
| N F | 24 | Unrestricted | | | | | ; | |
| E U | 25 | Temporarily restricted | ed | | | | ; | |
| D | 26 | Permanently restrict | ed | | | | | |
| A B S A L T A | | Foundations that do and complete lines | o not follow SFAS 117, check here X 27 through 31. | | | | ; | |
| ĔĻ | 27 | Capital stock, trust r | orincipal, or current funds | 154,312. | 176,54 | ا.و | : | |
| SN | 28 | • | or land, building, and equipment fund | | 2.0,01 | | 1 | |
| С | 29 | | ulated income, endowment, or other funds | | | | l | |
| O E R S | 30 | = ' | und balances (see instructions) | 154,312. | 176,54 | 9. | i | |
| | 31 | Total liabilities and (see instructions) | net assets/fund balances | 154,312. | 176,54 | | | |
| Par | | Analysis of Chan | ges in Net Assets or Fund Balanc | | | | | |
| 1 | Total | net assets or fund ba | alances at beginning of year – Part II, colu d on prior year's return) | ımn (a), line 30 (must aç | ree with | 1 | 154,312. | |
| 2 | | r amount from Part I, | • | | | 2 | 22,237. | |
| 3 | | increases not included in li | | | | 3 | | |
| 4 | | lines 1, 2, and 3 | ` ' _ | | - | 4 | 176,549. | |
| 5 | | ases not included in line 2 (| (itemize) | | | 5 | | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 6 | | | | | | 176,549. | | |

| ı aı | i iv į Capitai Gailis aliu L | OSSES IOF TAX OIL HIVESUITEIL | t ilicome | | | | |
|-------|--|--|---|------------------------------------|-------|--|---------------------------|
| | • (a) List and describe 2-story brick warehouse | uired ase tion | (C) Date acquired (month, day year) | (d) Date sold (month day, year) | | | |
| 1 a | BANK AMERICA CORP | | | P | | 7/27/11 | 12/30/13 |
| | WHIRLPOOL CORP | | | P | | 12/01/11 | 12/30/13 |
| | AMR MMKT A BONDS | | | P | - | VARIOUS | 10/24/13 |
| d | | | | | | | |
| е | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | s | | (h) Gaın or (e) plus (f) m | (loss) ınus (g) |
| a | 4,994. | | 3 | ,286. | | | 1,708. |
| b | 3,032. | | | 985. | | | 2,047. |
| C | 59,362. | | 59 | ,362. | | | 0. |
| d | | | | | | | |
| e | | | | | | | |
| _ | | ng gain in column (h) and owned by | | | | (1) Gains (Colu | ımn (h) |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (over column (j), if any | i) y | | ain minus column (k in -0-) or Losses (fro | |
| а | | | | | | | 1,708. |
| b | | | | | | | 2,047. |
| С | | | | | | | 0. |
| d | | | | | | | |
| е | | | · | | | | |
| | Capital gain net income or (net | capital loss) — If gain, also If (loss), ent oss) as defined in sections 1222(5) | enter in Part I, line 7 er -0- in Part I, line 7 | - | 2 | | 3,755. |
| | | | ¬ | | | | |
| | in Part I, line 8 | 8, column (c) (see instructions) If | loss), enter -U- | | 3 | | 0. |
| Parl | | Section 4940(e) for Reduced | Tax on Net Investme | nt Inco | | | <u> </u> |
| Was I | s,' the foundation does not quali | is part blank ion 4942 tax on the distributable am fy under section 4940(e) Do not coi i each column for each year, see the | nplete this part | , | es | Yes | X No |
| | (a) Base period years | (b) | (c) Net value of | arry critic | | (d) Distribution | ratio |
| (| Calendar year (or tax year beginning in) | Adjusted qualifying distributions | noncharitable-use asse | ets | (colu | mn (b) divided t | |
| | 2012 | 47,215. | 145 | ,228. | | | 0.325109 |
| | 2011 | 15,354. | 148 | ,17 <u>2</u> . | | | 0.103623 |
| | 2010 | 25,067. | 154 | ,079. | | | 0.162689 |
| | 2009 | 24,177. | | <u>,710.</u> | | | 0.174299 |
| | 2008 | 24,031. | 207 | <u>,706.</u> | | | 0.115697 |
| 2 | Total of line 1, column (d) | | | | 2 | | 0.881417 |
| | | e 5-year base period — divide the to has been in existence if less than 5 | | | 3 | | 0.176283 |
| 4 | Enter the net value of noncharit | able was assets for 2012 from Bort | X, line 5 | | 4 | | 173,580. |
| | | able use assets for ZUTS front Fait. | , | Ì | | | 27070001 |
| 5 | Multiply line 4 by line 3 | able-use assets for 2013 from Fart | | | 5 | | 20 500 |
| 6 | 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | | | | 30,599. |
| | | | | - | 6 | | 30,599. 77. |
| 7 | Add lines 5 and 6 | | | ļ | 7 | | |
| 8 | Add lines 5 and 6 Enter qualifying distributions from | ome (1% of Part I, line 27b) | | | 7 | | 77. 30,676. 28,700. |

