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OMB No 1545-0052

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Inspection

## 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 instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015 A Employer identification number Name of foundation JOE & CINDY GOLDBERG FAMILY FOUNDATION INC 45-5388089 BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 130 RENEES WAY (203) 457-0555 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code GUILFORD, CT 06437 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return A mended return  $\textbf{2.} \ \ \text{Foreign organizations meeting the } 85\%$ Name change Address change test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J**Accounting method IFair market value of all assets at end If the foundation is in a 60-month termination Cother (specify) under section 507(b)(1)(B), check here of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) **\$** 1,208,852 Part I Analysis of Revenue and Expenses Disbursements Revenue and Net investment Adjusted net for charitable (The total of amounts in columns (b), (c), and (d) may not expenses per necessarily equal the amounts in column (a) (see (b) (c) purposes income ıncome books (d) (cash basis only) instructions)) Contributions, gifts, grants, etc , received (attach 1 2 Check ► 🔽 if the foundation is **not** required to attach . . . . . . . . . . . . . 3 Interest on savings and temporary cash investments 41.466 41.466 41,466 Dividends and interest from securities Gross rents . . . . . . . . . 5a Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 6a Revenue b Gross sales price for all assets on line 6a 436,820 5,341 Capital gain net income (from Part IV, line 2) . . Net short-term capital gain . . . 8 Income modifications . . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) . . C Other income (attach schedule) . . . . 11 Total. Add lines 1 through 11 46,807 46,807 41,466 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Expenses Legal fees (attach schedule). . . . . 16a 卿 1,750 Accounting fees (attach schedule). . . . b Other professional fees (attach schedule) . c Operating and Administrative **17** 囱 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy . . . . . . . 21 Travel, conferences, and meetings. 22 Printing and publications. . 囫 139 139 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 3.589 1.889 66,715 66,715 25 Contributions, gifts, grants paid . . . . . . . 26 Total expenses and disbursements. Add lines 24 and 70,304 68,604 25 27 Subtract line 26 from line 12 -23,497 Excess of revenue over expenses and disbursements a 46,807 Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-) 41,466

| Pa         | rt II  | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year               | End o                           | <u> </u>                        |  |  |  |  |  |
|------------|--------|---|---------------------------------|---------------------------------|---------------------------------|--|--|--|--|--|
|            | 1      | Cash—non-interest-bearing   | (a) Book Value<br>12,900        | <b>(b)</b> Book Value<br>11,200 | (c) Fair Market Value<br>11,200 |  |  |  |  |  |
|            | 2      | Savings and temporary cash investments  | 41,751                          | 11,385                          | ,                               |  |  |  |  |  |
|            | 3      | Accounts receivable   | 71,731                          | 11,505                          | 11,505                          |  |  |  |  |  |
|            | 3      | Less allowance for doubtful accounts  |                                 |                                 |                                 |  |  |  |  |  |
|            | 4      | Pledges receivable  |                                 |                                 |                                 |  |  |  |  |  |
|            | 4      | Less allowance for doubtful accounts •  |                                 |                                 |                                 |  |  |  |  |  |
|            | _      | Grants receivable   |                                 |                                 |                                 |  |  |  |  |  |
|            | 5      | Receivables due from officers, directors, trustees, and other   |                                 |                                 |                                 |  |  |  |  |  |
|            | 6      | · · · · · · · · · · · · · · · · · · ·   |                                 |                                 |                                 |  |  |  |  |  |
|            | _      | disqualified persons (attach schedule) (see instructions)   |                                 |                                 |                                 |  |  |  |  |  |
|            | 7      | Other notes and loans receivable (attach schedule)  |                                 |                                 |                                 |  |  |  |  |  |
|            | _      | Less allowance for doubtful accounts  |                                 |                                 |                                 |  |  |  |  |  |
| ۲          | 8      | Inventories for sale or use   |                                 |                                 |                                 |  |  |  |  |  |
| Assets     | 9      | <b>-</b>  | d expenses and deferred charges |                                 |                                 |  |  |  |  |  |
| As         | 10a    | Investments—U S and state government obligations (attach schedule)  |                                 |                                 |                                 |  |  |  |  |  |
|            | b      | Investments—corporate stock (attach schedule)   |                                 |                                 |                                 |  |  |  |  |  |
|            | 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)   | 1,195,973                       | 1,204,542                       | 1,186,267                       |  |  |  |  |  |
|            | 14     | Land, buildings, and equipment basis 🕨  |                                 |                                 |                                 |  |  |  |  |  |
|            |        | Less accumulated depreciation (attach schedule) -   |                                 |                                 |                                 |  |  |  |  |  |
|            | 15     | Other assets (describe 🟲)   |                                 |                                 |                                 |  |  |  |  |  |
|            | 16     | Total assets(to be completed by all filers—see the  |                                 |                                 |                                 |  |  |  |  |  |
|            |        | Instructions Also, see page 1, Item I)  | 1,250,624                       | 1,227,127                       | 1,208,852                       |  |  |  |  |  |
|            | 17     | Accounts payable and accrued expenses   |                                 |                                 |                                 |  |  |  |  |  |
| S.         | 18     | Grants payable  |                                 |                                 |                                 |  |  |  |  |  |
| ₽          | 19     | Deferred revenue  |                                 |                                 |                                 |  |  |  |  |  |
| abilities  | 20     | Loans from officers, directors, trustees, and other disqualified persons  |                                 |                                 |                                 |  |  |  |  |  |
| Lla        | 21     | Mortgages and other notes payable (attach schedule)   |                                 |                                 |                                 |  |  |  |  |  |
|            | 22     | Other liabilities (describe)  |                                 |                                 |                                 |  |  |  |  |  |
|            | 23     | Total liabilities(add lines 17 through 22)  |                                 | 0                               |                                 |  |  |  |  |  |
| 'n         |        | Foundations that follow SFAS 117, check here 🕨 🦵  |                                 |                                 |                                 |  |  |  |  |  |
| Balances   |        | and complete lines 24 through 26 and lines 30 and 31.   |                                 |                                 |                                 |  |  |  |  |  |
| <u>5</u>   | 24     | Unrestricted  |                                 |                                 |                                 |  |  |  |  |  |
| 8          | 25     | Temporarily restricted  |                                 |                                 |                                 |  |  |  |  |  |
| 핃          | 26     | Permanently restricted  |                                 |                                 |                                 |  |  |  |  |  |
| or Fund    |        | Foundations that do not follow SFAS 117, check here 🕨 🔽   |                                 |                                 |                                 |  |  |  |  |  |
| ō          |        | and complete lines 27 through 31.   |                                 |                                 |                                 |  |  |  |  |  |
| £          | 27     | Capital stock, trust principal, or current funds  |                                 |                                 |                                 |  |  |  |  |  |
| Š          | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund  |                                 |                                 |                                 |  |  |  |  |  |
| Net Assets | 29     | Retained earnings, accumulated income, endowment, or other funds  | 1,250,624                       | 1,227,127                       |                                 |  |  |  |  |  |
| ⊉          | 30     | Total net assets or fund balances(see instructions)   | 1,250,624                       | 1,227,127                       |                                 |  |  |  |  |  |
|            | 31     | Total liabilities and net assets/fund balances(see instructions)  | 1,250,624                       | 1,227,127                       |                                 |  |  |  |  |  |
| Pa         | rt III | Analysis of Changes in Net Assets or Fund Balances  |                                 |                                 |                                 |  |  |  |  |  |
| 1          |        | Total net assets or fund balances at beginning of year—Part II, column (  | • • •                           |                                 |                                 |  |  |  |  |  |
|            |        | with end-of-year figure reported on prior year's return)  |                                 | 1                               | 1,250,624                       |  |  |  |  |  |
| 2          |        | Enter amount from Part I, line 27a  |                                 | 2                               | -23,497                         |  |  |  |  |  |
| 3          |        | Other increases not included in line 2 (itemize)  |                                 | _ 3                             |                                 |  |  |  |  |  |
| 4          |        | Add lines 1, 2, and 3   |                                 | 4                               | 1,227,127                       |  |  |  |  |  |
| 5          |        | Decreases not included in line 2 (itemize) ►  |                                 | _ 5                             |                                 |  |  |  |  |  |
| 6          |        | Total net assets or fund balances at end of year (line 4 minus line 5)—P  | art II, column (b), lın         | e 30 <b>. 6</b>                 | 1,227,127                       |  |  |  |  |  |

