

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



### Form **990-PF**

#### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

► 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.

Calei	idar year 2013 or tax year beginning		, and ending				
me o	foundation			1	A Employer identification	nun	nber
ГMS	FOUNDATION, INC.				46-0916661		
		address)	Room/suite	E			
69	BISHOP STREET					08	
		ostal code					
	· · · · · · · · · · · · · · · · · · ·						<b>5</b> /
		Initial return of a fo	ormer public charity	٦,	) 1 Foreign organizations	. che	eck here
					o to to any or games and the	,	
	<del></del>				Foreign organizations me check here and attach co	eting	the 85% test,
Check				٦.			
			ation		•		
		·		٦,			
	·	-	Accidal				
	5.09.85 (Part I. colu	mn (d) must be on cash i	basis )	-	under section 507 (b)(1)	(0), (	SHECK HEIE
	· · · · · · · · · · · · · · · · · · ·				(a) Advisted not		(d) Disbursements
<u> </u>	The total of amounts in columns (b), (c), and (d) may not	expenses per books	income		income	fe	or charitable purposes (cash basis only)
1	<del></del>	<u>_</u>					(cash basis only)
		431303.					
1						_	
١.				,		C +	
1 -		۷.		•		SC	atement 1
				-	· · · · · · · · · · · · · · · · · · ·		
1 _							
6a		U •		-			
b	assets on line 6a 212988.		70040			4	RECEIVE
7			/8842	•		+	
8	, ,		<u> </u>		N/A		A A A A A A A A A A A A A A A A A A A
9				-		α	PAUR 1.8 20
	and allowances			+		+	
1	· · · · · · · · · · · · · · · · · · ·			+		-	OCOSNII
C	• • •			+			CACHELOUIS
11				+			
12	Total. Add lines 1 through 11			_			
13	Compensation of officers, directors, trustees, etc	0.	0	•	0.		<u> </u>
14	Other employee salaries and wages			_			
15	Pension plans, employee benefits		· · · · · · · · · · · · · · · · · · ·	4	<u> </u>		
16a	Legal fees			1			
b			· · · · · · · · · · · · · · · · · · ·	_			
C				_			
17	Interest			$\perp$	-		
18	Taxes			$\perp$			
19	Depreciation and depletion						
20	Occupancy						
21	Travel, conferences, and meetings	9107.	0	•	0.		<u> </u>
22	Printing and publications			$\perp$			
	Other expenses Stmt 2	9.	0	•	0.		0.
24	Total operating and administrative				. —		
	expenses. Add lines 13 through 23	9116.	0		0.		0.
25	Contributions, gifts, grants paid	203575.					203575.
26	Total expenses and disbursements.		· - <del></del>				
	Add lines 24 and 25	212691.	0		0.		203575.
27	Subtract line 26 from line 12;						
a	Excess of revenue over expenses and disbursements	25300.					
b	Net investment income (if negative, enter -0-)		78844				
c	Adjusted net income (if negative, enter -0-)			$oldsymbol{ol}}}}}}}}}}}}}}}$	2.		
	TMS	mber and street (or P O box number of mail is not delivered to street  69 BISHOP STREET  yor town, state or province, country, and ZIP or foreign poster that the province is not delivered to street  10 BISHOP STREET  yor town, state or province, country, and ZIP or foreign poster that the province is not delivered to street  10 BISHOP STREET  yor town, state or province, country, and ZIP or foreign poster that the province is not delivered to street  11 BISHOP STREET  yor town, state or province, country, and ZIP or foreign poster that the province is not delivered to street  12 BISHOP STREET  yor town, state or province, country, and ZIP or foreign poster that the street  yor town, state or province, country, and ZIP or foreign poster that the street  yor town, state or province, country, and ZIP or foreign poster that the street  yor town, state or province, country, and ZIP or foreign poster that the street  yor town, state or province, country, and ZIP or foreign poster that the street  yor town, state or province, country, and ZIP or foreign poster that the street  Initial return  Address change  Check type of organization:  Section 501(c)(3) ex  Section 501(c)(6)	TIMES FOUNDATION, INC.  These and street (or P O box number if mail is not delivered to street address)  LEG BISHOP STREET  Yor town, state or province, country, and ZIP or foreign postal code  IEW HAVEN, CT 06511  Check all that apply: Initial return Amended return  Address change Name change  Check type of organization: X Section 501(c)(3) evempt private foundation  Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  are market value of all assets at end of year Section 501(c)(3) evempt private foundation  The local of monerism contexpenses  The local of amounts in column (a) Other (specify)  S 50985 (Part I, column (d) must be on cash.  The local of amounts in column (a)  1 Contributions, grifts, grants, etc., received  2 Check Pull of the foundation is not required to attach Sch 8 Interest on assumptions and temporary cash 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 0. b cross sales price for all 212988.  7 Capital gain not income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  Gross assies less returns  10a and allowances  b Less Coèt of goods sold c Gross profit or (loss)  1 Total. Add lines 1 through 11  2 3 Compensation of officers, directors, trustees, etc  4 Other employee salaries and wages  5 Pension plans, employee benefits  16a Legal fees  b Accounting fees  c Other professional fees  17 Interest  18 Taxes  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  2 Printing and publications  3 Other expenses Add lines 13 through 23  2 Printing and publications  3 Other expenses Add lines 13 through 23  2 Printing and publications  4 Diverses and disbursements.  Add lines 24 and 25  2 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements.  Add lines 24 and 25  2 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements.  b Net investment income (f	The FOUNDATION INC .  The and street (or P C box number if mail is not delivered to street address)  BISHOP STREET  Or flown, state or province, country, and ZIP or foreign postal code  IEW HAVEN, CT 06511  Theck all that apply:  Initial return Andress change  The analysis of Personal Initial return of a former public charity  Final return Andress change  Chick type of organization:  Section 947(a)(1) nonexempt haritable trust  Section 947(a)(1) nonexempt haritable trust  Section 947(a)(1) nonexempt haritable trust  The state of province, country, and ZIP or foreign postal code  Section 947(a)(1) nonexempt haritable trust  The state of province, country, and ZIP or foreign postal code  Section 947(a)(1) nonexempt haritable trust  Section 947(a)(1) nonexempt haritable trust  Section 947(a)(1) nonexempt haritable trust  The state of composition of the state of the state of the state of all assets at end of year  The state of anouncis in columne (b) of the state of anouncis in columne (b) of the state of t	IMS FOUNDATION INC.  Imber and street (or P C box number if mail is not dethreed to street address)  Room/autic 16.9 BISHOP STREET  yor town, state or province, country, and ZIP or foreign postal code  IEW HAVEN, CT 06.51.1  Check all that apply: Initial return Amended return Address change  The Compart II, col (c), line 16 Part II, col (c), line 17 Part II, col (c), line 17 Part II, col (c), line 18 Part	A Employer identification  INS FOUNDATION, INC.  A Employer identification  46-0916661  Telephone unless of address)  Foorweate and state for PC box number if make an of delivered to street address)  Foorweate and state for PC box number if make an of delivered to street address)  Foorweate and state for PC box number if make and delivered to street address)  Foorweate and state for PC box number if make and of the state in the st	A Employer identification num   Institution   A Employer   A Employer   A Employer   A Employer

