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SCANNED JUL 10 2014

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 4 -350. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		ment of the Treasury Revenue Service			Social Security numbers or m 990-PF and its separate				Open to Public Inspection
RUTH AND JACK GLANTZ FAMILY FOUNDATION, INC. Number and steel of PO Dox nother if mail a not delivered to street address) P.O. BOX 1147 City or lown, state or province, country, and ZIP or foreign postal code MADISON, CT 06443-1147 G Check all that apply: Initial return Amended return Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Family return and state of province and section 501(c)(3) exempt private foundation I far market value of all assests at end of year J Accounting method: XJ Cash Accrual (from Part II, col (c), line 16) Section 4947(a)(1) nonexempt charitable trust I harlysis of Revenue and Expenses 1 Contributions, grits, grants, etc., received 2 Check If the bindeate is existenced private is blocks or constantly and interest on aways and temporary and t			or tax year beginnin	10	<u> </u>	, and er	nding	· · · · · · · · · · · · · · · · · · ·	
POUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) P.O. BOX 1147 City or town, state or province, country, and ZIP or foreign postal code MADISON, CT 06443-1147 Check all that apply: Initial return	Name	e of foundation		•				A Employer identificatio	n number
Room/aute Room	RU	JTH AND J	ACK GLANT	Z FAMIL	·Υ				
P.O. BOX 1147 City or town, state or province, country, and ZIP or foreign postal code MADISON, CT 06443-1147 G Check all that apply: Initial return)
City or town, state or province, country, and ZIP or foreign postal code MADISON, CT 06443-1147 G Check all that apply: Initial return Initial return of a former public charity		•		t delivered to street	address)		Room/suite	•	
MADISON, CT 06443-1147 G Check all that apply:	_							· · · · · · · · · · · · · · · · · · ·	
G Check all that apply:					ostal code			C if exemption application is	pending, check here
Final return Amended return Name change Name change 2. Foreign organizations meeting the 85% test, below there and attach computation Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation Ell fortunate foundation Ell foundation					Installation of a fe			D 4 Faraian araanisahaa	a abaali bara
Address change Name change Name change	G Une	еск ан тпат арріу.	=			ormer public c	папц	i 1. Foreign organization	s, check here
H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year I from Part II, col (c), line 16) S 1, 807, 832. (Part I, column (d) must be on cash basis) Part II Analysis of Revenue and Expenses (he total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (d) proburements (d) probuge sales only) 1 Contributions, gifts, grants, etc., received N/A 2 Check 3 (b) Net investment (c) Adjusted net income (c)			=		=			2. Foreign organizations m	eeting the 85% test,
Section 4947(a)(1) nonexempt charitable trust	H Che	eck type of organi						1	
Fair market value of all assets at end of year (Irom Part II, col (c), line 16)						ation			
Common Part II, col (c), line 16 Control (c), line 16 Column (d) must be on cash basis							ual	1	
Analysis of Revenue and Expenses (fine total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check N I if the toundation is not required to attach Sch B Interest on savings and temporary assin investments 4 Dividends and interest from securities 5 a Gross rents 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 188,638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns 10 Adjusted net income 1 (d) nature for charitable income 1 (c) Adjusted net income 1 (d) Net investments 1 (d) Net income 1 (c) Adjusted net income 1 (d) Net investments 1 (d) Net investments 1 (d) Net investments 1 (d) Net investments 1 (d) Net income 1 (c) Adjusted net income 1 (c) Adjusted net income 1 (d) Net investments income to charter income to charter income 1 (c) Adjusted net income 1 (d) Net income 1 (c) Adjusted net income 1 (d) Adjusted net income 1 (c) Adjusted net inc	(fro	m Part II, col (c)	, line 16)	O:	ther (specify)			h .	
The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a). 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch 8 interest on savings and interest from securities 4 Dividends and interest from securities 5 a Gross rents 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 gross sales price for all assets on line 6a less sets on allowances 5 Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits	\$				mn (d) must be on cash l	basis)			
2 Check X If the foundation is not required to attach Sch B 3 cash investments 4 Dividends and interest from securities 5 Gross rents b Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 188,638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 5 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits	Par	(The total of an	ounts in columns (b), (c),	and (d) may not					for charitable purposes
a interest on savings and temporary cash interest from securities 4 Dividends and interest from securities 5 Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 188,638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales sereturns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 65,960. 65,099. 14 Other employee salaries and wages 15 Pension plans, employee benefits		1 Contributions	gifts, grants, etc., re	ceived				N/A	
acash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all b assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 1 Income modifications 10a Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 55 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits		2 Check ► X	if the foundation is not require						
5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Cross sales price for all 188, 638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 65, 960. 65, 099. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits		3 Interest on savir cash investment	gs and temporary s						
b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 188, 638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income -3,673. 0. STATEMENT 2 12 Total Add lines 1 through 11 65,960. 65,099. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits		4 Dividends and	interest from securit	ties	45,993.	4	<u>1,459.</u>		STATEMENT 1
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 188, 638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits		5a Gross rents							
b Gross sales price for all assets on line 6a 188,638. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns 10a Gross sales price for all sales sales in the sales sales returns 10a Gross sales price for all sales sales soles sales returns 10a Gross sales price for all sales sales soles sales sa	ļ	b Net rental incom	e or (loss)		02.640	<u>.</u>			
8 Net short-term capital gath 9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits	g				23,640.				
8 Net short-term capital gath 9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits	e i	D assets on line 6				2	2 640		
9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits	Be			3 2)			3,040.		
10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income			· -						
b Less Cost of goods sold c Gross profit or (loss) 11 Other income		. Gross sales less							
c Gross profit or (loss) 11 Other income			ods sold						
12 Total Add lines 1 through 11 65,960. 65,099. 13 Compensation of officers, directors, trustees, etc 0. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits		c Gross profit o	r (loss)						
13 Compensation of officers, directors, trustees, etc O . O . O . O . O . O . O . O . O . O	1	11 Other income							STATEMENT 2
14 Other employee salaries and wages 15 Pension plans, employee benefits	!	12 Total Add lin	es 1 through 11			6			
15 Pension plans, employee benefits	I		,		0.		0.		0.
15 Pension plans, employee deneits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 4 -350. O. Depreciation and depletion			•	S				PTC:	1 4 1 7 5
b Accounting fees STMT 3 7,250. 0. S JUL 0 2014 0 0 C Other professional fees 17 Interest 18 Taxes STMT 4 -350. 0. O.	8 1		s, employee benefits						4.5"
c Other professional fees 17 Interest 18 Taxes STMT 4 -350. 0.	Sus	_	ac C	מייושיי ז	7 250		0		
17 Interest 18 Taxes STMT 4 -350. 0. 0	ă			,,,,,,	7,2300			1	
18 Taxes STMT 4 -350. 0. 0	9 1	•			-			0605	14 117
9 19 Depreciation and depletion	rati		Ş	TMT 4	-350.		0.		0.
E 19 Depresation and depiction	nist 1	· · · · · · · · · · · · · · · · · · ·	and depletion						
E 20 Occupancy	Ę 2								
21 Travel, conferences, and meetings	ğ 2								
22 Printing and publications	<u>a</u> 2			imaen r	A 77.21		/ 150	-	300
23 Other expenses STMT 5 4,731. 4,158. 389	ting		_		4,/31.		4,108.		389.
Total operating and administrative11,631.4,158.389	era				11 631		<u> </u>		389.
25 Contributions, gifts, grants paid 98,804. 98,804	이,	-		U			<u> </u>		98,804.
26 Total expenses and disbursements				ts	20,0011				20,004.
					110,435.		4,158.		99,193.
27 Subtract line 26 from line 12:		-							
a Excess of revenue over expenses and disbursements -44,475.		& Excess of reven	ue over expenses and dis	sbursements	-44,475.				<u> </u>
b Net investment income (if negative, enter -0-) 60,941.		b Net investme	nt income (if negative,	enter -0-)		6	0,941.		
c Adjusted net income (if negative, enter -0-) 323501 LHA For Paparwork Reduction Act Notice see instructions	20050				<u> </u>	l		N/A	Form 990-PF (2012)