| Part I          | V Capital Gains  | and Lo     | sses to              | r Tax               | on Inv               | estme     | ent Income                       | -      |                        | .1          |               |  |       |                       |
|-----------------|--|------------|----------------------|---------------------|----------------------|-----------|----------------------------------|--------|------------------------|-------------|---------------|--|-------|-----------------------|
|                 | List and describe  |            |                      |                     |                      | •         | •                                |        | How acq<br>P—Purc      |             |               | ite acquired                                 |       | Date sold             |
|                 | (a) 2-story brick ware                                   | ehouse,    | or commo             | on stock            | , 200 s              | hs MLC    | Co)                              | (b)    | D—Dona                 |             | <b>(c)</b> (m | o , day, yr )                                | (d)   | (mo , day, yr         |
| 1a              | See Additional Data                                      | Table      |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| b               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| С               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| d               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| e               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| (e)             | Gross sales price  |            | ( <b>f)</b>          | epreciat<br>(or all | :ion allo<br>owable) |           | Cost<br><b>(g)</b> plus          |        | ther bası<br>nse of sa |             |               | Gaii<br><b>(h)</b> (e) plus                  |       | (loss)<br>nınus (g)   |
| а               | See Additional Data                                      | Table      |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| b               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| С               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| d               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| e               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| Con             | nplete only for assets s                                 | showina    | gain in co           | olumn (h            | ) and ov             | vned by   | the foundation                   | n on 1 | 12/31/69               | <del></del> |               | Gains (Co                                    | (h)   | gaın mınus            |
|                 |  |            | J                    |                     | ed bası              |           |                                  |        | of col (ı)             |             | co            |  |       | ss than -0-) <b>o</b> |
| (1)             | FMV as of 12/31/69                                       |            | (j)                  | <b>)</b> as of 1    | 2/31/6               | 9         | <b>(k)</b> ove                   | rcol   | (j), if an             | У           | (I)           | Losses                                       | (fron | n col (h))            |
| а               | See Additional Data                                      | Table      |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| b               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| С               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| d               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| e               |  |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| 2               | Capital gain net inco                                    | me or (n   | et capital           | loss)               |                      |           | ın, also enter<br>ss), enter -0- |        |                        |             | 2             |  |       | 5,341                 |
| 3               | Net short-term capit                                     | al gaın o  | or (loss) a          | s defined           | d ın sec             | tions 12  | 22(5) and (6                     | )      |                        | ·           |               |  |       |                       |
|                 | If gain, also enter in l                                 | Part I. lı | ne 8. colu           | ımn (c) (           | see ins              | tructions | s) If(loss).e                    | nter - | -0-                    | ì           |               |  |       |                       |
|                 | in Part I, line 8 .                                      |            |                      | • •                 |                      |           |                                  | •      |                        | ì           | 3             |  |       | -2,032                |
| Part \          | Qualification (  | Inder      | Section              | 4940(               | e) for               | Redu      | ced Tax on                       | Ne     | t Inves                | tmer        |               | rome   |       | 2,031                 |
| (For optı       | onal use by domestic p                                   | orivate f  | oundation            | s subjec            |                      |           |                                  |        |                        |             |               |  |       |                       |
|                 |  |            | ·                    |                     |                      |           |                                  |        |                        |             |               |  | _     |                       |
|                 | foundation liable for th<br>the foundation does n        |            |                      |                     |                      |           |                                  |        |                        | ise pei     | riod?         |  |       | Yes No                |
| <b>1</b> Ent    | er the appropriate amo                                   | unt in ea  | ach colum            | nn for eac          | ch year,             | , see ins | tructions befo                   | ore m  | akıng an               | y entr      | ies           |  |       |                       |
| Base<br>year (o | (a)<br>period years Calendar<br>r tax year beginning in) | Adju       | (b)<br>Usted qualify |                     | utions               | Net       | (c)<br>value of noncha           |        | -use assets            | s           | (4            | <b>(d)</b><br>Distribution<br>col (b) divide | n rat |                       |
|                 | 2014   |            |                      |                     |                      |           |                                  |        |                        |             | `             |  |       |                       |
|                 | 2013   |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
|                 | 2012   |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
|                 | 2011   |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
|                 | 2010   |            |                      |                     |                      |           |                                  |        |                        |             |               |  |       |                       |
| 2               | <b>Total</b> of line 1, columi                           | n (d)      |                      |                     |                      |           |                                  |        |                        | •           | 2             |  |       |                       |
| 3               | A verage distribution                                    |            |                      |                     |                      |           |                                  |        | y 5, or b              |             | з             |  |       |                       |
| 4               | the number of years t<br>Enter the net value o           |            |                      |                     |                      |           |                                  |        |                        | -           | 4             |  |       |                       |
| 5               | Multiply line 4 by line                                  |            |                      |                     |                      |           | · ·                              |        |                        | _           | 5             |  |       |                       |
| 6               | Enter 1% of net inve                                     |            |                      |                     |                      |           |                                  |        |                        |             | 6             |  |       |                       |
| _               |  |            | -                    |                     | -                    | -         |                                  |        |                        | _           |               |  |       |                       |
| 7               | Add lines 5 and 6.                                       |            |                      |                     |                      |           |                                  |        |                        |             | 7             |  |       |                       |
| 8               | Enter qualifying distr                                   |            |                      | •                   |                      |           |                                  |        |                        |             | 8             | 401 1  |       |                       |
|                 | If line 8 is equal to oi<br>the Part VI instruction      |            | r than line          | /,chec              | K the bo             | ox in Par | τνι, line 1b,                    | and c  | complete               | tnat p      | art us        | ıng a 1% ta                                  | x rat | e See                 |

|    | 990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),                  | 4940(e)           | , or 4948—s    | ee pag         | e 18 of        | the inst | ructio |                        | age <b>4</b> |
|----|---|-------------------|----------------|----------------|----------------|----------|--------|------------------------|--------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here                              |                   | <u> </u>       | <u> </u>       |                |          |        |                        |              |
|    | 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          | (              | )              | 1              |          |        |                        | 936          |
|    | here Fand enter 1% of Part I, line 27b  |                   |                |                |                |          |        |                        |              |
| С  | All other domestic foundations enter 2% of line 27b Exempt foreign organi<br>Part I, line 12, col (b) | zations           | enter 4% of    |                |                |          |        |                        |              |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fo enter -0-)                   | undatıor          | ns only Oth    | ers            | 2              |          |        |                        |              |
| 3  | Add lines 1 and 2   |                   |                | •              | 3              |          |        |                        | 936          |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for                           | undatio           | ns only Oth    | ers            | 4              |          |        |                        |              |
| 5  | enter -0-) <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less,        | enter-(           | n_             |                | 5              |          |        |                        | 936          |
| 6  | Credits/Payments  | · Circoi          |                | •              | 3              |          |        |                        | 930          |
| a  | 2015 estimated tax payments and 2014 overpayment credited to 2015                                     | 6a                | 1              | 4,643          |                |          |        |                        |              |
| b  | Exempt foreign organizations—tax withheld at source   | 6b                |                | 7,073          |                |          |        |                        |              |
| c  | 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  |                   |                |                | 7              |          |        |                        | 1,643        |
| 8  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form                        |                   |                |                | 8              |          |        |                        | +,043        |
| 9  | Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed                          |                   |                |                | 9              |          |        |                        |              |
| 10 | Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount                       |                   |                |                | 10             |          | -      | <del></del>            | <br>3,707    |
| 11 | Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b>                               | 3,707             | Refunded       |                | 11             |          |        |                        | 3,707        |
|    | t VII-A Statements Regarding Activities   | 3,707             | Refunded       |                |                |          |        |                        |              |
| 1a | During the tax year, did the foundation attempt to influence any national, sta                        | te orlo           | cal legislatio | on or di       | d              |          |        | Yes                    | No           |
|    |   | 10, 01 10         | carregistati   | 311 01 u       | u              |          | 1a     |                        |              |
| b  |   | r politica        | al nurnosas    | · ·<br>(saa In | • •<br>etructi | one      |        | $\vdash \vdash \vdash$ |              |
| _  |   |                   |                |                |                | -        | 1b     |                        | No           |
|    | ·   | es and co         | opies of anv   | materia        | ls             | _        |        |                        |              |
|    |   |                   | -,,            |                |                |          |        |                        |              |
| С  | ·   |                   |                |                |                |          | 1c     |                        | No           |
| d  |   |                   |                | r              |                |          |        |                        |              |
|    | ticipate or intervene in any political campaign?  |                   |                |                |                |          |        |                        |              |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for po                        | olitical e        | expenditure    | tax ımp        | osed           |          |        |                        |              |
|    | on foundation managers 🕨 \$   |                   |                |                |                |          |        |                        |              |
| 2  | Has the foundation engaged in any activities that have not previously been r                          | eported           | to the IRS?    |                |                |          | 2      |                        | No           |
|    | If "Yes," attach a detailed description of the activities.  |                   |                |                |                |          |        |                        |              |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in                           | ıts gov           | erning instri  | ıment,         | articles       | 5        |        |                        |              |
|    | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a co.                     | nformed           | copy of the c  | changes        |                |          | 3      |                        | No           |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more                            | during t          | the year?.     |                |                |          | 4a     |                        | No           |
| b  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                               |                   |                |                |                |          | 4b     |                        | No           |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction of                      | during th         | e year?        |                |                |          | 5      |                        | No           |
|    | If "Yes," attach the statement required by General Instruction T.                                     |                   |                |                |                |          |        |                        |              |
| 6  | Are the requirements of section $508(e)$ (relating to sections $4941$ through $4000$                  | 1945) sa          | atisfied eithe | er             |                |          |        |                        |              |
|    | By language in the governing instrument, or   |                   |                |                |                |          |        |                        |              |
|    | By state legislation that effectively amends the governing instrument so                              | that no i         | mandatory d    | irectio        | ns             |          |        |                        |              |
|    | that conflict with the state law remain in the governing instrument? . $$ .                           |                   |                |                |                |          | 6      |                        | No           |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year                        | ar? <i>If "Ye</i> | s," complete   | Part II        | , col. (c      | ),       |        |                        |              |
|    |   |                   |                |                |                |          | 7      | Yes                    |              |
| 8a | Enter the states to which the foundation reports or with which it is registered.                      | l (see in:        | structions)    |                |                |          |        |                        |              |
|    | ►CT   |                   |                |                |                |          |        |                        |              |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form                         |                   |                |                |                |          |        |                        |              |
| _  | General (or designate) of each state as required by General Instruction G? I                          |                   |                |                | :              |          | 8b     | Yes                    |              |
| 9  | Is the foundation claiming status as a private operating foundation within the                        |                   | _              |                |                |          |        |                        |              |
|    | or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015                            | (see ins          | tructions foi  | rart X         | T A ),         |          | ^      |                        | N'-          |
| 10 | If "Yes," complete Part XIV   | <br>c " attac     | h a cchodul-   | licting        | ther-          | · · ·    | 9      | $\vdash \vdash \vdash$ | No           |
| 10 | and addresses.  |                   |                | _              |                |          | 10     |                        | No           |
|    |   |                   |                |                |                |          |        |                        | .10          |