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

023-25

Form **990-PF** (2013)

2

10	rm 99	30-PF (2013) JMS FOUNDATION, INC.			V916661 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 (a) Book Value	End o	(c) Fair Market Value
	T 4	Cash - non-interest-bearing	19261.	(b) Book value	(o) i dii ividi ket value
	1	- F	19201.		<u> </u>
		Savings and temporary cash investments			<del></del>
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
	1 -	Grants receivable		<del></del>	
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	′	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts ▶			
Assets	1 -	Inventories for sale or use			
Ass	1	Prepaid expenses and deferred charges		····	<u> </u>
•	1	Investments - U.S. and state government obligations		F07F0	F000F
	1	Investments - corporate stock Stmt 3	0.	50752.	50985.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation			
	1	Investments - mortgage loans			<u> </u>
	13	investments - other			
	14	Land, buildings, and equipment: basis			
	ļ	Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	10051	50550	50005
_		instructions. Also, see page 1, item 1)	19261.	50752.	50985.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ę	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable		C101	
	22	Other liabilities (describe ► <u>CASH_OVERDRAFT</u> )	0.	6191.	
				C101	
	23	Total liabilities (add lines 17 through 22)	0.	6191.	
		Foundations that follow SFAS 117, check here			
Ø	l	and complete lines 24 through 26 and lines 30 and 31			
Net Assets or Fund Balances	24	Unrestricted			
a	25	Temporarily restricted			
B	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31	0	0	
şţs	27	Capital stock, trust principal, or current funds	0.		
386	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	19261.	44561.	
ž	30	Total net assets or fund balances	19261.	44561.	
		Total Makiful and advantage from the day	10261	50752	
_	31	Total liabilities and net assets/fund balances	19261.	50752.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	RO	1 1	
•		st agree with end-of-year figure reported on prior year's return)	<b>,</b>		19261.
2	•	r amount from Part I, line 27a		2	25300.
		r increases not included in line 2 (itemize)		3	25500.
		lines 1, 2, and 3		4	44561.
		eases not included in line 2 (itemize)		5	44361.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (h) line 30	6	44561.
<u>~</u> _	Jula	nive about or rund balances at one of your time 4 minus into of 11 art it, co	idinii (0), iiio oo	101	Form <b>990-PF</b> (2013)

