

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



Form **990-PF**

Return of Private Foundation

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

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.

Inter	nal Reven	ue Service ▶ Infoi	rmation ab	out Form 990-PF and its se	eparate instru	ctions is	at w	ww.irs.gov/	form990pf. Open	to Public Inspection
		dar year 2015 or ta	ax year be	ginning	:	2015,	and e			, 20
Na	me of fou	undation						A Employe	r identification numb	er
		lea P. Ludwick Famil							06-1566031	
Nu	mber and	d street (or P O box num	ber if mail is	not delivered to street address)		Room/su	ute	B Telephon	e number (see instruct	ions)
		h Street				1001	1		203-787-9222	2
Cit	y or towr	, state or province, coun	try, and ZIP	or foreign postal code				C If exempt	ion application is pend	ling, check here ▶
Ne	w Have	n, Connecticut 06510)							
G	Check	all that apply:	Initial ret	urn 🔲 Initial returr	of a former p	ublic ch	narity	D 1. Foreign	n organizations, check	here ▶ □
			Final retu	ırn 🔲 Amended	return			2. Foreign	n organizations meetin	n the 85% test
			Address					check	here and attach compi	utation ► 🗌
Н				ection 501(c)(3) exempt p				•	foundation status was 07(b)(1)(A), check here	
	Sectio	n 4947(a)(1) nonexe	mpt char	table trust 🔲 Other tax				36000110	or (b)(1)(-y), check here	
I		arket value of all a		J Accounting method	: 🗌 Cash	✓ Accı	rual	F If the four	ndation is in a 60-mont	th termination
		year (from Part II,	col. (c),	Other (specify)					ction 507(b)(1)(B), chec	
_	line 16)▶\$		(Part I, column (d) must be	on cash basis)				
Р	art I			xpenses (The total of may not necessanly equal	(a) Revenue a expenses p			investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column			books		ını	come	income	purposes (cash basis only)
	1	Contributions afts a	rants, etc	received (attach schedule)	20	0,000				
	2			not required to attach Sch. B		5,000				
	3			orary cash investments						
	4	•		securities	3.	7,564		37,564	37,564	
	5a	Gross rents				,,,,,,		97,001	07,004	
	b	Net rental income								
<u>a</u>	6a			of assets not on line 10	4	2,629				
2	ь	Gross sales price for a								
Revenue	7	•		n Part IV, line 2)						
æ	8	-								
	9	Income modification								
	10a	Gross sales less retu	ms and allo	wances						
	b	Less. Cost of good	ds sold							
	С	Gross profit or (los	s) (attach	schedule)						
	11	Other income (atta	ıch schedı	ıle)						
	12	Total. Add lines 1	through 1	<u>1</u>	10	0,193		37,564	37,564	
Ø	13	Compensation of o	officers, di	rectors, trustees, etc.						
xpenses	14	• •		I wages						
5	15	•		nefits						
×	16a	Legal fees (attach	•			3,500		3,500	3,500	3,500
e E	b	Accounting fees (a		The state of the s						
Operating and Administrative	С.	Other professional	l fees (atta	ch schedule)		6,301		6,301	6,301	6,301
Ħa	17	Interest								-
-is	18	Taxes (attach sched				1,026		1,026	1,026	1,026
Έ	19		ch schedu ကို က	le) and depletion-						
Ą	20	Occupancy	. ₹ A	0 2 2016				-		-
Þ	21 22	Travel, conference	s, and me	etings 2. 2.9 19 10 10	<u> </u>					
ā	23	Printing and public Other expenses (at	-aliulis====							
ing	24			ninistrative_expenses.						
rat at	-7	Add lines 13 through						40.007	40.00	40.00-
ē	25	Contributions, gifts	_	aid		5,000		10,827	10,827	
ō	26	_		nents. Add lines 24 and 25		5,000		10.027	10.007	95,000
_	27	Subtract line 26 from			10	5,827		10,827	10,827	105,827
	a a			nses and disbursements		5 624				
	Ь			negative, enter -0-) .		5,634		יינד פר		
	C	Adjusted net inco						26,737	26,737	
_			THE THE LIE	,						l <u></u>

For Paperwork Reduction Act Notice, see instructions.

