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## - 990-PF

### **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. , 20 For calendar year 2014 or tax year beginning JANUARY 1 , 2014, and ending **DECEMBER 31** 

Na	me of fo	undation			A Employe	r Identification numbe	r
тн	E BECI	KERER FOUNDATION				06-1495830	
		d street (or P O box number if mail is not delivered to street address)		Room/sui	ite B Telephon	e number (see instructi	ons)
164	HOLL	AND AVENUE				203-333-1412	
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi	na. check here ▶ □
BR	IDGEP	ORT, CT. 06605-2136					<i>"</i>
		all that apply: Initial return Initial return	of a former p	ublic ch	arity <b>D</b> 1. Foreign	n organizations, check l	nere ▶□
		Final return Amended	•		`	•	_
		Address change	nge		z. Foreigr	n organizations meeting here and attach compu	tation · · ►
н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundat	tion	E If private	foundation status was t	terminated under
		n 4947(a)(1) nonexempt charitable trust   Other tax			ion section 5	07(b)(1)(A), check here	▶⊔
$\overline{\Box}$	Fair m	narket value of all assets at J Accounting method	: 🗹 Cash 🛭	Accr	ual F If the four	ndation is in a 60-month	n termination
	end of	f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), check	
	line 16	6) ► \$ 961,017.81 (Part I, column (d) must be	on cash basis.	)			
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	nd .			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe		b) Net investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	154,55	3.49	270	San di di	* 3
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B	× »»		3 71	574 #	*
	3	Interest on savings and temporary cash investments		0	0	0	
	4	Dividends and interest from securities	8,96	4.74	8,964.74	8,964.74	, ;
	5a	Gross rents					
	b	Net rental income or (loss)				3	
ne	6a	Net gain or (loss) from sale of assets not on line 10	5,47	8.63			
Revenue	b	Gross sales price for all assets on line 6a	` ~% 3500			· · · ·	,
è	7	Capital gain net income (from Part IV, line 2)			5,478.63		
ď	8	Net short-term capital gain	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			0	
	9	Income modifications				0	
	10a	Gross sales less returns and allowances	\$144.2			,	
	b	Less: Cost of goods sold				*,	,
	C	Gross profit or (loss) (attach schedule)					,
	11	Other income (attach schedule)					,
	12	Total. Add lines 1 through 11	168,99	6 86	14,443.37	8,964.74	
S	13	Compensation of officers, directors, trustees, etc.					
us(	14	Other employee salaries and wages					
ive Expenses	15	Pension plans, employee penefit RECEIVED	<u></u>				
X	16a	Legal fees (attach schedule)	0 14				
é	b	Accounting fees (attach schedule) Other professional fees (at 1884) sumedule 0 2015	5	7.03	147.03	147.03	147.03
aţį	17	Interest		-			
Operating and Administrat	17   18	interest	<del></del>	0 00	110.00	440.00	440.00
Ξ̈́	19	Taxes (attach schedule) (see instructions DEN, UT Depreciation (attach schedule) and depletion	<del></del>	8.86	118.86	118.86	118.86
토	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
nd	22	Printing and publications	-				· · · · · · · · · · · · · · · · · · ·
a	23	Other expenses (attach schedule)					
ij	24	Total operating and administrative expenses.					
at		Add lines 13 through 23	26	5.89	265.89	265.89	265.89
þe	25	Contributions, gifts, grants paid	39,95		203.03	203.83 «	39,950.00
0	26	Total expenses and disbursements. Add lines 24 and 25	40,21		265.89	265.89	40,215.89
	27	Subtract line 26 from line 12:	10,21	5.55	<b>203.03</b>	/ **	70,213.05
	a	Excess of revenue over expenses and disbursements	128,78	0.97	*	, `	*
	b	Net investment income (if negative, enter -0-) .	/ * /		14,177.48		
	c	Adjusted net income (if negative, enter -0-)			* * * * * *	8,698.85	
_							