| Pai | Statements Regarding Activities (continued)  |       |          |    |
|-----|--|-------|----------|----|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the  |       |          |    |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  | 11    |          | No |
| 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    |          | No |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  | 13    | Yes      |    |
|     | Website address ► <u>N/A</u>   |       |          |    |
| 14  | The books are in care of ▶JOE GOLDBERG Telephone no ▶(203  | ) 457 | -0555    |    |
|     | Located at ►130 RENEES WAY GUILFORD CT ZIP+4 ►06437  |       |          |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here  |       | ▶ □      | -  |
| 13  | and enter the amount of tax-exempt interest received or accrued during the year  | •     | - ,      |    |
| 4.5 |  |       |          |    |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over   | 16    | Yes      | No |
|     | a bank, securities, or other financial account in a foreign country?   | 10    |          | No |
|     | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country                                  |       |          |    |
|     |  |       |          |    |
| Pal | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |       |          | T  |
|     | 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 V 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?   |       |          |    |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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 )   |       |          |    |
| b   | If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations  |       |          |    |
|     | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  | 1b    |          | No |
|     | O rganizations 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 before the first day of the tax year beginning in 2015?  | 1c    |          | No |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private  |       |          |    |
|     | operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |       |          |    |
| а   | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d  |       |          |    |
|     | and 6e, Part XIII) for tax year(s) beginning before 2015? Yes $\overline{\hspace{-0.1cm}\hspace{-0.1cm}\hspace{-0.1cm}}$ No  |       |          |    |
|     | If "Yes," list the years 🕨 20  |       |          |    |
| b   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)  |       |          |    |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)  |       | <b>-</b> |    |
|     | to <b>all</b> years listed, answer "No" and attach statement—see instructions )  | 2b    |          | No |
| C   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here   |       |          |    |
| _   | ▶ 20, 20, 20   |       |          |    |
| За  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at   |       |          |    |
| L.  | any time during the year?  |       |          |    |
| D   | 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    |          | No |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a    | †        | No |
| 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?   | 4b    |          | No |

|   | rt VII-B Statements Rega                              | · · di   | na Activities for                  | \A/L   | ich Form 4720             | Max      | y Be Required <i>(Cont</i>                        | inuo         |           | Page <b>6</b> |
|---|---|----------|------------------------------------|--|---------------------------|----------|---|--------------|-----------|---------------|
|   |   |          |                                    |  | iicii Foriii 4720         | ма       | y be kequired (COIII                              | inue         | 1)        |               |
| 5a  | During the year did the foundatio                     |          | •                                  |  |                           |          | F F   | <del>-</del> |           |               |
|   | (1) Carry on propaganda, or othe                      |          |                                    |  |                           |          |   | / No         |           |               |
|   | (2) Influence the outcome of any                      |          | ·                                  |  |                           |          | ·   | _            |           |               |
|   | on, directly or indirectly, any                       | vote     | r registration drive?              |  |                           | •        |   |              |           |               |
|   | (3) Provide a grant to an individu                    | ıal fo   | r travel, study, or oth            | ners   | ımılar purposes?          |          | ┌ Yes ┌   | / No         |           |               |
|   | (4) Provide a grant to an organiz                     |          |                                    |  |                           |          |   |              |           |               |
|   | ın section 4945(d)(4)(A)? (s                          | ee in    | structions)                        |  |                           |          | \ \ Yes \   | No           |           |               |
|   | (5) Provide for any purpose other                     | r thai   | n religious, charitabl             | e, sc  | ientific, literary, or    |          |   |              |           |               |
|   | educational purposes, or for t                        | he p     | revention of cruelty               | o ch   | ıldren or anımals?.       |          | TYes 🤄  | No           |           |               |
| b   | If any answer is "Yes" to 5a(1)-                      | (5), d   | ıd <b>any</b> of the transac       | tions  | s fail to qualify under   | the      | exceptions described in                           |              |           |               |
|   | Regulations section 53 4945 or                        | ın a c   | urrent notice regard               | ing c  | disaster assistance       | (see     | instructions)?                                    |              | 5b        | No            |
|   | Organizations relying on a currer                     | nt not   | ice regarding disast               | eras   | ssistance check here      | e        |   | -            |           |               |
| С   | If the answer is "Yes" to question                    | n 5a(    | 4), does the foundat               | ion c  | laım exemption from       | n the    | <b>!</b>  |              |           |               |
| tax because it maintained expenditure responsibility for the grant? |   |          |                                    |  |                           |          |   | √ No         |           |               |
|   | If "Yes," attach the statement requ                   | ııred i  | by Regulations sectio              | n 53.  | .4945-5(d).               |          |   |              |           |               |
| 6a  | Did the foundation, during the year                   | ar, re   | ceive any funds, dire              | ectly  | or indirectly, to pay     | prei     | miums on  |              |           |               |
|   | a personal benefit contract?                          |          |                                    |  |                           |          |   | √ No         |           |               |
| ь   | Did the foundation, during the ye                     | ar, pa   | ıy premiums, directl               | y orı  | ndirectly, on a perso     | onal     |   |              | 6b        | No            |
|   | If "Yes" to 6b, file Form 8870.                       |          | ,                                  | •  | ,, ,                      |          |   |              |           |               |
| 7a  | At any time during the tax year, v                    | was t    | he foundation a part               | v to a                                       | a prohibited tax shel     | tert     | ransaction? <b>Tyes</b> F                         | - No         |           |               |
| b   | If yes, did the foundation receive                    |          |                                    |  |                           |          | ,   |              | 7b        | No            |
|   |   |          |                                    |  |                           |          | n Managers, Highly                                |              |           |               |
| Pa  | and Contractors                                       | ٠.       | neers, Director.                   | ·, ··  | rustees, rounde           |          | ii Managers, mgmy                                 | . u.u        | Lilipio   | , ccs,        |
| 1   | List all officers, directors, trustee                 | s, fo    | undation managers a                | nd t   | heir compensation (       | see i    | instructions).                                    |              |           |               |
|   |   |          | Title, and average                 | (6)  | ) Compensation( <b>If</b> |          | (d)   |              |           |               |
|   | (a) Name and address                                  |          | hours per week                     | ```  | not paid, enter           | _        | Contributions to                                  | l            | xpense a  | •             |
|   |   | (b)      | devoted to position                |  | -0-)                      |          | employee benefit plans<br>d deferred compensation | (e) (        | ther allo | wances        |
| JOSE  | PH M GOLDBERG   | Pre      | sident/Treas                       |  | 0                         | <u> </u> | a deterred compensation                           |              |           |               |
|   | RENEES WAY  | 0 0      | •                                  |  | •                         |          |   |              |           |               |
|   | LFORD, CT 06437                                       |          |                                    |  |                           |          |   |              |           |               |
| CYNT  | HIA C GOLDBERG  | V F      | res /Sec                           |  | 0                         |          |   |              |           |               |
| 130   | RENEES WAY  | 0 0      | 0 00                               |  |                           |          |   |              |           |               |
| GUI   | LFORD,CT 06437  |          |                                    |  |                           |          |   |              |           |               |
| AMY   | HEALY   | Dire     | ector                              |  | 0                         |          |   |              |           |               |
| PON   | ID VIEW CIRCLE  | 0 0      | 0                                  |  |                           |          |   |              |           |               |
|   | LFORD,CT 06437  |          |                                    |  |                           |          |   |              |           |               |
| MELIS   | SSA A GOLDBERG  | _        | ector                              |  | 0                         |          |   |              |           |               |
|   | RENEES WAY  | 0 0      | Ü                                  |  |                           |          |   |              |           |               |
|   | LFORD,CT 06437  | <u>.</u> |                                    | <u>.                                    </u> |                           |          |   |              | IONE "    |               |
|   | Compensation of five highest-paid                     | a em     | loyees (other than                 | tnos   | e included on line 1–     | -see     | 1   | nter "N      | IONE."    |               |
|   | (a)   |          | Title, and aver                    |  |                           |          | Contributions to employee benefit                 | l F          | xpense a  | ccount.       |
| Nai   | me and address of each employee<br>more than \$50,000 | paid     | hours per we<br>(b) devoted to pos |  | (c) Compensation          | n        | plans and deferred                                |              | ther allo | •             |
|   | more than \$50,000                                    |          | (b) devoted to pos                 | ICIOII                                       |                           |          | (d) compensation                                  |              |           |               |
| NON   | I E   |          | ]                                  |  |                           |          |   |              |           |               |
|   |   |          |                                    |  |                           |          |   |              |           |               |
|   |   |          |                                    |  |                           |          |   |              |           |               |
|   |   |          | ]                                  |  |                           |          |   |              |           |               |
|   |   |          |                                    |  |                           |          |   |              |           |               |
|   |   |          | 1                                  |  |                           |          |   |              |           |               |
|   |   |          |                                    |  |                           |          |   |              |           |               |
|   |   |          | 1                                  |  |                           |          |   |              |           |               |
|   |   |          | -                                  |  |                           |          |   |              |           |               |
|   |   |          | 4                                  |  |                           |          |   |              |           |               |
|   |   |          | <u> </u>                           |  |                           |          |   |              |           |               |
| Tota  | I number of other employees paid                      | over     | \$50,000                           |  |                           |          | 🟲   |              |           |               |