| Form 990-PF (2013) THE ELLIS FAMILY FOUNDATION 06-648933 | | F | age 4 |
|--|----------------|--------------|--------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction | ns) | | |
| 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) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, | | 1 | L54. |
| 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 | | | 154. |
| 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- | | | <u> 154.</u> |
| 6 Credits/Payments | | | |
| a 2013 estimated tax pmts and 2012 overpayment credited to 2013 6 a | | | |
| b Exempt foreign organizations — tax withheld at source 6 b | | | |
| c Tax paid with application for extension of time to file (Form 8868) 6 c | | | |
| d Backup withholding erroneously withheld 6 d | | | ^ |
| 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here | | | 0. |
| | | | 1 5 4 |
| Tax and it the total of those dial the figure and all the figure and a | | | 154. |
| The state of the s | | | |
| 11 Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded 11 Part VII-A Statements Regarding Activities | | | |
| | $\overline{}$ | Yes | No |
| 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? | 1 a | - | X |
| | | | <u> </u> |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | 1 b | | Х |
| If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published | | | |
| or distributed by the foundation in connection with the activities | | | |
| c Did the foundation file Form 1120-POL for this year? | 1 c | | Х |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| (1) On the foundation \(\brace \\$ 0 \) (2) On foundation managers \(\brace \\$ 0 \) e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | <u>-</u> | | |
| foundation managers. •\$ 0. | 1 | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | 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 | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 a | | Х |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 4 b | N | /A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | Х |
| If 'Yes,' attach the statement required by General Instruction T | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | - | | |
| By language in the governing instrument, or | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | | | |
| with the state law remain in the governing instrument? | 6 | X | |
| 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) | | | |
| <u>CT</u> | | | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | 86 | | 1 |
| (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | ├^ | |
| 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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV |) - 9 | - | x |
| | <u> </u> | | |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 10 | | х |
| | orm 99 | 0-PF (2 | |

| Par | t 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 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address N/A | | | |
| 14 | The books are in care of ► CHARLES ELLIS Located at ► 117 QUARTER HORSE LANE, FAIRFIELD, CT Telephone no ► 203-2 ZIP + 4 ► 06430-19 | | 233_ | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | <u> </u> | <u> </u> | - T |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | N/A |
| 16 | At any time during calendar year 2013, 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 ► | | - | |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 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 | | | ; |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | 1 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | 1 | | , |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes X No | | | |
| ŧ | olf 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 | /A |
| | Organizations relying on a current notice regarding disaster assistance check here | | | 1 |
| • | 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 2013? | 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)) | | | |
| ā | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? | | | |
| | If 'Yes,' list the years 20 , 20 , 20 , 20 | | | , |
| ŀ | 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 |
| (| If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ► 20 , 20 , 20 , 20 | ŀ | | |
| 3 a | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | , | · |
| ŀ | of If 'Yes,' did it have excess business holdings in 2013 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 2013) | 3 b | N | /A |
| 4 8 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | | X |
| | 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 2013? | 4 b | | X (2012) |
| BAA | , F | orm 9 9 | U-PF | (2013) |

| Form 990-PF (2013) THE ELLIS FAMILY I | FOUNDATION | | 06-64 | 89334 | Page 6 |
|--|---|---|--|-----------------------|-------------------------|
| Part VII-B Statements Regarding Activit | | 1 4720 May Be Req | uired (continued) | | |
| 5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt | • | n (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section ation drive? | 1 4955), or to carry | Yes X | No | |
| (3) Provide a grant to an individual for travel, | • . | • | Yes X | No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | han a charitable, etc, or 4940(d)(2)? (see instru | rganization described uctions). | Yes X | No | |
| (5) Provide for any purpose other than religio educational purposes, or for the prevention | us, charitable, scientific in of cruelty to children | c, literary, or or animals? | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the excep ding disaster assistance | tions | 5 b | N/A |
| Organizations relying on a current notice rega | rding disaster assistant | ce check here | ▶ _ |] | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg | sibility for the grant? | | N/A Yes |] No | |
| 6 a Did the foundation, during the year, receive an on a personal benefit contract? b Did the foundation, during the year, pay prem | | | Yes _X | No 6 b | - x |
| If 'Yes' to 6b, file Form 8870 | idins, directly or manes | my, on a porconal zono | | , | - A |
| 7 a At any time during the tax year, was the found | | | L L | No _ | _ |
| b If 'Yes,' did the foundation receive any proces Part VIII Information About Officers, D and Contractors | | | | | s, |
| List all officers, directors, trustees, foundations | on managers and their | 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) Expens other a | e account, liowances |
| CHARLES ELLIS | TRUSTEE | 0. | 0. | | 0. |
| 117 QUARTER HORSE LANE FAIRFIELD, CT 06430 | 2.00 | | | - | |
| JANE ELLIS 117 QUARTER HORSE LANE | TRUSTEE 2.00 | 0. | 0. | | 0. |
| FAIRFIELD, CT 06430 | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (o | ther than those included | on line 1 – see instructio | ns). If none, enter 'NONE | <u>-</u> - | |
| (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) Expens other a | e account, llowances |
| NONE | | | | | |
| | | - | | | _ |
| | - | | | - | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 |) TEFA0306L 0 | 17/10/13 | - | Form 990 | 0 - PF (2013) |

| and Contractors (continued) | aid Employees, |
|--|---------------------------|
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE | 1 |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • 0 |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 N/A | |
| | |
| | |
| 2 | |
| | - |
| 3 | |
| | |
| | |
| 4 | |
| | |
| Det IV D. Common of Donaton Deleted Investments (see materials) | |
| Part IX-B Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | - |
| <u>N/A</u> | |
| 2 | |
| | |
| | |
| All other program-related investments See instructions | |
| 3 | - |
| | |
| Total. Add lines 1 through 3 | ▶ 0. |
| BAA | Form 990-PF (2013) |

