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## SCANNED JUN 5 4 2016

Form 990-PF

## EXTENDED TO AUGUST 15, 2016 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.

2015

			ii 990-FF and its separate	IIISU UCUONS	is at www.iis	.govnomissopi.	Open to Public Inspection
For c	alen	dar year 2015 or tax year beginning	······································	, and e	nding		
Nan	ie of	foundation				A Employer identificatio	n number
A.	LPI	HA / OMEGA CHARITABLE F	OUNDATION			65-0510147	7
Num		od street (or PO box number if mail is not delivered to street BROOKSIDE DRIVE	address)		Room/suite	B Telephone number 203-622-93	360
		wn, state or province, country, and ZIP or foreign p	ostal code		ł	C If exemption application is	
		ENWICH, CT 06836				The compliant approach is	portolling, aroust tide p
		all that apply: Initial return	Initial return of a fo	rmer public o	charity	D 1. Foreign organization	s, check here
		Final return	Amended return				
		Address change	Name change	<u>-</u>		Foreign organizations m check here and attach or	eeting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	atus was terminated
<u> </u>	Sec		Other taxable private founda	ation		under section 507(b)(1	)(A), check here
		rket value of all assets at end of year   J Accounti	-	Acci	rual	F If the foundation is in a	
		, , , , ,	her (specify)			under section 507(b)(1	)(B), check here
<u></u>		0/0==/	mn (d) must be on cash t				(4)
Ра	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books		ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		Contributions, gifts, grants, etc., received	0.			N/A	
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	100				
	4	Dividends and interest from securities	122,031.	12	2,031.		STATEMENT 1
		Gross rents					
		Net rental income or (loss)	256,525.				
ne		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets online fa.  2,364,093.	230,323.				
Revenue		docore of mile outs,		25	6,525.		
8	8	Capital gain net income (from Part IV. line-2)  Net short-term-capital gain— VED			.,		
	9	Income modifications					
	10a	Gross sales less returns \$ 1 2016					
	b	Less Cost of goods sold					
		Gross(profit or (loss)					
	11	Other income	1,852.		1,852.		STATEMENT 2
	12	Total. Add lines 1 through 11	380,408.	38	0,408.		<u> </u>
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages Pension plans, employee benefits					
Sa		Legal fees STMT 3	19,185.		0.		19,185.
ens		Accounting fees STMT 4	6,020.		3,010.		3,010.
Expenses		Other professional fees	5,0201				
ve	17	Interest					
and Administrative	18	Taxes STMT 5	11,994.		1,494.		0.
nist	19	Depreciation and depletion					
Ē	20	Occupancy					
Α̈́	21	Travel, conferences, and meetings					
	22	Printing and publications	50.460		.4 4 5 5		006
ing		Other expenses STMT 6	52,163.		1,177.		986.
Operating	24	Total operating and administrative	89,362.	-	55,681.		23,181.
ŏ	0.5	expenses. Add lines 13 through 23	310,000.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		310,000.
		Contributions, gifts, grants paid  Total expenses and disbursements.	310,000.			<del>                                     </del>	310,000.
	20	Add lines 24 and 25	399,362.		55,681.		333,181.
	27				<u> </u>		
		Excess of revenue over expenses and disbursements	-18,954.				
		Net investment income (If negative, enter -0-)			24,727.		
	С	Adjusted net income (if negative, enter -0-)		<u> </u>		N/A	

Forn	1 99	0-PF (2015) ALPHA / OMEGA CHARTTABLE			051014/ Page 2
Pa	irt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year  (a) Book Value	End of (b) Book Value	(c) Fair Market Value
$\overline{}$	-	Cash - non-interest-bearing	718,562.	76,113.	76,113.
l		Savings and temporary cash investments	710,302.	70,113.	70,113.
ĺ		Accounts receivable			······
	3	Less; allowance for doubtful accounts			
	4	Pledges receivable			<del> </del>
	7	Less: allowance for doubtful accounts		•	
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
1	•	disqualified persons			
	7				
		Less; allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	4,441,692.	5,071,463.	5,434,633.
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation	7 444	025	035
- 1		Other assets (describe STATEMENT 8)	7,111.	835.	835.
	16	Total assets (to be completed by all filers - see the	5 165 265	F 140 411	F F11 F01
-		instructions. Also, see page 1, item I)	5,167,365.	5,148,411.	5,511,581.
		Accounts payable and accrued expenses			
	18	Grants payable	-		
ies	19	Deferred revenue			
≅I	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable  Other liabilities (describe			
	22	Other liabilities (describe )			
ļ	23	Total liabilities (add lines 17 through 22)	0.	0.	
	20	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
auc	25	Temporarily restricted			
Bal	26	Permanently restricted			
פַ		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	5,167,365.	5,148,411.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
t As	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Se	30	Total net assets or fund balances	5,167,365.	5,148,411.	
			F 16F 26F	E 140 411	
	31		5,167,365.	5,148,411.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
			30	<del></del>	
		il net assets or fund balances at beginning of year - Part II, column (a), line	อบ		5,167,365.
	-	st agree with end-of-year figure reported on prior year's return)			-18,954.
		er amount from Part I, line 27a er increases not included in line 2 (itemize)		3	-10,934.
		lines 1, 2, and 3		4	5,148,411.
		reases not included in line 2 (itemize)		5	0.
		Il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	5,148,411.
<u> </u>	1010	in the deserte of turne editations at one of your filler a times mile of a turney at			Form <b>990-PF</b> (2015)