| Part VIII Information About Officers, Directors, Trusto and Contractors (continued)              |  |                  |
|--|--|------------------|
| 3 Five highest-paid independent contractors for professional services (                          |  | E"               |
| (a) Name and address of each person paid more than \$50,000                                      | <b>(b)</b> Type of service                       | (c) Compensation |
| NONE   |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
| otal number of others receiving over \$50,000 for professional services.                         |  | <b>•</b>         |
| Part IX-A Summary of Direct Charitable Activities  |  |                  |
| ist the foundation's four largest direct charitable activities during the tax year. Include rele | evant statistical information such as the number | of Expenses      |
| rganizations and other beneficiaries served, conferences convened, research papers prod          | uced, etc  | Lxpelises        |
| 1  |  |                  |
| 2  |  |                  |
| 3  |  |                  |
| 4 Part IX-B Summary of Program-Related Investments (   | see instructions)                                |                  |
| Describe the two largest program-related investments made by the foundation during               | •  | A mount          |
| 1  | the tax year on lines I and 2                    | Amount           |
|  |  |                  |
|  |  |                  |
| 2  |  |                  |
|  |  |                  |
|  |  |                  |
| All other program-related investments See instructions   |  |                  |
| 3  |  |                  |
|  |  |                  |
|  |  |                  |
| Total. Add lines 1 through 3   |  | <b>•</b>         |

#### Part X Minimum Investment Return

| Pa  | (All domestic foundations must complete this part. Foreign foundations, see instruction  | s.)     |                          |
|-----|--|---------|--------------------------|
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,  |         |                          |
|     | purposes   |         |                          |
| а   | Average monthly fair market value of securities  | 1a      | 1,230,534                |
| b   | Average of monthly cash balances   | 1b      | 51,321                   |
| c   | Fair market value of all other assets (see instructions)   | 1c      | 0                        |
| d   | <b>Total</b> (add lines 1a, b, and c)  | 1d      | 1,281,855                |
| e   | Reduction claimed for blockage or other factors reported on lines 1a and   |         |                          |
|     | 1c (attach detailed explanation)   |         |                          |
| 2   | Acquisition indebtedness applicable to line 1 assets   | 2       |                          |
| 3   | Subtract line 2 from line 1d   | 3       | 1,281,855                |
| 4   | Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ $\!$ of line 3 (for greater amount, see  |         |                          |
|     | ınstructions)  | 4       | 19,228                   |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5       | 1,262,627                |
| 6   | Minimum investment return. Enter 5% of line 5  | 6       | 63,131                   |
| Pai | t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)    | rtaın f | oreign organizations     |
| 1   | Mınımum ınvestment return from Part X, line 6  | 1       | 63,131                   |
| 2a  | Tax on investment income for 2015 from Part VI, line 5   2a   936  |         |                          |
| b   | Income tax for 2015 (This does not include the tax from Part VI ) 2b   |         |                          |
| С   | Add lines 2a and 2b  | 2c      | 936                      |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1   | 3       | 62,195                   |
| 4   | Recoveries of amounts treated as qualifying distributions  | 4       |                          |
| 5   | Add lines 3 and 4  | 5       | 62,195                   |
| 6   | Deduction from distributable amount (see instructions)   | 6       |                          |
| 7   | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1  | 7       | 62,195                   |
| Par | 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      | 68,604                   |
|     | 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       | 68,604                   |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   |         |                          |
|     | ıncome Enter 1% of Part I, line 27b (see instructions)   | 5       |                          |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6       | 68,604                   |
|     | <b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years | er the  | foundation qualifies for |

| P  | art XIII Undistributed Income (see in  | nstructions)   |                            |             |                      |
|----|--|----------------|----------------------------|-------------|----------------------|
|    |  | (a)<br>Corpus  | (b)<br>Years prior to 2014 | (c)<br>2014 | ( <b>d</b> )<br>2015 |
| 1  | Distributable amount for 2015 from Part XI, line 7                                       | 7              |                            |             | 62,195               |
|    | Undistributed income, if any, as of the end of 201                                       |                |                            |             |                      |
|    | Enter amount for 2014 only   |                |                            |             |                      |
| h  | Total for prior years 20, 20, 20   |                |                            |             |                      |
| 3  | Excess distributions carryover, if any, to 2015  |                |                            |             |                      |
| a  | From 2010  |                |                            |             |                      |
| b  | From 2011  |                |                            |             |                      |
|    | From 2012  | 559            |                            |             |                      |
|    | From 2013  |                |                            |             |                      |
|    |  | 420            |                            |             |                      |
|    | Total of lines 3a through e  | 42,935         |                            |             |                      |
|    | Qualifying distributions for 2015 from Part  |                |                            |             |                      |
|    | XII, line 4 🕨 \$ 68,604  |                |                            |             |                      |
| а  | Applied to 2014, but not more than line 2a   |                |                            |             |                      |
|    | Applied to undistributed income of prior years   |                |                            |             |                      |
| _  | (Election required—see instructions)   |                |                            |             |                      |
| c  | Treated as distributions out of corpus (Election required—see instructions)              | 0              |                            |             |                      |
| d  | Applied to 2015 distributable amount   |                |                            |             | 62,195               |
| е  | Remaining amount distributed out of corpus   | 6,409          |                            |             |                      |
| 5  | Excess distributions carryover applied to 2015   |                |                            |             |                      |
|    | (If an amount appears in column (d), the same amount must be shown in column (a).)       |                |                            |             |                      |
| 6  | Enter the net total of each column as indicated below:                                   |                |                            |             |                      |
| а  | Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 49,344         |                            |             |                      |
| b  | Prior years' undistributed income Subtract   |                |                            |             |                      |
|    | line 4b from line 2b   |                |                            |             |                      |
| 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   |                |                            |             |                      |
| d  | Subtract line 6c from line 6b Taxable amount   |                |                            |             |                      |
|    | —see instructions  |                |                            |             |                      |
| е  | Undistributed income for 2014 Subtract line  |                |                            |             |                      |
|    | 4a from line 2a Taxable amount—see   |                |                            |             |                      |
| £  | Instructions   |                |                            |             |                      |
| •  | lines 4d and 5 from line 1 This amount must  |                |                            |             |                      |
|    | be distributed in 2015   |                |                            |             | 0                    |
| 7  | Amounts treated as distributions out of  |                |                            |             |                      |
|    | corpus to satisfy requirements imposed by  |                |                            |             |                      |
|    | section 170(b)(1)(F) or 4942(g)(3) (Election may   |                |                            |             |                      |
| ٥  | be required - see instructions)  Excess distributions carryover from 2010 not            | ' <del> </del> |                            |             |                      |
| 0  | applied on line 5 or line 7 (see instructions)   | .              |                            |             |                      |
| 9  | Excess distributions carryover to 2016.  |                |                            |             |                      |
|    | Subtract lines 7 and 8 from line 6a  | 49,344         |                            |             |                      |
| 10 | Analysis of line 9   |                |                            |             |                      |
|    | Excess from 2011   |                |                            |             |                      |
|    | Excess from 2012   |                |                            |             |                      |
|    | Excess from 2013 17,   |                |                            |             |                      |
|    | Execus nom 20111   | 420            |                            |             |                      |
| е  | Excess from 2015 6,4   | 409            |                            |             |                      |