323511 10-10-13

	and Losses for Tax on I		t Income				- 4	<u>3-031</u>	000T	Page 3
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				( <b>b)</b> I	How a - Purd - Don	mase i	(c) Date a (mo., da	cquired iy, yr.)	( <b>d</b> ) Date (mo., da	
1a										
b See Attached	Statement									
С										
<u>d</u>			<del></del>	_						
е	· <del></del>	- <del></del>		<u>i                                     </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (ç	1)	
a		<u> </u>						<del></del>		
b										
C	<del></del>						···-			
d 212222			12414	_		···-	<del></del>			20.40
e 212988.	(1)		13414	6 •	·					<u>8842.</u>
Complete only for assets snowin	g gain in column (h) and owned by							ol. (h) gain r ot less than		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)			COL		from col. (h		
a										
b			······································							
C										
d			····							
e						<del></del>			<u>78</u>	<u> 8842.</u>
	pital loss) If gain, also enter-	er in Part I, line	7	] [	_					2040
2 Capital gain net income or (net ca			7	<i>.</i> /-	2				/ 8	<u> 3842.</u>
Net short-term capital gain or (los		ınd (6):		1						
If gain, also enter in Part I, line 8,	column (c).			<b> </b>					7.0	2042
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) fo	r Reduces	l Tay on Not	J Inve	3 octn	ent Inc	omo		/ 6	<u> 8842.</u>
<del>  </del>	<u></u>					1011111110				
(For optional use by domestic private	toundations subject to the section	4940(a) tax or	i net investment in	come	-)					
f section 4940(d)(2) applies, leave th	nis part blank.									
Was the foundation liable for the sect	yon 4042 tay on the distributable as	mount of any w	nor in the back per	1042				ſ		X No
If "Yes," the foundation does not qual			•	iou r				ı		טאו ניבר
	each column for each year; see the			ntries.						
	(b)		, , , , , , , , , , , , , , , , , , ,			·		(	d)	
(a) Base period years Calendar year (or tax year beginnir		stributions	Net value of no	(c) Distribution ratio (col. (b) divided by col. (c))				(c))		
2012		132997.				6324		(5) 5	21.03	
2011			<del></del>		-	0021	•		21.03	,0313
2010			·				-			
2009			<del></del>							
2008										
							1 1			
2 Total of line 1, column (d)							2		21.03	30519
• • • •	5-year base period - divide the total	on line 2 by 5.	or by the number	of vea	ars		- <del></del>			
the foundation has been in exister			,	,			3		21.03	30519
	•									
4 Enter the net value of noncharitab	le-use assets for 2013 from Part X,	, line 5					4			
5 Multiply line 4 by line 3							_5			0.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		<u> </u>	<u>788.</u>
7 Add lines 5 and 6							7			788.
B Enter qualifying distributions from	n Part XII. line 4						8		203	3575.
	line 7, check the box in Part VI, line	e 1h and come	lete that part using	n a 10	L tau -	ato	<u></u>			
See the Part VI instructions.	mio 1, onder the DUX III Fall VI, IIII	υ τυ, απο συπη	note that part USIN	y a 17	υιαχί	alt.				
<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·							