BAA

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Form **990-PF** (2013)

| Pai | TX Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.) | reign fo | oundations, |
|-----|--|----------|----------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities | 1 a | 156,990. |
| | Average of monthly cash balances | 1 b | 19,233. |
| | Fair market value of all other assets (see instructions) | 1 c | 19,233. |
| | Total (add lines 1a, b, and c) | 1 d | 176,223. |
| | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | 170,223. |
| , | (attach detailed explanation) 1 e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 0. 176,223. |
| 3 | | • | 170,223. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 2,643. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 173,580. |
| _ 6 | Minimum investment return. Enter 5% of line 5 | 6 | 8,679. |
| Par | | ting fou | undations |
| | and certain foreign organizations check here ▶ □ and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 8,679. |
| 2 a | Tax on investment income for 2013 from Part VI, line 5 | | |
| ŀ | Income tax for 2013 (This does not include the tax from Part VI) |] | |
| (| Add lines 2a and 2b | 2 c | 154. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 8,525. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 8,525. |
| 6 | Deduction from distributable amount (see instructions) | 6 | · |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 8,525. |
| Pai | TXII Qualifying Distributions (see instructions) | | · |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 28,700. |
| ŧ | Program-related investments — total from Part IX-B | 1 b | |
| | 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 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 | 28,700. |
| 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 | 28,700. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four | ndation | |

TEEA0308L 07/10/13

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|---|---------------|----------------------------|--------------------|--------------------|
| Distributable amount for 2013 from Part XI, line 7 | | | | 0 525 |
| 2 Undistributed income, if any, as of the end of 2013 | | | | 8,525. |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years 20 , 20 , 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013 | ••• | | | |
| a From 2008 13,784. | | | | |
| b From 2009 17, 287. | | | | |
| c From 2010 17, 429. | | | | |
| d From 2011 8,006. e From 2012 40, 204 | | | | |
| e From 2012 40, 204. f Total of lines 3a through e | 96,710. | | | |
| 4 Qualifying distributions for 2013 from Part | 30,710. | | | |
| XII, line 4 ► \$ 28,700. | | | | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years | | _ | | |
| (Election required – see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required — see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | | | 8,525. |
| e Remaining amount distributed out of corpus | 20,175. | | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the | 0. | | | 0. |
| same amount must be shown in column (a)) | | | | |
| | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 116,885. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency | | | | |
| has been issued, or on which the section | | | | |
| 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable amount – see instructions | | 0. | | |
| e Undistributed income for 2012 Subtract line 4a from | | · · | | |
| line 2a Taxable amount — see instructions. | | | 0. | |
| f Undistributed income for 2013 Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be | | | | |
| distributed in 2014 | | | | 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. | | | |
| · ´ | <u> </u> | | - | |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) | 13,784. | | | |
| 9 Excess distributions carryover to 2014. | 102 101 | | | |
| Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 | 103,101. | | | |
| a Excess from 2009 17,287. | | | | |
| b Excess from 2010 17, 429. | | | | |
| c Excess from 2011 8,006. | | | | |
| d Excess from 2012 40,204. | | | | |
| e Excess from 2013 20,175. | | | <u></u> | Form 990 PE (2013) |
| - 4 4 | | | | LAT DON DE (2012) |

Page 11

| 3 | 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | | |
|---|--|--|----------------------|----------------------------------|----------|--|--|--|--|--|
| | 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 | | | | | |
| | Name and address (home or business) | substantial contributor | recipient | | | | | | | |
| | Name and address (home or business) Paid during the year STATEMENT 3 | toundation manager or substantial contributor | recipient | contribution | | | | | | |
| | | | | | 00.700 | | | | | |
| | Total | ····- | , | ► 3a | _28,700. | | | | | |
| | Approved for future payment | | | | | | | | | |
| | Total | | | ► 3b | | | | | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated | business income | Excluded by | y section 512, 513, or 514 | (e) | |
|--|-------------------------|----------------------|-------------------------------|----------------------------|--|--|
| Program service revenue | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (See instructions) | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | · | |
| f | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | 1 | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 1. | | |
| 4 Dividends and interest from securities | | | 14 | 3,924. | | |
| 5 Net rental income or (loss) from real estate | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 3,755. | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue | | | | | | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | <u> </u> | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | 7,680. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 7,680. | |
| (See worksheet in line 13 instructions to verify calculation | ons) | | | | | |