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV 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 status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 66,715 **b** Approved for future payment

| Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc  | ing Activitie        | :s             |                       |                     | Page <b>1</b> 2                                   |
|---|----------------------|----------------|-----------------------|---------------------|---|
| Enter gross amounts unless otherwise indicated  |                      | ısıness income | Excluded by section   | <u> </u>            | <b>(e)</b><br>Related or exemp<br>function income |
| 1 Program service revenue   | (a)<br>Business code | (b)<br>A mount | (c)<br>Exclusion code | (d)<br>A mount      | (See<br>instructions )                            |
| a<br>b  |                      |                |                       |                     |   |
| c<br>d  |                      |                |                       |                     |   |
| e   |                      |                |                       |                     |   |
| <ul><li>f</li><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>                         |                      |                |                       |                     |   |
| Interest on savings and temporary cash investments  |                      |                |                       |                     |   |
| Dividends and interest from securities 5 Net rental income or (loss) from real estate   |                      |                | 14                    | 41,466              |   |
| <ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>   |                      |                |                       |                     |   |
| Net rental income or (loss) from personal property  |                      |                |                       |                     |   |
| Other investment income   |                      |                |                       |                     |   |
| Net income or (loss) from special events  |                      |                | 18                    | 5,341               |   |
| Gross profit or (loss) from sales of inventory  Other revenue a   |                      |                |                       |                     |   |
| b   |                      |                |                       |                     |   |
| c<br>d  |                      |                |                       |                     |   |
| e   |                      |                |                       | 45.007              |   |
| 2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify |                      |                |                       | 46,807<br><b>13</b> | 46,807  |
| Part XVI-B Relationship of Activities to  | the Accom            |                |                       |                     |   |
| Explain below how each activity for whether the accomplishment of the foundation's instructions )   |                      |                |                       |                     |   |
|   |                      |                |                       |                     |   |
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| Par         | t XVI  |                         | Information Re<br>Noncharitable  |                          |           |             |                  | sactio    | ns and    | Relationships                | With  |                                     |                    |                 |
|-------------|--|-------------------------|--|--------------------------|-----------|-------------|------------------|-----------|-----------|------------------------------|---|-------------------------------------|--------------------|-----------------|
|             |  | organ                   | zation directly or in<br>c) of the Code (other   | ndırectly (              | engage    | ın any of t | the following wi |           |           |                              |   |                                     | Yes                | No              |
| or          | ganıza   | itions                  | ?  |                          |           |             |                  |           | ·         |                              |   |                                     |                    |                 |
| a Tr        | ansfei   | rs fror                 | n the reporting four   | ndation to               | a nonc    | harıtable ( | exempt organız   | ation of  |           |                              |   |                                     |                    |                 |
| (1          | ) Cas  | sh                      |  |                          |           |             |                  |           |           |                              |   | 1a(1)                               |                    | No              |
| (2          | ) Oth  | neras                   | sets   |                          |           |             |                  |           |           |                              |   | 1a(2)                               |                    | No              |
| <b>b</b> Ot | her tr   | ansac                   | tions  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
| (1          | ) Sal  | es of a                 | assets to a noncha   | rıtable ex               | empt or   | ganızatıoı  | n                |           |           |                              |   | 1b(1)                               |                    | No              |
|             |  |                         | s of assets from a   |                          |           |             |                  |           |           |                              |   | 1b(2)                               |                    | No              |
|             |  |                         | facilities, equipme  |                          |           |             |                  |           |           |                              |   | $\overline{}$                       |                    | No              |
|             |  |                         | ement arrangemer   |                          |           |             |                  |           |           |                              |   | 1b(4)                               |                    | No              |
|             |  |                         | loan guarantees.   |                          |           |             |                  |           |           |                              |   | 1b(5)                               |                    | No              |
|             |  |                         | ce of services or m  |                          |           |             |                  |           |           |                              |   | 1b(6)                               |                    | No              |
|             |  |                         |  |                          |           |             |                  |           |           |                              |   | 1c                                  |                    | No              |
|             | _  |                         | ilities, equipment, i<br>to any of the above   | _                        |           |             |                  |           |           |                              |   |                                     |                    | 140             |
|             | any tr   | ansad                   | other assets, or section or sharing arr<br>) Amount involved                                     | angement                 | , show i  | ın column   | (d) the value o  | f the goo | ods, othe | r assets, or servi           | ces receive                                 | ed                                  |                    | nts             |
|             | a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and s |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
|             |  |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
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|             |  |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
| de          | scribe   | ed in s<br>" com        | tion directly or indication 501(c) of the plete the following solutions.  Name of organizations. | ne Code (d<br>schedule   |           | an sectioi  |                  | ın sectı  |           |                              | • • • • • • • • • • • • • • • • • • •       |                                     | ıs 🔽               | No              |
|             |  |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
|             |  |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
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|             |  |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |
| Sign        | the<br>Inf   | e best<br>format<br>*** | enalties of perjury, of my knowledge a ion of which prepar *** ature of officer or t             | and belief,<br>er has an | ıt ıs tru | ie, correct |                  | Declar    |           |                              | May t<br>May t<br>return<br>with t<br>below | r) is bas<br>he IRS di<br>he prepai | sed on<br>scuss th | all<br>us<br>vn |
|             |  | 911                     |  |                          | 1         |             |                  | ,         |           | _                            | (see i                                      | nstr )? 🗸                           | Yes N              | lo              |
|             |  | 1                       | nt/Type preparer's<br>AMES A RAYNER  |                          | Prepa     | rer's Sıgn  | ature            | Date      |           | Check if self-<br>employed ► | PTIN  | 012161                              | 182                |                 |
| Use         | are  | r Lev                   | n's name ►<br>vitz Balosie Wollacl<br>n's address ►  | k Rayner 8               | k Giroux  | x LLC       |                  |           |           | Firm's EIN 🕨                 | •   |                                     |                    |                 |
| Only        | •  |                         |  | ok,CT 0                  | 6475      |             |                  |           |           | Phone no (860                | ) 388-445                                   | 51                                  |                    |                 |
|             | 36 Elm St Old Saybrook, CT 06475 Phone nb (860)  |                         |  |                          |           |             |                  |           |           |                              |   |                                     |                    |                 |

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b) How acquired P—Purchase D—Donation | <b>(c)</b><br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|---|--|--|-------------------------------------|
| 68 606 PIMCO TOTAL RETURN FUND  | Р                                      | 2015-01-01                                     | 2015-02-10                          |
| 217 159 PIMCO DIVIDEND ANDI DER FUND  | Р                                      | 2015-01-01                                     | 2015-02-10                          |
| 6249 997 BLACKROCK WORLD INCO   | Р                                      | 2015-01-01                                     | 2015-08-11                          |
| 134 989 FRANKLIN CONVERTIBLE  | Р                                      | 2015-01-01                                     | 2015-08-11                          |
| 8890 732 PIMCO TOTAL RETURN FUND  | Р                                      | 2014-01-01                                     | 2015-02-10                          |
| 4115 226 PIMCO ALL ASSET FUND   | Р                                      | 2014-01-01                                     | 2015-02-10                          |
| 4686 036 PIMCO EMERGING LOCAL   | Р                                      | 2014-01-01                                     | 2015-02-10                          |
| 3525 836 PIMCO GLOBAL ADVANTA BOND FUND   | Р                                      | 2014-01-01                                     | 2015-02-10                          |
| 7828 999 PIMCO DIVIDEND ANDI DER FUND   | Р                                      | 2014-01-01                                     | 2015-02-10                          |
| 3501 384 FRANKLIN RESOURCES   | Р                                      | 2014-01-01                                     | 2015-08-11                          |

### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (e) Gross sales price | Depreciation allowed (f) (or allowable) | Cost or other basis (g) plus expense of sale | Gaın or (loss)<br><b>(h)</b> (e) plus (f) mınus (g) |
|-----------------------|---|--|---|
| 740                   |   | 794  | -54   |
| 2,704                 |   | 2,587  | 117   |
| 35,875                |   | 38,492                                       | -2,617  |
| 2,476                 |   | 1,954  | 522   |
| 95,838                |   | 102,905                                      | -7,067  |
| 48,103                |   | 50,004                                       | -1,901  |
| 38,468                |   | 50,004                                       | -11,536   |
| 36,876                |   | 40,787                                       | -3,911  |
| 97,467                |   | 93,264                                       | 4,203   |
| 64,215                |   | 50,688                                       | 13,527  |

### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

| Complete only for assets show | ng gain in column (h) and owned           | by the foundation on 12/31/69              | Gains (Col (h) gain minus                                    |
|-------------------------------|---|--|--|
| (i) F M V as of 12/31/69      | A djusted basıs <b>(j)</b> as of 12/31/69 | Excess of col (1) (k) over col (j), if any | col (k), but not less than -0-) or (I) Losses (from col (h)) |
|                               |   |  | -54  |
|                               |   |  | 117  |
|                               |   |  | -2,617   |
|                               |   |  | 522  |
|                               |   |  | -7,067   |
|                               |   |  | -1,901   |
|                               |   |  | -11,536  |
|                               |   |  | -3,911   |
|                               |   |  | 4,203  |
|                               |   |  | 13,527   |

| List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) |  |  | Date acquired (c) (mo , day, yr )   | <b>(d)</b><br>Date sold<br>(mo , day, yr )  |
|---|--|--|---|---|
| Capital Gain Dividends  |  |  |   |   |
| al Gains and Losses for Ta  | x on Inves   | tment Income   | - Columns e - h   |   |
| Depreciation allowed (f) (or allowable)   | Cost or other basis (g) plus expense of sale   |  | Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)  |   |
|   |  |  |   | 14,058  |
| al Gains and Losses for Ta  | x on Inves   | tment Income -   | - Columns i - I   |   |
| ving gain in column (h) and owned b   | by the foundat   | ion on 12/31/69  | ,   | (h) gain minus  |
| A djusted basıs<br>(j) as of 12/31/69   |  | • •  | col (k), but not less than -0 (I) Losses (from col (h))   |   |
|   | Depreciation allowed (f) (or allowable)  al Gains and Losses for Ta  ving gain in column (h) and owned  Adjusted basis | Depreciation allowed (g) plus of (g) plus of (g) all Gains and Losses for Tax on Investoring gain in column (h) and owned by the foundation (g) plus of (g) plus o | (b) D—Donation  al Gains and Losses for Tax on Investment Income  Depreciation allowed (f) (or allowable) (g) plus expense of sale  al Gains and Losses for Tax on Investment Income  ving gain in column (h) and owned by the foundation on 12/31/69  Adjusted basis Excess of col (i) | (b) D—Donation  al Gains and Losses for Tax on Investment Income - Columns e - h  Depreciation allowed (g) plus expense of sale (h) (e) plus  al Gains and Losses for Tax on Investment Income - Columns i - I  Ving gain in column (h) and owned by the foundation on 12/31/69  Adjusted basis Excess of col (i)  Going Col  Col (k), but not Losses (t) |

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

| 10 | CEL | ъ Ц | N/I | $\sim$ | BFR( | • |
|----|-----|-----|-----|--------|------|---|
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CYNTHIA C GOLDBERG

| Recipient  Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution   | A mount |
|---|--|--------------------------------------|---|---------|
| a Paid during the year  | or substantial contributor   |                                      |   |         |
| GUILFORD LAND CONSERVATION TRUST PO BOX 200 GUILFORD,CT 06437                           | None   | 501(c)3                              | SUPPORT ACQUISITION & PROTECTION OF OPEN SPACE IN GUILFORD, CT                | 3,500   |
| SHORELINE GREENWAY TRAIL<br>PO BOX 148<br>BRANFORD,CT 06405                             | None   | 501(c)3                              | HELP CREATE<br>RECREATIONAL TRAILS ON<br>THE SHORELINE                        | 1,000   |
| THE CHILDRENS DEFENSE FUND<br>25 E STREET NW<br>WASHINGTON,DC 20001                     | None   | 501(c)3                              | PROGRAMS TO SUPPORT<br>AMERICA'S CHILDREN                                     | 500     |
| GUILFORD VOLUNTEER FIRE DEPT<br>390 CHURCH STREET<br>GUILFORD,CT 06437                  | None   | 501(c)3                              | SUPPORT VOLUNTEER FIRE<br>DEPT PROGRAMS                                       | 250     |
| WOMEN FAMILY LIFE CENTER<br>96 FAIR STREET<br>GUILFORD,CT 06437                         | None   | 501(c)3                              | ASSIST WOMEN & FAMILIES<br>MEET THE CHALLANGES OF<br>DAILY LIVING             | 3,000   |
| CONNECTICUT FOOD BANK<br>PO BOX 8686<br>NEW HAVEN,CT 06531                              | None   | 501(c)3                              | ASSIST IN FEEDING THE<br>STATE'S HUNGRY                                       | 2,000   |
| GUILFORD FREE LIBRARY<br>67 PARK STREET<br>GUILFORD,CT 06437                            | None   | 501(c)3                              | FUNDING TO BUY BOOKS & MATERIALS FOR THE LIBRARY                              | 500     |
| CT SPECIAL OLYMPICS<br>2666 STATE STREE SUITE 1<br>HAMDEN,CT 06517                      | None   | 501(c)3                              | SUPPORT SPECIAL OLYMPIC<br>PROGRAMS   | 500     |
| GUILFORD A BETTER CHANCE<br>PROGRAM<br>PO BOX 140<br>GUILFORD,CT 06437                  | None   | 501(c)3                              | PROVIDE OPPORTUNITY TO<br>WOMEN OF COLOR TO<br>ATTEND GUILFORD HIGH<br>SCHOOL | 1,000   |
| THE U S HOLOCAUST MEMORIAL<br>MUSEUM<br>60 EAST 42ND ST SUITE 2540<br>NEW YORK,NY 10165 | None   | 501(c)3                              | SUPPORT MUSEUMS<br>COMMITMENT TO<br>HOLOCAUST EDUCATION                       | 1,200   |
| READ TO GROW<br>53 SCHOOL GROUND RD UNIT 3<br>BRANFORD,CT 06405                         | None   | 501(c)3                              | BOOKS AND READING<br>PROGRAMS FOR CHILDREN<br>AND FAMILIES                    | 500     |
| MUSEUM OF JEWISH HERITAGE<br>36 BATTERY PLACE<br>NEW YORK,NY 10280                      | None   | 501(c)3                              | SUPPORT EDUCATION<br>PROGRAMS ABOUT THE<br>HOLOCAUST                          | 500     |
| ANTI DEFAMATION LEAGUE<br>605 THIRD AVENUE<br>NEW YORK, NY 10158                        | None   | 501(c)3                              | FIGHT IGNORANCE AND PREJUDICE   | 250     |
| MYSTIC SEAPORT PO BOX 6000<br>MYSTIC,CT 06355   | None   | 501(c)3                              | SUPPORT THE MISSION OF<br>MYSTIC SEAPORT MUSEUM                               | 765     |
| PLANNED PARENTHOOD OF<br>SOUTHERN NE<br>345 WHITNEY AVENUE<br>NEW HAVEN,CT 06511        | None   | 501(c)3                              | SUPPORT HEALTH CENTERS<br>& EDUCATIONAL PROGRAMS                              | 2,000   |
| Total   |  |                                      | ▶ 3a  | 66,715  |