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Fa	990-PF	105101	
rom	990-25	(2013)	

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For	m 99	0-PF (2613) FOUNDATION, INC.		22-:	3554000 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	ı	Cash - non-interest-bearing	504 300	554 200	
	1	Savings and temporary cash investments	581,398.	551,380.	551,380.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			····
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
Assets		Inventories for sale or use			
Ass	I	Prepaid expenses and deferred charges	01 500	07 176	06 771
•		Investments - U.S. and state government obligations STMT 6	91,529.	87,176.	86,771.
		Investments - corporate stock STMT 7	905,044.	897,213.	1,070,513.
	l	Investments - corporate bonds STMT 8	83,460.	89,284.	98,836.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	- · · · · · -	·-···
		Investments - mortgage loans			
	ı	Investments - other		<u> </u>	
	14	Land, buildings, and equipment: basis			
	l	Less accumulated depreciation	1 022	222	220
		Other assets (describe STATEMENT 9)	1,033.	332.	332.
	16	Total assets (to be completed by all filers - see the	1 662 464	1 625 205	1 007 022
_	4-	instructions. Also, see page 1, item 1)	1,662,464.	1,625,385.	1,807,832.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees, and other disqualified persons			
Lial	21	Mortgages and other notes payable Other liabilities (describe ► STATEMENT 10)	112.	7,510.	
	22	Other liabilities (describe STATEMENT 10)		7,510.	
	23	Total liabilities (add lines 17 through 22)	112.	7,510.	
_	20	Foundations that follow SFAS 117, check here		7,3201	
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
auc	25	Temporarily restricted			
Bal	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31.			
Š	27	Capital stock, trust principal, or current funds	2,212,398.	2,212,398.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	-550,046.	-594,523.	
Net Assets or Fund Balances	30	Total net assets or fund balances	1,662,352.	1,617,875.	
		Total Habilistan and not assets found belongs	1,662,464.	1,625,385.	
	31 art	Total liabilities and net assets/fund balances III Analysis of Changes in Net Assets or Fund Balances		1,023,363.	
			 		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		1 (())))
	•	st agree with end-of-year figure reported on prior year's return)		1	1,662,352.
_		r amount from Part I, line 27a		2	-44,475.
3		r increases not included in line 2 (itemize)		3	1 617 977
4		lines 1, 2, and 3 reases not included in line 2 (itemize) ► ROUNDING		4 5	1,617,877.
5	וטטט	eases not inciding in time & (itemize) > KOOMDING	. <u> </u>		4.

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1,617,875.

Form **990-PF** (2013)

22-3554000

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

2-story brick w	cribe the kil arehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate, s. MLC Co.)		`P	low ac - Purch - Dona	hase	(c) Date (mo., c	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
3	0.000	TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER			<u> </u>				- ·	_
b SEE ATTACHEL) STA	rements								
<u>c </u>										
e										· · · ·
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	
a					_					· · · · · · · · · · · · · · · · · · ·
bc										
d				_						
<u>188,638.</u>			<u> </u>	164,99	8.					23,640
Complete only for assets show		* * * * * * * * * * * * * * * * * * * *	T				(I) Gains (C	Col. (h) gain not less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses	(from col.	(h))
a										
b c	-				.					
d			_							
e										23,640
		∫ If gain, also enter	r ın Part I, line	7	٦					
Capital gain net income or (net o	capital loss)	If gain, also enter $\left\{\begin{array}{l} \text{If (loss), enter -0} \end{array}\right.$	- in Part I, line	7	引	2				23,640
Net short-term capital gain or (lo			nd (6):		٦					
If gain, also enter in Part I, line 8		5).			 				N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification I	Under S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	come	11/2	1
or optional use by domestic priva section 4940(d)(2) applies, leave			4940(а) tax оп	net investment ir	ncome	e.)				
as the foundation liable for the se "Yes," the foundation does not qu	alify under	section 4940(e). Do not co	omplete this pa	rt.						Yes X N
Enter the appropriate amount in	n each colui		nstructions bef	ore making any e						(d)
(a) Base period years Calandar year (or tay year begins	nua in)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchar		use assets	,	Distri	bution ratio vided by col. (c))
Calendar year (or tax year beginn 2012	iiig iii) _		7,478.	•			1,45		(001. (0) 01	.0590
2011			1,361.	•			0,230			.02806
2010			3,678.				1,780			.0597
2009		15	5,293.				1,43			.08572
2008		12	4,978.		2	<u>,19</u>	7,840	5.	1	.0568
Total of line 1, column (d)								2		.2894
Average distribution ratio for the the foundation has been in exist			on line 2 by 5,	or by the number	r of ye	ars		3		.05788
Enter the net value of noncharita	able-use as	sets for 2013 from Part X,	line 5					4		1,817,66
Multiply line 4 by line 3								5		105,22
Enter 1% of net investment inco	ome (1% of	Part I, line 27b)						6_		60:
Add lines 5 and 6								7		105,83
Enter qualifying distributions fro	om Part XII.	, line 4						8		99,19
If line 8 is equal to or greater the See the Part VI instructions.			e 1b, and comp	lete that part usi	ng a 1	% tax ı	rate.		•	

