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### Form **990-PF**

# EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For calendar year 2014 or tax year beginning and ending							
Name of foundation				A Employer identification number			
N	EW)	ELL D. HALE FOUNDATION			20-8864136		
Num	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number		
		POMFRET STREET			860-928-23	41	
		own, state or province, country, and ZIP or foreign p FRET, CT 06259		C If exemption application is p	ending, check here		
		all that apply: Initial return	Initial return of a fo	ermer nublic charity	D 1. Foreign organizations	chack here	
u	IIOOK	Final return	Amended return	inthor public charty	1, Torongar organizations	, check here	
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,	
H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation sta		
	] S <u>e</u>	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1)		
I Fa	ır ma	· ,	ng method: X Cash	Accrual	F If the foundation is in a		
		Part II, col. (c), line 16)	ther (specify)	1	under section 507(b)(1)	(B), check here	
<b>▶</b>		2,528,496. (Part I, colu				(4) = .	
	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income (d) Disbursement for charitable purp (cash basis only		
<b>.</b>	1	Contributions, gifts, grants, etc., received	225,000.		N/A	ļ	
C107	2	Check In the foundation is not required to attach Sch. B					
-	3	Interest on savings and temporary cash investments	FO (F2	FO 6F3		COLUMN 1	
_	4	Dividends and interest from securities	59,653.	59,653.		STATEMENT 1	
9		Gross rents Net rental income or (loss)		<u> </u>			
AUG		Net gain or (loss) from sale of assets not on line 10	22,119.	······································			
<u>ي ق</u>	b	Gross sales price for all assets on line 8a 19,669.				-10 /F-P3	
岩 g	7	Capital gain net income (from Part IV, line 2)		22,119.	KEU	:1750	
Z"	8	Net short-term capital gain			100	200	
SCANNEU Revenue	9	Income modifications Gross sales less returns			S AUG	3 2015	
S		and allowances			(0)	33	
		Gross profit or (loss)			CED	EN, UT	
	11	Other income					
	12	Total. Add lines 1 through 11	306,772.	81,772.			
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14	Other employee salaries and wages					
v	1	Pension plans, employee benefits					
nses		Legal fees	2 250	2 250	<u> </u>		
χĎ	ı	Accounting fees STMT 2 Other professional fees	2,250.	2,250.		0.	
ē E	l	Interest					
and Administrative Expen		Taxes STMT 3	821.	77.		0.	
iistr	19	Depreciation and depletion					
Ē	20	Occupancy					
Ā	21	Travel, conferences, and meetings	125.	0.		0.	
ting and	22	Printing and publications	00 600	0.500			
	23	Other expenses STMT 4	20,622.	9,699.		0.	
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	23,818.	12,026.		0.	
Ö	25	Contributions, gifts, grants paid	157,750.			157,750.	
		Total expenses and disbursements.				_	
		Add lines 24 and 25	181,568.	12,026.	ļ	157,750.	
	1 -	Subtract line 26 from line 12:	105 004		1		
	J	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	125,204.	69,746.	<del> </del>		
	i	Adjusted net income (if negative, enter -0-)		05,740.	N/A		
400	<del></del>	1 2	· · · · · · · · · · · · · · · · · · ·				

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

					3864136 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		End of	(c) Fair Market Value
			(a) Book Value	(b) Book Value	
	ı	Cash - non-interest-bearing	4,041.	4,554.	4,554.
	ı	Savings and temporary cash investments	777,430.	902,121.	902,121.
	3	Accounts receivable >			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable >			
		Less: allowance for doubtful accounts			
	,	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	İ	disqualified persons			
	7	Other notes and loans receivable			
	ļ	Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS		Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds STMT 5	1,632,836.	1,632,836.	1,621,821.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	0.	0.	0.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ▶ )			
	ì	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	2,414,307.	2,539,511.	2,528,496.
	17	Accounts payable and accrued expenses		= 1 1	
	18	Grants payable			
<b>,</b> 0	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë			<del></del>		
	22	Other liabilities (describe )			
	00	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	<del></del>		
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ဋ	24	Unrestricted			
or Fund Balances	25	Temporarily restricted			
B	26	Permanently restricted	<del></del>		
Ē		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0,	0.	
Ţ	29	Retained earnings, accumulated income, endowment, or other funds	2,414,307.	2,539,511.	
ž	30	Total net assets or fund balances	2,414,307.	2,539,511.	
	l				
	31	Total liabilities and net assets/fund balances	2,414,307.	2,539,511.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	2,414,307.
2	•	r amount from Part I, line 27a		2	125,204.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	2,539,511.
5		eases not included in line 2 (itemize)		5	0.
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,539,511.
					Form 990-PF (2014)