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

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

| | | Transactions and | Relationships W | ith Noncharitable |
|----------------|------------|------------------|-----------------|-------------------|
| Exempt Ora | anizations | | | |

| | • | | | • | | | | | Vac | No |
|--------------------|---|-----------------------|--|-----------------------------|--------------------------------|-------------------------------------|----------------------|--|--|-------------------------|
| describe | organization directly d in section 501(c) o to political organizati | of the Code (ot | ngage in any of the fo ther than section 501 (o | llowing witl c)(3) organ | h any ot l izations) | ner organization or in section 5 | n 527, | | Yes | NO |
| _ | - | | a noncharitable exem | ot organiza | ition of | | | | | |
| (1) Cash | | 104114411011110 | a monomunicatio enem | pt organiza | | | | 1 a (1) | | Х |
| (2) Othe | | | | | | | | 1 a (2) | | X |
| b Other tra | | | | | | | | ` | | |
| | s of assets to a none | charitable exe | mpt organization | | | | | 1 b (1) | | X |
| (2) Purc | hases of assets fron | n a noncharita | ble exempt organization | on | | | | 1 b (2) | | X |
| (3) Rent | tal of facilities, equip | ment, or othe | r assets | | | | | 1 b (3) | | X |
| (4) Reim | nbursement arranger | ments | | | | | | 1 b (4) | | X |
| (5) Loan | ns or Ioan guarantee: | s | | | | | | 1 b (5) | | X |
| (6) Perfe | ormance of services | or membersh | p or fundraising solici | tations | | | | 1 b (6) | | <u>X</u> |
| c Sharing | of facilities, equipme | ent, mailing lis | ts, other assets, or pa | nd employe | es | | | 1 c | | _X_ |
| 4.16.11 | | | | | Caluman | (h) aboute ou | and about the fe | our morket val | uo of | |
| the goods | s, other assets, or ser | vices given by t | complete the following the reporting foundation now in column (d) the | If the foun | dation re | ceived less than | ı faır market valu | ie in | ue oi | |
| (a) Line no | (b) Amount involved | (c) Name o | of noncharitable exempt orga | nızatıon | (d) | Description of trans | sfers, transactions, | and sharing arrai | igement | s |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u>.</u> | | | | | | | |
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| | | | | | | | | | | |
| describe | d in section 501(c) o | of the Code (of | d with, or related to, one ther than section 501(d | c)(3)) or in | x-exempt section | organizations 527? | | Yes | X | No |
| | complete the following Name of organization | | (b) Type of or | ganization | | (c) |) Description of | relationship | | |
| N/A | Thank of organization | 511 | (b) Type of of | garnzation | | (0, |) Bosonphon of | Totationidinp | - | |
| .1/ 44 | | | | | | | | | | |
| | · · - · - · - · - · - · · - · · - · | | | *** | | | | | | |
| · | | | • | | | | | | | |
| | | | | | | | | | | |
| Under p | enalties of perjury, I declar | e that I have exam | ined this leturn including acc than taxpayer) is based on all | ompanying sch | nedules and | statements, and to | the best of my know | ledge and belief, i | t is true, | |
| Sign Here | /\!\\\ | 0 1/1 | · Wh 18 | 1/15/10 | / ▶_ | TR057 | EE | May the this retur preparer (see insti | RS disc n with th shown t ructions) | uss le pelow ? |
| Signa | ture of officer or trasfee Print/Type preparer's nan | ne U | Date Preparer's synature | e | / Tit | Date / | Obert | PTIN | Yes | No |
| | | | DA LATIA | ads | DA | 8/13/14 | Check self-employed | P01061 | 072 | |
| Paid | JOHN P. FERE | | HARD, PC | -4111 C | | / / / | | -1288550 | 1012 | |
| Preparer | | OHN PRICE 5 SYLVAN | ROAD SOUTH | <i>V</i> | | · · - | TIMES EN UU | 1200000 | | |
| Jse Only | - | | CT 06880 | | | | Phone no (2 | 203) 227- | 2334 | |
| BAA | Ψ. | TOTA OILL | <u> </u> | | | | 12 | Form 99 0 | | 013) |
| | | | | | | | | 500 | | / |

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
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

| Name of the organization | | Employer identification number |
|--|--|--|
| THE ELLIS FAMILY FOUNDATION | | 06-6489334 |
| 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 | \overline{X} 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a | a private foundation |
| | 501(c)(3) taxable private foundation | |
| | out(o)(o) taxable private loanation | |
| Check if your organization is covered by the C | General Rule or a Special Rule | |
| Note. Only a section 501(c)(7), (8), or (10) or | ganization can check boxes for both the General Rule an | id a Special Rule See instructions |
| General Rule | | |
| \fbox{X} For an organization filing Form 990, 990-EZ, contributor (Complete Parts I and II) | or 990-PF that received, during the year, \$5,000 or more (in | money or property) from any one |
| Special Rules | | |
| 509(a)(1) and 170(b)(1)(A)(vi) and receive | Form 990 or 990-EZ that met the 33-1/3% support test on the support test of the support test of the support test of the support to the support test of the support of the s | on of the greater of (1) \$5,000 or |
| | ion filing Form 990 or 990-EZ that received from any one cor ruse <i>exclusively</i> for religious, charitable, scientific, litera mals Complete Parts I, II, and III | |
| contributions for use <i>exclusively</i> for religious, if this box is checked, enter here the total cor | ion filing Form 990 or 990-EZ that received from any one cor charitable, etc, purposes, but these contributions did not tota tributions that were received during the year for an <i>exclusive</i> less the General Rule applies to this organization because it \$5,000 or more during the year | al to more than \$1,000 ely religious, charitable, etc, |
| 990-PF) but it must answer 'No' on Part IV, II | oy the General Rule and/or the Special Rules does not fine 2, of its Form 990, or check the box on line H of its Fine filing requirements of Schedule B (Form 990, 990-EZ. | orm 990-EZ or on its Form 990-PF, |