RUTH AND JACK GLANTZ FAMILY

Form	990-PF (2013) FOUNDATION, INC. 22	<u> 2 – 3</u>	554000		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - s	see instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		1,2	19.
	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, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3	,	1,2	19.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,2	19.
6	Credits/Payments:				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 480.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,400.				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7		1,8	80.
8	Enter any penalty for underpayment of estimated tax. Check here 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	9			
10		0		6	61.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	1			0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of)r			
	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:				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0 .				
е	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?		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
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/.	A 4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	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	٧			
	remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NJ				
b	olf 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	Х	<u> </u>
9		1L			_
	year 2013 or the taxable year beginning in 2013 (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		10	L	X
			Form 990	-PF	(2013)

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2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	-			
Total number of other employees paid over \$50,000		- 	D	0
			Form	990-PF (2013)

RUTH AND JACK GLANTZ FAMILY	0.0	2554222 -	
Form 990-PF (2013) FOUNDATION, INC. Part VIII Information About Officers, Directors, Trustees, Foundation		3554000 Page	<u>e 7</u>
Paid Employees, and Contractors (continued)	dation Managers, riigniy		
3 Five highest-paid independent contractors for professional services. If none, en	nter "NONE."	-	_
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat	lor
NONE			
			_
			_
Total number of others receiving over \$50,000 for professional services		•	_(
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	atistical information such as the	Expenses	
number of organizations and other beneficiaries served, conferences convened, research papers p	produced, etc.		
1 N/A			
2			_
3			
4			
Part IX-B Summary of Program-Related Investments			_
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			_
A Section program related introduction of a membership			

Total. Add lines 1 through 3

FOUNDATION, INC.

	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,258,723.
b	Average of monthly cash balances	1b	586,626.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,845,349.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,845,349.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,680.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,817,669.
6	Minimum investment return Enter 5% of line 5	6	90,883.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	I
1	Minimum investment return from Part X, line 6	1	90,883.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	1,219.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	89,664.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	89,664.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	89,664.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	99,193.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	99,193.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0 .
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	99,193.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies f	for the section
	4040(a) reduction of town these years		

Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				89,664.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			44,564.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 99,193.				
a Applied to 2012, but not more than line 2a			44,564.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			E4 620
d Applied to 2013 distributable amount				54,629.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		;		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				35,035.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
· · · · · · · · · · · · · · · · · · ·			·	
10 Analysis of line 9: a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
\$ 2,0000 il olii 20 ib				Form 990-PF (2013)

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

c Any submission deadlines:

FOUNDATION, INC.

22-3554000 Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year 92ND STREET Y NONE EOF TO CONTINUE SERVICES & PROGRAMS 1395 LEXINGTON AVENUE NEW YORK, NY 10128 1 000. ALBERT EINSTEIN COLLEGE OF MEDICINE NONE EOF TO CONTINUE SERVICES & 1300 MORRIS PARK AVENUE PROGRAMS BRONX NY 10461 <u>500.</u> AMERICAN ACTION FUND (FOR BLIND) NONE EOF TO CONTINUE SERVICES & 1800 JOHNSON STREET PROGRAMS BALTIMORE, MD 21230 500. NONE EOF TO CONTINUE SERVICES & AMERICAN COMMITTEE FOR SHAARE ZEDEK PROGRAMS 55 W 39TH STREET, 4TH FLOOR 900. NEW YORK, NY 10018 TO CONTINUE SERVICES & EOF AMERICAN COMMITTEE FOR THE WEIZMANN NONE INSTITUTE OF SCIENCE PROGRAMS 633 3RD AVENUE 2 500 NEW YORK NY 10017 SEE CONTINUATION SHEET(S) ▶ 3a 98,804. Total b Approved for future payment NONE **▶** 3b Total

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Form **990-PF** (2013)

Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income	Exclude	by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a			-		
b					
c			 -		
d		 	\vdash		
e			-		
f		· · · · · · · · · · · · · · · · · · ·	 		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				,	
investments			14	45 002	
4 Dividends and interest from securities			14	45,993.	
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			18	22 640	
than inventory			10	23,640.	
9 Net income or (loss) from special events	-				
Office of the control		<u> </u>			
1 Other revenue:					
a ENTERPRISE PRODUCTS b PARTNERS	211110	559.	 		· · · · · ·
c ENBRIDGE ENERGY PARTNERS	211110	-4,232.	 		
	211110				
d			 		
11 11 11 11 11 11 11 11 11 11 11 11 11	1 /		 		
e		-3 673	1 1	69 633.1	[1
e 2 Subtotal. Add columns (b), (d), and (e)		-3,673.	l.,L	69,633.	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		-3,673.	1.,	69,633. 13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				13	65,960
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	o the Accom			13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t	me is reported in co	olishment of Ex	cempt	Purposes	65,960
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in co	olishment of Ex	cempt	Purposes	65,960
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in co	olishment of Ex	cempt	Purposes	65,960
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in co	olishment of Ex	cempt	Purposes	65,960
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in co	olishment of Ex	cempt	Purposes	65,960
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which inco	me is reported in co	olishment of Ex	cempt	Purposes	65,960
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Form 990-PF (2013) FOUNDATION, 22-3554000 INC. Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A of preparer (other than taxpayer) is based on all information of which preparer has any knowledge eturn with the preparer Sign Here PRESIDENT X Yes Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signat Check PTIN self- employed ANDREW ERRATO, CPA **Paid** P00075403 ABV, CFF, CVA, CGMA, MSANDREW ERRATO, CP 06/26/14 Preparer Firm's EIN ► 27-2562250 Firm's name ▶ BAILEY MURPHY & SCARANO, LLC **Use Only** Firm's address ► 1224 MAIN STREET

Form **990-PF** (2013)