D,	art II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	155,059.54	269,397.14	269,397.14
	2	Savings and temporary cash investments	364,014.10	364,051.06	364,051.06
	3	Accounts receivable ►			
		Accounts receivable ►  Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►	0		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶	was as a second second as a manager or		
		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	74,942.52	79,326 74	113,407.23
	c	Investments—corporate bonds (attach schedule)	202,483.79		214,162.38
	11	Investments—land, buildings, and equipment: basis ▶			
	40	Less: accumulated depreciation (attach schedule) ▶			
	12 13	Investments — mortgage loans			
	14	Investments—other (attach schedule)			
	'-	Land, buildings, and equipment: basis ►	ender contra		
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	796,499.95	925,280.92	961,017.81
	17	Accounts payable and accrued expenses	700,100.00	020,200,02	001,017.01
m	18	Grants payable			,
Ë	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			*
Liabilities	21	Mortgages and other notes payable (attach schedule)			* *
_	22	Other liabilities (describe ►)			2007-4
	23	Other liabilities (describe )  Total liabilities (add lines 17 through 22)	0	0	· · · · · · · · · · · · · · · · · · ·
Ś		roundations that follow SPAS 117, check here >			
Balance		and complete lines 24 through 26 and lines 30 and 31.			
ij	24 25	Unrestricted			
	26	Permanently restricted			
nd		Foundations that do not follow SFAS 117, check here ▶ □			*
Fun		and complete lines 27 through 31.			* ^
ō	27	Capital stock, trust principal, or current funds			,
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			,
<b>SS</b> (	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	796,499.95	925,280.92	ļ
Še	31	Total liabilities and net assets/fund balances (see			* }
		instructions)	796,499.95	925,280.92	* '
	rt III	Analysis of Changes in Net Assets or Fund Balances	(a) I 00 (	<u> </u>	
ı		I net assets or fund balances at beginning of year—Part II, colu- of-year figure reported on prior year's return)		•	<b></b>
^					796,499.95
_		er amount from Part I, line 27a			128,780.97
3 ⊿		er increases not included in line 2 (itemize)  lines 1, 2, and 3		4	005 000 00
-	- n				925,280.92
6	Tota	reases not included in line 2 (itemize) >	Part II, column (b). Iir	ne 30 <b>6</b>	925,280 92
_		, , ,			523,280 92 Earm QQN_DF (2014)

Part	V Capital Gains and	d Losses for Tax on Investme	ent Income				
	(a) List and describe the 2-story brick warehou	ne kind(s) of property sold (e g , real estate, use, or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation		acquired day, yr)	(d) Date sold (mo , day, yr.)
1a							
b							
<u>c</u>							
<u>d</u>							
<u>          e</u>				l			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) f) minus (g)
<u>a</u>							
b							
d							
<u>u</u>							<del></del>
	Complete only for assets sho	owing gain in column (h) and owned by	the foundation	on 12/31/69	,	''\ Carpa (Cal	(h) a con more con-
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) . (j), if any		(k), but no	(h) gain minus t less than -0-) <b>or</b> rom col (h))
a							
b							
<u>C</u>							
<u>d</u>			<del></del>				
<u>е</u>		( )					
2	Capital gain net income o		so enter in Pai enter -0- in Par		2		5,478.63
3	If gain, also enter in Part	n or (loss) as defined in sections 1 I, line 8, column (c) (see instructi	ons). If (loss)	, enter -0- in			
Part					3		0
		ler Section 4940(e) for Reductivate foundations subject to the se					
	tion 4940(d)(2) applies, leav		otion 4546(a)	ida on not invest	mont inc	ome.,	
	s," the foundation does not	section 4942 tax on the distributa qualify under section 4940(e). Do	not complete	this part.	•		☐ Yes ☑ No
_1_		ount in each column for each year	; see the instru	ictions before ma	akıng anı	y entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use as	ssets	Dist (col. (b)	(d) ribution ratio divided by col (c))
	2013	41,736	.71	800,2	00.31		.0522
	2012	39,011	.32	803,1	81.23		0486
	2011	40,285	44	786,1	00.51		.0512
	2010	39,413	.40	785,4			.0502
	2009	35,205	.59	770,6	47.98	<del></del>	.0457
_	<b>-</b>						
2 3	Total of line 1, column (d)	for the 5-year base period—divide			. 2	!	.2479
3		dation has been in existence if less			· 3	3	.0496
4	Enter the net value of non	charitable-use assets for 2014 fro	m Part X, line	5	. 4		869,899.73
5	Multiply line 4 by line 3				. 5	<u>.                                    </u>	43,147.03
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6		141.77
7	Add lines 5 and 6				. 7	,	43,288.80
8		ons from Part XII, line 4 ater than line 7, check the box in F			. 8 hat part		40,215.89 % tax rate. See the