Part IV Capital Gains		Ses for Tax on In			<u>.OŅ</u>			0:	5-0510	)147	Page 3
<del></del>		d(s) of property sold (e.g.,			(b) H	low ac	quired (c	) Date a	cquired	(d) Date	sold
2-story brick w	arehouse; o	r common stock, 200 shs	MLC Co.)		D	- Purci - Dona	quired (o hase ition	(mo., da	ay, yr.)	(mo., da	
1a											
b SEE ATTACHED	STAT	EMENT									
C					├—						
<u>d</u>	<del> </del>				├						
<u>e</u>	/8) D	epreciation allowed	(a) Cos	st or other basis	<del></del>			(h) Go	nn or (loss)		
(e) Gross sales price		(or allowable)		xpense of sale					(f) minus (g	<b>j</b> )	
a						_					
b											
C					.						
d											
e 2,364,093.		1 (1)		2,107,56	8.						. 525 <u>.</u>
Complete only for assets show							(I) G col. (k	iains (Co c), but n	ol. (h) gaın r ot less than	ninus -D-) or	
(i) F.M.V. as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any					(from col. (h		
<u>a</u>			<del></del>	<del></del>							
<u>b</u>	1				$\dashv$		<del></del>			<del></del>	
<u>C</u>					+				<del></del>		
d e	<del>                                     </del>				$\dashv$					256	525.
<u>C</u>	·	C If som also enter	ın Dort I. line	7	7					230	
2 Capital gain net income or (net c	apital loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7	1	2				256	525.
3 Net short-term capital gain or (lo	ss) as defin										
If gain, also enter in Part I, line 8			o (o).		] [						
If (loss), enter -0- in Part I, line 8		1' 4040/ \ 1	B	. <del> </del>		3			N/A		
		ection 4940(e) for					ient inco	me			
(For optional use by domestic privat	e foundatio	ns subject to the section 4	.940(a) tax on	net investment ir	icome	.)					
If section 4940(d)(2) applies, leave	his part bla	nk.									
Was the foundation liable for the sec	tion 4942 t	ax on the distributable am	ount of any ve	ear in the base per	riod?				i	Yes	X No
If "Yes," the foundation does not qua									,		
1 Enter the appropriate amount in					ntries						
(a) Base period years	Ì	(b)			(c)				Distribi	(d) ution ratio	
Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist		Net value of no					(col. (b) dıvı	ded by col.	· · · ·
2014			1,791.	_			0,279.	<del> </del> -	· · · · · · · · · · · · · · · · · · ·		52224
2013			7,480.				1,647. 2,543.				5 <u>2729</u> 19393
2012 2011			1,042. 3,578.				2,343. 9,950.				19917
2010			$\frac{3,378.}{6,047.}$				2,689.				16872
2010	<u>-</u> -L	<u> </u>	0,047.			<u>, 0 2</u>	<u> </u>			- • • •	10012
2 Total of line 1, column (d)								2		.25	51135
3 Average distribution ratio for the	5-year base	e period - divide the total c	on line 2 by 5,	or by the number	of ye	ars					
the foundation has been in exist	ence if less t	than 5 years						3		.05	<u>50227</u>
4 Enter the net value of noncharita	ble-use ass	ets for 2015 from Part X, I	line 5					4		5,845	<u>,224.</u>
								1 _ 1		202	E00
5 Multiply line 4 by line 3								5		293	<u>,588.</u>
6 Enter 19/ of not investment inco	mo /19/ of [	Oart Line 27h)						6		3	,247.
6 Enter 1% of net investment inco	110 011	aiti, iiiio 270)						<b> </b>			, <u>u                                   </u>
7 Add lines 5 and 6								7		296	,835.
8 Enter qualifying distributions fro	m Part XII, I	ine 4						8_		333	,181.
If line 8 is equal to or greater tha	n line 7, che	eck the box in Part VI, line	1b, and comp	olete that part usir	ng a 1°	% tax ı	rate.				
See the Part VI instructions.											<u></u>
523521 11-24-15									F	orm <b>990-l</b>	<b>ート</b> (2015)