Phone no. 203-481-1120

BRANFORD, CT 06405

FOUNDATION, INC. Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo , day, yr.) (mo., day, yr.) D - Donation 06/27/12|02/21/13 1a \$1,000 US TREASURY 1.75% b \$1,000 US TREASURY 3.625% P 05/20/1002/22/13 CONOCOPHILLIPS 4.6% P 06/03/09|02/21/13 c \$3,000 P 11/03/0904/16/13 JP MORGAN CHASE & CO d \$3,000 P 04/07/1104/16/13 e \$1,000 JP MORGAN CHASE & P 11/15/1106/26/13 \$5,000 US TREASURY 1.75% 05/24/1209/23/13 P g **\$4,**000 US TREASURY 2.125% P 07/23/07|09/<u>17/13</u> US TREASURY 4.625% h \$3,000 \$1,000 TREASURY 4.625% P 06/23/11|09/17/13 US MTG P 08/15/1211/05/13 \$10,000 FEDERAL HOME LOAN P 05/20/1011/05/13 k \$3,000 US TREASURY 3.625% P 02/14/0601/04/13 SPDR GOLD TRUST 18 SHS P 09/17/07|01/22/13 m 16 SHS XCEL ENERGY INC P 06/03/09|02/04/13 n 6 SHS ANALOG DEVICES P 0 8 SHS ANALOG DEVICES |06/03/09|02/25/13 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale -19. 992 1,011 а 124. 1,031. 1,155. b 3,087. 138. 3.225. C 3,151. 65. 216. d 5 <u>.</u> <u>1,067</u>. 1.072. -113. 5,048. 5,161 4,175. -83. 4.092. g 2,969 380. 3,349 h -41. 1,157. 116. -68. 10,137. 10,069. 234. 3,092. 3,326. 1.903. 972. 2,875. 337. 100. 437. 122. 144 266. n 192. 174. 366. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M V as of 12/31/69 as of 12/31/69 over col. (j), if any -19<u>.</u> 124. b 138. 6<u>5</u>. d 5<u>.</u> -113<u>.</u> -83<u>.</u> g 38<u>0.</u> h -41<u>.</u> -68. 234. ,903. 1 100. m 122. n 174. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

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

Part IV Capital Gain's and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold - Purchase 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation P 06/04/09|02/25/13 SHS ANALOG DEVICES P 08/16/11|03/01/13 b 37 SHS NEXEN INC SHS NEXEN INC P 11/17/1103/01/13 c 16 d 22 SHS NEXEN P 02/17/1203/01/13 INC SHS NATIONAL FUEL GAS CO P 12/17/1205/15/13 P 12/19/1205/23/13 † 18 SHS REGAL ENTERTAINMENT P 09/27/1205/15/13 SHS TECO ENERGY INC P h 3 SHS VERIFONE SYSTEMS INC |01/24/13|05/15/13 AMERICAN CAPITAL AGENCY P |06/08/11|05/15/13 SHS P |01/20/11|05/15/13 SHS AVERY DENNISON CORP 02/05/08|05/15/13 P 12.5 SHS BABCOCK & WILCOX 1.5 SHS BABCOCK & WILCOX P |02/28/08|05/15/13 P 03/04/<u>11|05/15/13</u> m 15 SHS BOSTON SCIENTIFIC CORP n 8 SHS CABLEVISION SYSTEMS P 02/14/06|05/15/13 P 02/14/0605/31/13 SHS DUKE ENERGY CORP (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 173<u>.</u> 366. 193 а 765 253. 1,018. b 440. 260. 180. С 445. 160. 605. d 10. 53. 63. е 250. 86. 336. f 5. 94. 89. g 70. 107. -37. h -7<u>.</u> 115. 122 12. 219 207. -204. 550. 346. -32. 42. 74. 134 113. 21. m 139. -14. 125 253. 88. 341. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 173. a 253. þ 180. C 160. d 10. е 86. 5. g 37. 12. -204. -32. 21. m -14. n 88. 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a 1 SHS ENTERGY CORP (b) How acquired P - Purchase D - Donation (mo., day, yr.) (mo.,	Date sold
12 1 SHS ENTERGY CORP P 09/15/0805/	uay, yi.)
18 1 DID DIVIDIO CON	15/13
b 1 SHS GENUINE PARTS CO P 02/14/0605/	15/13
c 12 SHS HCP INC P 02/14/0605/	
d 3 SHS HAEMONETICS CORP P 03/17/1105/	15/13
e 5 SHS HEALTH CARE REIT INC P 02/14/0605/	
f 2 SHS HEINZ HJ CO P 11/17/09/05/	<u> 15/13</u>
g 95 SHS HUDSON CITY BANCORP P 09/27/1005/	
h 39 SHS HUDSON CITY BANCORP P 11/09/10/05/	
_ 3 SHS M&T BANK P 10/14/11 05/	
k 9 SHS OMNICOM GROUP P 04/27/10/05/	
4 SHS ST. JUDE MEDICAL P 01/24/08 05/	
m 1 SHS SCANA CORP P 02/11/0905/	
n 19 SHS SCANA CORP P 02/11/0905/	
0 1 SHS SCANA CORP P 04/13/0905/	<u>31/13</u>
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) plus expense of sale (e) plus (f) minus (g)	
a 69. 98.	<u>-29.</u>
b 79. 42.	<u>37.</u>
c 643. 321.	322.
d 118. 96.	22.
e 382. 171.	211.
f 145. 85.	60.
	<u>-331.</u>
	<u>-118.</u>
314.	87.
59. 41. 379.	18.
k 572. 379. 167.	193. 18.
7.4	19.
060	317.
51	20.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h))	200
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) Gains (excess of col. (h) gain over col. (k) but not less than *-0-*)	() ,
a	<u>-29.</u>
b	37.
C	322.
d	22.
<u>e</u>	211.
f	60.
9	-331.
h	-118.
	87.
	18.
<u>k</u>	193.
	18.
<u>m</u>	19.
<u>n</u>	317.
0	20.
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	
If gain, also enter in Part I, line 8, column (c).	
If (loss), enter "-0-" in Part I, line 8	

CONTINUATION FOR 990-PF, PART RUTH AND JACK GLANTZ FAMILY FOUNDATION, INC. PAGE Capital Gain's and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 02/14/0605/15/13 1a 6 SHS XEROX CORP |02/14/06|05/20/13 b 107.16 SHS XEROX CORP 3.84 SHS XEROX CORP P 11/29/07|05/20/13 d 22 SHS AMERICAN CAPITAL AGENCY P 06/08/11|06/03/13 P 11/17/0906/10/13 34 SHS HEINZ H J CO f 12 SHS HEINZ H J P 12/02/09|06/10/13 P 04/13/1206/10/13 HEINZ H J g 11 SHS h 19 SHS HUDSON CITY BANCORP P 11/09/1006/13/13 P 01/19/1106/13/13 SHS HUDSON CITY BANCORP 26 SHS NISOURCE INC P |02/14/06|06/21/13 SPDR GOLD TRUST P 02/14/0606/20/13 17 SHS P 01/24/1307/02/13 30 SHS VERIFONE SYSTEMS INC P |02/14/06|07/30/13 m 17 SHS CABLEVISION SYSTEMS n 27 SHS CABLEVISION SYSTEMS P 02/14/0607/31/13 10/07/1107/09/13 P o 15 SHS EXELON CORPORATION (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 1. 54 53 a 9. 952. 961. b 33. 1. 34. C -111<u>.</u> 673. 562. d 437. 1,028. 2,465 е 521. 349. 870. 217. 798. 581. g 157. 221. -64. h 398. 589. -191. 527. 191. 718. ,183. 918. 2,101. 499. 1.071. -572. 24. 319 295 m 40. 509 469. 602 460. -142. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col. (k), (k) Excess of col. (1) (j) Adjusted basis but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 1. а 9<u>.</u> b 1. C -111. 1,028. 34<u>9.</u> 217. g -64. -191. 191. 1,183. -572. 24. m 40. n -142.

