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For calendar year 2015, or tax year beginning 06-01-2015

Department of the Treasury

Internal Revenue Service

DLN: 93491238000076

, and ending 05-31-2016

OMB No 1545-0052

Open to Public Inspection

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 www.irs.gov/form990pf.

A Employer identification number Name of foundation BARBOURTOWN FOUNDATION 46-1567892 BTelephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) CUMMINGS LOCKWOOD 75 ISHAM RD 400 (860) 313-4930 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code WEST HARTFORD, CT 06107 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return $\textbf{2.} \ \ \text{Foreign organizations meeting the } 85\%$ Name change Address change test, check here and attach computation **H** Check type of organization \checkmark Section 501(c)(3) exempt private foundation 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) **>\$** 546,908 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) income purposes income 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 6 6.969 6,969 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 134,767 31,737 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 11 Other income (attach schedule) Total. Add lines 1 through 11 15,672 38,712 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits . . Expenses 囫 5.307 5,307 Legal fees (attach schedule). 16a Accounting fees (attach schedule). . . b Other professional fees (attach schedule) . c Operating and Administrative **17** 囱 13 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy 21 Travel, conferences, and meetings. 22 Printing and publications. . 囫 2,623 2,623 23 Other expenses (attach schedule). 24 Total operating and administrative expenses. 7.930 Add lines 13 through 23 . . . 7.943 32,900 32,900 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 40,843 7,930 32,900 25 27 Subtract line 26 from line 12 -25,171 Excess of revenue over expenses and disbursements a 30,782 Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-)

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 of	
	1	Cash—non-interest-bearing	(a) Book Value 24,268	(b) Book Value 14,137	(c) Fair Market Value 14,137
	2	Savings and temporary cash investments	2 1,230	11,137	11,137
	3	Accounts receivable			
	3	Less allowance for doubtful accounts -			
	4	Pledges receivable			
	4	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	O	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	7	Less allowance for doubtful accounts			
	•	Inventories for sale or use			
祭		Prepaid expenses and deferred charges			
Assets	9	-			
⋖	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	407,112 9	392,072	532,771
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			_
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	431,380	406,209	546,908
	17	Accounts payable and accrued expenses			
	18	Grants payable			
abilities	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
ᄀᅟ	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🦵			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
핅	24	Unrestricted			
8	25	Temporarily restricted			
핕	26	Permanently restricted			
.51		Foundations that do not follow SFAS 117, check here 🕨 🔽			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
죕	29	Retained earnings, accumulated income, endowment, or other funds	431,380	406,209	
ĕ	30	Total net assets or fund balances(see instructions)	431,380	406,209	
	31	Total liabilities and net assets/fund balances(see instructions)	431,380	406,209	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	L		
1		Total net assets or fund balances at beginning of year—Part II, column ((a), line 30 (must ad	ree T T	
-		with end-of-year figure reported on prior year's return)	• • •		431,380
2		Enter amount from Part I, line 27a		 	-25,171
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3			406,209
5		Decreases not included in line 2 (itemize)			0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P.			406.209

