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

Open to Public Inspection

For o	calend	dar year 2015 or tax year beginning ,	and ending				
Nar	ne of fou	Indation			A Empl	oyer identification number	
T	HE	PIZZAGALLI FOUNDATION	,		03	-0307532	
Nur	nber and	street (or P O box number if mail is not delivered to street address)	Re	oom/suite	B Telepi	hone number (see instructions	)
		SHELBURNE ROAD, SUITE 101			80	<u>2-660-6803                                    </u>	
-		, state or province, country, and ZIP or foreign postal code  INGTON VT 05401			C If exer	mption application is pending, o	check here
G	heck a	all that apply Initial return Initial return	m of a former public ch	anty	D 1. Fo	oreign organizations, check her	e •
		Final return Amended	•	-	2 Fc	oreign organizations meeting th	е
		Address change Name cha	nge		1	% test, check here and attach	f -
H C	heck t	type of organization X Section 501(c)(3) exempt private	foundation		E if priva	ate foundation status was term	nated under
_			e private foundation			n 507(b)(1)(A), check here	<b>▶</b>
		ket value of all assets at J Accounting method		rual	F If the t	foundation is in a 60-month ten	mination
-		ear (from Part II, col. (c), Other (specify)	<u> </u>			section 507(b)(1)(B), check he	. (
	e 16) l	0 454 600	ne on cash hasis )				
	irt l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	T			(d) Disbursements
-		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	for chantable purposes
	<del></del>	the amounts in column (a) (see instructions) )					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,457,443	ļ			
	2	Check ► if the foundation is <b>not</b> required to attach Sch B		<del></del>	4.0		,
	3	Interest on savings and temporary cash investments	110 001		12	<del> </del>	
	4	Dividends and interest from securities	119,801		19,801		.,,
	5a	Gross rents					
ne	b	Net rental income or (loss)	422,494	<u> </u>			.,,
ē	6a b	Net gain or (loss) from sale of assets not on line 10  Gross sales pnce for all assets on line 6a  2,052,918	422,434				
Revenue		Gross sales pnce for all assets on line 6a 2,052,918  Capital gain net income (from Part IV, line 2)		Δ.	22,494		
Щ	7 8			7	22,434	0	
	9	Net short-term capital gain Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)		ļ			
	11	Other income (attach schedule) ECEIVED					
	12	Total. Add lines 1 through 11	1,999,750	5-	42,307	0	
	13	Compensation of officers directors, trustees, etc.	0		· · · · · ·		
enses	14	Compensation of officers directors, trustees, etc.  Other employee salaries and wages   Pension plans, employee benefits					
e e	15	Pension plans, employee benefits					
. Ω.	16a	Legal fees (attach schedule) St.m. 1					
Ш	ь	Accounting fees (attach schedule) Stmt 1	1,390				
Administrative Ex	С	Other professional fees (attach schedule) Stmt 2	31,821		31,821		
z te	17	Interest		ļ			
isi	18	Taxes (attach schedule) (see instructions) Stmt 3	29,511		4,674	<u>-</u>	
	19	Depreciation (attach schedule) and depletion		<u> </u>			
<b>5</b>	20	Occupancy					
•	21	Travel, conferences, and meetings					
<i>a</i>	22	Printing and publications					
	23	Other expenses (att sch) Stmt 4	5,931			· · · · · · · · · · · · · · · · · · ·	5,931
ชเบะ Operating	24	Total operating and administrative expenses.	<b>50</b> 555		اء م	_	<b>=</b> -55=
20 00		Add lines 13 through 23	68,653		36,495	0	5,931
Ö	25	Contributions, gifts, grants paid	540,572		36 405		540,572
	26	Total expenses and disbursements. Add lines 24 and 25	609,225		36,495	0	546,503
	27	Subtract line 26 from line 12	1,390,525				
	a	Excess of revenue over expenses and disbursements	1,350,325		05,812		
	b	Net investment income (if negative, enter -0-)			00,012	0	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