0

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

2

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

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

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 04/27/1007/29/13 15 SHS OMNICOM GROUP P 05/15/1308/20/13 b 10 SHS EXELON CORP 27.10169 SHS EXELON CORP P 10/07/1108/20/13 P 11/21/1108/20/13 d 11.89831 SHS EXELON CORP P .85712 SHS SCIENCE APPLICATIONS 09/30/1309/30/13 P f 61 SHS ANNALY CAPITAL MANAGEMENT 04/09/07|09/24/13 g 4 SHS ANNALY CAPITAL MANAGEMENT P 05/23/0709/24/13 h .5 SHS LEIDOS HOLDINGS INC P 10/03/13|10/03/13 P 05/15/13|10/11/13 11 SHS SCANA CORP P |02/14/06|10/02/13 8 SHS CABLEVISION SYSTEMS P 03/22/06|10/02/13 15 SHS CABLEVISION SYSTEMS 27 SHS CABLEVISION SYSTEMS P 04/28/06|10/02/13 P m 32 SHS CABLEVISION SYSTEMS 08/26/11|10/02/13 n 19 SHS SCANA CORP P 04/13/09/10/11/13 06/08/1111/21/13 P o 9 SHS AMERICAN CAPITAL AGENCY (f) Depreciation allowed (h) Gain or (loss) (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 3**4**7. 979 632 a -49. 350. 301 h -270. 817. 1,087. С -142. 359. 501. d 29. 23 6. е -202. 945 743. -13. 49. 62. 23. 23. 583 76. 507. -3. 139. 136. -5<u>.</u> 255. 260. -10<u>.</u> 459. 469. 544. 533. 11. m 294. 582. 876 275. -90. 185. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 347. a -49. b -270. C -142. d е -202. -13. g 23. h -76. -3<u>.</u> k -10. 11<u>.</u> m 294. Π -90. 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation P 02/14/06|11/21/13 SHS SEMPRA ENERGY P b **41** SHS ANNALY CAPITAL MANAGEMENT 05/23/0712/10/13 CAPITAL MANAGEMENT P 10/20/08|12/10/13 10 SHS ANNALY P 02/04/1012/10/13 d 64 SHS ANNALY CAPITAL MANAGEMENT P 08/07/1212/10/13 e 12 SHS ANNALY CAPITAL MANAGEMENT P 12/28/1112/13/13 f 4 SHS GRACE W R & CO 12/28/1112/16/13 P 4 SHS GRACE W R & CO h 50 SHS MONSANTO CO P |01/11/08|01/11/13 P 50 SHS MONSANTO CO 02/07/0801/11/13 800 SHS CREDIT SUISSE P 03/25/08|03/28/13 7.9% P 06/20/0806/17/13 1000 SHS CONSTELLATION ENERGY GROUP P 07/18/11<mark>09/12/13</mark> 1 1000 SHS VODAFONE GROUP PLC P m 500 SHS JP MORGAN CHASE & CO 11/06/08|10/24/13 n ENTERPRISE PRODUCTS PARTNER P VARIOUS |12/31/13 P WARIOUS 12/31/13 O ENBRIDGE ENERGY PARTNERS LP (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 396<u>.</u> 417 813 a 639. -221. 418. b 126. -24. 102. C -494. 1,146. 652. d -78. 200. 122. 190. 368. 178 178. 193. 371. ,201. 4,944. 6,145 h -136. 5,080 4,944. 0. 20,000 20,000. 25,000. 25,000. 0. k <u>6,61</u>2. 32,537 25,925 <u>19,3</u>11. 6,408. 25,719. m 2<u>9.</u> 29. п 3. -3. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 396. a -221. b -24. -494. d -78<u>.</u> 190. 193. g -1,201. h -136. 0. 0. 6,612. 6,408. m 29<u>.</u> n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

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b CAPITAL GAINS DIV c d e	'IDENDS				
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	(f) Depreciation allowed	(g) Cost or other basis) Gain or (loss)	
(e) Gross sales price	(i) Depreciation allowed (or allowable)	plus expense of sale	(e) p	olus (f) minus (g)	
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5,746.		22.			-22 5,746
5,740.					5,140
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Complete only for assets showing gain	n in column (h) and owned by	the foundation on 12/31/69	(I) Los	sses (from col. (h))
	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain ove not less than "-0-")	er col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		iot iess triair -u-)	
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On a deliberate of the	(If gain, also ente	er in Part I, line 7 0-" in Part I, line 7			22 640
Capital gain net income or (net capital	ioss) (If (loss), enter *-	0-" in Part I, line 7 J	2		23,640
Net short-term capital gain or (loss) as	defined in sections 1222(5) a	ind (6):			
If gain, also enter in Part I, line 8, colur	nn (c).	P		N/A	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient TO CONTINUE SERVICES & AMERICAN FRIENDS OF MAGEN DAVID ADOM NONE EOF 3,600. PROGRAMS AMERICAN FRIENDS OF RABIN MEDICAL NONE EOF TO CONTINUE SERVICES & CENTER PROGRAMS 636 BROADWAY NEW YORK, NY 10012 1,000. AMERICAN FRIENDS OF THE HEBREW NONE EOF TO CONTINUE SERVICES & PROGRAMS UNIVERSITY ONE BATTERY PARK PLAZA, 25TH FLOOR 1,800. NEW YORK, NY 10004 NONE EOF TO CONTINUE SERVICES & AMERICAN FRIENDS OF THE OPEN UNIVERSITY OF ISRAEL PROGRAMS 120 E 56TH STREET, #900 1,800. NEW YORK, NY 10022 TO CONTINUE SERVICES & AMERICAN JEWISH COMMITTEE NONE EOF 2777 SUMMER STREET PROGRAMS 1,000. STAMFORD CT 06905 NONE EOF TO CONTINUE SERVICES & AMERICAN JEWISH WORLD SERVICE 45 W 36TH STREET PROGRAMS 2,000. NEW YORK, NY 10018 TO CONTINUE SERVICES & FOF NONE AMERICAN RED CROSS PROGRAMS 2025 E STREET, NW 2,500. WASHINGTON, DC 20006 AMERICANS FOR PEACE NOW NONE EOF TO CONTINUE SERVICES & PROGRAMS 2100 M STREET, NW #619 540. WASHINGTON DC 20037 NONE TO CONTINUE SERVICES & AMIT EOF PROGRAMS 817 BROADWAY, 3RD FLOOR NEW YORK, NY 10003 1,000. EOF TO CONTINUE SERVICES & ANTI-DEFAMATION LEAGUE NONE PROGRAMS 2,000. 93,404 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor B'NAI BRITH INTERNATIONAL NONE EOF TO CONTINUE SERVICES & PROGRAMS 1,000, NONE EOF TO CONTINUE SERVICES & B'NAI BRITH YOUTH ORGANIZATION 540. PROGRAMS BEN-GURION UNIVERSITY OF THE NEGEV. NONE EOF TO CONTINUE SERVICES & 2,500. PROGRAMS AMERICAN ASSOC TO CONTINUE SERVICES & NONE FOF BOYS TOWN JERUSALEM PROGRAMS 1,000. CALVARY FUND NONE EOF TO CONTINUE SERVICES & 1,000. PROGRAMS TO CONTINUE SERVICES & CANCER CARE NONE EOF PROGRAMS 500. NONE EOF TO CONTINUE SERVICES & CAPITAL AREA FOOD BANK 1,000. PROGRAMS NONE EOF TO CONTINUE SERVICES & CARE 1,000. PROGRAMS NONE EOF TO CONTINUE SERVICES & CHILDREN'S HOSPITAL FOUNDATION PROGRAMS 1,000. COALITION FOR THE HOMELESS NONE EOF TO CONTINUE SERVICES & PROGRAMS 1,000, Total from continuation sheets