Cat No. 11289X

Form 990-PF (2015)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column		End @	of year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	1,188	2,323	2,323
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4				
		Pledges receivable ► Less: allowance for doubtful accounts ►			
	5	Grants receivable		-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use		·	
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			<u>-</u>
	С	Investments—corporate bonds (attach schedule)		·	
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			-
	12	Investments—mortgage loans		·	- , ,
	13	Investments—other (attach schedule)			-
	14	Land, buildings, and equipment basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	*		
	15	Other assets (describe ► Fidelity Account)	1,898,240	1,813,473	1,813,473
	16	Total assets (to be completed by all filers—see the	1,000,000	1,010,170	1,010,470
		ınstructions. Also, see page 1, item I)	1,899,428	1,815,796	1,815,796
	17	Accounts payable and accrued expenses	1,200,120	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/010/100
/ 0	18	Grants payable			
ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab .	21	Mortgages and other notes payable (attach schedule)			
_	22				
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)			
S		Foundations that follow SFAS 117, check here □ □ and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
<u>a</u>	24				
Ba	25	Temporarily restricted			
פַ	26	Permanently restricted	1	-	
Fun		Foundations that do not follow SFAS 117, check here ► □ and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds		·	
Ä	30	Total net assets or fund balances (see instructions)			
<u>e</u>	31	Total liabilities and net assets/fund balances (see			
_		instructions)	1,899,428	1,815,796	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	1,000,1201	.,0.10,100	
1		al net assets or fund balances at beginning of year-Part II, colu			
		-of-year figure reported on prior year's return)			1,899,428
2		er amount from Part I, line 27a			-5,634
3		er increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3		4	
5		reases not included in line 2 (itemize) ▶ decrease in portfolio mark		5	-77,998
6		al net assets or fund balances at end of year (line 4 minus line 5)-			1,815,796
					200 55

Part	V Capital Gains and	Losses for Tax on Investme	nt Income				
	(a) List and describe the	kınd(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation		e acquired day, yr.)	(d) Date sold (mo , day, yr)
1a							
b_					ļ		
<u> </u>							
<u>d</u> _					<u> </u>		
<u>е</u>		(f) Depreciation allowed	(a) Cost or	ether been	<u> </u>	(b) Go	n or (loss)
	(e) Gross sales price	(or allowable)		other basis			(f) minus (g)
a							
<u> </u>							
<u>c</u> _							
<u>d</u>							
_ <u> </u>	Complete only for assets show	wing gain in column (h) and owned by	the foundation	on 12/31/69		m 0 /0 -	1.43
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	es of col (i) (j), if any	cc	ol (k), but no	I (h) gain minus t less than -0-) or from col (h))
a			-				
<u>b</u>							
<u>c</u>							
<u>d</u>					<u> </u>		
<u>е</u>		(16 2 2 2 2			ļ.,,		
2	Capital gain net income or	Thet canital local (*	so enter in Pa enter -0- in Pa		2		
3	If gain, also enter in Part	n or (loss) as defined in sections 1, line 8, column (c) (see instructi	ons). If (loss)), enter -0- ın)	3		
Part		er Section 4940(e) for Reduc			Incom	e	
Was t	s," the foundation does not	section 4942 tax on the distributa qualify under section 4940(e). Do	not complete	this part.			☐ Yes ☑ No
		unt in each column for each year	; see the instri	uctions before m	aking ar	y entries.	<u> </u>
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) If noncharitable-use a	ssets		(d) tnbution ratio divided by col_(c))
	2014	110	037	180	69060		.0588
	2013	104	034	177	73979		.0586
	2012	99	198	167	70003		.0594
	2011		815	16:	36025		.0573
	2010	89	919		35046		.0586
2 3	Total of line 1, column (d)					2	.2927
		lation has been in existence if les				3	.0585
4	Enter the net value of none	charitable-use assets for 2015 fro	m Part X, line	5	. 4	4	1,829,749
5	Multiply line 4 by line 3				· <u>'</u>	5	107,040
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. _	5	267
7	Add lines 5 and 6				.	7	
8		ns from Part XII, line 4				8 Lusing a	105,560
	Part VI instructions.		, IL	o, and complete	ac par	. Joniy a	. ,