	n 990-PF (2013) JMS FOUNDATION, INC. art VI Excise Tax Based on investment Income (Section 4940(a), 4940(b), 4940(e), 6	46 or 4948	-091 - <b>see</b>	6661 instr	uctio	Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.		T			<b></b>
	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 X and enter 1%	1			7	88.
	of Part I, line 27b				<u>-</u>	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			7	88.
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			7	88.
6	Credits/Payments:					
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				18.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			8	06.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1		<u>_</u>	<u> </u>
	Enter the amount of line 10 to be: Credited to 2014 estimated tax		+			
	art VII-A Statements Regarding Activities	,	· · · · · · · · · · · · · · · · · · ·			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in			Yes	No
-	any political campaign?			1a		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defin	ition)?		1b		X
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub			"		_==_
	distributed by the foundation in connection with the activities					
c	Did the foundation file Form 1120-POL for this year?			1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
u	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u></u>				
٠	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
_	If "Yes," attach a detailed description of the activities.					21
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on or				
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	511, 01		3		х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\N	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	.4/ 22	5		Х
J	If "Yes," attach the statement required by General Instruction T					- 11
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
Ü	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	wel ateta				
	remain in the governing instrument?	state law		6		х
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 Par	+ Y1/		7	X	<u> </u>
•	bid the foundation have at least ψ0,000 in assets at any time during the year. If thes, complete that it, cor (c), and that			<b>-</b>	<u> </u>	
۵,	Enter the states to which the foundation reports or with which it is registered (see instructions)					
υđ	CT					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-3.2				
U	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for	calendar		00		
J	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	caicilual		9	'	v
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10	<u> </u>	X
10	The air persons second substantial contributors during the tax year. If ites, attach a schedule listing their names and addresses		For	m <b>99</b> 0	-PF	
			10	550	(	2010)

	1 990-PF (2013) JMS FOUNDATION, INC. 46-091  art VII-A   Statements Regarding Activities (continued)	<u>6661</u>	<del></del>	Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	<u> </u>	1	
••	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		Х
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 ► JOANNE GOLDBLUM  Telephone no. ► 203-7	<u>86-8</u>	408	
	Located at ► 169 BISHOP STREET, NEW HAVEN, CT ZIP+4 ►0	<u> 6511</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	,	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(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)?			
	(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.)			
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	_		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			v
_	before the first day of the tax year beginning in 2013?	1c	-	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?  Yes X No			
	MOVE WEIGHT AND A STATE OF THE			
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4542(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
,	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
٠				
32	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
ŀ	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 ) N/A	3b		
42	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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?	4b		X

orm 990-PF (2013) JMS FOUNDATION, INC.			<u>46-09166</u>	61	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,			
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Πv	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational numbers or t				
the prevention of cruelty to children or animals?	, or educational purposes, or		es X No	- 1	
	dar the avantions described		3 LAL 140		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		iii neguiations	NT / 7	E .	
section 53.4945 or in a current notice regarding disaster assistance (see instri	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check i				ŀ	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to					j
expenditure responsibility for the grant?		I/A Y	es L No	İ	
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> _	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Highly	<b>/</b>		
1 List all officers, directors, trustees, foundation managers and their	compensation.	•			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	int, other wances
JOANNE GOLDBLUM	PRESIDENT, DIR		compensation	41101	1411000
169 BISHOP STREET					
NEW HAVEN, CT 06511	3.00	0.	0.		0.
DAVID GOLDBLUM	VP, SECRETARY,	-			<u>_</u>
169 BISHOP STREET	VF, SECKEIAKI,	INEADORER	, DIK		
	1.00	_	^		0
	<del></del>	0.	0.	<del></del>	0.
JESSE GOLDBLUM	DIRECTOR				
169 BISHOP STREET	4 00		•		_
NEW HAVEN, CT 06511	1.00	0.	0.		0.
MOLLIE GOLDBLUM	DIRECTOR				
169 BISHOP STREET		_	_		_
NEW HAVEN, CT 06511	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	1	enter "NONE."	(d) Contributions to		
(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	accou	xpense int, other wances
NONE					
		ł			
			[		
	-		· · · · · · · · · · · · · · · · · · ·		
		1			
			<u> </u>	-	
Fotal number of other employees paid over \$50,000	L	L		L	0
Otal number of other employees paid over \$50,000					<u> </u>

Form 990-PF (2013) JMS FOUNDATION, INC.	46-0	916661 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>•</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant static number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the iduced, etc.	Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments		A
Describe the two largest program-related investments made by the foundation during the tax year or	1 lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2013)

202787.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

## 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				203575.
2 Undistributed income, if any, as of the end of 2013			· · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:				
		0.	:	
3 Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008				
<b>b</b> From 2009				
<b>c</b> From 2010				
<b>d</b> From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 203575.				
a Applied to 2012, but not more than line 2a			0.	
<b>b</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				203575.
e Remaining amount distributed out of corpus	0.			203373.
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</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			<del>-</del> · · · · · · · · · · · · · · · · · · ·	····
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
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:			P. 1788	
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
C ENGOGO II GIII EG 10			<del></del> -	Form <b>QQO-PF</b> (2012)