7,446,147

7,446,147

3

4

5

6

3 Other increases not included in line 2 (itemize) ▶

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

5 Decreases not included in line 2 (itemize) ▶

Add lines 1, 2, and 3

<del></del>		I FOUNDATION		03-0307532		<u>-</u>	Page 3
Part IV Capital G	ains and Losse	s for Tax on Investme	nt Income	···-			
		of property sold (e.g., real estate, armon stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr )
1a See Workshe	et	<del></del>		D Doricalion			<del></del>
b							
С							
<u>e</u>	<del></del>						
(e) Gross sales price	(	() Depreciation allowed (or allowable)		t or other basis control of sale		(h) Gain o (e) plus (f) n	
_a				······································			<del></del>
<u> </u>				<del></del> -		<del></del>	
d	<del></del>						
Complete only for assets	showing gain in colu	nn (h) and owned by the four	dation on 12/31/69	9			
Complete only for assets	Showing gain in colu			cess of col (i)		Gains (Col. (h (k), but not le:	n) gain minus iss than -0-) <b>or</b>
(I) F M V as of 12/31/69		(i) Adjusted basis as of 12/31/69		col (j), if any		Losses (from	· ·
<u>a</u>	<del></del>						
b	<del></del>			·			
d					<del></del>		
e							<del></del>
2 Capital gain net income o 3 Net short-term capital gain	n or (loss) as defined		Part I, line 7		2		422,494
Part I, line 8		ee instructions) If (loss), ent			3		-21,373
Part V Qualificat	ion Under Secti	on 4940(e) for Reduc	ed Tax on Net	Investment Incor	ne		
(For optional use by domestic	private foundations s	subject to the section 4940(a)	tax on net investr	nent income )			
If section 4940(d)(2) applies, I	eave this part blank						
Was the foundation liable for t If "Yes," the foundation does r			• •	ase penod?			Yes X No
1 Enter the appropriate amo	<del></del>			n any entries			
(a)	Dunt in each column		IONS BETOTE MAKIN				(d)
Base penod years Calendar year (or tax year be		(b) Adjusted qualifying distributions	Net va	(c) alue of nonchantable-use assets	,		oution ratio vided by col (c))
2014		513	,113	5,903,	700		0.086914
2013		819	,066	4,393,	319		0.186434
2012			,238	4,155,			0.146119
2011			,228	4,603,			0.125384
2010		13	,000	4,630,	642		0.002807
2 Total of line 1, column (d)	)				2		0.547658
3 Average distribution ratio		eriod – divide the total on line	2 by 5, or by the				
*	•	stence if less than 5 years	•		3	ļ	0.109532
4 Enter the net value of non	chantable-use assets	for 2015 from Part X, line 5			4		7,702,443
5 Multiply line 4 by line 3					5		843,664
6 Enter 1% of net investmen	nt income /1% of Part	L line 27b)			6		5,058
	in the other property	.,					
7 Add lines 5 and 6					7	<b> </b>	848,722

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

546,503

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

<u>Form</u>	990-PF (2015) THE PIZZAGALLI FOUNDATION 03-0307532			P	age <b>4</b>
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			ر ۱۵	<u>116</u>
	here ▶ and enter 1% of Part I, line 27b	'			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1			
	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
3	Add lines 1 and 2	<u> </u>		10,	116
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			10,	116
6	Credits/Payments	I			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 16,124				
b	Exempt foreign organizations – tax withheld at source	1			
C	Tax paid with application for extension of time to file (Form 8868)	1			
d	Backup withholding erroneously withheld 6d 6d			. م	
7	Total credits and payments Add lines 6a through 6d			.6,	124
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8				<del></del>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	)			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			6,	008
11	Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 6,008 Refunded ▶ 1	1			
Pa	rt VII-A Statements Regarding Activities		F1		
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		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				v
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			1	X
C	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 > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers.   \$		2	1	X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-		*
_	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		x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4b		<del></del>
þ	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	, <b></b>	5		X
5	If "Yes," attach the statement required by General Instruction T				777
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
0	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ju	VT				
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	X	l
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
			Form 9	0-PI	F (2015)

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	art 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				Yes	No
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					1
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?		13	X	
	Website address ► N/A					_
14		phone no 🕨	802-6	60-	680	O
	462 SHELBURNE ROAD, SUITE 101		0E 401			
	Located at Burlington VT	ZIP+4 ▶	05401	•		. —
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 – Check here	<b>~</b> 1.	4-1			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15		¥	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority			46	Yes	No X
	over a bank, securities, or other financial account in a foreign country?			16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					ĺ
Ps	the foreign country ►  Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u>L</u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del></del> -			Yes	No
1a						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			Ē
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	<u></u>	_			į
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		_			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a peпod after	_	<del></del>		I	
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	s	27 / 2		-	:
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	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		N/A	1c	•	İ
2	were not corrected before the first day of the tax year beginning in 2015?		H/A	16		
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))					`
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and					
•	6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	<b>▶</b> 20 , 20 , 20 , 20				I	:
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_	( <del></del> )			
	at any time during the year?	Yes	X No		1	:
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or				I	-
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				1	į
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				I	-
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		N/A	3ь	ŧ	; I
A a	foundation had excess business holdings in 2015.)  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		41/ EL	4a	$\neg$	×
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			74		
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015	;7		4ь	1	x
		<del></del>		om 99	0-PF	