Parc	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see	: instri	action	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) 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		534	4
-	here ▶ ☐ and enter 1% of Part I, line 27b		334	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		534	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		534	
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign exemptations tax withhold at access			
b	Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		534	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	•		
_11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	and the second s		Yes	No
L	participate or intervene in any political campaign?	1a	<u> </u>	1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		1
	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.			
_				
c d	Did the foundation file Form 1120-POL for this year?	1c		1
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
2	on foundation managers. ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?			
2	If "Yes," attach a detailed description of the activities.	2		✓
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		1
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	✓
_	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	<u></u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		√
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?	6	✓	
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	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
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	1	
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		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		✓

Part	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		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
14	Website address >			
14	Landad at N. 224 Chamb Street New House CT	3-787- 0651		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	_	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		√
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		JL
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \Box Yes $\overline{\cite{V}}$ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ✓ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		1	f:.
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			
	Organizations relying on a current notice regarding disaster assistance check here	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2015?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
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?			
	6e, Part XIII) for tax year(s) beginning before 2015?			
b	Are there any years listed in 2a for which the foundation is not 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.)	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. 20, 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		i.	
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?			
_	character paragraph and not been femored from jeopardy before the flot day of the tax year beginning in 2013?	4b	I	✓

Form		

Part		atements Regarding Activities			4720	May Be R	equire	d (contin	ued)		_
5a	During the year	ar did the foundation pay or incur a	ny amo	ount to:							
		ropaganda, or otherwise attempt to							✓ No		
		the outcome of any specific public				-	-				
	•	indirectly, any voter registration dri						∐ Yes	✓ No		
		grant to an individual for travel, stu grant to an organization other thar							✓ No		
				· · · · ·					⊘ No		
		r any purpose other than religious,							(A) MO		
		or for the prevention of cruelty to c							[₹] No		
b	If any answer	is "Yes" to 5a(1)-(5), did any of the	transa	actions fail to	qualify	under the	excepti				
	Regulations se	ection 53.4945 or in a current notice	regardi	ng disaster a	ssistanc	e (see instr	uctions)	?		5b	_
		relying on a current notice regarding							▶ 🗌		
С		is "Yes" to question 5a(4), does to								}	
		intained expenditure responsibility						☐ Yes	☐ No		
62		h the statement required by Regula ation, during the year, receive any					. 				
Va		benefit contract?			_		mums	□Yes	√ No		
ь	•	ation, during the year, pay premium					benefit			6b ✓	,
		file Form 8870.	,	o., oe	J., O.,	a porcona.	D 0110111		•		
		ring the tax year, was the foundation a						☐ Yes			
		ne foundation receive any proceeds								7b	_
Par		rmation About Officers, Direct	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly P	aid E	mployees,	
1		Contractors rs, directors, trustees, foundation	mana	agers and th	oir oon	noncation	Vaca i		<u> </u>		_
				e, and average		mpensation		Contributions			_
	(a)	Name and address	hou	rs per week ed to position	i (If n	ot paid, ter -0-)	emplo	oyee benefit perred compe	olans	(e) Expense account other allowances	ıt,
see att	ached statemer	it		<u>'</u>							_
											_
				,							—
	·										
2	Compensation	on of five highest-paid employee	s (oth	er than tho	se incli	ded on li	ne 1—:	see instru	ıction	s). If none, ent	er
	"NONE."										_
	(a) b(d - d d-		_	(b) Title, and a				(d) Contribu		(e) Expense accoun	nf
	(a) Name and addr	ess of each employee paid more than \$50,00	U	hours per v devoted to p		(c) Comper	nsation	plans and d	eferred	other allowances	,
NONE								- Compone			—
110111											
											_
										, <u>, , , , , , , , , , , , , , , , , , </u>	_
				ļ							
				 							_
									_		
Total	number of othe	er employees paid over \$50,000 .							. ▶		