FOUNDATION, INC.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Yo	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
COMMITTEE FOR ACCURACY IN MIDDLE EAST	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	900
			I NOOR BID	200
DOCTORS WITHOUT BORDERS	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	2,000
DOROT	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	900
EARTH JUSTICE	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	1,000
ENBRIDGE ENERGY PARTNERS LP 1100 LOUISIANA, SUITE 3300 HOUSTON, TX 77002	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	9
EZRA LEMARPEH	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	900
FEEDING AMERICA	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	1,000
FOUNDATION FOR INTERNATIONAL	NONE	EOF	TO CONTINUE SERVICES &	
COMMUNITY ASSISTANCE	NONE	EOF	PROGRAMS	2,000
FRIENDS OF ISRAEL DISABLED VETERANS	NONE	EOF	TO CONTINUE SERVICES &	900
GIRLS TOWN BEIT CHANA SAFED	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	1,000

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) recipient or substantial contributor EOF GLOBAL FUND FOR WOMEN NONE TO CONTINUE SERVICES & PROGRAMS 1,000. EOF HABITAT FOR HUMANITY OF GREATER NEW NONE TO CONTINUE SERVICES & HAVEN PROGRAMS 500. HADASSAH NONE EOF TO CONTINUE SERVICES & PROGRAMS 2,000. HEBREW IMMIGRANT AID SOCIETY NONE EOF TO CONTINUE SERVICES & PROGRAMS 900. NONE EOF TO CONTINUE SERVICES & HEIFER INTERNATIONAL PROGRAMS 1,000. FOF TO CONTINUE SERVICES & HILLEL NONE PROGRAMS 900. NONE EOF TO CONTINUE SERVICES & HONEST REPORTING PROGRAMS 2,000. TO ASSIST BUILDING NONE EOF INTERFAITH FOOD PANTRY - HEALTHY FUND-HEALTY CHOICE CHOICE CENTER CENTER 1,000. NONE EOF TO CONTINUE SERVICES & INTERNATIONAL PLANNED PARENTHOOD PROGRAMS 1,000. FEDERATION INTERNATIONAL RESCUE COMMITTEE NONE EOF TO CONTINUE SERVICES & PROGRAMS 2,000. Total from continuation sheets

FOUNDATION, INC.

Part XV Supplementary Information

ear (Continuation)	·		
show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
or substantial contributor	recipient		
NONE	EOF	TO CONTINUE SERVICES &	
		PROGRAMS	1,000
NONE	EOF	TO CONTINUE SERVICES &	540
		, ROGIGIA	240
NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	1,000
NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	720
NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	540
NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	2,000
NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	900
NONE	EOF	TO CONTINUE SERVICES &	
		PROGRAMS	1,000
NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	500
NONE	EOF	TO CONTINUE SERVICES &	500
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE EOF NONE EOF NONE EOF NONE EOF NONE EOF NONE EOF	Frequents an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor TO CONTINUE SERVICES & MAZON NONE EOF 1,000, PROGRAMS TO CONTINUE SERVICES & MEMORIAL SLOAN-KETTERING CANCER NONE EOF PROGRAMS 1,000. CENTER METROPOLITAN COUNCIL ON JEWISH NONE EOF TO CONTINUE SERVICES & PROGRAMS 1,000. POVERTY METROPOLITAN MUSEUM OF ART NONE EOF TO CONTINUE SERVICES & PROGRAMS 500. EOF TO CONTINUE SERVICES & MUSEUM OF JEWISH HERITAGE - A LIVING NONE 500. MEMORIAL TO THE HOLOCAUST PROGRAMS EOF TO CONTINUE SERVICES & NATIONAL ASSOCIATION OF FREE CLINICS NONE 500. PROGRAMS TO CONTINUE SERVICES & NONE EOF NATIONAL JEWISH HEALTH 1,000, PROGRAMS NATIONAL MULTIPLE SCLEROSIS SOCIETY NONE EOF TO CONTINUE SERVICES & 1,000. PROGRAMS EOF TO CONTINUE SERVICES & NONE NATIONAL MUSEUM OF WOMEN IN THE ARTS PROGRAMS 500. NATIONAL TRUST FOR HISTORIC NONE EOF TO CONTINUE SERVICES & PROGRAMS 1,000. PRESERVATION Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NATURAL RESOURCES DEFENSE COUNCIL NONE EOF TO CONTINUE SERVICES & PROGRAMS 1,000. NEVE SHALOM/WAHAT AL-SALAM, AMERICAN NONE EOF TO CONTINUE SERVICES & FRIENDS PROGRAMS 540. NEW ISRAEL FUND NONE EOF TO CONTINUE SERVICES & 1,000. PROGRAMS NONE EOF TO CONTINUE SERVICES & ONE FAMILY FUND PROGRAMS 1,000. OXFAM AMERICA NONE EOF TO CONTINUE SERVICES & PROGRAMS 2,000. NONE EOF TO CONTINUE SERVICES & PARKINSON'S DISEASE FOUNDATION PROGRAMS 1,000. PLANNED PARENTHOOD FEDERATION OF NONE EOF TO CONTINUE SERVICES & 1,000. PROGRAMS AMERICA NONE EOF TO CONTINUE SERVICES & PROJECT HOPE 1,500. PROGRAMS NONE EOF TO CONTINUE SERVICES & SAVE THE CHILDREN 375. PROGRAMS EOF TO CONTINUE SERVICES & SHARSHERET NONE

Total from continuation sheets

PROGRAMS

540.

