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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

	For (calen	idar year 2015 or tax year beginning		, and ending		
			foundation PATRICIA M. AND ROBERS	A Employer identification number			
	F	OU.	NDATION	27-6961238	3		
	Nun	nber a	nd street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
	_7	61	RIDGEBURY ROAD			203-743-94	134
	City	or to	own, state or province, country, and ZIP or foreign [postal code		C If exemption application is p	pending, check here
	_R	ID	GEFIELD, CT 06877			_]	
	G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here 🕨 🗀
			Final return	Amended return			
			Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, emputation
	H C	heck	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	itus was terminated
	L	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
	I Fa	ır ma	arket value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
				ther (specify)		under section 507(b)(1)(B), check here 🕨 🔲
	_		317 , 368 . (Part I, colu	ımn (d) must be on cash l	basis)		.
	Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received	73,983.		N/A	
		2	Check In the foundation is not required to attach Sch. B				
		3	Interest on savings and temporary cash investments	11.	11.		-
		4	Dividends and interest from securities	2,746.	2,746	,	STATEMENT 1
		5a	Gross rents				-
		b	Net rental income or (loss)				
	ē	6a	Net gain or (loss) from sale of assets not on line 10	146,068.	·····	<u> </u>	
<u>@</u>	enn		Gross sales price for all assets on line 6a 307,884.			-	
5 2016	Revenue	7	Capital gain net income (from Part IV, line 2)		146,068	,	
ia	_	8	Net short-term capital gain			DIACIO	
6		-	Income modifications Gross sales less returns			DEPENT	D
7		_	and allowances			2	100
3			Less Cost of goods sold			BI MAY R 0 201	,0,1
			Gross profit or (loss) Other income			1	16-
読			Total Add lines 1 through 11	222,808.	148,825	TOTAL OF	55.
S.CANINIED MAY		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
Ø.			Other employee salaries and wages	0.			0.
Ŷ,			Pension plans, employee benefits				
-	es		Legal fees				
	ens		Accounting fees				
	X		Other professional fees STMT 2	3,200.	0 .		0.
	Ve E		Interest	, , , , , , , , , , , , , , , , , , , ,			
	Operating and Administrative Expense	18	Taxes STMT 3	113.	113		0.
	ist	19	Depreciation and depletion				
	喜	20	Occupancy				
	Ψ	21	Travel, conferences, and meetings				
	au	22	Printing and publications				
	<u>B</u>	23	Other expenses .				
	rati	24	Total operating and administrative				
	ğ		expenses. Add lines 13 through 23	3,313.	113.	,	0.
			Contributions, gifts, grants paid	265,950.			265,950.
			Total expenses and disbursements				
			Add lines 24 and 25	269,263.	113.	-	265,950.
			Subtract line 26 from line 12:	45 45-			
			Excess of revenue over expenses and disbursements	-46,455.	140 510		
			Net investment income (if negative, enter -0-)		148,712.		
	50050		Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	<u> </u>

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

27-69611

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	237,413.
2 Enter amount from Part I, line 27a	2	-46,455.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	190,958.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	190,958.
		200 55