Part	VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid Em	ployees,
3	Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Meneo	Goldfield, LLC		
234 Ch	urch Street New Haven, CT 06510	legal & administrative services	3,500
Fidelit	Investments		
PO Bo	x 673000 Dallas TX 75267	brokerage & financial advisory	6,301
-			
Total	number of others receiving over \$50,000 for professional services .	· · · · · · · · · · · · · · · · · · ·	0
Part	IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include relevanizations and other beneficianes served, conferences convened, research papers produced		Expenses
1			
_			}
_			
2 _			
-			
3			
-			
4 -			
-	IV S. C.		
	IX-B Summary of Program-Related Investments (see instance the two largest program-related investments made by the foundation during the tax years.)		Amount
1	onbe the two largest programmerates investments made by the foundation during the tax y	ear off miles 1 and 2.	74Hount
• -			
-			
2			
-			ļ
All c	other program-related investments. See instructions		
3			
_			
Total	Add lines 1 through 3		
	ridd inios i fillough o		l Form 990-PF (2015)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ıgn foundat	ions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
_	Average monthly fair market value of securities	1a	4 055 057
a b	Average of monthly cash balances	1b	1,855,857
C	Fair market value of all other assets (see instructions)	1c	1,756
d	Total (add lines 1a, b, and c)	1d	1.057.040
e	Reduction claimed for blockage or other factors reported on lines 1a and	35500	<u>1,857,613</u>
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1 057 540
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		1,857,613
-	Instructions)	4	27.004
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27,864
6	Minimum investment return. Enter 5% of line 5	6	1,829,749
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	1 - 1	91,487
T art	and certain foreign organizations check here ► and do not complete this part.)	iodildations	
1	Minimum investment return from Part X, line 6	11	91,487
2a			91,467
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	267
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	91,220
4	Recoveries of amounts treated as qualifying distributions	4	31,220
5	Add lines 3 and 4	5	91,220
6	Deduction from distributable amount (see instructions)	6	31,220
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
_	fine 1	7	91,220
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	100	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	105,827
b	Program-related investments—total from Part IX-B	1b	
2	-Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	105,827
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	267
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	105,560
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ng whether th	
	qualifies for the section 4940(e) reduction of tax in those years.		
			OOO DE mars

Part	VIII Undistributed Income (see instruction	ns)			
1	Distributable amount for 2015 from Part XI, line 7	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
_		····			91,220
2	Undistributed income, if any, as of the end of 2015:				
а	Enter amount for 2014 only		· <u>.</u>		
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2015:			1	
а	From 2010	-		}	
b	From 2011				
С	From 2012				
d	From 2013	•		į	
е	From 2014	İ			,
f	Total of lines 3a through e	17,314			
4	Qualifying distributions for 2015 from Part XII,	17,317			· · · · · · · · · · · · · · · · · · ·
•	line 4: ▶ \$ 105,560				
-	Applied to 2014, but not more than line 2a .	ŀ			
a b	Applied to undistributed income of prior years				
D	(Election required—see instructions)	j			
_	_ · · · _ · ·		······································		-
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
	Applied to 2015 distributable amount				91,220
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)	1			
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	17,314			
b	Prior years' undistributed income. Subtract	17,014			
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)			:	
	tax has been previously assessed				
м	Subtract line 6c from line 6b. Taxable		·		
٠.	amount—see instructions	1			
	ļ.,				
е	Undistributed income for 2014. Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions		· · · · · · · · · · · · · · · · · · ·		
f	Undistributed income for 2015. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2016				
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)				
8	Excess distributions carryover from 2010 not				
_	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2016.		· · · ·		· · · · · · · · · · · · · · · · · · ·
-	Subtract lines 7 and 8 from line 6a				
40	Analysis of line 9:	31,564			
10					
a	Excess from 2011				
b	Excess from 2012				
С	Excess from 2013	ļ			
d	Excess from 2014	İ			
e	Excess from 2015 14 340	i			i