Several poperating foundations diseases and section 494(g)(g), check here		990-PF (2015) ALPHA / OMEGA CHARITABLE FOUNDATION 6 rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)		510147 see instru		Page 4 1S)
a. All other, domestic foundations either 2% of time 27b. Exempt foreign organizations enter 4% of Part I, line 12, ool. (b). 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on twestment income. Subtract line 4 from line 3, it zero or less, enter -0- 5 Tax based on twestment income. Subtract line 4 from line 3, it zero or less, enter -0- 6 Credisp-Payments: 2 2015 estimated tax payments and 2014 overpayment credited to 2015  ■ Exempt foreign organizations - tax withheld at source 1 Tax paid with application for extension of time to fits (Form 8868)  ■ Exit and a payments. Add lines 6 at through 6d  ■ Enter any penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached  ■ Tax day. If the total of lines 5 and 8 is more than line 7, enter amount ower  ■ Tax day. If the total of lines 5 and 8 is more than line 7, enter amount ower  ■ Tax day. If the total of lines 5 and 8 is more than line 7, enter amount ower  ■ Tax day. If the total of lines 5 and 8 is more than line 7, enter amount overpaid  ■ Tax day. If the total of lines 5 and 8 is more than line 17, enter amount overpaid  ■ Tax day. If the total of lines 5 and 5 is more than line 7, enter amount overpaid  ■ Tax the first order of the tax of the total of lines 5 and 6, enter the amount overpaid  ■ Tax the same tax year, ind the loundation attempt to milener amy national, state, or local legislation or did it participate or intervers in any political campaign?  ■ Did the gend one than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is 'Yes' to far or 16, attach a detailed description of the activities and copies of any materials published or distributed or the common of the angle of the common of the angle of the common of the angle of the common of the angl		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		3,2	47.
3 3, 247.  Subtite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtact line 4 from line 5. It zero or less, enter -0-  5 Tax based on investment income. Subtact line 4 from line 5. It zero or less, enter -0-  6 Credista/Payments:  2016 estimated tax payments and 2014 overpayment credited to 2015  6 Experit foreign organizations - tax withheld at source.  6 Be		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
Subble A (neome) bx (domestic section 4947[a)(1) trusts and taxable foundations only. Others enter · O·		· · · · · · · · · · · · · · · · · · ·				<u>0.</u>
5 Tax based on investment income: Subtract line 4 from line 3. If zero or less, enter-0-6. Credistip?syments:  2 OTO estimated but a payments and 2014 overpayment credited to 2015  5 £ xempt forain organizations - tax withheld at source  6 £ B  6 £ Cax paid with application for extension of time to file (Form 8668)  6 £ B  7 Total credits and payments. Add lines 6 attrough 6d  8 B  7 Total credits and payments. Add lines 6 attrough 6d  8 B  7 Total credits and payments. If line 7 is more than line 7, enter amount owed  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of man the total of mass 5 and 8, enter the amount overpaid  10 Enter man payment. If line 7 is more than line 7, enter amount owed  11 Enter the amount of line 10 to be: Credited to 2016 estimated tax  12 Enter the manual to line 10 to be: Credited to 2016 estimated tax  13 Loring the tax year, did the foundation attempts to militance any nabional, state, or local legislation or did it participate or intervene in any political campagen?  14 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition!)?  15 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  16 Did it spendition fee form 119-0-01, for this year?  17 Enter the remibus essential (if any) paid by the foundation during the year (if the embusement (if any) paid by the foundation of the activities.  18 List is foundation engaged in any activities that have not previously been reported to the IRS?  18 Yes. Was att					3,2	
6 Credits/Psyments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Evernit foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Eachy withdolfing erroneously withheld  7 Total credits and payments. Add lines 68 through 64 Enter any penalty for underpayment of estimated tax. Check here I of Form 2220 is attached 8 Tax die. If the total of lines 5 and 8 is more than hine 7, enter amount owed 9 Tax die. If the total of lines 5 and 8 is more than hine 7, enter amount ower 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Tenter the amount of line 10 to be. Credited to 2015 estimated tax.  12 During the tax year, did the foundation attempt to milluence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  13 During the tax year, did the foundation attempt to milluence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  15 During the tax year, did the foundation attempt to milluence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  15 During the tax year, did the foundation attempt to milluence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  16 During the tax year, did the foundation attempt to milluence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  16 During the tax year, did the foundation attempt to willuence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  18 During the tax year, did the foundation attempt to willuence any nahonal, state, or local legislation or did it participate or intervene in any penalties.  19 During the tax year, did the foundation attempt to the foundation sensities.  19 During the tax year, and the foundation attempt to the foundation sensities.  10 During the tax year and the foundation a					2 2	
a 2015 astimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8688) d Backup withholding erroneously withheld f Total credits and payments. Add times 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached File and ten if the total of lines 5 and 8, enter the amount ower To Verpayment, If line? I is more than the total of lines 5 and 8, enter the amount ower To Verpayment, If line? I is more than the total of lines 5 and 8, enter the amount owerpaid To Enter the amount of line 10 to be: Oredited to 2016 estimated tax  10. Part VII-A. Statements Regarding Activities  12. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  13. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14. If the answer is "Yes" to far or 10, attach a detailed description of the activities. 15. Did the gendmore than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  16. If the answer is "Yes" to 1 a or 10, attach a detailed description of the activities.  17. On the foundation like Form 1120-POL for this year?  18. A state the oundation in the Form 1120-POL for this year?  19. A state the oundation in the Form 1120-POL for this year?  19. A state the oundation or appaged in any activities that have not previously been reported to the IRS?  19. Yes, "attach a detailed description of the activities.  20. Captach and the statement required by General Instruction T  21. A state the oundation names and years are active to the IRS?  19. Yes, "attach a detailed description of the activities.  20. B year the political political political political political political political political po			<del>-   -</del>		3,4	4/.
b Exempt foreign organizations - tax withheld at source  □ Tax pad with application for extension of time to the (Form 8868)  □ Backing withdroling erroreously withheld  □ Total credits and payments. Add lines 6a through 6d  □ Total credits and payments. Add lines 6a through 6d  □ Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amount overpaid  □ Overpayment. If line 7 is more than the line 5 and 8, enter the amou						
6 Backup withholding prioreneously withholding arroneously withholding arroneously withholding and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be; Credited to 2016 estimated tax ▶ 6, 714 . Refunded ▶ 11  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or miervene in any political campaign?  10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or miervene in any political campaign?  10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or miervene in any political campaign?  10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or miervene in any political campaign?  11 Enter the amount of any) of tax or 10, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in economic or with the activities.  12 During the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation. The campaign and activities and copies of any materials published or distributed by the foundation managers. ▶ \$ 0. 0.  13 Enter the remobursement (if any) political expenditure tax imposed on foundation managers. ▶ \$ 0. 0.  14 Has the foundation engaged in any activities that have not previously been reported to the IRS?  1						
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2516 estimated tax ▶ 6, 714. Refunded ▶ 11 0.  Part VIIA   Statements Regarding Activities 1a During the tax year, of the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, of the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the enswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c Did the foundation file Form 1120-PDL for this year? 1c Enter the rembursement (if any) pid by the foundation during the year: 1c) On the foundation in Entermose of the activities is a few that the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 1c) On the foundation in Entermose of the activities is a few to the file of th						
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4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV  7 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  FL  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	J			3		¥
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					<u> </u>	
	10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			D-PF	