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(a) List and descri	be the kind(s) of property sold (e.gehouse; or common stock, 200 sh	g., real estate,	t income	(b) How acc P - Purch D - Dona	quired ase tion	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr.)
1a SEE STATEMENT D1					7 ?	/ARIOUS	VARIOUS
<u>b</u>							
<u>c</u>							-
d e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	
a 307,884.			161,81	6.			146,068.
b							
С							
ď							
Complete only for appete about	gain in column (h) and owned by	the foundation	2 22 10/21/60			0 (0) (1)	
Complete unity for assets showing	· · · · · · · · · · · · · · · · · · ·	T				Gains (Col. (h) gai (k), but not less th	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		00.1	Losses (from col.	(h))
a							146,068.
b		1					140,000
С							
d							
<u>e</u>		<u> </u>					
2 Capital gain net income or (net cap	ental loss) If gain, also ente	r in Part I, line)- in Part I, line	7 7	} 2			146,068.
3 Net short-term capital gain or (loss		nd (6):					
If gain, also enter in Part I, line 8, c	olumn (c).					/ -	
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	nder Section 4940(e) for	r Reduced	Tay on Not	J 3	ent Inco	N/A	<u> </u>
If section 4940(d)(2) applies, leave thi Was the foundation liable for the section If "Yes," the foundation does not qualif Enter the appropriate amount in each	on 4942 tax on the distributable any under section 4940(e). Do not co	omplete this pa	rt.			·	Yes X No
(a)	(b)	non denone be	ioro making arry or	(c)			(d) bution ratio
Base periód years Calendar year (or tax year beginning	رو دگاه در استور از این ا	stributions	Net value of nor		se assets	(col. (b) di	bution ratio vided by col. (c))
2014	10	2,100.		290	,572.		.351376
2013		0,800.			,757.		.633162
2012		6,587.	· · · · · · · · · · · · · · · · · · ·		,252.	<u> </u>	.723841
2011		<u>.0,500.</u>		176	,345.		.626613
2010	1					 	
2 Total of line 1, column (d)						2	2.334992
3 Average distribution ratio for the 5-	vear base period - divide the total	on line 2 by 5.	or by the number (of vears			2.33.4332
the foundation has been in existent		, ,	•	,		3	.583748
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X,	line 5				4	369,565.
5 Multiply line 4 by line 3						5	215,733.
6 Enter 19/ of not investment income	(19/ of Dort L line 97h)						1 407
6 Enter 1% of net investment income	(170 UI FAIL I, IIIIE 270)					6	1,487.
7 Add lines 5 and 6						,	217,220.
Enter qualifying distributions from Part XII, line 4			8	265,950.			
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	t 1b, and comp	lete that part using	a 1% tax ra	te.		

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	748 -	see i	nstru	CTIO	ns)
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)					0.17
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	_1_			1,4	<u>87.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			1 4	0.
-	Add lines 1 and 2	3	_		<u>1,4</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			1 4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			<u>1,4</u>	<u>87.</u>
	Credits/Payments:	-				
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 503.			•		
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) Back of the state of the st		-			
	Backup withholding erroneously withheld	_ 1				0.2
	Total credits and payments. Add lines 6a through 6d	7				03.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				0.4
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			9	84.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ Int VII-A Statements Regarding Activities	11				
					Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	n		4.	162	_
	any political campaign?	•		1a_		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or			•	
_	distributed by the foundation in connection with the activities.			1c		х
· · · · · · · · · · · · · · · · · · ·						
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			,·		
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers. > \$			•		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
,	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			,		v
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?			34a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4a 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14	/ Δ	5		X
J	If "Yes," attach the statement required by General Instruction T			<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
٠	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 	aw				
	remain in the governing instrument?	411		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
•	bid the foundation have at least we, one in assets at any time during the year. It is rest, complete i art in, con. (c), and i art in				-43	
Ra.	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CT					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8ъ	х	
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	Х
10	·	TMT	5	10	х	
	A STATE OF THE STA			200		

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Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg			
	If "Yes," attach statement (see instructions)	12		x
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
.0	Website address ► N/A	1 10		
1.4	The books are in care of \triangleright ROBERT H. MARTINSEN Telephone no. \triangleright 20	13-743-0	131	
17		<u>75-743-7</u> 4 ▶06877		
45		4 -00011		$\overline{}$
10	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1 30	- / 3 -	
	and enter the amount of tax-exempt interest received or accrued during the year	I N	/A Yes	NI-
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		res	No
	securities, or other financial account in a foreign country?	16_	L	<u> X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Б.	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		15.6	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	a 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?	∐ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	_		
	a disqualified person?		i	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ 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)?	IJNo		
	(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.)	☐ No		
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	- 1	.	-
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	I/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	· 🗆 🦳		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ļ		
	before the first day of the tax year beginning in 2015?	1c]	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
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?] No		
	If "Yes," list the years \blacktriangleright			
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	1		
	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.)	T/A 2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	J No J		
b	of "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,			
		/A 3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		х
		Form 990)-PF	