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

age

1 of

1 of **Part 1**

THE ELLIS FAMILY FOUNDATION

Employer identification number

06-6489334

| 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 | CHARLES ELLIS 117 QUARTER HORSE LANE FAIRFIELD, CT 06430 | \$ <u>45,107.</u> | Person X Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

of Part II

Name of organization
THE ELLIS FAMILY FOUNDATION

BAA

Employer identification number

06-6489334

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) EQUITIES 43,257. 6/01/13 (b)
Description of noncash property given (d) Date received (a) No. from Part I (c) FMV (or estimate) (see instructions) (a) No. from (d) (b) (c) FMV (or estimate) (see instructions) Date received Description of noncash property given Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) Part I

Name of organization THE ELLIS FAMILY FOUNDATION 1 to 1 of Part III
Employer identification number
06-6489334

| Part III | Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry | | | | | | |
|---------------------------|--|--|---|--|--|--|--|
| | For organizations completing Part III, enter total contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | | le, etc , ee instruction | s) * | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | N/A | | | | | | |
| | | (0) | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, 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 | | | |
| | | | | . | | | |
| | Transferee's name, addres | (e) Transfer of gift ss, and ZIP + 4 | t 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 | | | |
| - | | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship 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 ss, and ZIP + 4 | Rela | tionship of transferor to transferee | | | |
| | | | | | | | |

| 2013 · | FEDERAL STA | TEMENTS | 6 | | PAGE 1 |
|--|---|---------------------------|-----------------------------|----------|------------------------|
| CLIENT ELLISFND | THE ELLIS FAMILY | FOUNDATION | I | (| 06-648 <u>9</u> 33 |
| 3/13/14 | · ····· | <u> </u> | | <u> </u> | 12 37P |
| STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | | | | |
| ACCOUNTING FEES | (A) EXPENSES PER BOOK \$ 1,85 TOTAL \$ 1,85 | S INCOM | MENT ADJUSTED ME NET INCOME | CHAR | (D) ITABLE POSES |
| STATEMENT 2 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% O | R MORE CONTRIBUT | ORS | | | |
| STATEMENT 3 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA | AR | | | | |
| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | A | MOUNT |
| CANCER CARE OF CONNECTICUT 120 EAST AVENUE NORWALK, CT 06851 | NONE | 501 (C) (3) | GENERAL FUND | \$ | 1,800 |
| PETALUMA EDUCATIONAL FOUNDATN | NONE | 501 (C) (3) | GENERAL FUND | | 600 |

501(C)(3) GENERAL FUND

501(C)(3) GENERAL FUND

501(C)(3) GENERAL FUND

501(C)(3) GENERAL FUND

11,900.

8,000.

250.

1,000.

PETALUMA, CA 94952

GREENFIELD HILL CONGREGATIONAL

CLASP HOMES

4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601

1045 OLD ACADEMY ROAD FAIRFIELD, CT 06430

246 POST RD EAST WESTPORT, CT 06880

THE GUADALUPE CENTER

509 HOPE CIRCLE IMMOKALEE, FL 34142

APPALACHIAN SERVICE PROJECT NONE

NONE

NONE

NONE

| \sim | ^ | • | • |
|--------|----|-----|---|
| | n | - 0 | _ |
| | ., | - 1 | |