(a) List and descr	ribe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	., real estate,	. Income	( <b>b)</b> Hov	v acquired urchase onation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
1a 50 BERKSHIRE H	<del></del>			1 0-1	P	04/22/9	8 12/23/14
b 100 MEDTRONIC				1	P	10/22/8	
c 59 PENTAIR					P	10/22/8	
d CAPITAL GAINS	DIVIDENDS						
е				<u> </u>			
(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale			(h) Gain or (l (e) plus (f) mir	ioss) ius (g)			
a 7,588.	2,298.						9,886
b 7,544.	62.	<u> </u>					7,606
3,956.	90.						4,046
d 581.		ļ	<u> </u>				581
<u>e</u>		l	<del></del>			<del></del>	
Complete only for assets showin	g gain in column (h) and owned by	7				I) Gains (Col. (h) ( l. (k), but not less	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			Losses (from c	ol. (h))
a		ļ					9,886
b							7,606
С							4,046
d		ļ				. =	581
e		<u> </u>					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the loss of the lift (loss), enter of the lift (loss), ente			}	2		22,119
Net short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6):					
If gain, also enter in Part I, line 8,				<b>)</b>			
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	nder Section 4940(e) for		· · · · · · · · · · · · · · · · · · ·	كالمي	<u> </u>		/A
Was the foundation liable for the sec f "Yes," the foundation does not qual	ify under section 4940(e). Do not co	omplete this pa	ırt.				Yes X No
1 Enter the appropriate amount in	each column for each year; see the I	nstructions be	fore making any e	entries.			
(a) Base period years Calendar year (or tax year beginnii	ng in) Adjusted qualifying dis	stributions	Net value of no			(col. (b	( <b>d)</b> stribution ratio ) divided by col. (c))
2013		<u>.8,852.</u>			242,010		.00840
2012		6,912.			048,74		.13028
2011		<u>1,631.</u>			053,014		.04950
		8,168.			349,548		.02063
		<u>1,409.</u>		1,	3 <b>49,90</b> 2	<u>L.</u>	.05289
2 Total of line 1, column (d)						2	.26172
3 Average distribution ratio for the the foundation has been in existe		on line 2 by 5,	or by the number	r of years	}	3	.05234
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5				4	2,435,545		
5 Multiply line 4 by line 3			5	127,491			
6 Enter 1% of net investment income (1% of Part I, line 27b)				6	697		
7 Add lines 5 and 6						7	128,188
8 Enter qualifying distributions from	n Part XII, line 4					8	157,750
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1% 1	tax rate.		
423521 11-24-14							Form <b>990-PF</b> (20

	n 990-PF (2014) NEWELL D. HALE FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>20-8</u>	38641	36 tru		Page 4
		<del>5-0</del> -	300 1113	u		13)
18	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)	,			6	97.
Đ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%	1			Ü	<del>51.</del>
	of Part I, line 27b	1				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3				97.
	Add lines 1 and 2 Subtitle A (consequence of the control of the co	4				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5			- 6	97.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					<u> </u>
	Credits/Payments: 2014 estimated tax payments and 2013 overpayment credited to 2014  6a 640.	1 1				
		1				
	4 000					
	` '					
		7			1,6	40.
	Total credits and payments. Add lines 6a through 6d  Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	2.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			9	41.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11				0.
	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 intervene				Yes	No
14	any political campaign?			1a		X_
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	)?	<del></del>	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published					
	distributed by the foundation in connection with the activities.					
c	Did the foundation file Form 1120-POL for this year?		1	1c		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Χ
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		i			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?		L	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	/	L	7	_X	
						1
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) 🕨					•
	CT					
t	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)					İ
of each state as required by General Instruction G? If "No," attach explanation					Х	<b></b>
9		endar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		$\vdash$	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_		(2014)