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

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Part VIII Information About Officers, Directors, Trustees, Foundated Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
		
-		
	\dashv	
	\dashv	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		-
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the	Expenses
1 N/A	30000, 010.	
I N/ A		
		_0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
		<u> </u>
2		
All other program related investments. See instructions		
All other program-related investments. See instructions. 3 N/A		
× <u>* · · · · · · · · · · · · · · · · · · </u>		-
		0.
Table Addition 1 shrough 2		0

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F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	271.266.
Ь	Average of monthly cash balances	1b	271,266. 103,927.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	375,193.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	375,193.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,628.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	369,565.
6	Minimum investment return. Enter 5% of line 5	6	18,478.
ĬΡ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are		
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	18,478.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,487.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,991.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	16,991.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,991.
P	art XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	265,950.
Ь	Program-related investments - total from Part IX-B	1b	0.
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:	1 - 5	
a		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	265,950.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u> </u>
	income. Enter 1% of Part I, line 27b	5	1,487.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	264,463.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	
	4940(e) reduction of tax in those years.		

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				16,991.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010		٠ -		
b From 2011 107,477.				_
c From 2012 99,224.			_	_
d From 2013 160 ; 535.	, 			
e From 2014 87,868.	-			_
f Total of lines 3a through e	455,104.	-		
4 Qualifying distributions for 2015 from	• ,			
Part XII, line 4: ►\$ 265,950.	g= <u>.</u>	عد		
a Applied to 2014, but not more than line 2a	-		0.	<u> </u>
b Applied to undistributed income of prior			-	
years (Election required - see instructions)		0.	_	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	•		
d Applied to 2015 distributable amount	. 3.	\$.		16,991.
e Remaining amount distributed out of corpus	248,959.	職権 は、 … 文字:		
5 Excess distributions carryover applied to 2015	0.	2 m &		0.
(If an amount appears in column (d), the same amount must be shown in column (a))		234		,
6 Enter the net total of each column as indicated below:			•	
à Corpus Add lines 3f, 4c, and 4e Subtract line 5	704,063.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line		-		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			<u></u>
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	704,063.			
O Analysis of line 9:				
a Excess from 2011 107,477.				
b Excess from 2012 99, 224.				; !
c Excess from 2013 160,535.				
d Excess from 2014 87,868.				
e Excess from 2015 248,959.	<u></u>		<u></u>	

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Form 990-PF (2015) FOUNDATION

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALZHEIMER'S DISEASE RESEARCH NONE PUBLIC MEDICAL PURPOSES 22512 GATEWAY CENTER DRIVE CLARKSBURG MD 20871 100. AMERICAN INSTITUTE FOR CANCER NONE PUBLIC MEDICAL PURPOSES RESEARCH 1759 R STREET NW WASHINGTON, DC 20009 100. ASPCA ADOPTION CENTER PUBLIC NONE SOCIAL PURPOSES 424 E 92ND STREET NEW YORK, NY 10128 100. COLGATE UNIVERSITY NONE PUBLIC EDUCATIONAL PURPOSES 13 OAK DR HAMILTON, NY 13346 10,000. NONE FOUNDERS HALL PUBLIC SOCIAL PURPOSES 193 DANBURY RD RIDGEFIELD CT 06877 200. SEE CONTINUATION SHEET(S) Total ▶ 3a 265 950 b Approved for future payment NONE Total