orm		0510147	'	Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
		:	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege			
12	If "Yes," attach statement (see instructions)	12		X
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
10	Website address ► N/A			_
1.4	The books are in care of ► FRANK J. GILBRIDE II Telephone no. ►20	3-622-9	360	
14		<b>▶</b> 06836		
16	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>		
10	. 1	N.	I/A	
40			Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	16	103	X
	securities, or other financial account in a foreign country?	10	L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
<u> </u>	foreign country		_	<u> </u>
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	V	Na
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	a During the year did the foundation (either directly or indirectly):	-,		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	」No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	¬		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	_ '		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	」No │		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_		
	for the benefit or use of a disqualified person)?	」 No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ł		ļ
	if the foundation agreed to make a grant to or to employ the official for a period after	_		
	termination of government service, if terminating within 90 days.)	] No │		
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	/A 1b	<u> </u>	<u></u>
	Organizations relying on a current notice regarding disaster assistance check here	· 🗀 📗		
c	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?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):			
a	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2015?	∃ No I		
				ĺ
ь	If "Yes," list the years ▶		1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		I/A 2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	/	1	
۰.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38		ו מער		
	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
Į.		ĺ		
	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,	I/A 3b		
	,		+	$\frac{1}{x}$
	ta Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	+-	+^
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	) DE	X (0045)
		Form <b>99</b>	ルーピト	(2015)

Form 990-PF (2015)  ALPHA / OMEGA CHARITABLE Part VII-B   Statements Regarding Activities for Which			65-05101	47	Page <b>6</b>
<ul> <li>5a During the year did the foundation pay or incur any amount to: <ol> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section).</li> <li>(2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes.</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions).</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instruorganizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption the expenditure responsibility for the grant?</li> <li>If "Yes," attach the statement required by Regulations section 53.4946</li> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to</li> </ol> </li> </ul>	n 4945(e))? or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or described in section , or educational purposes, or for the exceptions described in uctions)? here from the tax because it maintal in the tax because it	Yeactly, Yea	S X No	5b	
<ul> <li>a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a plant "Yes" to 6b, file Form 8870</li> <li>7a At any time during the tax year, was the foundation a party to a prohibited tax:</li> </ul>			es X No	6b	X
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their	ees, Foundation Ma	nagers, Highly	N/A	7b	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) acco allo	Expense unt, other owances
GEOFFREY DE LESSEPS 12 HEATHER LANE LLOYD HARBOR, NY 11743 FRANK J. GILBRIDE, II	PRESIDENT  1.00 SECRETARY/TRE	0. ASURER	0.		0.
31 BROOKSIDE DR GREENWICH, CT 06836 ANITA L. KEEFE	1.00 VICE PRESIDEN	0. T	0.	,	0.
AIKEN RD GREENWICH, CT 06831 THOMAS VERDERBER 104 LEE ROAD	1.00 VICE PRESIDEN	0. T	0		0.
GARDEN CITY, NY 11530  2 Compensation of five highest-paid employees (other than those in	1.00 cluded on line 1). If none,	0 . enter "NONE."	0		0.
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) acco allo	Expense ount, other owances
Total number of other employees paid over \$50,000					
		· · · · · ·	Form	990-l	PF (2015)