Part '		instru	ıctioı	าร)
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)			<del>-</del>
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		283	55
^	here ► ☐ and enter 1% of Part I, line 27b			
C	Part I, line 12, col. (b).		~~~	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00
3	Add lines 1 and 2		283	55
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		0	00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		283	55
6	Credits/Payments:			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a			
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
ď	Backup withholding erroneously withheld			40770 4 3 49
7 8	Total credits and payments. Add lines 6a through 6d		0	00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		283	00 55
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		203	00
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11		0	00
Part \	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		Yes	No
_	participate or intervene in any political campaign?	1a		~
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		~
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	47.		
	published or distributed by the foundation in connection with the activities.	2.		
	Did the foundation file Form 1120-POL for this year?	1c		~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ► \$  0 (2) On foundation managers. ► \$  0	3 777,7		4
е	(1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			. 4
Ū	on foundation managers. ► \$  0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		·
	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	3.		4
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		~
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		~
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
6	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			3
Ū	By language in the governing instrument, or			·
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	solution a sec	· •
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	~	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			ř
	CONNECTICUT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	~	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			, mananal
	complete Part XIV	9		~
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-		<u> </u>
_	names and addresses	10		~
			N-DE	

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		~
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		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ▶	13	~	
14		3-333·	1410	
•	Located at ► 165 HOLLAND AVENUE BRIDGEPORT, CT. ZIP+4 ► 0			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ ┌
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	1
	over a bank, securities, or other financial account in a foreign country?	16		~
	"Yes," enter the name of the foreign country ►			j
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		1
ı uı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a		-	163	140
•	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No			
	(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			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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		i cure a
	Organizations relying on a current notice regarding disaster assistance check here ▶□			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		~
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)):	7,		
а	The state of the s	ř.		
	6e, Part XIII) for tax year(s) beginning before 2014?			
h	If "Yes," list the years ▶ 20, 20			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		***************************************
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	:		
b	If "Yes," did it have excess business holdings in 2014 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 2014.)	3b		4.004
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	l	<b>'</b>

	•										
	0-PF (2014)		<del>.</del>	4500			17			F	Page 6
	VII-B Statements Regarding Activities			4720	мау ве н	equire	ed (contin	ued)		·	
5a	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t	-		on (sect	ion 4945(e)	113	□Yes	₩.	.		
	(2) Influence the outcome of any specific public							<u></u>			•
	directly or indirectly, any voter registration dr				· · ·	-		₽ No			;
	(3) Provide a grant to an individual for travel, stu	dy, or o	other similar	ourpose	es?		Yes	☑ No			2 .
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)		, ,	-				─ No			1
	(5) Provide for any purpose other than religious	, charita	able, scientif	c, litera	ry, or educ	ationa					
	purposes, or for the prevention of cruelty to o	children	or animals?				□Yes	✓ No			į į
b	If any answer is "Yes" to 5a(1)-(5), did any of the							bed in			
	Regulations section 53.4945 or in a current notice	regardı	ng disaster as	ssistand	e (see instr	uctions	)?		5b		
	Organizations relying on a current notice regarding	•						▶ □			
С	If the answer is "Yes" to question 5a(4), does t							_			
	because it maintained expenditure responsibility		=				∐ Yes	∐ No			•
_	If "Yes," attach the statement required by Regula										,
ба	Did the foundation, during the year, receive any on a personal benefit contract?					emiums 	; □Yes	[v] No			
ь	Did the foundation, during the year, pay premium					benefi			6b		~
_	If "Yes" to 6b, file Form 8870.	,	,	,							
7a	At any time during the tax year, was the foundation	a party t	to a prohibited	tax sh	elter transac	tion?	☐ Yes	✓ No		~~~ ·	
b	If "Yes," did the foundation receive any proceeds								7b		
Par	VIII Information About Officers, Direc	tors, T	rustees, F	ounda	tion Mana	agers,	Highly P	aid E	mploy	ees,	
1	and Contractors List all officers, directors, trustees, foundation			-1		. (000 :		\			
	List all officers, directors, trustees, foundation		e, and average		npensation		Contributions		[ <u>.</u>		
	(a) Name and address	hou	rs per week ed to position	(If r	ot paid, ter -0-)	emple	byee benefit perred comper	olans	(e) Expe other a	nse aco allowan	
	( S BECKERER JR										
	UTTLE AVENUE CHESHIRE CT 06410	PRES/	TREAS 1		0			0			0
	BECKERER-JONES										
	SSER LANE HAMSTEAD NH 03841	SEC/DI	RECTOR 1/2		0			0			0
	E BRADY	050/0	DEGTOD 4/2					_			_
O BC	X 468 GUILFORD CT 06438	SEC/DI	RECTOR 1/2		0			0			0
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1 –	see instru	uction	s). If no	one,	enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	(d) Contribu employee to plans and do compens	benefit leferred	(e) Expe	nse aco allowan	
IONE			<u> </u>						_		
			<del> </del>								