the Part VI instructions

Form 99	0-PF (2015)									Page 3
Part I	V Capital Gains	and Lo	sses fo	r Tax on I	nvestm	ent Income	1			
	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) D—							ie (c) (ate acquired mo , day, yr)	Date sold (d) (mo , day, yr)
	See Additional Data	Table					(b) B Bonder	1		
b										
d										
е										
(e) Gross sales price		(f)	epreciation al (or allowabl			or other basis expense of sale			n or (loss) (f) minus (g)
a	See Additional Data	Table								
ь										
С										
d										
e										
Coi	mplete only for assets :	showing	gaın ın co	olumn (h) and	owned by	the foundation	on 12/31/69		Gains (Col	(h) gain minus
(i)	FMV as of 12/31/69		(j)	Adjusted ba as of 12/31,			ess of col (ı) r col (j), ıf any	(1)	ol (k), but no	ot less than -0-) or (from col (h))
а	See Additional Data	Table								
ь										
С										
d										
е										
2	Capital gain net inco	me or (r	net capital	loss)		aın, also enter ı oss), enter -0-	n Part I, line 7 in Part I, line 7	} 2		31,737
3	Net short-term capit	al gaın o	or (loss) a	s defined in se	ections 1	222(5) and (6))			
	If gain, also enter in	Part I , l	ıne 8 . colu	ımn (c) (see ıı	nstructio	ns) If(loss), ei	nter -0-	ı l		
								} ₃		
Part '	V Qualification (Jnder	Section	4940(e) f	or Redi	uced Tax on	Net Investr	ent In	come	
(For opt	ional use by domestic pon 4940(d)(2) applies,	orivate f	oundation	s subject to t						
Was the	foundation liable for th ' the foundation does n	e sectio	on 4942 ta	ax on the disti				period?		┌ Yes ┌ No
	er the appropriate amo							ntries		
	(a)	une m e	— Corum	III lor cach ye	1, 300 11	- Istructions bero	Te making any c	T	(d)	
	period years Calendar or tax year beginning in)	Adjı	(t usted qualify	o) ring distributions		(c) et value of nonchar	itable-use assets		Distribution (col (b) divided	n ratio i by col (c))
	2014			28,7			582,402			0 049279
	2013			23,1	0		574,231			0 040391
	2012						598,957			0 000000
	2011									
	Totalof line 1, columi	n (d).						2		0 089670
3	A verage distribution the number of years t							3		0 029890
4	Enter the net value o							4		547,138
5	Multiply line 4 by line	3						5		16,354
6	Enter 1% of net inve	stment	ıncome (1	% of Part I, lı	ne 27b).			6		308
7	Add lines 5 and 6.							7		16,662
8	Enter qualifying distr							8		32,900
	If line 8 is equal to o	rareate	r than line	7 check the	box in Pa	art VI line 1 h :	and complete th	at part ::	sına a 1 % ta	-

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	940(e)	or 4948—se	ee page	2 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here			\ \					
	and enter "N/A" on line 1	'							
	Date of ruling or determination letter			}					
_	(attach copy of letter if necessary-see instructions)	-11-							
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check		J	1				308
	here Fand enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organization Part I, line 12, col (b)	ations 6	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Othe	ers	2				0
3	Add lines 1 and 2			•	3				308
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ndatior	s only Oth	ers	4				0
5	enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter-C	1=		5				308
6	Credits/Payments			•	3				300
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1	250					
b	Exempt foreign organizations—tax withheld at source	6b		230					
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				250
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.				9				 58
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount				10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded		11				
	t VII-A Statements Regarding Activities		Refunded						
1a	During the tax year, did the foundation attempt to influence any national, state	nr Inc	al legislatio	n or di	<u></u>			Yes	No
	it participate or intervene in any political campaign?	2, 01 100	ar registatio	711 O1 U1	u		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for productions and the production of the pr	nolitica	Inurnosasi	caa In	etructi	one			-110
_	for definition)?					-	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	noies of any i	materia	ls	_			
	published or distributed by the foundation in connection with the activities.		, , , , , , , , , , , , , , , , , , ,						
С	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			r					
	(1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers								
e	Enter the reimbursement (if any) paid by the foundation during the year for pol				osed				
	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been re	ported	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 i	ts gove	erning instru	ıment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	formed (copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	during t	he year?.				4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du	iring 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 49	45)sa	tisfied eithe	er					
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the	nat no r	nandatory d	irectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least $$5,000$ in assets at any time during the year	?If "Yes	s," complete	Part II,	col. (c),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see ins	structions)						
	►CT								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99								
_	General (or designate) of each state as required by General Instruction G? If				= :		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the i		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	rart X	T A),		0		NI-
10	If "Yes," complete Part XIV	" attac	a echodul-	liction	their -	amec	9		No
10			i a sciicuule	nsung	атен П	umo	10		No
	and addresses.						10		.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	<u> </u>	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 ▶PAUL L BOURDEAU ESQUIRE Telephone no ▶(860) 313	-4930	
	Located at ►CUMMINGS LOCKWOOD 75 ISHAM RD SUITE 400 W HTFD CT ZIP+4 ►06107			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مدا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		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			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 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? 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? Yes V No			
	(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			
L	after termination of government service, if terminating within 90 days) Yes V No			
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
С	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	10		NO
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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? Yes Vo			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to allyears listed, answer "No" and attach statement—see instructions)	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			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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