FEDERAL STATEMENTS

PAGE 2

CLIENT ELLISFND

THE ELLIS FAMILY FOUNDATION

06-6489334

8/13/14

12 37PM

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|---------------------|---------|
| AMERICAN BRAIN TUMOR ASSOC 8550 W. BRYN MAWR AVE STE 550 | NONE | | GENERAL FUND | \$ 250. |
| CHICAGO, IL 60631 BOYS & GIRLS CLUB OF PETALUMA 203 MARIA DRIVE PETALUMA, CA 94954 | NONE | 501(C)(3) | GENERAL FUND | 250. |
| PAWS 504 MAIN AVENUE NORWALK, CT 06851 | NONE | 501 (C) (3) | GENERAL FUND | 250. |
| COLORADO SKI & SNOWBOARD MUSEUM 231 SOUTH FRONTAGE RD EAST VAIL, CO 81657 | NONE | 501 (C) (3) | GENERAL FUND | 550. |
| ALS ASSOCIATION - INDIANA CHAPTER 6525 EAST 82ND ST INDIANAPOLIS, IN 46250 | NONE | 501 (C) (3) | GENERAL FUND | 1,000. |
| VIP COMMUNITY SERVICES 716 FAIRMOUNT PLACE BRONX, NY 10457 | NONE | 501 (C) (3) | GENERAL FUND | 250. |
| GRANT PTA 200 GRANT AVENUE PETULAMA, CA 94962 | NONE | 501 (C) (3) | GENERAL FUND | 300. |
| AL'S ANGELS 342 GREENS FARMS ROAD WESTPORT, CT 06880 | NONE | 501 (C) (3) | GENERAL FUND | 500. |
| KERRY'S KIDS 936 B SEVENTH STREET NOVATO, CA 94945 | NONE | 501 (C) (3) | GENERAL FUND | 250. |
| COLORADO CHILDREN'S HOSPITAL FOUNDATION P.O. BOX 5003 DENVER, CO 80201 | NONE | 501 (C) (3) | GENERAL FUND | 750. |
| TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVE STAMFORD, CT 06905 | NONE | 501 (C) (3) | GENERAL FUND | 200. |

2013

FEDERAL STATEMENTS

PAGE 3

CLIENT ELLISFND

THE ELLIS FAMILY FOUNDATION

06-6489334

8/13/14

12 37PM

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|---------------------|---------------|
| STAMFORD YOUTH HOCKEY ASSOCIATION P.O. BOX 4030 STAMFORD, CT 06907 | NONE | 501 (C) (3) | GENERAL FUND | \$ 600. |
| | | | TOTAL | \$ 28,700. |

| 2013 FEDERAL PRIVATE FOUNDATION TAX SUMMARY P | | | |
|---|--------------------------|--------------------------|-----------------------|
| CLIENT ELLISFND THE ELLIS FAMILY | FOUNDATION | | 06-6489334 |
| 8/13/14 | | | 12 37 PM |
| DEVENUE DED DOOKS | 2013 | 2012 | DIFF |
| REVENUE PER BOOKS CONTRIBUTIONS, GIFTS, AND GRANTS | 45,107 | 40,800 | 4,307 |
| INTEREST ON SAVINGS/TEMP CASH INVEST DIVIDENDS & INTEREST FROM SECURITIES NET GAIN (LOSS) - NONINV. ASSETS/DISP | 3,924 3,755 | 6 2,057 10,413 | -5 1,867 -6,658 |
| TOTAL REVENUE | 52,787 | 53,276 | -489 |
| EXPENSES PER BOOKS | | | |
| ACCOUNTING FEES TOTAL OPERATING/ADMINISTRATIVE EXP CONTRIBUTIONS, GIFTS, GRANTS PAID | 1,850 1,850 28,700 | 1,850 1,850 47,340 | 0 0 -18,640 |
| TOTAL EXPENSES | 30,550 | 49,190 | -18,640 |
| EXCESS OF REVENUE OVER EXPENSES | 22,237 | 4,086 | 18,151 |
| NET INVESTMENT REVENUE | 1 | 6 | -5 |
| INTEREST ON SAVINGS/TEMP CASH INVEST DIVIDENDS & INTEREST FROM SECURITIES CAPITAL GAIN NET INCOME | 3,924 3,755 | 6 2,057 10,413 | 1,867 -6,658 |
| TOTAL REVENUE | 7,680 | 12,476 | -4,796 |
| NET INVESTMENT EXPENSES TOTAL OPERATING/ADMINISTRATIVE EXP | 0 | 0 | 0 |
| TOTAL EXPENSES | 0 | 0 | 0 |
| NET INVESTMENT INCOME | 7,680 | 12,476 | -4,796 |
| TAX COMPUTATION TAX ON NET INVESTMENT INCOME | 154 | 125 | 29 |
| TAX ON INVESTMENT INCOME | 154 | 125 | 29 |
| PAYMENTS AND CREDITS TOTAL PAYMENTS AND CREDITS | 0 | 0 | 0 |
| REFUND OR AMOUNT DUE OVERPAYMENT | 0 | 0 | 0 |
| TAX DUE | 154 | 125 | 29 |
| TAX RATES | | 4 00 | |
| MARGINAL TAX RATE EFFECTIVE TAX RATE | 2.0% 2.0% | 1.0% 1.0% | 1.0% 1.0% |
| ADJUSTED NET INCOME REVENUE TOTAL REVENUE | 0 | 0 | 0 |
| ADJUSTED NET INCOME EXPENSES TOTAL OPERATING/ADMINISTRATIVE EXP | 0 | 0 | 0 |
| TOTAL EXPENSES | 0 | 0 | 0 |
| ADJUSTED NET INCOME | 0 | 0 | 0 |
| CHARITABLE PURPOSES DISBURSEMENTS TOTAL OPERATING/ADMINISTRATIVE EXP | 0 | 0 | 0 |

| 2013 FEDERAL PRIVATE FOUN | NDATION TAX S | UMMARY | PAGE 2 |
|--|------------------------------|-----------------------------|---------------------------|
| CLIENT ELLISFND THE ELLIS FAMIL | LY FOUNDATION | | 06-6489334 |
| 8/13/14 | | | 12 37 PM |
| CONTRIBUTIONS, GIFTS, GRANTS PAID | 28,700 | 47,340 | -18,640 |
| TOTAL EXPENSES AND DISBURSEMENTS | 28,700 | 47,340 | -18,640 |
| NET ASSETS OR FUND BALANCES NET ASSETS/FUND BAL. AT BEG. OF YEAR EXCESS OF REVENUE OVER EXPENSES NET ASSETS/FUND BAL. AT END OF YEAR | 154,312 22,237 176,549 | 150,226 4,086 154,312 | 4,086 18,151 22,237 |