Total number of other employees paid over \$50,000 . . . . . . . . .

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	,,
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
<u>Total</u>	number of others receiving over \$50,000 for professional services	
Part	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
	N. D. Communication of Deleted Householder (continued in the continued in	
	Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	
٠.		
2		· ·
<b>-</b> .		
Alle	other program-related investments. See instructions.	
3		
•		
•		
Total	. Add lines 1 through 3	
		000 DE (0044)

Part	winimum investment Heturn (All domestic foundations must complete this part. Foreities see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	ļ	
а	Average monthly fair market value of securities	1a	317,000.04
b	Average of monthly cash balances	1b	566,146.89
С	Fair market value of all other assets (see instructions)	1c	· ·
d	<b>Total</b> (add lines 1a, b, and c)	1d	883,146.93
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	A	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	883,146.93
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	13,247.20
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	869,899.73
6	Minimum investment return. Enter 5% of line 5	6	43,494.99
Part	and certain foreign organizations check here ► □ and do not complete this part.)	oundations	3
1	Mınımum investment return from Part X, line 6	1	43,494.99
2a	Tax on investment income for 2014 from Part VI, line 5 2a 283.55		
b	Income tax for 2014. (This does not include the tax from Part VI.) 2b	],,	
С	Add lines 2a and 2b	2c	283.55
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	43,211.44
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	43,211.44
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	1 1	
	line 1	7	43,211.44
Part	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	40,215.89
b	Program-related investments—total from Part IX-B	1b	
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:	30 to min	
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	40,215.89
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		-
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,215.89
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the	ne foundation

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7	y. 25	,		43,211.44
2	Undistributed income, if any, as of the end of 2014:				
а	Enter amount for 2013 only				
b	Total for prior years: 20,20,20	,* <sub>4</sub>			
3	Excess distributions carryover, if any, to 2014:	<b>&gt;</b>	y *	; <del>`</del>	
а	From 2009 210.68	)%s	v *		
b	From 2010 343.28	, x,	,		
С	From 2011 1,214.19				3
d	From 2012 0		·		1
е	From 2013 1,964.41				
f	Total of lines 3a through e	3,732.56			
4	Qualifying distributions for 2014 from Part XII,	٠,			
	line 4: ▶ \$ 40,215.89		Spt Co		}
	Applied to 2013, but not more than line 2a.	, n, e n n n			
b	Applied to undistributed income of prior years (Election required—see instructions)	** * *		2 3 4 0 0 0 0 0 0	
_	Treated as distributions out of corpus (Election	· %} v,	2.4		
С	required—see instructions)		2- Kg		
	· ·	, visto 21			40.015.00
d	Applied to 2014 distributable amount	* ~~~	/ .**		40,215.89
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2014	2,995.55	~ . ` . ´	3,	2,995.55
5	(If an amount appears in column (d), the same	2,995.55	**** *** *	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	2,990.00
	amount must be shown in column (a),	"\\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"	** "	<b>(, )</b>	,
6	Enter the net total of each column as	* •	*	cector is	
	indicated below:	* *	Apin.	3 * * * * * 4 25 * * * * * * * * * * * * * * * * * *	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	737 01	·	* *	*
b	Prior years' undistributed income. Subtract	· %:30			
	line 4b from line 2b	XX.		, *	
С	Enter the amount of prior years' undistributed			*	
_	income for which a notice of deficiency has	~			
	been issued, or on which the section 4942(a)	A supple on a factor of the supple of the su		3x* **	
	tax has been previously assessed	13 18 4		,	
d	Subtract line 6c from line 6b. Taxable	**.33. :		W 4.4	** > ;
	amount-see instructions			20	^
е	Undistributed income for 2013. Subtract line	*****	11/24/2011		**
	4a from line 2a. Taxable amount-see	. 14	,		3
	instructions	***	* .		
f	Undistributed income for 2014. Subtract lines		***	,	
	4d and 5 from line 1. This amount must be			ź.;	
_	distributed in 2015	- No. 10	, wa. v		0
7	Amounts treated as distributions out of corpus		7 7 A		
	to satisfy requirements imposed by section		(4)	*	
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)		* **.	* ***	
	Excess distributions carryover from 2009 not		*	. (S	
8	applied on line 5 or line 7 (see instructions).		<b>*</b> **	* (* * * *	
9	Excess distributions carryover to 2015.	-	-	*	
3	Subtract lines 7 and 8 from line 6a	707.04	100.00 100.00		
10	Analysis of line 9:	737.01	. ####################################	×	,
ıu a	Excess from 2010	AND AND ADDRESS OF THE PARTY OF	^		ŕ
a b	Excess from 2011	Pour s	<b>*</b> ***	Maria (1)	****
C	Excess from 2012 0	Property Baylon J.	**** * *** **	was the	
d	Excess from 2013		**************************************	, ,,,	v
e	Excess from 2014 0	*^* * * * *	· .	* 4,	· · · · · · · · · · · · · · · · · · ·
-		1	<u> </u>	<u> </u>	