Form 990-PF (2015) ALPHA / OMEGA CHARITABLE FOUNDATION 65-	-05101	L47 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	!	Expenses
1 <u>N/A</u>	_	_
		0.
2	_	
3	-	
4		<del></del>
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>	_	
	-	0.
2		
All other program-related investments. See instructions.	1	
3		
Total. Add lines 1 through 3	+	0.
	Forr	m <b>990-PF</b> (2015)

Form 990-PF (2015) ALPHA / OMEGA CHARITABLE FOUNDATION		<u>65-0510147</u>	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part	. Foreign founda	ations, see instructions.)	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a Average monthly fair market value of securities	_1	a 5,786	<u>215.</u>
b Average of monthly cash balances	1	b 148	023.
c Fair market value of all other assets	_1	lc	
d Total (add lines 1a, b, and c)	1	d 5,934	238.
e Reduction claimed for blockage or other factors reported on lines 1a and	ł		
1c (attach detailed explanation)	0.		
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d		5,934	238.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<u> </u>		014.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<u></u>	5,845	,224.
6 Minimum investment return. Enter 5% of line 5	(	6 292	<u>,261.</u>
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundations and c	certain	
foreign organizations check here 🕨 🔛 and do not complete this part.)			
1 Minimum investment return from Part X, line 6	<del></del>	1 292	,261.
2a Tax on investment income for 2015 from Part VI, line 5	3,247.		
b Income tax for 2015. (This does not include the tax from Part VI.)			
c Add lines 2a and 2b	2		<u>,247.</u>
3 Distributable amount before adjustments. Subtract line 2c from line 1	_ ;	3 289	,014.
4 Recoveries of amounts treated as qualifying distributions	<u> </u>	4	0.
5 Add lines 3 and 4		5 289	,014.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7 289	014.
Part XII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			4.04
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_		<u>,181.</u>
b Program-related investments - total from Part IX-B	_	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<u> </u>	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a Suitability test (prior IRS approval required)	<del></del>	Ba	
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	ļ <u>-</u>	4 333	<u>,181.</u>
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_	
income. Enter 1% of Part I, line 27b	<u> </u>		<u>,247.</u>
6 Adjusted qualifying distributions. Subtract line 5 from line 4	L		,934.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t	he foundation qua	ilifies for the section	

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part	XIII	Undistributed	Income	(see instructions)
------	------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				289,014.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			168,433.	
b Total for prior years:				
,,	<del></del> .	0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011		!		
c From 2012				
d From 2013				
e From 2014	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ▶\$ 333, 181.	· · · · · · · · · · · · · · · · · · ·		160 422	
a Applied to 2014, but not more than line 2a			168,433.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.	1	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	0.			164,748.
e Remaining amount distributed out of corpus	0.			101/1101
5 Excess distributions carryover applied to 2015	0.			0.
(if an amount appears in column (d), the same amount must be shown in column (a).)				<del></del>
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b	·····	0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2014. Subtract line		,		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				124,266.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016				•
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011			1	
b Excess from 2012				
c Excess from 2013				
d Excess from 2014			]	
e Excess from 2015		<u> </u>		Form 990-PE (2015)

Form 990-PF (2015) ALPHA /		ITABLE FOUR			10147 Page 10
Part XIV Private Operating Fo			I-A, question 9)	N/A	·-·
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	2015, enter the date of t	he ruling	▶ ∟		<del></del>
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	)42( <sub>J</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	-T	43.
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed		<u> </u>			· · · · · · · · · · · · · · · · · · ·
<b>b</b> 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,			1		
line 4 for each year listed			<del></del>	ļ	<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<del> </del>		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		<u>-</u>			
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					<del>                                     </del>
(3) Largest amount of support from					
an exempt organization				<del></del>	
(4) Gross investment income  Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t			ii tiio iouiiaatio	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation		,			
a List any managers of the foundation wh		than 2% of the total cor	ntributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed in					
NONE	<u></u>	· · · · · · · · · · · · · · · · · · ·			
b List any managers of the foundation wh other entity) of which the foundation ha			ı (or an equally large por	tion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., F	Programs:	<u> </u>	
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does		
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	olications should be addr	essed:	
<b>b</b> The form in which applications should be	oe submitted and informa	ition and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field	s, kinds of institutions, o	r other factors:	