27-6961238 Page 12

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

Enter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)
5 5	(a) Business	(b)	(c)	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
· · · · · ·	Code		1		
a NONE			+ +		
b					
C	_		\bot		
d	_				
e					-
1					
g Fees and contracts from government agencies	-				
2 Membership dues and assessments			1 1		· - · · · · · · · · · · · · · · · · · ·
·	 		+ +		
3 Interest on savings and temporary cash		-	1 1 4	- 11	
investments			14	11.	
4 Dividends and interest from securities			14	2,746.	
5 Net rental income or (loss) from real estate:				-	· ·
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
•					
property 7. Other investment income	<u> </u>	•	+ +		
7 Other investment income		_	 		
8 Gain or (loss) from sales of assets other	l i				
than inventory					146,068.
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
11 Other revenue:					
NONTE					
* *	_	•	1 1		
b	-		+ +		•
					
d	-				New -d
ė	-				4.4.5.0.5.0
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0	•		146,068.
3 Total. Add line 12, columns (b), (d), and (e)				13	148,825.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	mnlishment of F	xempt	Purnoses	
Tale Att B		nphormione of E	.xompt		
Line No Explain below how each activity for which inc	come is reported in	column (e) of Part XVI-	A contribu	ted importantly to the accomp	dishment of
the foundation's exempt purposes (other than	n by providing fun	is for such purposes).			
N/A					
					
					

523621 11-24-15

FOUNDATION

27-6961238 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	•	Exempt Organ	nizations			_				
1	Did the d	organization directly or indi	rectly engage in an	y of the following	ng with any other organizati	on described in sec	ction 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
		s from the reporting found								
	(1) Cas	• •			•			1a(1)		Х
		er assets						1a(2)		X
		ansactions:						-		
		es of assets to a noncharita	hie evemnt organiz	zation				1b(1)		Х
		chases of assets from a no				_		1b(2)		X
		ital of facilities, equipment,		t organization				1b(2)		X
		nbursement arrangements						1b(4)		X
			•							X
		ns or loan guarantees	anharahin ar fundr	overne entrates				1b(5)		X
		formance of services or me						1b(6)		X
	_	of facilities, equipment, ma			_	hugus show the four	market value of the e	1c	L	Λ
		-		-	edule. Column (b) should al ed less than fair market val				et5,	
		(d) the value of the goods,				ue ili aliy ilalisaciic	on or snaring arrange	illein, Silow ill		
(a) Lir		(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		e exempt organization	(d) Decorate	on of transfers, transactio	no and observe or	rangama	ntc.
(4)	,6110	(b) Amount involved	(o) Name	N/A	o compt or gameation	(u) Description	on or dansiers, dansactio	ris, and sharing a	angeme	
	-		-	N/A		_				
	-						 .			
	-					 				
					-v.					
				 -	<u></u>					
	-									
								•		
			-							
					-	-			-	
		·				 				
										
						-				
										
	-					+				
	la tha fai		 	- related to one	ar mare toy everant even	rations described	· · · · · · · · · · · · · · · · · · ·			
					or more tax-exempt organ	izations described			ſΨ] No
		n 501(c) of the Code (other		c)(3)) or in sect	110N 5217			Yes	ĻA	טאו ב
D	it yes,	complete the following sche (a) Name of org			(b) Type of organization	Τ	(c) Description of re	lationehin		
		· · · · · · · · · · · · · · · · · ·	janization		(b) Type of organization		(c) Description of re	iationship		
		N/A_					<u> </u>		-	
							-			
					 					