2013 ·

GENERAL INFORMATION

PAGE 1

CLIENT ELLISFND

THE ELLIS FAMILY FOUNDATION

06-6489334

8/13/14

12 37PM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-PF, SCH B, 8868, 8868 P2

TAX RATES

PRIVATE FOUNDATION MARGINAL EFFECTIVE
FEDERAL 2.0 % 2.0 %

CARRYOVERS TO 2014

NONE

UNDISTRIBUTED INCOME CARRYOVERS TO 2014

| 2009 EXCESS DISTRIBUTIONS | 17,287. |
|---------------------------|---------|
| 2010 EXCESS DISTRIBUTIONS | 17,429. |
| 2011 EXCESS DISTRIBUTIONS | 8,006. |
| 2012 EXCESS DISTRIBUTIONS | 40,204. |
| 2013 EXCESS DISTRIBUTIONS | 20,175. |

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

| Internal Revenu | e Service | Information about Form 8868 | and its instr | uctions is at www.irs.gov/form8868. | | |
|---|--|---|--|--|--|----------------|
| If you ar | e filing for an a | Automatic 3-Month Extension, cor | mplete only | Part I and check this box | | ► X |
| If you ar | e filing for an a | Additional (Not Automatic) 3-Mont | th Extensio | n, complete only Part II (on page 2 of th | ıs form) | |
| Do not com | plete Part II un | <i>less</i> you have already been grante | ed an autom | natic 3-month extention on a previously f | iled Form 8868 | |
| corporation request an e Associated | required to file xtension of time With Certain Pe | Form 990-T), or an additional (no to file any of the forms listed in Part | t automatic) I or Part II v ust be sent | d a 3-month automatic extension of time) 3-month extension of time. You can elevith the exception of Form 8870, Information to the IRS in paper format (see instruct of Charities & Nonprofits. | ectronically file Form Return for Transfers | 1 8868 to |
| Part I | Automatic | 3-Month Extension of Time | . Only sul | omit original (no copies needed). | | • |
| A corporation | n required to f | le Form 990-T and requesting an | automatic 6 | -month extension — check this box and | complete Part I only | , <u> </u> |
| | | udıng 1120-C filers), partnerships, | REMICs, ar | nd trusts must use Form 7004 to request | an extension of tin | ne to file |
| income tax | returns | | | Enter filer's identi | fying number, see i | nstructions |
| | Name of exempt | organization or other filer, see instructions | | | Employer identification r | |
| Type or | | | | | | |
| print | THE ELLT | S FAMILY FOUNDATION | | | 06-6489334 | |
| File by the | | nd room or suite number. If a PO box, see ii | nstructions | | Social security number (| SSN) |
| due date for | 117 OLIAR | TER HORSE LANE | | | | |
| filing your return See | City, town or pos | office, state and ZIP code For a foreign add | fress, see instru | ictions | -l | |
| instructions | FAIRFIEL | D, CT 06430-1964 | | | | |
| | | | | | | |
| Enter the Ro | eturn code for | he return that this application is fo | or (file a sep | parate application for each return) | | 04 |
| Application Is For | | | Return Code | Application Is For | | Return Code |
| Form 990 or | Form 990-EZ | | 01 | Form 990-T (corporation) | | 07 |
| Form 990-B | L | | 02 | Form 1041-A | | 08 |
| Form 4720 (ı | ndıvıdual) | | 03 | Form 4720 (other than individual) | . | 09 |
| Form 990-P | F | | 04 | Form 5227 | | 10 |
| Form 990-T | (section 401(a | or 408(a) trust) | 05 | Form 6069 | | 11 |
| Form 990-T | (trust other that | n above) | 06 | Form 8870 | | 12 |
| Telephor If the or If this is check the exterior requesite the exterior of | for a Group Rensis box nsion is for stan automatic 8/15 ktension is for standard year | -255-5233 s not have an office or place of bueturn, enter the organization's four If it is for part of the group, office or a corporation 3-month (6 months for a corporation of 14, to file the exempt organization's return for | digit Group check this b required to anization re | e United States, check this box Exemption Number (GEN) ox I and attach a list with the na file Form 990-T) extension of time turn for the organization named above | this is for the whole mes and EINs of all | • |
| | | d in line 1 is for less than 12 mont | | | al return | |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

154.

154.