423541 11-24-14

orm 990-PF (2014) NEWELL D. HALE FOUNDATION	ON		20-88641	36 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			} }
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described	ın Regulatıons		
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A	5 <u>b</u>
Organizations relying on a current notice regarding disaster assistance check	here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	I/A □ Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	45-5(d).		ļ	} }
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?			s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			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?	☐ Y€	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trus		nagers, Highly		
Paid Employees, and Contractors	<b>,</b>		•	
List all officers, directors, trustees, foundation managers and their	r compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
ALICE U. HALE	TRUSTEE			
507 POMFRET STREET				
POMFRET CENTER, CT 06259	2.00	0.	0.	0.
LAURENCE N. HALE, II	TRUSTEE			
739 POMFRET STREET				
POMFRET CENTER, CT 06259	1.00	0.	0.	0.
SYLIVA S. DANENHOWER	TRUSTEE	<del> </del>		
321 DEERFIELD ROAD				
POMFRET, CT 06258	1.00	0.	0.	0.
OMPRET, C1 00250	1.00	· ·		
	<del>-</del>			
	1			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."	L	
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position	<del> </del>	compensation	anowances
NONE	4			
	<del> </del>	<u> </u>		
	┥			
	<del> </del>	<del> </del>		
	+			
	-	<del> </del>		
	┥			
	<del> </del>	<del> </del>		
	-			
Fetal number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000		<del></del> -	Earm	990-PF (2014)
			FUIII	<b>~~~</b>

Form 990-PF (2014) NEWELL D. HALE FOUNDATION	20-8	8864136 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "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  Part IX-A   Summary of Direct Charitable Activities		▶ 0
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant	statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research paper	s produced, etc.	Expenses
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3	<b>&gt;</b>	0

Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26

b Program-related investments - total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3 Amounts set aside for specific charitable projects that satisfy the:

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

1a 157,750.

1b 0.

2

3a

3b

4 157,750.

5 697.
6 157,053.

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d</b> ) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				121,080.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:		-		
a From 2009				
<b>b</b> From 2010				
c From 2011 52,849.				
d From 2012 165, 491.				
e From 2013				
f Total of lines 3a through e	218,340.			
4 Qualifying distributions for 2014 from	220/0301			
Part XII, line 4: ▶\$ 157, 750.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
· · · · · · · · · · · · · · · · · · ·	<del></del>			
c Treated as distributions out of corpus	0.			
(Election required - see instructions)			· <u></u>	121,080.
d Applied to 2014 distributable amount	36 670			121,000.
e Remaining amount distributed out of corpus	36,670.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:		-	-	-
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	255,010.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			i
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.		!	
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	255,010.			
10 Analysis of line 9:	200,010.		····-	
a Excess from 2010				
b Excess from 2011 52,849.				
c Excess from 2012 165, 491.	İ			
d Excess from 2013				
e Excess from 2014 36,670.				
423581 11-24-14				Form <b>990-PF</b> (2014)

Form 990-PF (2014) NEWELL	D. HALE FOU	NDATION			364136 Page 10			
Part XIV Private Operating F				N/A				
1 a If the foundation has received a ruling o			1					
foundation, and the ruling is effective fo	•	-	▶ ∟	<del></del>				
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or4	942(j)(5)			
2 a Enter the lesser of the adjusted net	Tax year	41,0040	Prior 3 years	(4) 0011	(-) Total			
income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total			
investment return from Part X for								
each year listed								
<b>b</b> 85% of line 2a								
c Qualifying distributions from Part XII,								
line 4 for each year listed				<del></del>				
d Amounts included in line 2c not								
used directly for active conduct of								
exempt activities	<u> </u>			<del></del>	<del> </del>			
e Qualifying distributions made directly								
for active conduct of exempt activities.								
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<del></del>	+	<del> </del>			
alternative test relied upon:								
a "Assets" alternative test - enter:								
(1) Value of all assets	ļ		-	<del></del>				
(2) Value of assets qualifying					1			
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter				<del></del>				
2/3 of minimum investment return								
shown in Part X, line 6 for each year								
listed	<u> </u>	·- <u></u> .		<del> </del>	<del> </del>			
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)		·	<del>-</del>	<del> </del>				
(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		<del></del> _		<del></del>	<del> </del>			
an exempt organization		1						
(4) Gross investment income								
Part XV Supplementary Info	rmation (Comple	te this part only	v if the foundation	n had \$5,000 or m	ore in assets			
at any time during t			,					
1 Information Regarding Foundation	on Managers:							
a List any managers of the foundation wh	-	than 2% of the total co	ntributions received by th	ne foundation before the cl	ose of any tax			
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)	•		•			
SEE STATEMENT 7								
b List any managers of the foundation wh			n (or an equally large por	tion of the ownership of a	partnership or			
other entity) of which the foundation ha	s a 10% or greater interes	st.						
NONE			·					
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:								
Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If								
	the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.							
a The name, address, and telephone num	iber or e-mail address of t	he person to whom ap	plications should be addr	essed:				
h. The farm in which applications chould be submitted and information and materials they should include:								
b The form in which applications should be submitted and information and materials they should include:								
c Any submission deadlines:								
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable field	s, kinds of institutions, o	r other factors:				
····				<del></del> -				