| Recipient  | If recipient is an individual,   | Foundation             | Purpose of grant or   | A mount |
|--|--|------------------------|---|---------|
| Name and address (home or<br>business)   | show any relationship to any foundation manager or substantial contributor | status of<br>recipient | contribution  |         |
| <b>a</b> Paid during the year  |  |                        |   |         |
| CONNECTICUT PUBLIC<br>BROADCASTING NET<br>1049 ASYLUM AVE<br>HARTFORD,CT 06105     | None   | 501(c)3                | SUPPORT CT PUBLIC TV AND RADIO PROGRAMS   | 500     |
| VNA COMMUNITY HEALTHCARE<br>753 BOSTON POST ROAD<br>GUILFORD,CT 06437              | None   | 501(c)3                | SUPPORT VISITING NURSES PROGRAMS IN THE COMMUNITY   | 1,000   |
| AMERICAN RED CROSS<br>209 FARMINGTON AVENUE<br>FARMINGTON,CT 06032                 | None   | 501(c)3                | GENERAL USE   | 500     |
| GUILFORD POLICE BENEVOLENT<br>ASSOC<br>800 VILLAGE WALK<br>GUILFORD,CT 06437       | None   | 501(c)3                | SUPPORT POLICE<br>PROGRAMS  | 100     |
| GUILFORD YOUTH MENTORING<br>605 NEW ENGLAND RD<br>GUILFORD,CT 06437                | None   | 501(c)3                | SUPPORT IN-SCHOOL<br>MENTORING PROGRAMS IN<br>GUILFORD, CT                                    | 1,000   |
| GUILFORD COMMUNITY FUND<br>PO BOX 271<br>GUILFORD,CT 06437                         | None   | 501(c)3                | ANNUAL CAMPAIGN TO HELP<br>SUPPORT 20 LOCAL NON-<br>PROFIT ORGANIZATIONS                      | 3,000   |
| NEW HAVEN READS<br>45 BRISTOL STREET<br>NEW HAVEN,CT 06511                         | None   | 501(c)3                | SUPPORT PROGRAMS OF<br>ONE ON ONE TUTORING IN<br>NEIGHBORHOODS                                | 1,500   |
| DOMUS TO DOMUS<br>83 LOCKWOOD AVENUE<br>STAMFORD,CT 06902                          | None   | 501(c)3                | SUPPORT DISADVANTAGED YOUTHS IN COMMUNITY CENTERS, GROUP HOMES, SCHOOLS & EMPLOYMENT PROGRAMS | 1,000   |
| SCLERDERMA FOUNDATION<br>300 ROSEWOOD DR SUITE 105<br>DANVERS,MA 01923             | None   | 501(c)3                | SUPPORT RESEARCH AND<br>SERVICE TO<br>PATIENTS/FAMILIES<br>AFFECTED BY SCLERODERMA            | 2,000   |
| THE DUDLEY FOUNDATION<br>ROUTE 77<br>GUILFORD,CT 06437                             | None   | 501(c)3                | PRESERVATION OF<br>HISTORIC FARM BUILDINGS<br>AND SUPPORT PROGRAMS                            | 700     |
| BIKES FOR KIDS PO BOX 94<br>CENTERBROOK,CT 06409                                   | None   | 501(c)3                | ACQUIRE & REPAIR BIKES<br>FOR NEEDY CHILDREN  | 1,000   |
| SARAH 246 GOOSE LAND 104<br>GUILFORD,CT 06437                                      | None   | 501(c)3                | SUPPORT PEOPLE LIVING<br>WITH INTELLECTUAL<br>DISABILITIES                                    | 500     |
| GUILFORD PRESERVATION<br>ALLIANCE<br>PO BOX 199<br>GUILFORD,CT 06437               | None   | 501(c)3                | PRESERVATION OF<br>BUILDINGS, LANDSCAPES &<br>NATURAL HERITAGE OF<br>GUILFORD                 | 500     |
| SOUNDVIEW FAMILY YMCA<br>622 EAST MAIN STREE<br>BRANFORD,CT 06405                  | None   | 501(c)3                | 2012 STRONG KIDS<br>CAMPAIGN FOR<br>RECREATIONAL SERVICES<br>AND HEALTH PROGRAMS              | 1,000   |
| NEW BRITIAN MUSEUM OF FINE<br>ARTS<br>56 LEXINGTON STREET<br>NEW BRITIAN, CT 06052 | None   | 501(c)3                | SUPPORT OPERATING<br>BUDGET OF THE MUSEUM   | 250     |
| Total  |  |                        |   | 66,715  |

| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution                                | A mount |
|--|---|-------------------------|---|---------|
| Name and address (home or<br>business)   | any foundation manager<br>or substantial contributor    | recipient               |   |         |
| a Paid during the year   |   |                         |   |         |
| COMMITTEE ON TEMPORARY<br>SHELTER<br>PO BOX 1616<br>BURLINGTON,VT 05402              | None  | 501(c)3                 | PROVIDE SHELTER & PROGRAMS FOR HOMELESS FAMALIES                | 600     |
| ST MICHAELS COLLEGE<br>PO BOX 256 1 WINOOSKI PARK<br>COLCHESTER,VT 05439             | None  | 501(c)3                 | DONATION TO ST<br>MICHAEL'S SCHOLARSHIP<br>FUND                 | 500     |
| WARM THE CHILDREN-MADISON<br>ROTARY<br>PO BOX 335<br>MADISON,CT 06443                | None  | 501(c)3                 | BUY WINTER CLOTHING FOR<br>SHORELINE CHILDREN IN<br>NEED        | 500     |
| LEAP - NH 31 JEFFERSON STREET<br>NEW HAVEN, CT 06511                                 | None  | 501(c)3                 | TUTORING AND LEADERSHIP<br>DEVELOPMENT FOR<br>STUDENTS          | 1,000   |
| CONNECTICUT CHILDRENS<br>MEDICAL CENTE<br>282 WASHINGTON STREET<br>HARTFORD,CT 06106 | None  | 501(c)3                 | SUPPORT CHILDRENS<br>HOSPITAL PROGRAMS                          | 1,000   |
| SHORELINE ARTS ALLIANCE<br>725 BOSTON POST POAD<br>GUILFORD,CT 06437                 | None  | 501(c)3                 | SUPPORT ARTS & CULTURAL<br>ACTIVITIES FOR PEOPLE OF<br>ALL AGES | 500     |
| CAPA THE SHUBERT THEATER<br>247 COLLEGE STREET<br>NEW HAVEN,CT 06510                 | None  | 501(c)3                 | OUTREACH PROGRAMS FOR<br>THEATERS                               | 1,500   |
| FRIENDS OF GUILFORD PUBLIC<br>LIBRARY<br>67 PARK STREET<br>GUILFORD,CT 06437         | None  | 501(c)3                 | TO SUPPORT LIBRARY<br>PROGRAMS                                  | 500     |
| GUILFORD FOUNDATION<br>44 BOSTON STREET<br>GUILFORD,CT 06437                         | None  | 501(c)3                 | SUPPORT YOUTH ADVISORY<br>GROUP PROGRAMS                        | 2,200   |
| GUILFORD FUND FOR EDUCATION<br>800 VILLAGE WALK 269<br>GUILFORD,CT 06437             | None  | 501(c)3                 | FUND GRANTS FOR<br>TEACHERS AND NON-PROFIT<br>ORGANIZATIONS     | 1,500   |
| GUILFORD ART CENTER<br>411 CHURCH STREET<br>GUILFORD,CT 06437                        | None  | 501(c)3                 | SUPPORT OF THE ARTS<br>THROUGH COMMUNITY<br>OUTREACH PROGRAMS   | 1,000   |
| MARRAKECH INC 6 LUNAR DRIVE<br>WOODBRIDGE,CT 06525                                   | None  | 501(c)3                 | SUPPORT PROGRAMS FOR PERSONS WITH DISABILITIES                  | 1,000   |
| GUILFORD WELFARE GIFT FUND<br>263 CHURCH STREET<br>GUILFORD,CT 06437                 | None  | 501(c)3                 | SUPPORT FAMILIES IN NEED<br>IN GUILFORD, CT                     | 1,000   |
| AVON WALK FOR BREAST CANCER<br>PO BOX 1073<br>RYE,NY 10680                           | None  | 501(c)3                 | IMPROVE ACCESS TO CARE<br>& FUND BREAST CANCER<br>RESEARCH      | 200     |
| BIRTHRIGHT ISRAEL FOUNDATION<br>PO BOX 5892<br>HICKSVILLE,NY 11802                   | None  | 501(c)3                 | OFFERS YOUNG ADULTS A<br>LIFE CHANGING TRIP TO<br>ISRAEL        | 250     |
| Total  |   |                         |   | 66,715  |