	Und	er penalties of per ury. I Meclare	that I have examined t	hie return, includin	g accompanying schedules and	etatemente and to th	a heet of my knowledge			
Sig		belief, it is the, correct, and o	it at the Palaceton of	doser (eller than	n taxpayer) is basel on all inform	nation of which prepare	er has app knowledge	May the IRS or	iscuss t	his er
Her			MINO. U	Laure L	5/6/12	Thu	100	shown below	(see inst	7)?
		porture or princer or truction	y ///www	INNIA	Date	Tilo	Week.	_ X Yes	<u> </u>	J No
	J	pnatur of officer or trustee Print/Type preparer's na	ama	Preparer's si	Date	Date	Check If	PTIN		
		Trinivitype preparer S na	11116				self- employed	LIN		
Pai	d	CANDON	עמממא	Lande	a A Sabuy CPA	1-5/5/16	Jon Jimpioyeu	הטטניים	756	
	u parer	SANDRA A.						P00575		
	Only	1 11 11 0 11 dillo > Cara	KEEDD EI	NANCIAL	ADVISORS LL	ı.	Firm's EIN ► 4	0-31/92	<i>ا</i> د	
J36	. Jiny	· · · · · · · · · · · · · · · · · · ·	O WILLIAM S	סיגד ג זמ	דם ממנ מגספ	OOR	 			
					ROAD, 3RD FL	IOOK	Dhora sa 01	1_016 0	100	
		TA	RRYTOWN,	NI TOD	91-5112		Phone no. 91			2015
								Form 990	/-rr	ZU 13)

Schedule B

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization

Organization type (check one)

THE PATRICIA M. AND ROBERT H. MARTINSEN

FOUNDATION

Employer identification number

27-6961238

Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 33 1/3% 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Name of organization

THE PATRICIA M. AND ROBERT H. MARTINSEN

FOUNDATION

Employer identification number

27-6961238

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	0001230
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	s17,270.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$13,228. 	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$14,648. 	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	s12,002. 	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	ROBERT H. MARTINSEN 761 RIDGEBURY ROAD RIDGEFIELD, CT 06877	\$16,834.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	B-15	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015)

Name of organization

THE PATRICIA M. AND ROBERT H. MARTINSEN FOUNDATION

Employer identification number

27-6961238

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	1,000 SHS ALTRIA GROUP INC		
		\$ 57,600.	11/11/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	345 SHS GENUINE PARTS CO		
		\$ 30,898.	11/11/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	375 SHS KIMBERLY-CLARK CORP		
		\$ <u>32,931.</u>	11/11/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	300 SHS TRAVELERS COMPANIES		
		\$ 34,392.	11/11/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	290 SHS 3M COMPANY		
İ		ss45,971.	11/11/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	i-15		190, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number THE PATRICIA M. AND ROBERT H. MARTINSEN 27-6961238 FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
JUDICIAL WATCH	NONE	PUBLIC	SOCIAL PURPOSES	
425 THIRD STREET, SW, SUITE 800				
WASHINGTON, DC 20024				150.
LEADERSHIP INSTITUTE	NONE	PUBLIC	EDUCATIONAL PURPOSES	
1701 FULTON AVE NEW YORK, NY 10457				50
NEW TORK, NT 10457				50.
		•		-
NEW YORK UNIVERSITY	NONE	PUBLIC	EDUCATIONAL PURPOSES	•
726 BROADWAY, 2ND FLOOR NEW YORK, NY 10003				- 30 000
NEW TORK, NT 10005				30,000,
NYU LANGONE MEDICAL CENTER	NONE	PUBLIC	MEDICAL PURPOSES	
550 FIRST AVENUE NEW YORK, NY 10016				200,000.
22.020				200,000.
PHI GAMMA DELTA EDUCATIONAL	NONE	PUBLIC	SOCIAL PURPOSES	
FOUNDATION DO DOY 4500				
PO BOX 4599 LEXINGTON KY 40544				100.
_				
RIDGEFIELD VISITING NURSE ASSOCIATION 90 EAST RIDGE	NONE	PUBLIC	MEDICAL PURPOSES	
RIDGEFIELD, CT 06877				25,000.
THE HERITAGE FOUNDATION	NONE	PUBLIC	SOCIAL PURPOSES	
214 MASSACHUSETTS AVE NE	HONE	FORBIC	SOCIAL FURFOSES	
WASHINGTON DC 20002				50.
•				-
US OLYMPIC COMMITTEE	NONE	PUBLIC	SOCIAL PURPOSES	
1 OLYMPIC PLAZA				-
COLORADO SPRINGS, CO 80909				100.
Total from continuation sheets	1	<u> </u>	<u> </u>	255 450
				<u> </u>