	90-PF (2014)					Page <b>10</b>
Part	XIV Private Operating Founda  If the foundation has received a ruling				<del>)</del>	
14	foundation, and the ruling is effective fo					
b	Check box to indicate whether the four				ection   4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
	each year listed					
b	85% of line 2a		<del></del>	ļ		
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities.					
2	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part			•	the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1 a	Information Regarding Foundation List any managers of the foundation of before the close of any tax year (but of	who have contrib				by the foundation
	BECKERER-JONES, FRANKS BECKERE					
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
NONE						
2	Information Regarding Contribution					
	Check here ▶ ☑ if the foundation unsolicited requests for funds. If the fother conditions, complete items 2a, I	oundation makes				
а	The name, address, and telephone nu		ddress of the pers	son to whom applic	ations should be a	ddressed:
b	The form in which applications should	be submitted an	d information and	materials they sho	uld include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on aw factors:	vards, such as b	y geographical a	areas, charitable fi	elds, kınds of inst	titutions, or other

Part	Supplementary Information (conti	nued)			
3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ure Payment	,
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	oonan bado	ļ
а	Paid during the year				
SEE A	TTACHED SCHEDULE				39,950.00
	Total			▶ 3a	39,950.00
b	Approved for future payment				
					Ì
		ļ			
		1			
	Total		<u> </u>	▶ 3t	<u> </u>

Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated.		isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1	Prog	gram service revenue:	Dusiness code	Amount	LXCIUSION CODE	Amount	(See instructions )
		NO ACTIVITY					
	b						
	c						
	ď			-			
	е						
	f			· · · · · · · · · · · · · · · · · · ·			
	g Ī	ees and contracts from government agencies					
2	-	nbership dues and assessments			<del>                                     </del>		
3		est on savings and temporary cash investments					
4		dends and interest from securities			14	8,964.74	· · · · · · · · · · · · · · · · · · ·
5		rental income or (loss) from real estate:			1.7	0,004.14	
-		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property			18	5,478.63	
7		er investment income				0,470.00	
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
		ss profit or (loss) from sales of inventory					
		er revenue: a					
	b						<u> </u>
	c						
	ď						
	e ¯				ļ		
	_		N.		Lance	44 440 07	
12	Sub	total. Add columns (b), (d), and (e)			~ p.366***	14,443 37	ŀ
12 13	Sub <b>Tot</b> a	total. Add columns (b), (d), and (e)				14,443 37 13	14,443 37
13	Tota	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.)				
13 See Pa	Tota work rt XV	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation    Relationship of Activities to the A	s.)				
13 See Pa Lin	Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation    Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
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13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
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13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37
13 See Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  l-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes	13	14,443 37