Sa Luning the year did the foundation pay or nature ary amount to  (1) Carry on probagands, or otherwise attempt to influence legislation (section 4945(s))?  (2) Influence the outcome of any specific public election (see section 4945(s))?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or aducational purposes, or for the prevention of cruelty to children or animals?  (8) Provide for any purpose other than religious, charitable, scientific, literary, or aducational purposes, or for the prevention of cruelty to children or animals?  (9) If any answer is "Yes" to Su(1-7), Gil diary of the transactions fill to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding diseaster assistance check here  (9) If the answer is "Yes" to Question 53 4945 or in a current notice regarding diseaster assistance check here  (1) If "Yes", attach the statement required by Regulations section 53 4945-5(d)  (9) Did the foundation, during the year, receive any thirds, directly or indirectly, to pay premiums on a personal benefit contrad?  (1) If "Yes" attach the statement required by Regulations section 53 4945-5(d)  (1) If "Yes" attach the statement required by Regulations section 53 4945-5(d)  (1) The foundation, during the year, review any provided tax sheller transaction?  (1) If "Yes" (1) the foundation receive any provided tax sheller transaction?  (2) Individual bent foundation received any provided tax sheller transaction?  (3) Individual bent foundation foundation and party to a prohibited tax sheller transaction?  (4) Name and contractors  (5) Herne and econes  (6) Herne and econes  (6) Herne and econes  (9) Herne			ZZAGALLI FOUNDATION		0307532			Page 6
(1) Carry on pròpaganda, or otherwise attempt to influence legistation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4945(e))?  (3) Provide a grant to an individual for fravel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(n)(4)(A)? (see instructions)  (5) Provide organization organization other than a charitable, etc., organization described in section 4945(n)(4)(A)? (see instructions)  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) If yes 10 (all any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (8) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (9) Ciganizations relying on a current notice regarding disaster assistance (see instructions)?  (1) Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (1) If the answer is 1 Yes 10 question 53(4), does the foundation claim exemption from the tax because it amiliationed expenditure responsibility for the grant?  (1) If Yes, 1 attach the statement required by Regulations section 53 4945 or indirectly, to pay premiums on a personal benefit contract?  (1) If Yes, 1 did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) If Yes, 2 did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (2) Did the foundation, during the year, receive any funds, directly or indirectly, to a prohibited tax sheller transaction?  (3) If Yes, 3 did the foundation, during the year, receive any fund	<u>Pa</u>	rt VII-B Statements	Regarding Activities for Which Forn	<u>n 4720 May Be R</u>	Required (contin	nued)	<del>,</del>	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an origanization other than a charitable, etc., organization described in section 4945(0)(4)(7) (see instructions)  (5) Provide for any purpose other than religious, chantable, scenafic, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Cognizations relying on a current notice regarding disaster assistance (see instructions)?  Cognizations relying on a current notice regarding disaster assistance (see instructions)?  Cognizations relying on a current notice regarding disaster assistance (see instructions)?  Cognizations relying on a current notice regarding disaster assistance (see instructions)?  Cognizations relying on a current notice regarding disaster assistance (see instructions)?  N/A Yes No  If "Yes" to 6th in animal description of the grant?  If "Yes" attach the statement required by Regulations section 53 4945–5(d)  5a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6th, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  If "Yes" to 6th, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6th, file Form 8870  N/A 7b  If "Yes" to 6th, file Form 8870  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6th, file Form 8870  (a) Nema and editions to file the party of the party of the party of	5a	During the year did the founda	ation pay or incur any amount to					
directly or indirectly, anny voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an originization other than a charitable, etc., originization described in section 4945(0)4(1/4)? (see instructions)  (5) Provide of rany purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5s(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in 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 maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  D Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (b) Name and address  (c) Compensation  (c) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (g) Compensat		(1) Carry on propaganda, or	otherwise attempt to influence legislation (section	4945(e))?	\ \	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(0)(40)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Corganizations relying on a current notice regarding disaster assistance (see instructions)?  Corganizations relying on a current notice regarding disaster assistance (see instructions)?  Corganizations relying on a current notice regarding disaster assistance (see instructions)?  Corganization relying on a current notice regarding disaster assistance (see instructions)?  Corganization relying on a current notice regarding disaster assistance (see instructions)?  If "Yes" to disaster the statement required by Regulations section 53 4945–5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  B All any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  I List all officers, directors, trustees, foundation managers and their compensation (see instructions).  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address foundation managers and their compensation (see instructions).  I List all officers, directors, trustees, foundation managers, Highly Paid Employees, other allowable to position and their directors, trustees, foundation managers, Highly Paid Employees, other allow		(2) Influence the outcome of	any specific public election (see section 4955), or	to carry on,				