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	•
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ADOPT A DOG	NONE	PUBLIC CHARITY	GENERAL	
849 LAKE AVENUE GREENWICH, CT 06830				15,000,
ONDERWICH, CT 00030				13,000,
AMERICARES	NONE	PUBLIC CHARITY	GENERAL	
88 HAMILTON AVENUE PO BOX 4921				
STAMFORD, CT 06907				10,000,
ANIMAL RESUCE FUND OF THE HAMPTONS 90 DANIELS HOLE RD	NONE	PUBLIC CHARITY	GENERAL	
EAST HAMPTON, NY 19137				5,000.
			j	
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446	NONE	PUBLIC CHARITY	GENERAL	
SANTA ROSA, CA 95402				2,500
CLEMONS PRODUCTIONS, INC	NONE	PUBLIC CHARITY	GENERAL	
87\$ WESTOVER RD STAMFORD_CT 06902				2.500
	NTINUATION SHE	ET(S)	▶ 3a	310,000
b Approved for future payment				
			1	
NONE			:	
		<u> </u>		
Total			<u>▶ 3b</u>	orm <b>990-PF</b> (2015

Part XVI-A	Analysis of Incon	ne-Producing Activities
------------	-------------------	-------------------------

Enter gross amounts unless otherwise indicated.				led by section \$12, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
				· <del></del>	
		····-	$\vdash$		
		·	<del>  </del>		<del></del>
e			$\vdash$		
- Fore and contracts from accordance					<del></del>
g Fees and contracts from government agencies			╁╼╌╂		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash					
investments	ļ	<u> </u>	1 4	100 001	<del></del>
4 Dividends and interest from securities			14	122,031.	
5 Net rental income or (loss) from real estate:			<del>  </del>		
a Debt-financed property			<b> </b>		
b Not debt-financed property			<b>↓</b> ↓		
6 Net rental income or (loss) from personal	:		1 1		
property			<u> </u>		<del></del>
7 Other investment income					
8 Gain or (loss) from sales of assets other			] ]	j	
than inventory			18	256,525.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			14	1,852.	
b					
C					
d					
e		<del></del>			
12 Subtotal. Add columns (b), (d), and (e)		0.		380,408.	0.
13 Total Add line 12, columns (b), (d), and (e)		<u> </u>		13	
(See worksheet in line 13 instructions to verify calculations.)				,,,	30071001
Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ex	cemp	Purposes	
		<u> </u>			nlightment of
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			COHUID	uteo importantiy to the accom	pusturient of
the foundation's exempt purposes (other than	by providing to	inds for such purposes).		<del></del>	
					<del></del>
		<del></del>		<del></del>	<del></del>
					<del> </del>
		. <u> </u>		<del></del>	<u>.</u>
					<u>.</u>
				<del>-</del> ,	
		<del></del>		<del></del>	·
				<del> </del>	
523621 11-24-15		<del></del> -		<del></del>	Form <b>990-PF</b> (2015)
					\-5,0/

Here Sig	nature of officer or thestee	Date	Title		X Yes No
Paid Preparer Use Only		Preparer's syntature    Column   Column	JUN 1 0 2016	self- employed	PTIN P00039693 -2831281
•	Firm's address ► 505 SOUTH F WEST PALM E	LAGLER DR, #900 BEACH, FL 33401-594	48	Phone no. 561	-832-9292
· <del>· ·</del>					Form <b>990-PF</b> (2015)

return with the preparer shown below (see instr )?

**Product: Exempt Extension** 

Category:

IRS Center: Ogden

Name: ALPHA / OMEGA CHARITABLE

e-Postmark: 5/10/2016 3:59:02 PM

FOUNDATION

FEIN: \*\*\*\*\*0147

**Notification:** 

Fiscal Year

Fiscal Year

Begin Date: 1/1/2015

eSigned:

**End Date: 12/31/2015** 

Dage	Linds of yagivitin	Submission ID	Frefund/(Dus)	Updated By	esign Date
5/10/2016	Upload Started				
5/10/2016	Ready to Release by Customer				
5/10/2016	Released for Transmission - Validation in Progress			deborahr505	
5/10/2016	Ready to transmit - Validation Complete				
5/10/2016	Transmitted to FD	65671220161310384e91			
5/10/2016	Accepted by FD on 5/10/2016				

Capital Gains and Los	sses for tax off investinent income	;			
(a) List and 2-story br	describe the kind(s) of property so ick warehouse; or common stock, t	old, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a THRU BNY MELLO			P	<u> </u>	
b THRU BNY MELLO			P		
c THRU BNY MELLO			P		
d THRU BNY MELLO			P		
e CLASS ACTION -	SCHERING-PLOUGH		P		
f CLASS ACTION -	BANK OF AMERICA		P		
g CLASS ACTION -	HOSPIRA, INC.	<u></u>	P		
	DIVIDENDS				
1					
1					
k					
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 841,998.	<u> </u>	840,747.			1,251.
b 1,179,056.		928,976.			250,080
c 283,761.		316,163.			-32,402.
d 15,283.		21,682.			-6,399.
C 4 0		21,002.	- <del></del>		649.
e 649.		<del>  -   -     -   -     -   -   -   -   -   -   -   -   -   -   -   -</del>			619.
170					172.
40 555		<del>                                     </del>		-	42,555.
h 42,555.					=2,333
<u></u>					
1					
m					
n					
0	-				
	ng gain in column (h) and owned b	v the foundation on 12/31/69	(1)10	sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain ove not less than "-0-")	r col. (k),
					1,251
<u>a</u> b		<del>                                     </del>		<del></del>	250,080
	<u> </u>		· · · · · · · · ·		-32,402
<u>c</u>		<u> </u>			-6,399
<u>d</u>		<del>                                     </del>			649
<u>e</u> f					619
		<del> </del>			172
<u>g</u> h		1			42,555
1					
<u> </u>					
<u> </u>		+			
<u>k</u> I				·	
	<del>                                     </del>				
<u>m</u>					
<u>n</u>		<del>                                     </del>			
0	<u> </u>			<del></del>	
2 Capital gain net income or (net c		o mrani, micr	2		256,525
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (c).	and (6):	2	N/A	
O DUSSI BORE SP BLEAU LINE	U	, 1	u i	11/17	