Form 99	0-PF (2015)					Page 10
Part					9)	
1a	If the foundation has received a ruling			private operating		
	foundation, and the ruling is effective fo		•	. ▶		
b	Check box to indicate whether the four		e operating founda		ection 🗌 4942(j)(3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b	85% of line 2a					. , .
С	Qualifying distributions from Part XII,					
	line 4 for each year listed			ļ		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test-enter:				1	
	(1) Value of all assets				1_	
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter:					
	(1) Total support other than gross				1	
	investment income (interest,				1	
	dividends, rents, payments on securities loans (section			į		
	512(a)(5)), or royalties)					
	(2) Support from general public		-			
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		•	•	he foundation h	nad \$5,000 or mo	re in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation	_				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have c	ontributed more th	nan \$5,000). (See s	section 507(d)(2).)	
	ea P. Ludwick					
b	List any managers of the foundation			•	•	ge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater int	erest.	
						··-··
2	Information Regarding Contribution					
	Check here ► ✓ If the foundation					
	unsolicited requests for funds. If the foother conditions, complete items 2a,		gins, grains, etc.	(see instructions)	to individuals or org	janizations under
				4		4-1
а	The name, address, and telephone nu	imber or e-mail at	Joress of the pers	on to whom applic	ations should be at	daressea:
	The form in which applications should	he submitted an	d information and	materials they sho	auld include:	
D	THE TOTAL IT WINCH APPRICATIONS SHOULD	, de submitteu all	a anomiation allu	materials triey SIIC	Julu IIIOluue.	
	Any submission deadlines:				.	
					-	
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of inst	itutions, or other
	iactors.					

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year 501c3 10000.00 Madison ABC Madison CT 06443 support Black Alumni Scholarship Fund 2203 Greenwich Lane NW Wilson NC 27896 501c3 support 5000.00 St Martin de Porres Academy 208 Columbus Avenue New Haven, CT 06519 501c3 support 15000.00 The Williams School 182 Mohegan Avenue New London CT 06320-4110 501c3 support 5000.00 My Sister's Circle PO Box 84 Timonium MD 21903 501c3 support 10000.00 Clout Cares, Inc. 4 Milano Pond Drive Madison CT 06443 501c3 support 10000.00 Global Fund for Women 222 Sutter St. Suite 500 San 501c3 10000.00 Francisco CA 94108 support A Touch of Comfort, Inc 730 Laurie Lane Orange, CT 501c3 06477 12500.00 support Habitat for Humanity New Haven 37 Union St. New 501c3 Haven CT 06511 support 10000.00 Heifer International 16 Putnam St Watertown MA 02472 501c3 support 7500.00 За 95,000.00 Approved for future payment

Pai	rt XVI-A Analysis of Income-Producing Act	<u>tiviti</u> es				_
Ente	r gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a)	(b)	(0)	(d)	Related or exempt
		Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1	Program service revenue:					(OCC IIISTI OCTIONS.)
	а					
	b					
	c					
	d					
	e					
	f					
	g Fees and contracts from government agencies	 				<u> </u>
_				-		
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities	AND AND AND AND AND AND AND AND AND AND	(with a sum of the sum	CANA VALUE COTUR.	No. 2 F AND CONTRACTOR	Chantilles of to a display of the state and
5	T T T T T T T T T T T T T T T T T T T	THE STORY OF THE	通信的任何的	AND AND AND AND AND AND AND AND AND AND	·特別學學學	新 春秋。
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10				i -		
11	· · · · · · · · · · · · · · · · · ·	•				
•	h 1		_	-		
						
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	Subtotal. Add columns (b), (d), and (e)	Maria Cara Cara Cara Cara Cara Cara Cara	-	A Property of	-	
40	Subtotal, Add columns (b), (d), and (e) , , , , , , ,	Control of the Contro	l	THE SECOND	i	1
	· · · · · · · · · · · · · · · · · · ·					' -
13	Total. Add line 12, columns (b), (d), and (e)				13	<u> </u>
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	s.)			13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)
13 (See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the otions.)

Part	XVII	Information	n Regarding Tra	ansfers To and	Transactio	ns and	Relationshi	ps With Noncha	ritable	<u> </u>
			ganizations							
1	in sec organ	ction 501(c) of the		n section 501(c)(3	3) organizatıo	ns) or in s	section 527, r	nization described relating to political	Yes	No
а	Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash							10(1)		
		asn ther assets .							1a(1) 1a(2)	
b		transactions:							18(2)	
			a noncharitable e	vemnt organizatio	20				1b(1)	1
			ets from a noncha						1b(2)	1
			, equipment, or ot						1b(3)	 `
									1b(4)	1
		•							1b(5)	1
	• •	•	ervices or member						1b(6)	1
С			quipment, mailing		-				1c	1
d		-	-		•			should always show	$\overline{}$	narket
								lation received less		
	value	in any transaction	on or sharing arrai	ngement, show in	column (d) t	he value d	of the goods,	other assets, or se	rvices rece	ıved.
(a) Lin	e no (b) Amount involved	(c) Name of no	ncharitable exempt org	ganization	(d) Desc	nption of transfe	rs, transactions, and sha	arıng arrangen	ents
									_	
					<u> </u>					
				<u> </u>						
			1	 -						
						<u> </u>	· · · · · · · · · · · · · · · · · · ·		······································	
						<u> </u>				
						 				