During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ✓ Yes ✓ No	
(2) Influence the outcome of any specific public election (see section 4955), or to carry	
on, directly or indirectly, any voter registration drive?	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	
(4) Provide a grant to an organization other than a charitable, etc , organization described	
ın section 4945(d)(4)(A)? (see instructions)	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or	
educational purposes, or for the prevention of cruelty to children or animals? Yes V No	
b If any answer is "Yes" to $5a(1)-(5)$, did any of the transactions fail to qualify under the exceptions described in	
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	5b
O rganizations relying on a current notice regarding disaster assistance check here	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the	
tax because it maintained expenditure responsibility for the grant?	
If "Yes," attach the statement required by Regulations section 53.4945–5(d).	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on	
a personal benefit contract?	
	ib No
If "Yes" to 6b, file Form 8870.	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	'b
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid F	mplovees.
Part VIII and Contractors	
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).	
Title, and average (c) Compensation(If (d)	
(a) Name and address hours per week not paid, enter employee benefit plans (e) oth	ense account, er allowances
(b) devoted to position -0-) and deferred compensation	
FRANK L STANLEY 0 0	0
CUMMINGS LOCKWOOD 75 ISHAM 0 00	
RD STE	
400	
400 WEST HARTFORD,CT 06107	0
400 WEST HARTFORD,CT 06107 ELIZABETH STANLEY TRUSTEE 0 0	0
WEST HARTFORD,CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE TRUSTEE 0 0 0	0
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WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107	
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to	
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit Exp	
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI contributions to employee benefit hours per week more than \$50,000 (a) Title, and average hours per week hours per week more than \$50,000 (b) devoted to position (c) Compensation (c) Compensation Exp	NE."
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) compensation (e) oth	NE." ense account,
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI contributions to employee benefit hours per week more than \$50,000 (a) Title, and average hours per week hours per week more than \$50,000 (b) devoted to position (c) Compensation (c) Compensation Exp	NE." ense account,
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WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) compensation (e) oth	NE." ense account,
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) compensation (e) oth	NE." ense account,
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) compensation (e) oth	NE." ense account,
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) compensation (e) oth	NE." ense account,
WEST HARTFORD, CT 06107 ELIZABETH STANLEY CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position (a) Title, and average hours per week (b) devoted to position (c) Compensation (d) compensation (e) oth	NE." ense account,
WEST HARTFORD, CT 06107 ELIZABETH STANLEY TRUSTEE O OO CUMMINGS LOCKWOOD 75 ISHAM RD STE 400 WEST HARTFORD, CT 06107 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NOI Contributions to employee benefit plans and deferred (b) devoted to position Title, and average hours per week (b) devoted to position (a) Title, and average hours per week (b) devoted to position	NE." ense account,

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	、	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	udeed, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount

Form 990-PF (2015) Part X Minimum Investment Return

ΓŒ	(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	525,039
b	Average of monthly cash balances	1b	30,431
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	555,470
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	0
3	Subtract line 2 from line 1d	3	555,470
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	8,332
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	547,138
6	Minimum investment return. Enter 5% of line 5	6	27,357
Paı	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► and do not complete this part.)	taın fo	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	27,357
2a	Tax on investment income for 2015 from Part VI, line 5 2a 308		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	308
3	Distributable amount before adjustments Subtract line 2c from line 1	3	27,049
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	27,049
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	27,049
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	32,900
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts 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	32,900
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	308
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,592
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the	foundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				27,049
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			18,284	
Ь	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
c	From 2012				
d	From 2013				
	From 2014				
	Total of lines 3a through e		0		
	Qualifying distributions for 2015 from Part				
-	XII, line 4 🕨 \$ 32,900				
а	Applied to 2014, but not more than line 2a			18,284	
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount		_		14,616
е	Remaining amount distributed out of corpus		0		
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).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
	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)		0		
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount —see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			Ü	
t	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015.				12,433
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		0		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.		0		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b 8	35% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
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					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	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)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	Information Regarding Foundation Managers: List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution						
a Paid during the year See Additional Data Table	or substantial contributor	recipient							
Tabal			h. 2-	22.000					
Total				32,900					
Total			b 2h	1					
Total	<u> </u>			Form 990-PF (2015)					

Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c					
d e					
fg Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments			14	6	
4 Dividends and interest from securities5 Net rental income or (loss) from real estate			14	6,969	
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income8 Gain or (loss) from sales of assets other than inventory			18	8,697	
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory				5,224	
 11 Other revenue a b					
c					
e					
Subtotal Add columns (b), (d), and (e).Total.Add line 12, columns (b), (d), and (e).(See worksheet in line 13 instructions to verify and the state of the state o				15,672 13	15,672
Part XVI-B Relationship of Activities to	the Accom				
Line No. Explain below how each activity for whith the accomplishment of the foundation's instructions)					
I					

Part	XVI	I Information Re Noncharitable				actions	s and R	Relationships	With			
		organization directly or i	ndırectly (engage in any of	the following wit						V	
		501(c) of the Code (othe	er than se	ction 501(c)(3) o	organizations) oi	ın sectio	on 527, i	relating to politic	:al		Yes	No
_		tions?	. 4			6						
		s from the reporting four								1-(1)		No
		h								1a(1)		No No
		erassets								1a(2)		NO
		ansactions es of assets to a noncha	ritable ov	ampt arganizatio	n					16/1)		No
		chases of assets from a										No
									· 	1b(2)		No
		tal of facilities, equipme								1b(3)		No
		mbursement arrangemer								1b(4)		No
		ns or loan guarantees. rmance of services or m								1b(5)		No
		of facilities, equipment,								1c		No
	_	swer to any of the above	_									140
of t ın a	he go iny tra	ods, other assets, or se ansaction or sharing arr	rvices giv angement	en by the reporti , show in column	ng foundation I (d) the value of	the foun the good	dation re ls, other	eceived less than assets, or servio	n fair marke ces receive	et value ed		
(a) Line	e NO	(b) Amount involved	(c) Name	of noncharitable exe	empt organization	(a) D	escription (of transfers, transact	ions, and sna	iring arrar	igemen	ts
	-											
des	cribe	undation directly or indidin section 501(c) of the complete the following (a) Name of organization	ne Code (d schedule	other than section		n sectioi			otion of relation		s V	No
~ :	the	der penalties of perjury, best of my knowledge a prmation of which prepar	and belief,	it is true, correct								
Sign Here	•	*****			2016-08-25	_) -	*****		return with t	he prepar		
	'	Signature of officer or t	rustee		Date	, ,	Title		below (see ii	nstr)? 🔽	Yes⊏N	lo
		Print/Type preparer's CAROL J DEROSIE		Preparer's Sign	ature	Date		Check if self- employed ▶	PTIN	012467	04	
Paid Prep Use	areı		WOOD LL	С		l		Firm's EIN ► 0	6-031259	0		
use Only		Firm's address F 75 ISHAM ROAD SUITE 400 WEST HARTFORD, CT 06107 Phone no (860) 313))313-492	26				

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	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
200 SHS PALL CORP	D	1975-11-28	2015-08-31
25 SHS AMAZON COM	D	2012-05-03	2015-07-29
200 SHS BANK OF OZARKS INC	D	2009-05-04	2015-11-18
25 SHS STERICYCLE INC	D	2009-09-30	2015-11-18
50 SHS CHURCH & DWIGHT CO INC	D	2011-03-09	2015-11-24
25 SHS THERMO FISHER SCIENTIFIC INC	D	1988-04-08	2015-11-24
100 SHS EMERSON ELECTRIC CO	D	1962-08-14	2015-11-18
125 SHS EOG RESOURCES INC	Р	2014-10-09	2015-11-18
25 SHS EOG RESOURCES INC	Р	2014-12-17	2015-11-18
50 SHS EOG RESOURCES INC	Р	2014-08-13	2015-11-18

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	Gain or (loss) (h) (e) plus (f) minus (g)
25,440		113	25,327
14,016		5,768	8,248
10,327		1,265	9,062
2,956		1,215	1,741
4,241		1,953	2,288
3,405		109	3,296
4,667		58	4,609
10,235		12,002	-1,767
2,047		2,204	-157
4,094		4,655	-561

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

Complete only for assets showing 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 basis (j) 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))
			25,327
			8,248
			9,062
			1,741
			2,288
_			3,296
			4,609
			-1,767
			-157
			-561