		IC.			<u>-0916661</u>	Page 1
Part XIV Private Operating F			I-A, question 9)	N/A		
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating				
foundation, and the ruling is effective for	•	•	▶ └_			
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	41,0040	Prior 3 years	111 0010		
income from Part I or the minimum	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) To	tal
investment return from Part X for						
each year listed						
b 85% of line 2a	<del></del>		-			
c Qualifying distributions from Part XII,				ļ		
line 4 for each year listed				<del></del>	-	
d Amounts included in line 2c not						
used directly for active conduct of exempt activities						
e Qualifying distributions made directly	<del>-</del>		1			
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the	· · ·					
alternative test relied upon:						
a "Assets" alternative test - enter: (1) Value of all assets			f			
``						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
<b>b</b> "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed					ĺ	
c "Support" alternative test - enter:			-			
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(iii)	<del></del>					
(3) Largest amount of support from						
an exempt organization		·				
(4) Gross investment income						
Part XV Supplementary Information at any time during the	mation (Comple	te this part only	if the foundation	n had \$5,000 o	r more in asse	∍ts
		uctions.)				
1 Information Regarding Foundation	•	11. 00/ ///				
a List any managers of the foundation who year (but only if they have contributed m	ore than \$5,000), (See si	tnan 2% of the total cont ection 507(d)(2) )	ributions received by th	e toundation before ti	ie close of any tax	
None	0.0 man <b>4</b> 0,000). (000 0	00.101.100. (0)(2).7				
b List any managers of the foundation who	nwn 10% or more of the	e stock of a corporation /	or an equally large port	on of the ownership	of a partnership or	
other entity) of which the foundation has			or arrequally large port	ion of the ownership	or a partiter strip or	
None						
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		<del></del>	
Check here X if the foundation or the foundation makes gifts, grants, etc. (	nly makes contributions t	o preselected charitable	organizations and does	not accept unsolicited	d requests for funds.	If
a The name, address, and telephone numb	· · · · · · · · · · · · · · · · · · ·				c, and c.	
a The Hame, address, and telephone numb	er or e-mail address of the	ne person to whom appir	cations should be addit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<b>b</b> The form in which applications should be	submitted and informat	ion and materials they st	ould include:			
c Any submission deadlines:				<del></del>		
d Any restrictions or limitations on awards,	Such as by departables	l areas, charitable fields	kinds of institutions, or	other factors:		
2 . ary . sociations of infinitations off awards	, ocom as by geograpilled	a. 040, OHAI HADIE HEIUS,	Kində or mətitutionə, Ol	other idelets.		
<del> </del>						
323601 10-10-13				· · · · · · · · · · · · · · · · · · ·	Form 000 E	E (0040)

Total

Part XVI-A	<b>Analysis of Income-Producing Activities</b>
------------	--

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		uded by 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
·	Code		Code	<del></del>	
ab		<del>-</del>	<del> </del>		
c					
d					
			<u> </u>		
e			<del> </del>		
g Fees and contracts from government agencies					
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	2.	
5 Net rental income or (loss) from real estate:				2.	
a Debt-financed property					
b Not debt-financed property		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
6 Net rental income or (loss) from personal			<del> </del>		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			<u> </u>		
than inventory	i				
9 Net income or (loss) from special events					·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		, , , , , , , , , , , , , , , , , , ,			
a					
b					
C					
d					
e				· · · · · ·	······
12 Subtotal. Add columns (b), (d), and (e)		0.		2.	0.
13 Total Add line 12, columns (b), (d), and (e)	<del></del>				2.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incon	ne is reported i	ın column (e) of Part XVI-A	contrit	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other than be	y providing fu	nds for such purposes).			
180					
		·			