(4) Prowde a grant to an organization other than a charitable, etc., organization described in section 4945(i)(4)(A)? (see instructions)  (5) Provide for any purposes, or for the prevention of cruelty to children or animals?  If any answer is "Yes" to Saf1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A 5b  N/A 7b  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a		directly or indirectly, any v	voter registration drive?		<u></u>			
section 4945(d)(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current solice regarding disaster assistance (see instructions)?  Organizations relying on a current solice regarding disaster assistance (see instructions)?  N/A   5b					Y	'es X No		
(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Description of the prevention of cruelty to children or animals?  Description of the prevention of cruelty to children or animals?  Description of the prevention of cruelty to children or animals?  Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A   Yes   No   No   W/A   Tyes, "attach the statement required by Regulations section 53 4945–5(d)  Description of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Description of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Wes   No   No   W/A   Tyes   W/A		(4) Provide a grant to an orga	anization other than a charitable, etc., organization	described in				
purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Yes" to 5a(1)-(3), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Crid the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," at the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, to a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, to a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiums, directly or indirectly, to a personal benefit contract?  If "Yes," did the foundation funding the year, pay premiu		section 4945(d)(4)(A)? (se	ee instructions)		Y	'es X No		
b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  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 maintained expenditure responsibility for the grant?  If "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A Type No If "Yes, "If the foundation during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," to 6b, file Form 8870  Yes X No If "Yes," No If "		(5) Provide for any purpose of	other than religious, charitable, scientific, literary, o	r educational				ı
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  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 maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  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?  Yes X No  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?  Yes X No  If "Yes" to 6b, file Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  If "Yes" to 6b, file Form 8870  Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  N/A 7b  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tide, and average hours personal engage in the paid, enter -0.)  JAMES C. PIZZAGALLI  PALM BEACH  TRUSTEE  O NO  O O O O O O O O O O O O O O O O		purposes, or for the preve	ention of cruelty to children or animals?		Y	es X No		Į.
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 maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  If "Yes," idd the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.  (b) Tile, and average (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee pad more than \$50,000  NONE  NONE  N/A  7b  8b  N/A  7c  N/A  Yes  N/A  Yes  No  6b  X  X  N/A  7b  N/A  7	b	If any answer is "Yes" to 5a(1)	)–(5), did <b>any</b> of the transactions fail to qualify und	er the exceptions des	cribed in	_		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A Yes No If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  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?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and eddress  (b) Tide, and average hours per week.  Genoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation of the responsability.  (e) Expense account of the pattern of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tide, and average hours per week.  Certain and General compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (b) Tide, and average hours per week.  Certain and deferred compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."		Regulations section 53 4945 of	or in a current notice regarding disaster assistance	(see instructions)?		N/A	5b	
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tide, and average hours per week devoted to position (if not paid, enter -0-)  ANGELO P. PIZZAGALLI PALM BEACH TRUSTEE  210 VIA TORTUGA FL 33480  0.00  0 0  ANGELO P. PIZZAGALLI SHELBURNE TRUSTEE  210 VIA TORTUGA FL 33480  0.00  0 0  REMO R. PIZZAGALLI CHARLOTTE TRUSTEE  P.O. BOX 37  VT 05445  0.00  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (d) Name and address of each employee pad more than \$50,000  NONE  (e) Tide, and average hours per week devoted to position (c) Compensation (c) Compe		Organizations relying on a cur	Tent notice regarding disaster assistance check h	ere		▶ ∐		1
If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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?  Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (if not paid, enter-0-)  JAMES C. PIZZAGALLI  PALM BEACH  TRUSTEE  210 VIA TORTUGA  FL 33480  0.00  0  0  NANCELO P. PIZZAGALLI  SHELBURNE  TRUSTEE  210 VIA TORTUGA  FL 33480  0.00  0  0  REMOR N. PIZZAGALLI  SHELBURNE  TRUSTEE  20 O O O O  REMOR R. PIZZAGALLI  CHARLOTTE  TRUSTEE  0.00  0  0  REMOR R. PIZZAGALLI  CHARLOTTE  TRUSTEE  10 O O O O O  REMOR R. PIZZAGALLI  CHARLOTTE  TRUSTEE  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (e) Compensation  (f) Title, and average hours per week devoted to position  (e) Compensation  (e) Combinions to employee benefit plants and deferred compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (e) Compensation  (f) Title, and average hours per week devoted to position  (e) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Compensation  (e	C	If the answer is "Yes" to quest	ion 5a(4), does the foundation claim exemption fro	om the tax		_		1
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    Yes   No   No   No   No   No   No   No   N		because it maintained expend	iture responsibility for the grant?		N/A 📙 Y	es No		
on a personal benefit contract?    Yes   No   No   Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?    Yes' to 6b, file Form 8870   Yes   X No   No   No   No   No   No   No		If "Yes," attach the statement i	required by Regulations section 53 4945–5(d)					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1 – see instructions).  JAMES C. PIZZAGALLI  PAIM BEACH  TRUSTEE  3173 HARBOR RD  VT 05482  0.00  0  0  0  0  0  0  0  0  0  0  0	6a	Did the foundation, during the	year, receive any funds, directly or indirectly, to pa	ay premiums				