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	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
50 SHS EOGRESOURCES INC	Р	2015-07-24	2015-11-18
25 SHS GRAINGER WWINC	Р	2015-02-27	2015-11-18
400 SHS SOUTHWESTERN ENERGY CO	Р	2014-12-26	2015-11-18
50 SHS SOUTHWESTERN ENERGY CO	Р	2015-02-27	2015-11-18
150 SHS SOUTHWESTERN ENERGY CO	Р	2015-07-24	2015-11-18
50 SHS GRAINGER WWINC	Р	2014-03-13	2015-11-24
450 SHS SPECTRA ENERGY CORP	Р	2015-11-18	2015-12-10
150 SHS GENESEE & WYO INC CL A	Р	2015-11-24	2015-12-28
75 SHS PERRIGO CO PLC	Р	2014-12-17	2015-12-28

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	Gain or (loss) (h) (e) plus (f) minus (g)
4,094		3,943	151
4,821		5,998	-1,177
4,342		11,881	-7,539
543		1,434	-891
1,628		3,173	-1,545
9,819		12,812	-2,993
9,620		11,933	-2,313
7,665		10,765	-3,100
10,807		11,749	-942

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

Complete only for assets showing 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	Adjusted basis (j) as of 12/31/69	Excess of col (1) (k) over col (j), ıf any	col (k), but not less than -0-) or (I) Losses (from col (h))
			151
			-1,177
			-7,539
			-891
			-1,545
			-2,993
			-2,313
			-3,100
			-942

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

A Paid during the year ADIRONDACK HISTORICAL ASSOCIATION (ADIRONDACK MUSEUM) 9097 STATE ROAD 30 PO BOX 99	or substantial contributor NO NE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	500
ADIRONDACK HISTORICAL ASSOCIATION (ADIRONDACK MUSEUM) 9097 STATE ROAD 30 PO BOX 99		PUBLIC	I	500
BLUE MOUNTAIN LAKE, NY 12812			CHARTIABLE PURPUSES	300
CANTON LAND CONSERVATION FRUST PO BOX 41 CANTON CENTER, CT 06020	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	2,250
ANCIENT BURYING GROUND ASSOCIATION INC PO BOX 347 HARTFORD,CT 06141	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500
CANTON HISTORICAL SOCIETY INC 11 FRONT STREET COLLINSVILLE,CT 06019	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,100
CHOATE ROSEMARY HALL FOUNDATION INCORPORATED 333 CHRISTIAN STREET WALLINGFORD, CT 06492	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	750
COLLINSVILLE VOLUNTEER FIRE DEPARTMENT INCORPORATED 51 RIVER ROAD COLLINSVILLE,CT 06019	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	500
CONNECTICUT FOREST & PARK ASSOCIATION 16 MERIDEN ROAD ROCKFALL,CT 06481	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500
EQUESTRIAN LAND CONSERVATION RESOURCE 4037 IRON WORKS PARKWAY STE 120 LEXINGTON,KY 40511	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	600
FARMINGTON RIVER WATERSHED ASSOCIATION INC 749 HOPMEADOW STREET SIMSBURY,CT 06070	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,000
FARMINGTON VALLEY VISITING NURSE ASSOCIATION (VNA VALLEY CARE INC) B OLD MILL LANE SIMSBURY,CT 06070	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500
GRAND TETON NATIONAL PARK FOUNDATION PO BOX 249 MOOSE, WY 83012	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500
HYDROCEPHALUS ASSOCIATION 4340 EAST WEST HIGHWAY STE 905 BETHESDA,MD 20814	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,000
LITTLE GUILD OF ST FRANCIS FOR THE WELFARE OF ANIMALS INC 285 SHARON GOSHEN TURNPIKE WEST CORNWALL,CT 06796	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,200
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS NEVINS FARM 350 SOUTH HUNTINGTON AVENUE 30STON,MA 02130	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500
NATIONAL ASSOCIATION OF RAILROAD PASSENGERS 505 CAPITOL COURT NE SUITE 300 WASHINGTON, DC 20002	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,000
Total			▶ 3a	32,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NATIONAL DISASTER SEARCH DOG FOUNDATION INC 501 EAST OJAI AVENUE OJAI,CA 93023	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,000
NEW ENGLAND WILD FLOWER SOCIETY 180 HEMENWAY ROAD FRAMINGHAM, MA 01701	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	750
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX,NY 10458	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	500
PITTSBURGH HISTORY & LANDMARKS FOUNDATION 100 W STATION SQUARE DR STE 450 PPITTSBURGH,PA 15219	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,000
STROUD WATER RESEARCH CENTER INC 970 SPENCER RD AVONDALE,PA 19311	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	750
TEWECADO TRUST INC PO BOX 36078 TUCSON,AZ 85740	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	2,000
THOROUGHBRED RETIREMENT FOUNDATION PO BOX 834 10 LAKE AVENUE SARATOGA SPRINGS,NY 12866	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	500
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH,PA 15222	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	2,500
GARDEN CONSERVANCY INC PO BOX 219 COLD SPRING,NY 10516	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	500
GARRISON FOREST SCHOOL INC 300 GARRISON FOREST RD OWINGS MILLS, MD 21117	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	300
THE PRIORY IN THE USA OF THE ORDER OF ST JOHN 1850 M ST NW STE 1070 WASHINGTON,DC 20036	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	500
RENBROOK SCHOOL INCORPORATED 2865 ALBANY AVENUE WEST HARTFORD,CT 06117	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	2,200
ROARING BROOK NATURE CENTER (CHILDRENS MUSEUMINC) 70 GRACEY RD CANTON,CT 06019	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500
TRUSTEES OF COLT BEQUESTS INC 80 WETHERSFIELD AVENUE	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE PURPOSES	1,500