	_								·····	
2a	desci	ribed in section 5		(other than section				pt organizations	Yes 🗸	No
b	II YE		e following schedu					(a) December of relation		
		(a) Name of organ	nization	(b) Type	e of organization			(c) Description of relatio	nsnip	
								-	·	
-										
-	Unde	er penalties of perjury. I	I declare that I have exan	nned this return, including	ng accompanying	schedules an	d statements, and	to the best of my knowled	dge and belief.	rt is true.
Sign		ct, and complete. Decl	laration of preparer (other	than taxpayer) is based	on all information	of which pre	parer has any kno	wledge.	RS discuss this	_
Here	- I N -	14/25/16 Secret C. 11 with the pro						oreparer shown	below	
		nature of officer of tru	istee /	Date	Title		· · · · · · ·	(see instru	ctions)? TYes	⊩No
Deid		Print/Type preparer	r's name	Preparer's signal	ture	 	Date	Charl D . IF	PTIN	
Paid								Check . if self-employed		
Prep	oarer Only	Firm's name						Firm's EIN ▶		
USE	Uilly	Firm's address ▶						Phone no		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2015

The Lindalea P. Ludwick Family Foundation, Inc. 06-1566031						
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 for	ındatıon			
		☐ 527 political organization				
Form 99	90-PF	√ 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundate	tion			
		501(c)(3) taxable private foundation				
Check i	f vour organization is	covered by the General Rule or a Special Rule.				
	only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See			
Genera	l Rule					
V	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For 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.					
	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					
990-EZ	n. An organization tha , or 990-PF), but it m i	t is not covered by the General Rule and/or the Special Rules does no ist answer "No" on Part IV, line 2, of its Form 990; or check the box or o certify that it does not meet the filing requirements of Schedule B (Fo	t file Schedule B (Form 990, n line H of its Form 990-EZ or on its			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization **Employer identification number** The Lindalea P. Ludwick Family Foundation, Inc. 06-1566031 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person \square Lindalea P. Ludwick **Payroll** П 20,000 Noncash 25 Liberty Street (Complete Part II for noncash contributions.) Madison, Connecticut 06443 (a) (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) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroli** 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.)

Employer identification number

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			
		 \$				
(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			
		 \$				

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2015)		Page 4				
Name of or			Employer identification number				
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the state	ne year from any one contrib ns completing Part III, enter th year. (Enter this information or	ons described in section 501(c)(7), (8), or utor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc., nce. See instructions.)				
(a) No.	Use duplicate copies of Part III if additional space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	- (e) Transfer of gift						
-	Transferee's name, address, and	ZIP + 4 R	elationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
L							
	(e) Transfer of gift						
L	Transferee's name, address, and	ZIP + 4 R	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>		(e) Transfer of gift					

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

The Lindalea P. Ludwick Family Foundation, Inc. 2015 Form 990-PF - Part VIII - Officers & Directors EIN 06-1566031

Name & <u>Address</u>	Title & Average <u>Hours/Week</u>	Compensation	Contributions to Benefit Plans	Expense Account & Other Allowances
Lindalea P. Ludwick 25 Liberty Street Madison, CT 06443	President/Director 1.5 hrs. per week	\$0.00	\$0.00	\$0.00
Ron Michael Meneo 234 Church Street New Haven, CT 06510	Secretary/Director 1.0 hrs. per week	\$0.00	\$0.00	\$0.00
Jessica Ludwick 95 Washington St. Milton, MA 02186	Director .15 hrs. per week	\$0.00	\$0.00	\$0.00
Rebekah Ludwick 601 Mixsell Street Easton, PA 18042	Director .15 hrs. per week	\$0.00	\$0.00	\$0.00