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?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position (lift of paid, enter -0-)  JAMES C. PIZZAGALLI  PALM BEACH  TRUSTEE  210 VIA TORTUGA  FL 33480  0.00  0  0  0  0  0  0  0  0  0  0  0		on a personal benefit contract	?		∐ <b>Y</b>	es X No		1
Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoked to position  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoked to position  (a) Name and address  (b) Title, and average hours per week devoked to position  (c) Compensation  (d) Contributions to employee benefit other allowances  (e) Expense account other allowances  (e) Expense account other allowances  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  (b) Title, and average hours per week devoked to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (f) Compensation  (g) Compensation  (g) Compensation  (g) Compensation  (g) Compensation  (g) Compensation  (g) Expense account other allowances  (g)	þ	Did the foundation, during the	year, pay premiums, directly or indirectly, on a pe	rsonal benefit contract	12		6b	X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b    Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position (find paid, enter-0-)  [c) Compensation (find paid, enter-0-)  [d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other altowances  (b) Title, and average hours per week devoted to position (find paid, enter-0-)  [d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other altowances  (e) Compensation  (f) Contributions to employee (opensation of plans and deferred compensation  (e) Expense account other altowances  (e) Compensation  (f) Contributions to enter (find paid, enter-0-)  (e) Expense account other altowances  (e) Compensation  (f) Contributions to employee pend more than \$50,000  (f) Compensation  (g) Compensa		If "Yes" to 6b, file Form 8870						
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position (if not paid, enter -0-)  (c) Compensation (if not paid, enter -0-)  (d) Contributions to employee benefit plans and deferred compensation (the allowances)  (e) Compensation (if not paid, enter -0-)  (e) Expense account other allowances  (e) Compensation (if not paid, enter -0-)  (e) Expense account other allowances  (fill of paid, enter -0-)  (g) Expense account other allowances  (e) Compensation (if not paid, enter -0-)  (e) Expense account other allowances  (e) Compensation (if not paid, enter -0-)  (e) Expense account other allowances  (fill of paid, enter -0-)  (g) Expense account other allowances  (e) Compensation (if not paid, enter -0-)  (e) Expense account other allowances  (fill of paid, enter -0-)  (g) Expense account other allowances  (g) Compensation (if none, enter  (g) Compensation (if none, enter  (g) Compensation (if none, enter  (g) Expense account other allowances  (g) Exp	7a	At any time during the tax year	r, was the foundation a party to a prohibited tax sh	elter transaction?	<b>Y</b>			
AMES C. PIZZAGALLI PALM BEACH TRUSTEE 210 VIA TORTUGA FL 33480 0.00 0 0  ANGELO P. PIZZAGALLI SHELBURNE TRUSTEE 3173 HARBOR RD VT 05482 0.00 0 0  REMO R. PIZZAGALLI CHARLOTTE TRUSTEE P.O. BOX 37 VT 05445 0.00 0 0 0  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average horizontal verification (If not paid, enter -0-) to compensation (If not paid, enter -0-) to compensation (the allowances) to compensation of the allowances (If not paid, enter -0-) to compensation (the allowances) to compensation of the allowances (If not paid, enter -0-) to compensation of the allowances (If not paid, enter -0-) to compensation (If not paid, enter -0-) to compensation of the allowances (If not paid, enter -0-) to compensation (If not paid, enter -0	<u>b</u>							
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (e) Expense account other allowances)  JAMES C. PIZZAGALLI PALM BEACH TRUSTEE 210 VIA TORTUGA FL 33480 0.00 0 0 0  ANGELO P. PIZZAGALLI SHELBURNE TRUSTEE 3173 HARBOR RD VT 05482 0.00 0 0 0  REMO R. PIZZAGALLI CHARLOTTE TRUSTEE P.O. BOX 37 VT 05445 0.00 0 0 0 0  COMPENSATION OF TRUSTEE P.O. BOX 37 VT 05445 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pa			oundation Mana	ıgers, Highly P	aid Employe	es,	
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Expense account other allowances  (e) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances								
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210 VIA TORTUGA  FI 33480  0.00  NONE  O 0  O 0  O 0  O 0  O 0  O 0  O 0  O				<del></del>		compensation	<del> </del>	
ANGELO P. PIZZAGALLI SHELBURNE 3173 HARBOR RD VT 05482 0.00 0 0 REMO R. PIZZAGALLI CHARLOTTE P.O. BOX 37 VT 05445 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				t t		_		
3173 HARBOR RD VT 05482 0.00 0 0 0 REMO R. PIZZAGALLI CHARLOTTE TRUSTEE P.O. BOX 37 VT 05445 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					1		├	0
REMO R. PIZZAGALLI  P.O. BOX 37  VT 05445  O.00  O  O  O  O  O  O  O  O  O  O  O  O				1	_	_		
P.O. BOX 37  VT 05445  O.00  O 0  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances of the relief plans and deferred compensation.			· · · · · · · · · · · · · · · · · · ·		9	0	├	0
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  NONE				1		_		
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  other allowances	P.C	. BOX 37	VT 05445	0.00	0		├	0
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  other allowances					1 1			
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  other allowances		O			11		<u> </u>	
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances			st-paid employees (other than those included	on line 1 – see instr	uctions). If none, e	enter		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Thue, and address of each employee benefit plans and deferred compensation  (c) Compensation  employee benefit plans and deferred compensation  other allowances		HONE.		<del></del>	Ī	(d) Contabilities to	Τ	
NONE devoted to position plans and deterred compensation other allowances		(a) Name and address of an	and ampleyon and mare than \$50,000		(-) Componention		(e) Exp	ense account,
NONE		(a) Name and address of ea	CT employee paid more than \$50,000		(c) Compensation		other	allowances
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otal number of other employees paid over \$50,000	tel.	number of other ampleyees as	ud over \$50,000		<u> </u>		<u> </u>	0
otal number of other employees paid over \$50,000  Form 990-PF (201	Juli	iumber of other employees pa	in over 400,000				<u>_</u>	