3 Grants and Contributions Paid During the		ayment	<del>_</del>	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	runoani
a Paid duning the year				_
CONNECTICUT COUNCIL FOR PHILANTHROPY	NONE		CHARITABLE -	
221 MAIN STREET	1		PHILANTHROPY	
IARTFORD CT 06106				2,00
CONNECTICUT AUDOBON SOCIETY	none		CHARITABLE - OWL	
314 UNQUOWA ROAD			GARDEN	
FAIRFIELD CT 06824				1,00
AMERICAN CANCER SOCIETY	NONE		CHARITABLE - RESEARCH	
PO BOX 22718			<u>l</u>	1 000
OKLAHOMA CITY, OK 73123				1,000
HOBART & WILLIAM SMITH COLLEGE	NONE		CHARITABLE - EDUCATION	
300 PULTENEY ST	-	_		-
GENEVA, NY 14456				2,000
TWILIGHTS IN THE COUNTRY - DAY	NONE		CHARITABLE - TWILIGHTS	
KIMBALL	NONE		IN THE COUNTRY PROGRAM	
320 POMFRET STREET				
POMFRET CT 06260				1,000
	NTINUATION SHEE	T(S)	▶ 3a	157,75
<b>b</b> Approved for future payment				
NONE				
		·		
	1		i i	

### Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.				by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	_				
C	_				
d	_				
e	_				
f					
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	59,653.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	<del></del>				
8 Gain or (loss) from sales of assets other				*	
than inventory			18	22,119.	
9 Net income or (loss) from special events			<del>                                     </del>	22/11/	
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
ā	- <del>   </del>		<del>-   -   -</del>	<del></del>	- <del></del>
b	-	<del></del>	<del></del>		
·	1 1		<del>-   -   -</del>		
d	-		<del></del>		· <del></del>
e	-		+	81,772.	
2 Subtotal. Add columns (b), (d), and (e)			0.		01 773
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				13	81,772

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).						
<del></del>							
23621 1-24-14	Form <b>990-PF</b> (20						

Form 990-PF (2014) NEWELL D. HALE FOUNDATION 20-8864136 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) Х (1) Cash Х 1a(2) (2) Other assets **b** Other transactions: X (1) Sales of assets to a noncharitable exempt organization 1b(1) X 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements 1b(5) (5) Loans or loan guarantees X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I h hed this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr )? Sign Here X Yes TRUSTEE Signature of officer or trustee Trtle Print/Type preparer's name Preparer's signature Date Check [ self- employed

Form **990-PF** (2014)

P00028258

Firm's EIN ► 04-2297674

Phone no. (508)791-3511

Paid

Preparer

**Use Only** 

Firm's address ▶ 311 MAIN STREET, P.O. BOX 15156

WORCESTER, MA 01615-0156

07/14/15

SCOTT C CASHMAN

Firm's name ▶ BOWDITCH & DEWEY,

## Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Name of the organization

Employer identification number

NEWELL D. HALE FOUNDATION 20-8864136								
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	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	<del></del>						
Special Rules								
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II.	, or 16b, and that received from						
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contribution is checked, enter purpose. Do not o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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, charitable, etc., contributions totaling \$5,000 or more during the year							
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Name of organization