323621 10-10-13

orm QQA	-PF (2013) <b>JMS</b> F	OUNDATION, IN	·C	46-09	916661	Da	ge <b>13</b>
Part X	VII Information R Exempt Organ	egarding Transfers 1	o and Transactions a	nd Relationships With Nonc	haritable	• · · · ·	<u>yc 13</u>
1 Did	the organization directly or ind	rectly engage in any of the foll	owing with any other organization	n described in section 501(c) of		Yes	No
			on 527, relating to political organi			-	
a Tran	sfers from the reporting found	lation to a noncharitable exemp	ot organization of:		i l	ĺ	
(1)	Cash				1a(1)		X
(2)	Other assets				1a(2)		X
<b>b</b> Othe	er transactions:						
(1)	Sales of assets to a noncharita	able exempt organization			1b(1)		X
(2)	Purchases of assets from a no	oncharitable exempt organization	on		1b(2)		X
(3)	Rental of facilities, equipment,	or other assets			1b(3)		X
(4)	Reimbursement arrangements	3			1b(4)		X
(5)	Loans or loan guarantees				1b(5)		_X
(6)	Performance of services or me	embership or fundraising solic	itations		1b(6)		X
c Shai	ring of facilities, equipment, ma	ailing lists, other assets, or paid	i employees		1c		X
or se colu	ervices given by the reporting f	oundation. If the foundation re other assets, or services recer	ceived less than fair market value ved.	ays show the fair market value of the goo e in any transaction or sharing arrangeme		ets,	
a) Line no	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	table exempt organization	(d) Description of transfers, transactions,	and sharing arr	angemer	nts
		N/	Α				
				<u> </u>			
			<del></del>	<del>                                     </del>			
		-					
			······································				
				<del></del>			
	<del></del>			<u> </u>	<del></del>		
				<del></del>	<del></del>		
	<del> </del>						
		-					
			one or more tax-exempt organiza	ations described	<u></u>	F	
	` ,	r than section 501(c)(3)) or in	section 527?		Yes	X	J No
b If "Ye	es," complete the following sch		(h) Tupo of proprietor	(a) Description of relati			
	(a) Name of org	janization	(b) Type of organization	(c) Description of relation	onsnip		
	N/A	<del></del>					
		<del></del>					
		·····				_	
	Linder per attention of porture I dealers	that I have examined this return the	huding accompanying echadulas and a	tatements, and to the best of my knowledge			
				tatements, and to the best of my knowledge tion of which preparer has any knowledge	May the IRS d return with the	scuss the	าเร
Here	1	1 1	1	DDEGIDENM	shown below	(see insti	r )?
	Signature of officer or trustee		Data	PRESIDENT	LX Yes		No
	<del></del>		Date r's supporture	Title  Date Check if PT	IN		
	Yrint/Type preparer's na	anne repare	Value Value	self- employed	114		

Firm's EIN  $\triangleright 06 - 096\bar{2}357$ 

Phone no. 203-387-0852

Paid

Preparer

**Use Only** 

JOHN E. ANASTASIO

Firm's name ► TEPLITZKY &

Firm's address ► ONE BRADLEY ROAD BUILDING 600

WOODBRIDGE, CT 06525

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 P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a ENBRIDGE ENERGY MGMT 12/30/1312/30/13 D b INERGY LP NRGY D 06/05/1306/05/13 c MPLX 06/05/1306/05/13 D d CUMULUS MEDIA INC D Various Various e ENBRIDGE ENERGY MGMT D 12/30/1312/30/13 f ENTERPRISE PRD PRTNRS LP D <u>Various</u> Various g VANGUARD HEALTH CARE 08/14/1308/14/13 D h k m n 0 (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) 26495 26078 417. a 17406. 13757. 3649. b 23325. 17587. 5738. C 31027. 16458. 14569. d 3744. 2054. 1690. е 60906 26973. 33933. 50085 31239. 18846. h j m n 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) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 417. \* \* b 3649. \* \* 5738. C \* \* 14<u>569.</u> ď \* \* 1690. е \* \* 33933. f \* \* 18846. g h k m 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 78842. Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

(Short-term)

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

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

78842.

3 Grants and Contributions Paid During the				
Recipient	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	CONTRIBUTION	
CLIFFORD BEERS CLINIC				4
93 EDWARDS ST.				
NEW HAVEN CT 06511				45890
CMHC FOUNDATION				
34 PARK ST. SUITE 144				
NEW HAVEN, CT				1000
CT FOOD BANK				
P.O.BOX 8686				
NEW HAVEN, CT 06531				1000
DEFENDING THE BLUE LINE				
1206 N. FRONTAGE RD. SUITE B				
HASTINGS, MN 55033				250
EARLHAM COLLEGE				
801 NATIONAL ROAD WEST				
RICHMOND, IN 47374				500
EDITH B JACKSON CHILDCARE CENTER				
405 CANNER ST. #1				
NEW HAVEN, CT 06511				500
ELI WHITNEY MUSEUM & WORKSHOP				
P.O.BOX 1684 NEW HAVEN, CT 06507				500
ELM CITY INTERNATIONALS				
912 PROSPECT ST				0.500
NEW HAVEN, CT 06511				2500
FAIR HAVEN CLINIC				
74 GRAND AVE				
NEW HAVEN CT 06513				500
FOOTE SCHOOL				
50 LOOMIS PLACE NEW HAVEN CT 06510				14000
Total from continuation sheets	· ·l	<u> </u>		14000 167040

Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (traine or basiness)	or substantial contributor	recipient		
GIVE GREATER FOUNDATION				
70 AUDUBON ST.				
NEW HAVEN, CT 06510				10
I-FOSTER				
2145 HAMILTON AVE				
SAN JOSE, CA 95125			<del></del>	50
LA BUCKET BRIGADE			:	
1226 CANAL ST. NEW ORLEANS, LA 70119				4.0
ONDERING, DA /VIII				10
MACALESTER COLLEGE				
1600 GRAND AVE.				
SAINT PAUL, MN 55105				60
MARCHDIMES 1275 MAMARONECK AVE				
WHITE PLAINS, NY 10605				5
MASTERS SCHOOL				
49 CLINTON AVE				
OOBBS FERRY, NY 10522				50
MUSIC HAVEN				
232 SAINT JOHN ST. #1				
IEW HAVEN, CT				10
			:	
MYSTIC FORCE FOUNDATION				
MIAMI BEACH, FL 33160				50
ATIONAL DIAPER BANK NETWORK				
.29 CHURCH ST.				
EW HAVEN, CT 06510				3500
ATIONAL MS SOCIETY				
100 NEW YORK AVE. NW SUITE 660				
ASHINGTON DC 20005				20
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the You	<del></del>			
Recipient	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		
IEW HAVEN ECOLOGY PROJECT				
358 SPINGSIDE AVE				
NEW HAVEN, CT 06515				250
NEW HAVEN HOME RECOVERY				
L55 EAST ST				
NEW HAVEN, CT 06511				1500
NEW HAVEN JEWISH FEDERATION				
360 AMITY ROAD				
NOODBRIDGE, CT 06525			<del></del>	2200
NEW HAVEN READS				
15 BRISTOL ST.				
WEW HAVEN CT 06511			<del></del>	50
PACIFIC LINK FOUNDATION				
145 HAMILTON AVE				
SAN JOSE, CA 95125				500
PUTNEY SCHOOL				
118 HOUGHTON BROOK ROAD				
PUTNEY, VT 05346		-		500
EAD TO GROW				
3 SCHOOL GROUND ROAD RANFORD CT 06405				500
ARAH BARIDS				500
OUTHERN ARIZONA DIAPER BANK				
500 E. SPEEDWAY BLVD. SUITE 75				
UCSON, AZ 85712				100
TUDENT PARENTING AND FAMILY SERVICES 81 MITCHELL DR.				
EW HAVEN, CT 06511				25(
Total from continuation sheets				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
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		
HE DIAPER BANK				
70 STATE ST.				
ORTH HAVEN, CT 06473				35500
THE JEWISH HIGH SCHOOL OF CONNECTICUT				
360 AMITY ROAD				
OODBRIDGE CT 06525				500
THE KENNEDY CENTER				
2440 RESERVOIR AVE				
RUMBULL, CT 06611				250
WINDS OF THOSE AND THE				
PUBEROUS SCLEROSIS ALLIANCE 301 ROEDER RD				
SILVER SPRINGS MD 20910				200
VESTSIDE BABY LOO32 15TH AVE. SW				
GEATTLE WA 98146				2500
WOMENS DONOR NETWORK 565 COMMERCIAL ST. SUITE 300		ĺ		
SAN FRANCISCO CA 94111				3500
				- 2,
		j		
		•		
Total from continuation sheets	· ,			

#### Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990,

**Employer identification number** 

JMS FOUNDATION, INC. 46-0916661 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

JMS	FO	IND	<b>አ</b> ጥፐ(	ON.	INC
0110		OLIDA	. T T L	JIN ,	$\pm 11$

46-0916661

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID & JOANNE GOLDBLUM  169 BISHOP ST.  NEW HAVEN, CT 06511	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### JMS FOUNDATION, INC.

46-0916661

art II	Noncash Property (see instructions) Use duplicate copies of P	Part II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VARIOUS STOCKS		
		\$ 212989.	Various
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

DMS FOUNDATION, INC.   46 - 0.9	916661 nore than \$1,000 for the					
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of ho						
(e) Transfer of gift	ow gift is held					
Transferee's name, address, and ZIP + 4 Relationship of transferor to tr						
	ansferee					
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of ho	ow gift is held					
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to tra						
Transferee 3 mane, address, and 211 + 4 Relationship of danisher of to the	ansieree					
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of hor	ow gift is held					
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to tra	ansferee					
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of hor	w gift is held					
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to tra	ansferee					
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					