Form 990-PF (2	015) THE PIZZAGALLI FOUNDATION	03-0307532	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Paid Er	
3 Five high	est-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		j	
		]	
Total number of	others receiving over \$50,000 for professional services		<b></b>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information other beneficianes served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
		<del></del>	
2			
	_		
3			
~			
		<del></del>	<del>                                     </del>
4			İ
Part IX-B	Summary of Program-Related Investments (see in	structions)	<del></del>
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2	· · · · · · · · · · · · · · · · · · ·	Amount
1 N/A			
2			
All other program-re	elated investments. See instructions		
3			
Total. Add lines	1 through 3		

546,503

546,503

3b

4

5

6

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Enter 1% of Part I, line 27b (see instructions)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

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

349,418

400,503

614,212

234,049

171,497

Excess from 2011

Excess from 2012

Excess from 2013

Excess from 2014

Excess from 2015

factors N/A

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
` Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE ATTACHED SCHDULE				
		GENERAL	SUPPORT	540,572
			j	
Total	<u> </u>		<b>▶</b> 3a	540,572
b Approved for future payment N/A				
Total			<b>▶</b> 3b	

Part XVI-A				1 5 1 4	11 540 540 544	<del></del>
inter gross amo	ounts unless otherwise indicated	Unrelat	ed business income	Excluded	1 by section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income
1 Program se	rvice revenue.	Dushiess Code	Amount	code	Amount	(See instructions)
ď						
е						
f						
g Fees ar	nd contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on s	savings and temporary cash investments			14	12	
	nd interest from securities			14	119,801	
5 Net rental in	come or (loss) from real estate					
a Debt-fin	anced property					
<b>b</b> Not deb	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest						
8 Gain or (los	s) from sales of assets other than inventory			18	422,494	
9 Net income	or (loss) from special events					
0 Gross profit	or (loss) from sales of inventory					
1 Other reven	ue. a					
b						
			·			
				11		
е				1		
2 Subtotal Ad	d columns (b), (d), and (e)				542,307	
3 Total. Add I	ne 12, columns (b), (d), and (e)				13	542,307
	in line 13 instructions to verify calculations.)	<del></del>	· · · · · · · · · · · · · · · · · · ·			
Part XVI-B	<del>                                     </del>					
Line No.	Explain below how each activity for which income is					
<b>V</b>	accomplishment of the foundation's exempt purpose	es (other than b	y providing funds for s	such purpo	ises) (See instructions	<u> </u>
N/A	<del></del>				·	<del></del>
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<del></del>	<del> </del>				<del></del>	<del></del>
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orm 9	90-PF (201	5) <b>THE</b>	PIZZ	AGALLI	FOUNDATIO	ON	03-0307	532		Page 13
		Informat	ion Reg	arding Tra			ns and Relationship	s With Noncharitable		
1 [	999-PE (2015) THE PIZZAGALLI FOUNDATION 03-0307532 Page 13 tt XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations  Did the organization directly or indirectly engage in any of the following with any other organization described in section 5010 of the Code (other than section 5010(x)) organizations or in section 527, relating to political organizations?  Transfers from the reporting foundation to a noncharitable exempt organization of 11 Cash 12 Other transactions 12 Other transactions 13 Cash 14 Cash 14 Cash 15 Cash 15 Cash 15 Cash 15 Cash 15 Cash 16 Cash 16 Cash 16 Cash 16 Cash 16 Cash 17 Cash 17 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Cash 18 Ca									
	_		=			-		I		
C	organization	s?								-
a 1	ransfers fro	om the repo	rting founda	ation to a nor	nchantable exempt	organization of				I
		•	•		•	J			1a(1)	X
•	•	reate								
	•								.0(2)	<del>  •</del>
										₹ -
(	1) Sales of	assets to a	nonchanta	ble exempt o	organization					
(	<ol><li>Purchas</li></ol>	es of assets	s from a no	nchantable e	xempt organization	1			1b(2)	
(	3) Rental o	of facilities, e	equipment,	or other asse	ets				1b(3)	X
(.	4) Reimbu	rsement arr	angements					1	1b(4)	X
			=						1b(5)	$\overline{\mathbf{x}}$
	•	_		mberehin or	fundraieina eolicita	tione				
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	alue in any	transaction	or sharing	arrangement	, show in column (	d) the value of th	e goods, other assets, or s	services received		
(a)	Line no	(b) Amour	nt involved	(c) Nam	e of nonchantable exemp	pt organization	(d) Description of tr	ransfers, transactions, and shanng arra	ngements	
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2a	the founda	tion directly	or indirect	v affiliated w	th, or related to, or	ne or more tax-ex	cempt organizations			
		-		-				Γ	Voc	X No
			• •	•	ian section oo non	5)) Of 111 SCOROLL	<b>72.</b> 1 ·	L	_] 103	110
U II				edu <u>ie</u>						
		n) Name of orga	anization		(b) Type of o	rganization		(c) Description of relationship		<del></del>
N	/A									
								<del></del>		
	Under pen	alties of penun	v. I declare tha	t I have examine	ed this return, including	accompanying sched	ules and statements, and to the b	est of my knowledge and belief, it is	rue.	
							nich preparer has any knowledge			
	1			ļ	1/_			May the IRS discus with the preparer si		ł
Sign			·	!		7	4 1	(see instructions)?	Yes	No
lere	1.		/ in sha	~ /	10./	المسار ( ال	<u> </u>		<u></u>	٠, ٠.٠
		(	22		my '	5/	<u> 2/16</u>	rustee		
	Signa	ture of officer of	trustee		// /	Date	Title	)		
	Pgnt/Tvr	e preparer's na	ame		7	Preparer's signatur	e	Date		. 🗀
	1	F P 0 1 4 110	<del></del>		$\smile$	0		50.5	Che	eck if employed
aid	Сиртс	TOPHER	RDANA	AN, CPA		(12-00-15)	-	04/07		-omployed
repar	er					Carala	CPA		23722	
lse On	Firm's na		Kitte			Sargent,	CPA s			
•	Firm's ac	ddress 🕨		. Main					03022	
			St. A	lbans,	VT 0547	8		Phone no 802	-524-	<u>·953</u> 1

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

**Schedule of Contributors** 

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

THE PIZZAGALL	I FOUNDATION	03-0307532
Organization type (check one	9)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
Check if your organization is co	overed by the General Rule or a Special Rule.	
Note. Only a section 501(c)(7) instructions	, (8), or (10) organization can check boxes for both the General Rule and a Special Rule So	ee
General Rule		
-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 property) from any one contributor. Complete Parts I and II. See instructions for determining ributions.	
Special Rules		
regulations under sect 13, 16a, or 16b, and th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of to sions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II that received from any one contributor, during the year, total contributions of the greater of (1 to amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and	, line )
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and II	
contributor, during the contributions totaled medium during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious, charitable, etc., contributions are during the year.	I
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	-EZ or on its