Part	XVII		n Regarding	Tran	sfers To ar	nd Tran	sactio	ns and	Relationsh	ips V	Vith 1	Vonch	aritabl		9
	_		ganizations												
1	in sec	he organization o ction 501(c) of th nizations?												Yes	No
	-					. 1- 1									;
а		sfers from the rep	-										ļ		
		ash								• •	• •		1a(1)		~
		ther assets .								• •			1a(2)		
Б		r transactions:													
		ales of assets to										• •	1b(1)		<u> </u>
		urchases of asse			-	_							1b(2)		~
		ental of facilities,											1b(3)		~
		eımbursement ar											1b(4)		~
		oans or loan gua									• •		1b(5)		~
		erformance of se											1b(6)		~
c		ng of facilities, e											1c		<u> </u>
d		answer to any													
		of the goods, of													
(-) 1 :		in any transaction			aritable exempt										
(a) Line	e no i (	(b) Amount involved	(c) Name o	nonch	aritable exempt	organizatio	n	(a) Desc	ription of transfe	ers, tran	nsaction	ns, and sh	aring arr	angeme	ents
			,			<b></b>									
	_														
	- +														
	_														
			r												
										_					
<del></del>	_														
			F												
	desci	e foundation dire ribed in section 5 es," complete the	01(c) of the C	ode (o	ther than sec								☐ Yes		No
		(a) Name of organi	ization		(b) T	ype of orga	nization			(c) Des	scription	n of relation	nship		
	-		-												
									-						
		r penalties of perjury, I									best of	my knowle	dge and	belief, it	ıs true,
Sign Here		ct, and complete Declar	echern	othe tha	In taxpayer) is bas	17/15	1	of which prep ESIDENT	•	wledge ———		May the with the (see instri	preparer	shown	below
	Joign			₩.			TILLE		Date	<del></del>		1	DTIN		
Paid Prepa	arer	Print/Type preparer	s name		Preparer's sign	nature			Date			∢ ☐ ıf mployed	PTIN		
Use (		Firm's name ►								Firm's	s EIN ▶	•			
		Fırm's address ▶								Phone	e no				

#### Schedule B

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

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.

OMB No 1545-0047

Employer identification number

2014

THE BE	CKERER FOUNDATION	N		06-1495830
Organia	zation type (check or	ne):		
Filers o	f:	Section:		
Form 99	90 or 990-EZ	☐ 501(c)(	) (enter number) organization	
		4947(a)(1) no	nexempt charitable trust not treated as a private for	undation
		☐ 527 political	organization	
Form 99	90-PF	☑ 501(c)(3) exe	mpt private foundation	
		4947(a)(1) no	nexempt charitable trust treated as a private founda	ition
		☐ 501(c)(3) taxa	able private foundation	
	only a section 501(c)(	•	eneral Rule or a Special Rule. nization can check boxes for both the General Rule a	and a Special Rule. See
Genera	l Rule			
V		or property) from a	90-EZ, or 990-PF that received, during the year, com ny one contributor. Complete Parts I and II. See inst	
Special	Rules			
	regulations under so 13, 16a, or 16b, and	ections 509(a)(1) ai d that received fror	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 any one contributor, during the year, total contributor, grant 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)
	contributor, during t	the year, total cont	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ributions of more than \$1,000 exclusively for religious r the prevention of cruelty to children or animals. Cor	s, charitable, scientific,
	contributor, during contributions totale during the year for a General Rule appli	the year, contribut d more than \$1,00 an <i>exclusively</i> relig es to this organiza	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ions exclusively for religious, charitable, etc., purpos 0. If this box is checked, enter here the total contributions, charitable, etc., purpose. Do not complete any tion because it received nonexclusively religious, chart	es, but no such utions that were received of the parts unless the aritable, etc., contributions
Caution	n. An organization tha	at is not covered b	y the General Rule and/or the Special Rules does no	t file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE BECKERER FOUNDATION

Employer identification number 06-1495830

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	FRANK S BECKERER JR  1755 TUTTLE AVENUE  CHESHIRE , CT. 06410-3735	\$6,500.00	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JOAN BECKERER-JONES  55 GEISER LANE  HAMPSTEAD, NH. 03841-2167	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>	Beckson Manufacturing Inc  165 Holland Avenue  Bridgeport, CT. 06605-2136	\$134,928.49	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