Form 990-PF	Dividends	and Inter	est	from Secu	rities	St	atement	1
Source	Gross Amount	Capital Gains Dividend		(a) Revenue Per Books	(b) Net Inve ment Inc		(c) Adjust Net Inc	
CHARLES SCHWAB MONEY FUND	2.		0.	2	•	2.		2.
To Part I, line 4	2.		0.	2	•	2.		2.
Form 990-PF		Other E	xpe:	nses		St	atement	2
Description		(a) Expenses Per Books			(c) Adjusted Net Inco		(d) Charital Purpose	
BANK CHARGES	<del></del>	9.		0.		0.		0.
To Form 990-PF, Pg 1,	ln 23 =	9.		0.		0.		0.
Form 990-PF		Corporate	e S	tock		St	atement	3
Description				Во	ok Value	Fa	ir Market Value	t
EQUITIES					50752.		5098	85.
Total to Form 990-PF,	Part II,	line 10b		<del></del>	50752.		5098	—— 85.

Form **8868** (Rev. January 2014) Application for Extension of Time To File an **Exempt Organization Return** 

Department of the Treasury

OMB No. 1545-1709 File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoons

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print JMS FOUNDATION, INC. 46-0916661 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 169 BISHOP STREET return. See Crty, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW HAVEN, CT 06511 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Application Return Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 04 Form 990-PF Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JOANNE GOLDBLUM The books are in the care of > 169 BISHOP STREET - NEW HAVEN, CT 06511 Telephone No. ► 203-786-8408 Fax No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or \_\_\_\_ tax year beginning , and ending \_\_ Initial return If the tax year entered in line 1 is for less than 12 months, check reason Change in accounting period 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. 3a 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. 3b 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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014)

# 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

lf you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>▶</b> X
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	•	
	complete Part II unless you have already been granted a					
	nic filing (e-file). You can electronically file Form 8868 if y					-
	d to file Form 990-T), or an additional (not automatic) 3-moi		-			
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details of	on the ele	ctronic filing of t	this form,
visit ww Part	NW.Irs gov/efile and click on e-file for Chanties & Nonprofits  Automatic 3-Month Extension of Time		submit original (no conies ne	eded)		
	pration required to file Form 990-T and requesting an auton					
Part I o	•	nane o me	onth extension check this box and	Complete		
	, r corporations (including 1120-C filers), partnerships, REM	ICs and t	rusts must use Form 7004 to reques	st an eytei	sion of time	
	come tax returns	, , , , , , , ,			er's identifying	number
Туре о	Name of exempt organization or other filer, see instru-	ctions			r identification r	
print						
	JMS FOUNDATION, INC.				46-0916	5661
File by the due date f	Number stands and some security as If a D.O. have a	ee instruc	tions	Social se	curity number (	
iling your	169 BISHOP STREET				(	<b></b> ,
eturn Se nstruction		reign add	ress, see instructions.	<u></u>		
	NEW HAVEN, CT 06511	J	,			
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
	•	·	,			
Applica	ition	Return	Application			Return
s For		Code	Is For			Code
orm 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
orm 99	90-BL	02	Form 1041-A			08
orm 4	720 (ındıvıdual)	03	Form 4720 (other than individual)			09
orm 99	90-PF	04	Form 5227			10
orm 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
orm 99	90-T (trust other than above)	06	Form 8870			12
	JOANNE GOLDBLUM					
	books are in the care of <b>169 BISHOP STRE</b>	EET -	NEW HAVEN, CT 065	<u> 11                                  </u>		
Tele	phone No ► 203-786-8408		Fax No 🕨			
	e organization does not have an office or place of business		•			
	s is for a Group Return, enter the organization's four digit (					
oox 🕨	If it is for part of the group, check this box				ers the extension	on is for.
1 1	request an automatic 3-month (6 months for a corporation		· · · · · · · · · · · · · · · · · · ·		_	
_		organiza	tion return for the organization name	ed above	The extension	
IS	for the organization's return for					
	X calendar year 2013 or		4 - 4 -			
	tax year beginning	, an	a ending		<u> </u>	
2 If	the tax year entered in line 1 is for less than 12 months, ch	nook room	on Initial return	Fınal retur	_	
ַ <u>"</u>	Change in accounting period	IECK IEGS	on midarretum	rınarretur	''	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tay loss any			
	onrefundable credits. See instructions	U 0003, t	onto the tentative tax, less any	3a	\$	0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	refundable credits and	J Sd	Ψ	<u> </u>
	stimated tax payments made Include any prior year overp	-		3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa		* · · · · · · · · · · · · · · · · · · ·	30		<u> </u>
	y using EFTPS (Electronic Federal Tax Payment System)		• •	3c	\$	0.
_	n. If you are going to make an electronic funds withdrawal					
nstruct						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13

Form 8868 (Rev 1-2014)