FORM 990-PF DIVIDENT	OS AND INTER	EST FROM SECUR	ITIES S	STATEMENT	1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME		
DIVIDEND INCOME 2,746	5.	0. 2,746.	2,746.		
TO PART I, LINE 4 2,746	5.	0. 2,746.	2,746.		
			-		_
FORM 990-PF C	THER PROFES	SIONAL FEES	<u> </u>	STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
PROFESSIONAL FEES	3,200.	0.			0.
TO FORM 990-PF, PG 1, LN 16C	3,200.	0.			0.
FORM 990-PF	TAX	ES	S	STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
FOREIGN TAXES	113.	113.	_		0.
TO FORM 990-PF, PG 1, LN 18 =	113.	113.	-		0.
FORM 990-PF	CORPORAT	E STOCK	S	TATEMENT	4
FORM 990-PF DESCRIPTION	CORPORAT			TATEMENT 'AIR MARKET VALUE	
	CORPORAT		F	'AIR MARKET	0. 2. 8.

			
FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS		
ROBERT H. MARTINSEN	761 RIDGEBURY ROAD RIDGEFIELD, CT 06877		
PATRICIA M. MARTINSEN	761 RIDGEBURY ROAD RIDGEFIELD, CT 06877		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	6

NAME OF MANAGER

ROBERT H. MARTINSEN PATRICIA M. MARTINSEN

REALIZED GAIN OR (LOSS)

The information in the following sections include all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D Please consult with your tax advisor or financial advisor regarding specific questions.

Short-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked

Description OR Option Symbol	CUSIP Number	Quantity/Par /	Date Date Acquired Sold	,-	otal Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
DFA INTL SMALL CO PORT INSTL	233203629	55 88	12/16/14 11/04/15 \$	5\$	993 92 \$	925.37 \$	\$ 000	68 55
DFA INTL SMALL CO PORT INSTL	233203629	261 47	12/16/14 11/04/15 \$	5.8	4,650 72 \$	4,330.00 \$	\$ 00.0	320 72
DFA INTL SMALL CO PORT INSTL	233203629	516.74	12/16/14 11/04/15 \$	5\$	9,191.09\$	8,557 24 \$	\$ 000	633 85
DFA INTL SMALL CO PORT INSTL	233203629	78 94	06/08/15 11/04/15 \$	5 &	1,404.16\$	1,474 70 \$	\$ 000	(70 54)

STATEMENT D-1

T. 1

R MARTINSEN & P MARTINSEN TTEE PATRICIA M AND ROBERT H MARTIN FOUNDATION TR DTD 12/13/2010 Schwab One® Trust Account of

Account Number 7324-6901

TAX YEAR 2015 YEAR-END SUMMARY Date Prepared: February 19, 2016

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.
The information in this and all subsequent sections is not provided to the IRS by Charles Schwab It is provided to you as additional tax reporting information you may need to complete your tax return

Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Par Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
DFA INTL SMALL CO PORT INSTL 233203629	233203629	39 26	39 26 09/09/15 11/04/15 \$	/04/15\$	698 42 \$	678 13 \$	\$ 000	20 29
Security Subtotal				\$	16,938.31\$	15,965.44 \$	\$ 00.0	972.87
Total Short-Term (Cost basis is reported to the IRS)	sported to the IRS)			υ	16,938.31 \$	15,965.44 \$	\$ 00.0	972.87
Total Short-Term				∨	16,938.31 \$	15,965.44 \$	\$ 00.0	972.87

Long-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099B as "cost basis is reported to the IRS." Report on Form 8949, Part II, with Box D checked