| Recipient   | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution   | A mount |
|---|---|-------------------------|--|---------|
| Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient               | Contribution   |         |
| a Paid during the year  |   |                         |  |         |
| CFMS FUND FOUNDATION<br>26 OVERLOOK LANE<br>GUILFORD,CT 06437                                   | None  | 501(c)3                 | RAISE FUNDS TO BENEFIT<br>THE CYSTIC FIBROSIS &<br>NATIONAL MULTIPLE<br>SCLEROSIS SOCIETY                              | 500     |
| CROHNS COLITIS FOUNDATION<br>OF AMERIC<br>386 PARK AVE SOUTH 14TH<br>FLOOR<br>NEW YORK,NY 10016 | None  | 501(c)3                 | RESEARCH, EDUCATION AND PATIENT SUPPORT  | 500     |
| CONNECTICUT SCIENCE CENTER<br>250 COLUMBUS BLVD<br>HARTFORD,CT 06103                            | None  | 501(c)3                 | SUPPORT PROGRAMS FOR<br>CHILDERN   | 500     |
| MEALS ON WHEELS<br>310 STATE STREET UNIT 200<br>GUILFORD,CT 06437                               | None  | 501(c)                  | ASSIST GUILFORD<br>RESIDENTS IN NEED   | 1,200   |
| JCC CAMP SCHOLARSHIP FUND<br>360 AMITY ROAD<br>WOODBRIDGE,CT 06525                              | None  | 501(c)3                 | PROVIDES SCHOLARSHIPS<br>TO SEND CHILDREN TO<br>SUMMER CAMP  | 1,000   |
| JEWISH FAMILY SERVICES OF NEW<br>HAVEN<br>1440 WHALLEY AVENUE<br>NEW HAVEN,CT 06515             | None  | 501(c)3                 | PROVIDE SOCIAL AND<br>HUMAN SERVICES<br>THROUGHOUT THE GREATER<br>NEW HAVEN AREA                                       | 500     |
| KEEPING SOCIETY OF GUILFORD<br>PO BOX 363<br>GUILFORD,CT 06437                                  | None  | 501(c)3                 | SUPPORT THE COLLECTION,<br>PRESERVATION AND<br>SHARING OF THE HISTORY<br>AND HERITAGE OF<br>GUILFORD                   | 500     |
| LITERACY VOLUTEERS OF VALLEY<br>SHORE<br>PO BOX 1006<br>WESTBROOK,CT 06498                      | None  | 501(c)3                 | SUPPORT PROGRAMS FOR<br>TUTORING OF LITERACY<br>PROGRAMS   | 300     |
| SMILOW CANCER HOSPITAL<br>PO BOX 7611<br>NEW HAVEN,CT 06519                                     | None  | 501(c)3                 | SUPPORT THE CLOSER TO<br>FREE PROGRAM AT SMILOW<br>CANCER HOSPITAL AT YALE   | 1,400   |
| SOLAR YOUTH INC<br>53 WAYFARER STREET<br>NEW HAVEN,CT 06515                                     | None  | 501(c)3                 | SUPPORT PROGRAMS OR CHILDREN THAT INCORPORATES ENVIRONMENTAL EXPLORATION, LEADERSHIP DEVELOPMENT AND COMMUNITY SERVICE | 500     |
| ST JUDE'S RESEARCH HOSPITAL<br>PO BOX 50<br>MEMPHIS,TN 38101                                    | None  | 501(c)3                 | WORKING TO CURE NEUROBLASTOMA AND OTHER CHILDHOOD CANCERS  | 700     |
| THE ART COUNCIL OF GREATER<br>NEW HAVE<br>70 AUDUBON STREET<br>NEW HAVEN,CT 06510               | None  | 501(c)3                 | PROMOTING OPPORTUNITIES FOR ARTISTS, ART ORGANIZATIONS AND AUDIENCES IN GREATER NEW HAVEN                              | 750     |
| THE CONNECTICUT HOSPICE<br>100 DOUBLE BEACH ROAD<br>BRANFORD,CT 06405                           | None  | 501(c)3                 | SUPPORTS INPATIENT & HOME CARE FOR THE DYING WITH DIGNITY  | 250     |
| THE COVE<br>250 POMEROY AVENUE STE 107<br>MERIDEN,CT 06450                                      | None  | 501(c)3                 | PROGAMS THAT SUPPORT<br>GRIEVING CHILDREN  | 750     |
| THE WHOLE IN THE WALL CAMP<br>555 LONG WHARF DRIVE<br>NEW HAVEN,CT 06511                        | None  | 501(c)3                 | TO PROVIDE A DIFFERENT<br>KIND OF HEALING TO<br>SERIOUSLY ILL CHILDREN<br>AND THEIR FAMILIES                           | 1,100   |
| Total   |   | <del></del>             | ▶ 3a   | 66,715  |

| Recipient  Name and address (home or business)                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution  | Amount |
|--|--|--------------------------------------|---|--------|
|  | or substantial contributor   |                                      |   |        |
| a Paid during the year   |  |                                      |   |        |
| YNHH AUXILLARY TOY CLOSET<br>20 YORK STREET<br>NEW HAVEN, CT 06510               | None   | 501(c)3                              | PROVIDES NEW, AGE APPROPRIATE AND EDUCATIONAL TOYS TO PEDIATRIC PATIENTS AT YNH CHILDREN'S HOSPITAL | 500    |
| COLUMBUS HOUSE<br>586 ELLA GRASSO BLVD<br>NEW HAVEN,CT 06519                     | None   | 501(c)3                              | PROVIDE SHELTER TO THE<br>HOMELESS AND THOSE AT<br>RISK OF BEING HOMELESS                           | 500    |
| AMERICAN DIABETES<br>ASSOCIATION PO BOX<br>MERRIFIELD,VA 22116                   | None   | 501(c)3                              | GENERAL USE   | 250    |
| BOSTON UNIVERSITY<br>395 COMMONWEALTH AVE SUITE<br>700<br>BOSTON,MA 02215        | None   | 501(c)3                              | GENERAL USE   | 300    |
| GOODSPEED OPERA HOUSE<br>FOUNDATION<br>6 MAIN STREET<br>EAST HADDAM,CT 06423     | None   | 501(c)3                              | GENERAL USE   | 250    |
| LONG WHARF THEATRE<br>222 SARGENT DRIVE<br>NEW HAVEN, CT 06511                   | None   | 501(c)3                              | GENERAL USE   | 500    |
| MAURO-SHERIDAN SCHOOL NEW<br>HAVEN<br>191 FOUNTAIN STREET<br>NEW HAVEN, CT 06515 | None   | 501(c)3                              | GENERAL USE   | 500    |
| MENUNKATUCK AUDUBON<br>SOCIETY<br>PO BOX 214<br>GUILFORD,CT 06437                | None   | 501(c)3                              | GENERAL USE   | 500    |
| NATHANIEL FENOLLOSA FUND<br>70 AUDUBON STREET<br>NEW HAVEN, CT 06510             | None   | 501(c)3                              | GENERAL USE   | 2,400  |
| PROJECT AVARY<br>385 BEL MARIN KEYS BLVD<br>NOVATO,CA 94949                      | None   | 501(c)3                              | GENERAL USE   | 1,000  |
| THE HYLAND HOUSE MUSEUM<br>PO BOX 229<br>GUILFORD,CT 06437                       | None   | 501(c)3                              | GENERAL USE   | 300    |
| THIRTEEN PO BOX 1313<br>NEW YORK, NY 10102                                       | None   | 501(c)3                              | GENERAL USE   | 100    |
| VALLEY SHORE YMCA<br>201 SPENCER PLAINS ROAD<br>WESTBROOK,CT 06498               | None   | 501(c)3                              | GENERAL USE   | 200    |
| GUILFORD FOOD BANK<br>310 STATE STREET UNIT 200<br>GUILFORD,CT 06437             | None   | 501(c)3                              | ASSIST IN FEEDING THE<br>HUNGRY   | 1,000  |
| SHORELINE SOUP KITCHENS<br>P O BOX 804<br>ESSEX,CT 06426                         | None   | 501(c)3                              | PROVIDES FOOD AND<br>FELLOWSHIP TO THOSE IN<br>NEED   | 1,000  |
| Total  |  |                                      | ▶ 3a  | 66,715 |

| Recipient  Name and address (home or business)                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution  | A mount |
|--|--|--------------------------------------|---|---------|
| a Paid during the year   |  |                                      |   |         |
| SLEEPING GIANT PARK<br>ASSOCIATIONS<br>PO BOX 185340<br>HAMDEN,CT 06518  | None   | 501(c)3                              | TO PROTECT AND ENLARGE<br>SLEEPING GIANT STATE<br>PARK  | 100     |
| WOMEN'S RECOVERY CORP<br>270 DROMARA ROAD<br>GUILFORD,CT 06437           | None   | 501(c)3                              | HELPING WOMEN IN<br>RECOVER FROM DRUG<br>ADDITION   | 1,000   |
| RAISE THE ROOF P O BOX 916<br>MADISON,CT 06443                           | None   | 501(c)3                              | ELPS BUILD HOMES FOR FAMILIES   | 200     |
| CT CENTER FOR ARTS<br>TECHNOLOGY<br>4 SCIENCE PARK<br>NEW HAVEN,CT 06511 | None   | 501(c)3                              | PREPARE YOUTH AND<br>ADULTS FOR CAREER<br>ADVANCEMENT THROUGH<br>AFTER-SCHOOL ARTS AND<br>JOB TRAINING<br>PROGRAMMING | 250     |
| THE FAULKNER'S LIGHT BRIGADE<br>P O BOX 444<br>GUILFORD,CT 06437         | None   | 501(c)3                              | CARE EDUCATION AND PRESERVATION OF THE ISLAND AND ITS LIGHTHOUSE  | 150     |
| Total  |  |                                      |   | 66,715  |

### **TY 2015 Accounting Fees Schedule**

Name: JOE & CINDY GOLDBERG FAMILY

FOUNDATION INC

**EIN:** 45-5388089

**Software ID:** 15000324

**Software Version:** 2015v2.0

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---|
|          | 1,750  | 0                        | 0                      | 1,750                                       |

### **TY 2015 Other Expenses Schedule**

Name: JOE & CINDY GOLDBERG FAMILY

FOUNDATION INC

**EIN:** 45-5388089

**Software ID:** 15000324

**Software Version:** 2015v2.0

| Description | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|-------------|-----------------------------------|--------------------------|---------------------|--|
| fees        | 50                                |                          |                     | 50                                       |
| NEW CHECKS  | 40                                |                          |                     | 40                                       |
| POSTAGE     | 49                                |                          |                     | 49                                       |

### **TY 2015 Taxes Schedule**

Name: JOE & CINDY GOLDBERG FAMILY

FOUNDATION INC

**EIN:** 45-5388089

**Software ID:** 15000324

**Software Version:** 2015v2.0

| Category                      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------------------|--------|--------------------------|------------------------|---|
| 2014 990 pf estimated payment | 1,700  |                          |                        |   |