Part XV Supplementary Inform			····	
3 Grants and Contributions Paid During			- 1	
Recipient / home or hususee	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		· - -
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL	none	EOF	TO CONTINUE SERVICES & PROGRAMS	500
STAND WITH US	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	1,000
STANLEY M. ISAASC NEIGHBORHOOD CE	NTER NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	500
STATUE OF LIBERTY - ELLIS ISLAND FOUNDATION	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	500
TECHNO SERVE	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	500
THE CONNECTICUT HOSPICE	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	500
THE ISRAEL PROJECT	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	2,000
JEWISH GUILD HEALTHCARE	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	1,000
THE JEWISH MUSEUM	NONE	EOF	TO CONTINUE SERVICES & PROGRAMS	920
MIDDLE EAST MEDIA RESEARCH INSTIT	rute none	EOF	TO CONTINUE SERVICES & PROGRAMS	

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor 501(C)(3) TO CONTINUE SERVICES & SMILE TRAIN NONE PROGRAMS 500. TO CONTINUE SERVICES & NONE 501(C)(3) UC-CUMBERLAND COLLEGE 500. PROGRAMS NONE 501(C)(3) TO CONTINUE SERVICES & UNICEF 500. PROGRAMS TO CONTINUE SERVICES & UNITED STATES HOLOCAUST MEMORIAL NONE 501(C)(3) PROGRAMS 1,000. MUSEUM 501(C)(3) TO CONTINUE SERVICES & UNITED WAY FOR GREATER NEW HAVEN NONE 500, PROGRAMS TO CONTINUE SERVICES & USA FOR UNHCR NONE 501(C)(3) 1,000, PROGRAMS TO CONTINUE SERVICES & NONE 501(C)(3) WORLD JEWISH CONGRESS FOUNDATION 2,000. PROGRAMS TO CONTINUE SERVICES & NONE EOF THE LEGACY THEATER PROGRAMS 128 THIMBLE ISLAND ROAD 250. STONY CREEK, CT 06405 ST. LABRE INDIAN SCHOOL NONE EOF TO CONTINUE SERVICES & PROGRAMS 1000 TONGUE RIVER ROAD 100. ASHLAND MT 59003 EOF TO CONTINUE SERVICES & NONE 20/20/20 420 FIFTH AVENUE, 27TH FLOOR PROGRAMS 300. NEW YORK, NY 10018 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient EOF TO CONTINUE SERVICES & UNITED NEGRO COLLEGE FUND NONE PROGRAMS 1805 7TH AVENUE 250. WASHINGTON DC 20001 TO CONTINUE SERVICES & YIDDISH BOOK CENTER NONE EOF 1021 WEST STREET PROGRAMS 540. AMHERST MA 01002 NONE EOF FRESH AIR FUND TO CONTINUE SERVICES & 633 3RD AVENUE PROGRAMS 200, NEW YORK, NY 10017 TO CONTINUE SERVICES & EOF NATIONAL COMMITTEE FOR FURTHERANCE OF NONE PROGRAMS JEWISH EDUCATION 824 EASTERN PARKWAY 500. BROOKLYN, NY 11213 Total from continuation sheets

INTEREST PAID	FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SEC	URITIES S	TATEMENT	1
PRODUCTS PARTNERS 1. 0. 1. 1. LESS ACCRUED INTEREST PAID -143. 0143143. WELLS FARGO 0393 21. 0. 21. 21. WELLS FARGO 1097 4,326. 49. 4,277. 3,992. WELLS FARGO 2679 4,836. 569. 4,267. 4,267. WELLS FARGO 4652 42,698. 5,128. 37,570. 33,321. TO PART I, LINE 4 51,739. 5,746. 45,993. 41,459. FORM 990-PF OTHER INCOME STATEMENT (A) (B) (C) REVENUE NET INVEST- ADJUSTED NET INCOME ENTERPRISE PRODUCTS PARTNERS ENBRIDGE ENERGY PARTNERS ENBRIDGE ENERGY PARTNERS TOTAL TO FORM 990-PF, PART I, LINE 11 -3,673. 0. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) CHARLIAGO EXPENSES NET INVEST- ADJUSTED CHARLIAGO EXPENSES NET INVEST- ADJUSTED CHARLIAGO CONTING FEES TATEMENT ACCOUNTING FEES TATEMENT ACCOUNTING FEES TATEMENT ACCOUNTING FEES TATEMENT	SOURCE		GAINS	REVENUE	NET INVEST-	ADJUSTE	
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WELLS FARGO 1097 4,326. 49. 4,277. 3,992. WELLS FARGO 2679 4,836. 569. 4,267. 4,267. WELLS FARGO 4652 42,698. 5,128. 37,570. 33,321. TO PART I, LINE 4 51,739. 5,746. 45,993. 41,459. FORM 990-PF OTHER INCOME STATEMENT OESCRIPTION REVENUE PER BOOKS MENT INCOME NET INCOME NET INCOME ENBRIDGE ENERGY PARTNERS 559. 0. COTAL TO FORM 990-PF, PART I, LINE 11 -3,673. 0. FORM 990-PF ACCOUNTING FEES STATEMENT DESCRIPTION ACCOUNTING FEES STATEMENT DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITABING DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOSES ACCOUNTING FEES STATEMENT							
WELLS FARGO 2679 4,836. 569. 4,267. 4,267. 33,321. TO PART I, LINE 4 51,739. 5,746. 45,993. 41,459. FORM 990-PF OTHER INCOME STATEMENT CA) (B) (C) ADJUSTED NET INCOME NET INCOME ENBRIDGE ENERGY PARTNERS 559. 0. ENBRIDGE ENERGY PARTNERS -4,232. 0. TOTAL TO FORM 990-PF, PART I, LINE 11 -3,673. 0. FORM 990-PF ACCOUNTING FEES STATEMENT (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME PURPOSES ACCOUNTING FEES 7,250. 0.							
WELLS FARGO 4652 42,698. 5,128. 37,570. 33,321. TO PART I, LINE 4 51,739. 5,746. 45,993. 41,459. FORM 990-PF OTHER INCOME STATEMENT DESCRIPTION (A) REVENUE PER BOOKS MENT INCOME NET INCOME NET INCOME NET INCOME ENTERPRISE PRODUCTS PARTNERS ENBRIDGE ENERGY PARTNERS 559. 0. 0. ENBRIDGE ENERGY PARTNERS -4,232. 0. 0. TOTAL TO FORM 990-PF, PART I, LINE 11 -3,673. 0. 0. FORM 990-PF ACCOUNTING FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES CHARITABLE PURPOSES ACCOUNTING FEES 7,250. 0. 0.							
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DESCRIPTION REVENUE PER BOOKS MENT INVEST- ADJUSTED NET INCOME ENTERPRISE PRODUCTS PARTNERS ENBRIDGE ENERGY PARTNERS FORM 990-PF, PART I, LINE 11 ACCOUNTING FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE OCCUPATION ACCOUNTING FEES ACCOUNTING FEES OCCUPATION ACCOUNTING FEES TOTAL TO FORM 990-PF, PART I, LINE 11 ACCOUNTING FEES OCCUPATION ACCOUNTING FEES TOTAL TO FORM 990-PF, PART I, LINE 11 ACCOUNTING FEES OCCUPATION OCCUPATION ACCOUNTING FEES TOTAL TO FORM 990-PF, PART I, LINE 11 OCCUPATION O	FORM 990-PF	-	OTHER I	NCOME	S	TATEMENT	2
ENBRIDGE ENERGY PARTNERS -4,232. TOTAL TO FORM 990-PF, PART I, LINE 11 -3,673. O. FORM 990-PF ACCOUNTING FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES ACCOUNTING FEES 7,250. O.	DESCRIPTION			REVENUE	NET INVEST-	ADJUSTED	
FORM 990-PF ACCOUNTING FEES (A) EXPENSES NET INVEST- ADJUSTED CHARITABING PER BOOKS MENT INCOME NET INCOME PURPOSES ACCOUNTING FEES 7,250. 0.							
DESCRIPTION Ca	TOTAL TO FORM 990-P	F, PART I,	LINE 11	-3,673.	0.		_
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES 7,250. 0. 0.	FORM 990-PF		ACCOUNTI	NG FEES	٤	TATEMENT	3
ACCOUNTING FEES 7,250. 0.	DESCRIPTION		EXPENSES	NET INVEST-	ADJUSTED	CHARITAB	
			· · · · · · · · · · · · · · · · · · ·				0.
TO FORM 990-PF, PG 1, LN 16B 7,250. 0.		_				-	
	TO FORM 990-PF, PG	1, LN 16B	7,250.	0	•		0.