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Date ar Acquired Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
DFA INTL SMALL CO PORT INSTL	233203629	17 93	12/12/13 11/04/15 \$	319 07 \$	329 18 \$	\$ 00.0	(10 11)
DFA INTL SMALL CO PORT INSTL	233203629	66 34	12/12/13 11/04/15 \$	1,180 05 \$	1,217 43 \$	\$ 000	(37 38)
DFA INTL SMALL CO PORT INSTL	233203629	136 39	12/12/13 11/04/15 \$	2,425.93\$	2,502.78 \$	\$ 000	(76 85)
DFA INTL SMALL CO PORT INSTL	233203629	30 11	06/09/14 11/04/15 \$	535 68 \$	612 58 \$	\$ 000	(26 90)
DFA INTL SMALL CO PORT INSTL	233203629	20 69	09/09/14 11/04/15 \$	368 08 \$	402 09 \$	\$ 000	(34 01)
Security Subtotal			\$	4,828.81\$	5,064.06 \$	\$ 00.0	(235.25)
Total Long-Term (Cost basis is reported to the IRS)	eported to the IRS)		es	4,828.81\$	5,064.06 \$	\$ 00.0	(235.25)



R MARTINSEN & P MARTINSEN TTEE PATRICIA M AND ROBERT H MARTIN **FOUNDATION TR DTD 12/13/2010** Schwab One® Trust Account of

Account Number 7324-6901

TAX YEAR 2015 YEAR-END SUMMARY Date Prepared: February 19, 2016

Date Prepared: February 19, 2016

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Long-Term Realized Gain or (Loss)

This section is for noncovered secunties and corresponds to transactions reported on your 1099B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part II, with Box E checked.

Description OR Option Symbol	CUSIP Number	Date Quantity/Par Acquired	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
DFA INTL SMALL CO PORT INSTL	233203629	3,450 53	3,450 53 11/20/08 09/02/15 \$	//02/15 \$	59,647 82 \$	29,748 26 \$	\$ 000	29,899 56
DFA INTL SMALL CO PORT INSTL	233203629	5,225 00	5,225 00 11/20/08 09/02/15 \$	//02/15 \$	90,322 18 \$	45,046.54 \$	\$ 000	45,275 64
DFA INTL SMALL CO PORT INSTL	233203629	7,654 46	7,654 46 11/20/08 11/04/15 \$	/04/15\$	136,147 07 \$	65,991 80 \$	\$ 00.0	70,155 27
Security Subtotal				↔	286,117.07 \$	140,786.60 \$	\$ 00.0	145,330.47
Total Long-Term (Cost basis is available but not reported to the IRS)	vailable but not rep	orted to the IRS	(6	s	286,117.07\$	140,786.60 \$	\$ 00.0	145,330.47
Total Long-Term				s	290,945.88\$	145,850.66 \$	\$ 00.0	145,095.22

STATEMENT D-1

Schwab One® Trust Account of R MARTINSEN & P MARTINSEN TTEE PATRICIA M AND ROBERT H MARTIN FOUNDATION TR DTD 12/13/2010

Account Number 7324-6901

TAX YEAR 2015 YEAR-END SUMMARY

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab It is provided to you as additional tax reporting information you may need to complete your tax return

Realized Gain or (Loss) Summary

Total Realized Gain or (Loss)

Description	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Total Short-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part I, with Box A checked.)	\$ 16,938.31 \$	15,965.44 \$	\$ 00.0	972.87
Total Short-Term Realized Gain or (Loss)	\$ 16,938.31 \$	15,965.44 \$	\$ 00.0	972.87
Total Long-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part II, with Box D checked.)	\$ 4,828.81 \$	5,064.06 \$	\$ 00.0	(235.25)
Total Long-Term Realized Gain or (Loss) (Cost basis is available but not reported to the IRS Report on Form 8949, Part II, with Box E checked.)	\$ 286,117.07 \$	140,786.60 \$	0.00	145,330.47
Total Long-Term Realized Gain or (Loss)	\$ 290,945.88 \$	145,850.66 \$	\$ 00.0	145,095.22
TOTAL REALIZED GAIN OR (LOSS)	\$ 307,884.19 \$	161,816.10 \$	0.00	146,068.09