3a \$

3 b \$

3 c \$

| Form 886 | 8 (Rev 1-2014) | | | | | Page 2 |
|---------------------------------|---|-------------------------|--|-----------------|-------------------|-----------------|
| | are filing for an Additional (Not Automatic) 3-Mont | h Extension | , complete only Part II and check th | is box | | <u>► X</u> |
| | y complete Part II if you have already been granted | | · · · · · · · · · · · · · · · · · · · | | m 8868 | ت |
| • If you a | are filing for an Automatic 3-Month Extension, con | nplete only | Part I (on page 1) | | | |
| Part II | Additional (Not Automatic) 3-Month E | | | (no con | es need | led). |
| | | | Enter filer's ide | | | |
| | Name of exempt organization or other filer, see instructions | | | Employer ider | | |
| | | | | | | |
| Type or print | THE ELLIS FAMILY FOUNDATION | | | 06-6489 | 224 | |
| print | Number, street, and room or suite number. If a P O box, see inst | tructions | | Social security | | SN) |
| File by the extended | TOWN PRIORIDE PO | | | | | |
| due date for | JOHN PRICHARD, PC 25 SYLVAN ROAD SOUTH | | | | | |
| filing your return See | City, town or post office, state, and ZIP code For a foreign addre | ss, see instructi | ons | | | |
| instructions | WESTPORT, CT 06880 | | | | | |
| | IMESTPORT, CT 00000 | | | | | |
| Enter the | Return code for the return that this application is for | or (file a sep | parate application for each return) | | | 04 |
| Application | on | Return Code | Application Is For | | | Return Code |
| Form 990 (| or Form 990-EZ | 01 | | | - | |
| Form 990 | ·BL | 02 | Form 1041-A | | | 08 |
| Form 4720 | (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 | -PF | 04 | Form 5227 | | | 10 |
| Form 990- | -T (section 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | T (trust other than above) | 06 | Form 8870 | | | 12 |
| Teleph If the If this whole gro | ooks are in care of CHARLES ELLIS none No 203-255-5233 organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box If it is for part of the graph of the extension is for | digit Group | Exemption Number (GEN) | 1 the name | | this is for the |
| | | | | | - | |
| 5 For 6 If the | quest an additional 3-month extension of time until calendar year 2013, or other tax year beginning tax year entered in line 5 is for less than 12 months (Change in accounting period the entered why you need the extension INFO TAVAILABLE | ng ths, check re | _ , 20 , and ending | Final re | | |
| 8 a If the | is application is for Forms 990-BL, 990-PF, 990-T, 4 | 4720, or 606 | 9, enter the tentative tax, less any | 8 a | \$ | 154. |
| tax p | is application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpaymen incusly with Form 8868. | | | d 8 b | \$ | 0. |
| c Bala EFT | nnce due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System) See | ir payment v | with this form, if required, by using | 8 c | \$ | 154. |
| | Signature and Verific | ation mus | st be completed for Part II on | ly. | | |
| Under penalti correct, and c | ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form | companying sch | edules and statements, and to the best of my kno | wledge and b | elief, it is trui | е, |
| Signature > | ► Title ► | | | D | ıte ► | |
| BAA | | FIFZ0502L | 12/31/13 | | Form 886 | 8 (Rev 1-2014) |

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| Form | 0000 | (Dav. | 1 20 | 1 4 1 |
|-------|------|-------|------|-------|
| rorm. | ದದರದ | rrev | 1-/1 | 14 |

Page 2

| Part II 🕔 | Additional (Not Automatic) 3-Month | Extension | of Time. Only file the original | (no copie | s needed). | |
|--|---|--|--|--|--|------------|
| | | | | | nber, see instruction | ns |
| | Name of exempt organization or other filer, see instructions | | E | Employer identif | ication number (EIN) or | |
| ype or | | | | | | |
| rint | THE ELLIS FAMILY FOUNDATION | | | 06-6489334 | | |
| e by the | Number, street, and room or suite number. If a P.O. box, see instructions. | | | Social security n | number (SSN) | |
| tended ie date for | JOHN PRICHARD, PC | | | | | |
| ng your urn See | 25 SYLVAN ROAD SOUTH City, town or post office, state, and ZIP code For a foreign ac | dross san instruct | | | - | |
| structions | 1 | diess, see msiruci | ions. | | | |
| | WESTPORT, CT 06880 | | | | | _ |
| nter the | Return code for the return that this application i | s for (file a se | parate application for each return) | | 04 | |
| pplication | on | Return | Application | | Ref | urn |
| For | ~ | Code | ls For | | | de |
| orm 990 c | or Form 990-EZ | 01 | | | MARIE SELECTION OF THE PARTY OF | 5 8 - R |
| orm 990- | BL | 02 | Form 1041-A | | | 8 |
| | (individual) | 03 | Form 4720 (other than individual) | | C | 9 |
| orm 990- | <u> </u> | 04 | Form 5227 | | | 0 |
| | T (section 401(a) or 408(a) trust) | 05 | Form 6069 | | | 1 |
| orm 990- | T (trust other than above) | 06 | Form 8870 | | 1 | 2 |
| The bo | not complete Part II if you were not already grants are in care of CHARLES ELLIS one No 203-255-5233 organization does not have an office or place of its for a Group Return, enter the organization's f | Fax No ► business in th | ne United States, check this box | usly filed Fo | | - |
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