Page 1 of 1

Page 2

Name of organization
THE DITTAGALLE FOLDINGATION

Employer identification number

03-0307532 THE PIZZAGALLI FOUNDATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ANGELO PIZZAGALLI Person 3173 HARBOR RD Payroll 1,457,443 Noncash VT 05482 SHELBURNE (Complete Part II for noncash contributions) (d) (a) (c) (b) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payrol1 \$ Noncash (Complete Part II for noncash contributions)

Page 1 of 1

Page 3

Name of organization
THE PIZZAGALLI FOUNDATION

Employer identification number 03~0307532

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	41,225 SHARES OF STOCK		
		\$ 1,946,312	06/30/15
(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
		\$	

Form <b>990-PF</b>	Capital Gains and Los	ses for Tax on Investment Inc	come	2015
lame ,			Employer Ide	ntification Number
MIT DIRECTOR	T		02 020	7530
	I FOUNDATION  Ind describe the kind(s) of property sold, e.g., real estate, y brick warehouse, or common stock, 200 shs. MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr)
1) PEOPLES UNI	TED BANK #61C898014	P	Various	Various
<del></del>	TED BANK #61C898014	P	Various	Various
	TED BANK #61C898014	P	Various	Various
	TED BANK #61C898014	P	Various	Various
<del></del>	TED BANK #61C898014	P	Various	Various
<del></del>	WAB #8668-1819 TED BANK	P	Various	Various
) PEOPLES UNI	IED BANK		<del> </del>	<del> </del>
) <u> </u>	<del></del>		<del></del>	-
0)			1	ļ
1)				
2)				
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5)	<del>,</del>		<u> </u>	1
(e) Gross sales price	(f) Deprecation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain (e) plus (f)	or (loss) minus (g)
437,06	3	453,468	-	16,405
1,261,23		965,313	2	95,921
32,87		37,153		-4,281
140,38	<del></del>	66,685	<u> </u>	73,704
6.		107.005		64
107,05 74,24	<del></del>	107,805	<del></del>	-751 74,242
<u>74,24</u> 2		<del></del>	<del></del>	13,232
)				
0)				
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4)				
5)			1	
Complete only for assets  (i) F M V as of 12/31/69	showing gain in column (h) and owned by th (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(I) Gains (Co col (k), but not les Losses (from	I (h) gain minus s than -0-) <b>Of</b> col (h))
)				16,405
)				95,921
)				-4,281
)				73,704
<u> </u>				64
<u> </u>			ļ	-751 74 242
<u>)                                    </u>			<del> </del>	74,242
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## FOUNDATION THE PIZZAGALLI FOUNDATION 03-0307532

## Federal Statements

FYE: 12/31/2015

Fees
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Part
990-PF, I
· Form 9
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Statement

Charitable Purpose	\$	0 \$	
Adjusted Net	\$	0	
Net Investment		0	
Total	1,390 \$	1,390	
Description	Indirect Accounting Fees \$_	Total \$	

Charitable Purpose	S	\$
Adjusted Net	\$	0
Net vestment	31,821	31,821
<u> </u>	တ	ς, I
Total	31,821	31,821
	S	φ
Description	ASSET MANAGEMENT FEES	Total

# Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

'	3,869 \$ 3,869 \$ \$ 805 805 24,837	29,511 \$ 4,674 \$ 0 \$
	თ	
Net estment	3,869	4,674
- VI	<sub>የ</sub>	\ \
Total	3,869 805 24,837	29,511
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Description	FOREIGN TAX WITHHELD - PEOPLES U FOREIGN TAX WITHHELD - CHARLES S OTHER TAXES	Total

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## FOUNDATION THE PIZZAGALLI FOUNDATION 03-0307532 FYE: 12/31/2015

## Federal Statements

Expenses
Exp
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e 23 - Other
. Line 23 ·
Line
. Part I.
90-PF.
! - Form 990-PF.
Statement 4

Charitable Purpose	4,840 1,091 \$ 5,931
Adjusted Net	
Net Investment	· · · · ·
Total	4,840 1,091 \$ 5,931
Description	Expenses OTHER PIZZAGALLI PRIZE EXP Total

# Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market	\$ 8,189,684
Value	\$ 8,189,684
Basis of Valuation	
End of	\$ 7,164,208
Year	\$ 7,164,208
Beginning	\$ 4,793,711
of Year	\$ 4,793,711
Description	EQUITIES Total

4/7/2016 8:27 AM

## FOUNDATION THE PIZZAGALLI FOUNDATION 03-0307532

FYE: 12/31/2015

**Federal Statements** 

## Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount	
ANGELO PIZZAGALLI	\$	2,043,335	
Total	\$	2,043,335	

## Statement 6 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICATIONS SHOULD INCLUDE NAME, ADDRESS, TELEPHONE NUMBER, PURPOSE, AND PROPOSED USE OF REQUESTED GRANTS.