THE BECKERER FOUNDATION

06-1495830

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	_	I	l

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization **Employer identification number** THE BECKERER FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## THE BECKERER FOUNDATION

## Support Statements for Year 2014 Form 990-PF 2014 CASH RECEIVED

DATE	DONOR	AMOUNT
5/22/14, 10/30/14, 11/24/14	Brady	\$ 3,975.00 *
11/14/14	Jones	\$9,000.00 *
12/15/14	Beckerer	\$6,500.00 *
05/22/14	Various	\$150.00 *
12/26/14	Beckson Mfg	\$134,928.49 *
Total of Cash Received:		\$154,553.49

Part 1 Line 1

## THE BECKERER FOUNDATION

# Support Statements for Year 2014 Form 990-PF 2014 Other Disbursements

	Amo	ount	Section:
U.S. Treasury (taxes)	\$	118.86	PT I, L 18
Deluxe check order fee	\$	147.03	PT I, L 16b

Total: \$ 265.89

PT I, L 24 (a)

### THE BECKERER FOUNDATION 2014

## **PART II**

	TROWE	Т	ROWE	-	TROWE			
	NY	COF	RPORATE	SF	PECTRUM			
	BOND	II	COME	ı	NCOME			
#5	22108451-2	#52 <sup>-</sup>	1822829-7	#52	1822825-5		TOTAL	
\$	20,702.07	\$ 12	27,992.95	\$	65,467.36	\$	214,162.38	PART II 10C (C)
#	522108447-3		SCHWAB		SCHWAB			
	TROWE		OCA COLA		(AT&T)			
	BLUE CHIP	C,	(MV)		(MV)	т	OTAL	
			• •		` '			
\$	60,612.69	\$	49,286.36	\$	3,508.18	\$	113,407.23	PART II LINE 10B (C )