DLN: 93491238000076

TY 2015 Investments Corporate Stock Schedule

Name: BARBOURTOWN FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
200 SHS. APTARGROUP INC.	9,554	15,452
1,000 SHS. HANCOCK HOLDING CO	31,730	27,490
100 SHS. MONSANTO CO NEW	9,399	11,247
350 SHS. EXPRESS SCRIPTS HLDG CO	18,676	26,442
900 SHS. FRP HLDGS INC COM	19,175	27,540
350 SHS. HELMERICH & PAYNE INC	19,603	21,403
500 SHS. LINCOLN ELEC HOLDINGS NEW	24,030	30,090
300 SHS. NIELSEN HOLDINGS PLC EUR	13,933	16,017
300 SHS. PATRIOT TRANSPORTATION HOLDING INC	4,765	6,210
150 SHS. ANASYS INC	11,547	13,365
150 SHS. CELGENE CORP	12,919	15,828
150 SHS. FEI COMPANY	11,605	16,117
25 SHS. ALPHABET INC CL A	8,856	18,721
25 SHS. ALPHABET INC CL C	8,804	18,393
50 SHS. AMAZON COM INC.	12,416	36,139
100 SHS. APPLE INC.	11,835	9,986
1,000 SHS. BANK OF THE OZARKS INC.	17,000	38,910
40 SHS. BIOGEN INC.	11,488	11,589
300 SHS. CHURCH & DWIGHT CO INC.	16,092	29,544
450 SHS. CISCO SYSTEMS INC.	11,844	13,072
500 SHS. EMERSON ELECTRIC	26,335	26,010
325 SHS. FASTENAL CO.	12,666	14,960
150 SHS. KANSAS CITY STHN NEW	10,721	13,965
225 SHS. MERCK & CO INC NEW COM	11,786	12,659
375 SHS. SABRE CORP	10,874	10,564
250 SHS. STERICYCLE INC	23,320	24,498
175 SHS. THERMO FISHER SCIENTIFIC INC.	11,099	26,560

TY 2015 Legal Fees Schedule

Name: BARBOURTOWN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUMMINGS & LOCKWOOD LLC - LEGAL FEES	5,307	5,307		0

DLN: 93491238000076

TY 2015 Other Expenses Schedule

Name: BARBOURTOWN FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BRADLEY FOSTER & SARGENT - MANAGEMENT FEES	2,504	2,504		0
UNITED STATES POST OFFICE - FEE FOR POST OFFICE BOX AND POSTAGE	70	70		0
FRANK STANLEY - REIMBURSEMENT FOR PAPER & SUPPLIES	49	49		0

TY 2015 Taxes Schedule

Name: BARBOURTOWN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID	13	0		0