## Pizzagalli Foundation Detail of Contributions Made

2015 Contributions From Foundation		
Date:	1/8/2015	
Contributor.	All three funds	
Donee Organization	Ethan Allen Institute	
Address	4836 Kirby Mountain Road, Concord, VT 05824	
Amount of Contribution:	\$6,000.00	
Date:	1/23/2015	
Contributor:	James and Judith Pizzagalli Fund	
Donee Organization: Address	General Stannard House Fund c/o Milton Historical Society 13 School Street, Milton, VT 05468	
Amount of Contribution:	\$10,000.00	
Date:	2/11/2015	
Contributor	All three funds	
Donee Organization	Shelburne Veterans Memorial Fund	
Address	P. O. Box 88, Shelburne, VT 05482	
Amount of Contribution:	\$3,000.00	
Date:	2/23/2015	
Contributor <sup>.</sup>	All three funds	
Donee Organization:	Shelburne Museum	
Address	P. O. Box 10, Shelburne, VT 05482	
Amount of Contribution	\$191,239.00	
Date·	2/23/2015	
Contributor:	All three funds	
Donee Organization: Address	University of Vermont Foundation 411 Main Street, Burlington, VT 05405	
Amount of Contribution:	\$200,000.00	_
Date.	3/30/2015	
Contributor	Angelo Pizzagalli Fund	
Donee Organization Address	anonymous contribution to Eddie Krasnow 355 Half Mile Road, Charlotte, VT 05445	
Amount of Contribution:	\$5,000.00	



2015	2015 Contributions From Foundation		
Date:	4/6/2015		
Contributor:	James and Judith Pizzagalli Fund		
Donee Organization:	The Bronx County Historical Society		
Address	3309 Bainbridge Avenue, Bronx, NY 10467		
Amount of Contribution:	\$10,000.00		
Date·	4/6/2015		
Contributor.	James and Judith Pizzagalli Fund		
Donee Organization:	Vermont Association for the Blind and Visually Impaired 60 Kimball Avenue, South Burlington, VT 05403		
Address			
Amount of Contribution:	\$1,000.00		
Date	4/20/2015		
Contributor:	All three funds		
Donee Organization:	Shelburne Museum		
Address	P. O. Box 10, Shelburne, VT 05482		
Amount of Contribution:	\$25,000.00		
Date:	4/28/2015		
Contributor:	James and Judith Pizzagalli Fund		
Donee Organization.	Camp-Ta-Kum-Ta		
Address	P. O. Box 186, Waterbury, VT 05677		
Amount of Contribution:	\$1,000.00		
Date	5/26/2015		
Contributor:	All three funds		
Donee Organization:	Falls City Sacred Heart School		
Address	1820 Fulton Street, Falls City, NE 68355		
Amount of Contribution	\$6,000.00		
Date.	5/26/2015		
Contributor:	All three funds		
Donee Organization:	Shelburne Community School PTO		
Address	345 Harbor Road, Shelburne, VT 05482		
Amount of Contribution:	\$6,000 00		

## Pizzagalli Foundation Detail of Contributions Made

Detail of Contributions Made		
2015 Contributions From Foundation		
Date.	6/12/2015	
Contributor.	All three funds	
Donee Organization:	VNA Respite House	
Address	1110 Prim Road, Colchester, VT 05446	
Amount of Contribution:	\$33,333.00	
Date:	7/29/2015	
Contributor ·	Angelo Pizzagalli Fund	
Donee Organization:	anonymous contribution to David Szabo	
Address	c/o MVU, 100 Thunderbird Dr, Swanton, VT 05488	
Amount of Contribution:	\$5,000.00	
Date.	9/8/2015	
Contributor:	Angelo Pizzagalli Fund	
Donee Organization: Address	anonymous contribution to Jessica Tomkowicz c/o Imagine School House, 880 Rugg Road, Fletcher, VT 05448	
Amount of Contribution:	\$5,000 00	
Date.	9/29/2015	
Contributor:	Angelo Pizzagalli Fund	
Donee Organization:	anonymous contribution to Sheila Burleigh	
Address	4471 Spear Street, Charlotte, VT 05445	
Amount of Contribution:	\$5,000.00	
Date	11/18/2015	
Contributor.	James and Judith Pizzagalli Fund	
Donee Organization:	The Bronx County Historical Society	
Address	3309 Bainbridge Avenue, Bronx, NY 10467	
Amount of Contribution.	\$3,000.00	
Date:	12/14/2015	
Contributor.	Angelo Pizzagalli Fund	
Donee Organization Address	anonymous contribution to Kelly McClintock c/o Thomas Fleming School, 21 Prospect St, Essex, VT 05452	
Amount of Contribution	\$5,000.00	

## Pizzagalli Foundation Detail of Contributions Made

2015 Contributions From Foundation		
Date: Contributor:  Donee Organization. Address	12/18/2015 All three funds United Way of Chittenden County 412 Farrell Street, Suite 200, South Burlington, VT 05403	
Amount of Contribution:	\$10,000.00	
Date. Contributor:  Donee Organization:    Address  Amount of Contribution:	12/18/2015 Angelo Pizzagalli Fund The Collings Foundation P. O. Box 248, Stow, MA 01775 \$10,000.00	
Date: Contributor:  Donee Organization: Address  Amount of Contribution:		
Date: Contributor:  Donee Organization Address  Amount of Contribution:		