Employer identification number

### NEWELL D. HALE FOUNDATION

20-8864136

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	HALE CHARITABLE LEAD TRUST  507 POMFRET STREET  POMFRET CENTER, CT 06259	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$	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
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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
		*	
(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

Employer identification number

<u>NEWELL</u> Part III	D. HALE FOUNDATION  Exclusively religious, charitable, etc., contribute year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that t	-8864136 total more than \$1,000 for			
	Use duplicate copies of Part III if additional	al space is needed.	ress to the year (Enter any mile vine)				
(a) No. from Part I	(b) Purpose of gift (c) Use of g		(d) Description o	of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held			
Part I	(b) Ful pose of grit	(0) 030 01 gm	(a) Boson patent				
		(a) Tunnelou et cil					
-	(e) Transfer of  Transferee's name, address, and ZIP + 4		f gift  Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held			
		(e) Transfer of gif	t				
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description o	f how gift is held			
		(e) Transfer of gi					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor t	o transferee			

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SE	ECURITIES	STATEMENT	1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENU S PER BOO				
COMMONWEALTH FINANCIAL B36-771023 COMMONWEALTH FINANCIAL	60,219.	58:	1. 59,6	538. 59,0	638.		
D49-051799	15.		0.	15.	15.		
TO PART I, LINE 4	60,234.	34. 581.		553. 59,0	653.		
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT	2	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
BOWDITCH & DEWEY - PREPARATION	TAX	2,250.	2,2	50.		0.	
TO FORM 990-PF, PG	1, LN 16B	2,250.	2,2	50.		0.	
FORM 990-PF		TAXES			STATEMENT 3		
DESCRIPTION		(A) EXPENSES PER BOOKS					
IRS - 2014 EXCISE T BALANCE DUE		104.		0.		0.	
IRS - 2015 ESTIMATE EXCISE TAX FOREIGN TAX	עי	640. 77.		0. 77.		0. 0.	

FORM 990-PF	OTHER EXPENSES				STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
CONSULTING PORTFOLIO SERVICES FEE MARKETING OFFICE AND POSTAGE INSURANCE COUNCIL MEMBERSHIP	3,999. 9,699. 2,200. 645. 1,079. 3,000.	9,6	0. 599. 0. 0.			0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	20,622.	9,6	599.			0.
FORM 990-PF	CORPORAT	E BONDS	· · · ·		STATEMENT	5
DESCRIPTION			вос	OK VALUE	FAIR MARKE	r
PIMCO LOW DURATION INSTITUTION TEMPLETON GLOBAL BOND DWS ULTRA SHORT PIMCO INCOME FUND CL I		250,004. 100,004. 1,000,004. 282,824.		256,593. 96,239. 981,027. 287,962.		
TOTAL TO FORM 990-PF, PART II	, LINE 10C	=		,632,836.	1,621,8	21.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE	r
NORTHWESTERN MUTUAL - UL		COST		0.		0.
TOTAL TO FORM 990-PF, PART II	, LINE 13	_	_	0.		0.

FORM 990-PF'

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

7

NAME OF MANAGER

ALICE U. HALE LAURENCE N. HALE, II

20-8864136

NEWELL D. HALE FOUNDATION

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient FGSA GOLDEN LAMB BUTTERY NONE CHARITABLE - SUPPORT PERFORMING ARTS 499 WOLF DEN ROAD 150. BROOKLYN, CT 06234 NONE CHARITABLE - EDUCATION POMFRET SCHOOL PO BOX 128 1,500. POMFRET CT 06258 QVCC FOUNDATION NONE CHARITABLE - EDUCATION 742 UPPER MAPLE STREET 2,500, DANIELSON, CT 06239 CHARITABLE - EDUCATION THE RECTORY SCHOOL NONE 528 POMFRET STREET 11,000. POMFRET CT 06258 NONE CHARITABLE - COMMUNITY YMCA OF GREATER HARTFORD 241 TRUMBULL STREET 128,300. HARTFORD CT 06103 CHARITABLE - RELIGIOUS NONE CHRIST CHURCH 521 POMFRET STREET 7,300, POMFRET CT 06258 150,750 Total from continuation sheets