3 Grants and Contributions Paid During th				
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A · · · ·
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
COLD SPRING HARBOR LABORATORIES	NONE	PUBLIC CHARITY	GENERAL	
BUNGTOWN RD				:
COLD SPRING HARBOR, NY 11724				25,00
DISABLED AMERICAN VETERANS	, NONE	PUBLIC CHARITY	GENERAL	
150 SW CALIFORNIA BLVD				
ORT ST LUCIE, FL 34953				10,00
DOMINICAN VILLAGE	NONE	PUBLIC CHARITY	GENERAL	
565 ALBANY AVE				
AMITYVILLE, NY 11701				20,00
FARM SANCTUARY	NONE	PUBLIC CHARITY	GENERAL	
3100 AIKENS ROAD				F 00
WATKINS GLEN, NY 14891				5,00
FORDHAM LAW SCHOOL FUND	NONE	PUBLIC CHARITY	GENERAL	
441 EAST FORDHAM ROAD				
BRONX, NY 10458				2,50
FRIENDS OF NATHANIEL WITHERELL	NONE	PUBLIC CHARITY	GENERAL	
70 PARSONAGE RD				
GREENWICH, CT 06830				2,50
FRONT LINE EQUINE RESCUE	NONE	PUBLIC CHARITY	GENERAL	
P O BOX 307				10.00
LARKSPUR, CO 80118				10,00
GREENWICH LAND TRUST	NONE	PUBLIC CHARITY	GENERAL	
132 E. PUTNAM AVE				10,00
GREENWICH, CT 06807				10,00
HILL HOUSE	NONE	PUBLIC CHARITY	GENERAL	
10 RIVERSIDE AVENUE RIVERSIDE , CT 06878				2,50
101010B , C1 00070				2,50
HOLT-ELWELL MEMORIAL FOUNDATION	NONE	PUBLIC CHARITY	GENERAL	
RR 3 BOX A EAST HEBRON NH 03232		<u> </u>		5,00
Total from continuation sheets				275.00

3 Grants and Contributions Paid During the Y				
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Conaibuaon	Allount
HOUR CHILDREN	NONE	PUBLIC CHARITY	GENERAL	
13-07 37TH AVE				
NEW YORK, NY 11101				10,00
INTERNATIONAL CRANE FOUNDATION	NONE	PUBLIC CHARITY	CENTERAL	
E-11376 SHADY LANE RD PO BOX 447	NONE	PUBLIC CHARITI	GENERAL	
BARABOO, WI 53913				5,00
LEO ZOO CONSERVATION	NONE	PUBLIC CHARITY	GENERAL	
404 TACONIC ROAD GREENWICH, CT 06831				5,00
SKEENWICH, CT 00031				3,00
LEUKEMIA AND LYMPHOMA SOCIETY	NONE	PUBLIC CHARITY	GENERAL	
1311 MAMARONECK AVE, SUITE 310				
WHITE PLAINS, NY 10605				10,00
LIFE SAVERS HORSE RESCUE	NONE	PUBLIC CHARITY	GENERAL	
23809 E. AVENUE J				
LANCASTER, CA 93535				10,00
LONG BEACH WATERFRONT WARRIORS	NONE	PUBLIC CHARITY	GENERAL	ļ
PO BOX 210				
LONG BEACH, NY 11561				10,00
MEALS ON WHEELS OF GREENWICH	NONE	PUBLIC CHARITY	CONTEDAT	
89 MAPLE AVENUE	NONE	FUBLIC CHARIII	GENERAL	İ
GREENWICH CT 06830				7,50
NATIONAL MULTIPLE SCLEOROSIS SOCIETY 733 THIRD AVE 3RD FLOOR	NONE	PUBLIC CHARITY	GENEKAL	
NEW YORK, NY 10017				5,00
PANTHERA	NONE	PUBLIC CHARITY	GENERAL	
8 WEST 40TH STREET				10,00
NEW YORK, NY 10018		<del> </del>		10,00
RONALD MCDONALD HOUSE	NONE	PUBLIC CHARITY	GENERAL	
26345 NETWORK PLACE				1
CHICAGO IL 60673  Total from continuation sheets		<u> </u>		2,50