The Beckerer Foundation Contributions Paid in 2014

Taxpayer ID # 06-1495830 Tax Period 12/31/14

Part XV Line 3 Supplementary Information

Part AV Line	Part AV Line 3 Supplementary information				DONEE	
Date Paid	Organization	Address	Recipient EIN	Purpose	TYPE	Amount
5/30/2014	National Kidney Foundation	30 East 33rd Street New York, NY 10016	13-1673104	Support	501C3	\$350 00
12/17/2014	Shriner's Hospital for Children	2900 Rocky Point Drive, Tampa, FL 33607	36-2193608	Support	50103	\$250 00
12/17/2014	St. Jude Children's Research Hospital	501 St Jude Paice Memphis TN 38105	62-0646012	Support	50103	\$250 00
5/8/2014	Bridge Academy	401 Kossuth St , Bridgeport, CT 06608	06-1479710	Education	501C3	\$200 00
11/25/2014	American Red Cross	177 Ward Hill Ave , ward Hill, MA 01835-6973	53-0196605	Support	50103	\$1,000 00
11/25/2014	Network for Teaching Entrepreneurship	120 Wall Street, 18th Floor New York, NY 10005	Ш	Support	50103	\$2,000 00
11/25/2014	American Cancer Society New England Division, Inc.	Igham West Unit P O Box 5280 Manchester, NH 0310		Research	50103	\$1,000 00
11/25/2014	Habitat for Humanity-Greater Miami	3800 NW 22nd Avenue Miami, FL 33142	65-0108974	Support	50103	\$2,000 00
11/25/2014	New Hampshire Catholic Charities	P O Box 9510, Manchester, NH 03108	02-0222163	Support	50103	\$1,000 00
11/25/2014	St. Anne's Food Pantry	26 Emerson Ave , Hampstead, NH 03841	02-0346535	Support	501C3	\$4,000 00
11/25/2014	St. Anne's Parish	26 Emerson Ave , Hampstead, NH 03841	02-0346535	Support	501C3	\$4,000 00
11/25/2014	St Lawrence University Endowment Fund	23 Romoda Dr., Canton, NY 13617-9988	15-0532239	Education	50103	\$1,000 00
11/25/2014	The Smile Train	P O Box 96231, Washington DC, 20090	13-3661416	Support	50103	\$2,000 00
9/30/2014	Habitat for Humanity of Greater New Haven	37 Union Street New Haven CT 06511	06-1178712	Support	501C3	\$300 00
12/1/2014	American Red Cross	P O Box 4002018 Des Moines , IA	53-0196605	Support	50103	\$1,000 00
10/30/2014	Shoreline AAUW	105 Commerce Street Clinton, CT 06413	06-6069248	Education	501C3	\$100 00
12/1/2014	Child Fund International	PO Box 26511 Richmond, VA 23286	54-0536100	Support	501C3	\$400 00
12/1/2014	St Lawrence University Endowment Fund	23 Romoda Dr , Canton, NY 13617-9988	15-0532239	Education	501C3	\$1,000 00
12/1/2014	Old Lyme Visiting Nurse Association	P O Box 56 Old Lyme CT 06371	06-6107757	Support	50103	\$400 00
12/1/2014	Old Lyme Land Trust, Inc	P O. Box 163 Old Lyme CT 06371	06-6085184	Support	50103	\$200 00
12/1/2014	Scranton Memorial Library	801 Boston Post Road Madison, CT 06443	06-0726490	Support	50103	\$200 00
12/1/2014	Acton Library	60 Old Boston Post Road Old Saybrook, CT 06475	06-1036280	Education	501C3	\$200 00
12/1/2014	Connecticut Hospice	PO Box 783 Branford, CT 06405	06-0878822	Support	50103	\$100 00
12/1/2014	Connecticut Food Bank	PO Box 8686 New Haven, CT 06531	06-1063025	Support	501C3	\$400 00
12/1/2014	American Diabetes Association	P O Box 1643, Merrifield, VA 22116-1643	13-1623888	Support	501C3	\$400 00
12/1/2014	Florence Griswold Museum	96 Lyme Street Old Lyme, CT 06371	06-6062157	Support	501C3	\$300 00
12/1/2014	National Parks Conservation Association	PO Box 97202 Washington, DC 20077-7435	53-0225165	Support	501C3	\$200.00
12/1/2014	Old Lyme Fire Department	P.O Box 102, Old Lyme, CT 06371	06-1522371	Support	50103	\$400 00
12/1/2014	Lyme Art Association	90 Lyme Street Old Lyme CT 06371	06-0932073	Support	501C3	\$300 00
12/1/2014	Old Lyme Phoebe Griffin Noyes Library	2 Library Lane Old Lyme CT 06371	23-7209074	Support	501C3	\$1,200 00
12/1/2014	Old Lyme Volunteer Ambulance	P.O Box 911, Old Lyme, CT 06371	22-2677959	Support	50103	\$400 00
12/1/2014	Lymes' Senior Center	26 Town Woods Road Old Lyme CT 06371	06-6002057	Support	50103	\$400 00
12/15/2014	Bridge Academy	401 Kossuth St , Bridgeport, CT 06608	06-1479709	Education	501C2	\$1,000 00
12/15/2014	Bridgeport Hospital Foundation	267 Grant St , Bridgeport, CT 06610	22-2908698	Support	501C3	\$250 00
12/15/2014	Midstate Medical Center-Development Office	435 Lewis Ave , Menden, CT 06451	06-0646715	Support	501C3	\$250 00
12/15/2014	Milford Hospital	300 Seaside Ave , Milford, CT 06408	22-2627350	Support	501C3	\$250 00
12/15/2014	Rensselaer Polytechninc Institute	110 Eighth St Troy, NY 12180-3590	14-1340095	Education	50103	\$2,000 00
12/15/2014	Yale New Haven Hospital	PO Box 1849 New Haven , CT 06508	06-0646652	Support	50103	\$250 00
12/15/2014	St Andrews School	63 Federal Rd , Barrington, RI 02806-9908	05-0262717	Education	501C3	\$1,500 00
12/15/2014	Eagle Hill School	214 Main St, Southport, CT 06890	06-1135389	Education	50103	\$1,500 00
12/15/2014	St Lawrence University Endowment Fund	23 Romoda Dr., Canton, NY 13617-9988	15-0532239	Education	501C3	\$5,000 00
12/15/2014	Fairfield Prep School	1073 North Benson Rd, Fairfield, CT 06824	06-0646623	Education	501C3	\$1,000 00
		Total				\$ 39,950.00