FORM 990-PF	TAX	ES	 -		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-	ADJUSTED	CHARITAB	
FEDERAL EXCISE TAX STATE FILING FEE FOREIGN TAXES PAID	-513. 55. 108.	· · · · · · · · · · · · · · · · · · ·	0. 0. 0.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	-350.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVE		ADJUSTED	(D) CHARITAB IE PURPOSE	
POSTAGE P.O. BOX RENTAL NONDEDUCTIBLE EXPENSE INVESTMENT FEES MEMBERSHIP BENEFITS OFFICE SUPPLIES	149. 88. 89. 4,158. 95. 152.	4,	0. 0. 0. 158. 0.		8	19. 88. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	4,731.	4,	158.		38	39.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'	OTHER GOV'T	во	OK VALUE	FAIR MARKET VALUE	
INVESTMENTS HELD AT WELLS FA	RGO X	<u> </u>		87,176.	86,77	11.
TOTAL U.S. GOVERNMENT OBLIGA		•		87,176.	86,77	11.
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	:		87,176.	86,77	11.

FORM 990-PF C	ORPORATE STOCK		STATEMENT 7	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
INVESTMENTS HELD AT WELLS FARGO	•	897,213.	1,070,513.	
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	897,213.	1,070,513	
FORM 990-PF C	ORPORATE BONDS		STATEMENT 8	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
INVESTMENTS HELD AT WELLS FARGO	89,284.	98,836.		
TOTAL TO FORM 990-PF, PART II, LI	NE 10C	89,284.	98,836.	
FORM 990-PF	OTHER ASSETS		STATEMENT 9	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
DIVIDEND AND INTEREST RECEIVABLE	1,033.	332.	332.	
TO FORM 990-PF, PART II, LINE 15	1,033.	332.	332.	
			GM2 MT24T2YM 1.0	
FORM 990-PF OT	THER LIABILITIES		STATEMENT 10	
FORM 990-PF OT DESCRIPTION	THER LIABILITIES	BOY AMOUNT		
	THER LIABILITIES	BOY AMOUNT 112. 0.		

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoonup X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of t	his form)		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tim	e to file (6	months for a co	rporation
require	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fil	e Form 88	368 to request an	extension
•	to file any of the forms listed in Part I or Part II with the ex		·			
	al Benefit Contracts, which must be sent to the IRS in pag					
	w irs gov/efile and click on e-file for Charities & Nonprofits		(,
Part			submit original (no copies nee	eded).		
	ration required to file Form 990-T and requesting an auto					
Part I o	•			, o, i, p, o, to		
	, r corporations (including 1120-C filers), partnerships, REN	MCs and t	rusts must use Form 7004 to reques	t an exten	sion of time	
	come tax returns		radio made ade 7 om 7 oo 7 to 70qaes		er's identifying n	umber
	Name of exempt organization or other filer, see instru	ictions			r identification nu	
Type or	RUTH AND JACK GLANTZ FAMIL			Litiploye	identification nu	inder (Eliv) or
print	1	1			22-35540	100
File by the	FOUNDATION, INC.			0		
due date i filing your		see instruc	tions	Social se	curity number (S	SN)
return Se						
instruction	[,,,,	oreign add	Iress, see instructions			
	MADISON, CT 06443-1147					
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4
		1	y			
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (ındıvıdual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	SUSAN GLANTZ	1				
• The	books are in the care of > 682 GREEN HILL	ROAD	- MADISON, CT 064	43		
	phone No ► 203-245-4737	********	Fax No ►			
	e organization does not have an office or place of busines	e in the Llr				
	s is for a Group Return, enter the organization's four digit			f this is fo	r the whole group	chock this
_		-				
box 🕨					ers the extension	IS TOT
1 1	request an automatic 3-month (6 months for a corporation				T 4	
_	-	ot organiza	ition return for the organization name	ed above	The extension	
	for the organization's return for					
	► X calendar year 2013 or					
•	tax year beginning	, ar	nd ending			
2 1	the tax year entered in line 1 is for less than 12 months,	check reas	on I Initial return I	Final retur	'n	
	Change in accounting period					
3a II	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
n	onrefundable credits See instructions			3a	\$	1,880.
b 1	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
е	stimated tax payments made Include any prior year over	payment a	illowed as a credit	3b	\$	480.
_	alance due. Subtract line 3b from line 3a Include your p					
	y using EFTPS (Electronic Federal Tax Payment System)	-		Зс	s	1,400.
	n. If you are going to make an electronic funds withdrawa				 	
instruc	ions.			.00 LO a		
LHA 323841 12-31-13	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8868	(Rev 1-2014)