3 Grants and Contributions Paid During the Y	ear (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ST ANNE'S CHURCH	NONE	PUBLIC CHARITY	GENERAL	
MONSIGNOR THOMAS HAROLD, 35 DARMOUTH ST GARDEN CITY, NY 11530				10,00
ST JOHN EPISCOPAL CHURCH	NONE	PUBLIC CHARITY	GENERAL	
PO BOX 266 1670 ROUTE 25A				0.50
COLD SPRING HARBOR, NY 11724	<del> </del>			2,50
SUCCESS ACADEMIES	NONE	PUBLIC CHARITY	GENERAL	
310 LENOX AVENUE, 2ND FLOOR				
NEW YORK, NY 10027				5,00
TEAK FELLOWSHIP 16 W 22ND STREET, #3	NONE	PUBLIC CHARITY	GENERAL	
NEW YORK, NY 10010				5,00
THE HECKSHERS MUSEUM	NONE	PUBLIC CHARITY	GENERAL	ļ
2 PRIME AVE				
HUNTINGTON, NY 11743				5,00
THE HOTCHKISS SCHOOL	NONE	PUBLIC CHARITY	CEMEDAI	
11 INTERLAKEN ROAD	NONE	FOBDIC CHARITI	GENERAL	
LAKEVILLE, CT 06039				30,00
THE MISSION WOLF SANCTUARY OF SILVER	NONE	PUBLIC CHARITY	GENERAL	
CLIFF				
PO BOX 211 SILVER CLIFF, CO 81252			•	10.00
PHINKING ANIMAL, INC	NONE	PUBLIC CHARITY	GENERAL	
311 E 72ND ST				
NEW YORK, NY 10021				10,00
TV0 (Table 10) DV0-				
TKO STONG FOUNDATION PO BOX 245	NONE	PUBLIC CHARITY	GENEKAL	
MALVERNE, NY 11565				10.00
VERMONT ADAPTIVE	NONE	PUBLIC CHARITY	GENERAL	
PO BOX 1307 BURLINGTON VT 05402				5,00
Total from continuation sheets	<del></del> -			

Part XV

VILLANOVA UNIVERSITY

800 LANCASTER AVENUE VILLANOVA, PA 19085

7020 AC SKINNER PARKWAY JACKSONVILLE FL 32256

YMCA OF GREENWICH

GREENWICH, CT 06830

50 E PUTMAN AVE

Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SEC	URITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	}	(A) REVENUE PER BOOK		-
BNY #0120 MARKET DISCOUNT	118.		0.	11:	8. 118	•
DIVIDENDS - BNY #0120	132,577.	42,1	76.	90,40	1. 90,401	
DIVIDENDS - BNY					-	
#4400 INTEREST - BNY	19,138.	<u>-</u>	79.	18,75		
#0120 INTEREST - BNY	11,440.		0.	11,44	0. 11,440	•
#4400 INTEREST ON US	688.		0.	68	8. 688	•
TREASURY NOTE	625.		0.	62	5. 625	•
TO PART I, LINE 4	164,586.	42,5	555.	122,03	1. 122,031	•
		<del></del>				
FORM 990-PF		OTHER	INCO	ME		STATEMENT 2
DESCRIPTION				(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME		_		1,852.	1,852.	
TOTAL TO FORM 990-P	PF, PART I,	LINE 11		1,852.	1,852.	
FORM 990-PF		LEGA	L FE	ES		STATEMENT 3
		(A)		(B)	(C)	(D)
DESCRIPTION		EXPENSES PER BOOKS		T INVEST-	ADJUSTED	CHARITABLE
DESCRIPTION LEGAL FEES		<b>EXPENSES</b>	ME —	T INVEST-	ADJUSTED NET INCOME	CHARITABLE
	_	EXPENSES PER BOOKS	5 ME	T INVEST-	ADJUSTED NET INCOME	CHARITABLE PURPOSES

FORM 990-PF	ACCOUNTI	NG FEES	S'	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	6,020.	3,010.		3,010.		
TO FORM 990-PF, PG 1, LN 16B	6,020.	3,010.		3,010.		
FORM 990-PF	TAX	ES	S	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAXES - BNY MELLON EXCISE TAX	1,494. 10,500.			0.		
TO FORM 990-PF, PG 1, LN 18	11,994.	1,494.		0.		
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT FEES - BNY LICENSES BANK CHARGES STORAGE FEE - ARTWORK	50,926. 61. 190. 986.	61. 190.		0. 0. 0. 986.		
TO FORM 990-PF, PG 1, LN 23	52,163.	51,177.		986.		

FORM 990-PF 05	THER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS - BNY MELLON	COST	5,071,463.	5,434,633.
TOTAL TO FORM 990-PF, PART II, L	INE 13	5,071,463.	5,434,633.
FORM 990-PF	OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DIVIDEND RECEIVABLE SALES PROCEEDS RECEIVABLE	832. 6,279.	835.	835.
TO FORM 990-PF, PART II, LINE 15	7,111.	835.	835.