



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



Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 11-01-2015

, and ending 10-31-2016

Name of foundation KRISTIN & MICHAEL REED FAMILY FOUNDATION INC		A Employer identification number 20-3970201
Number and street (or P O box number if mail is not delivered to street address) 824 NWILTON RD	Room/suite	B Telephone number (see instructions) (203) 920-1307
City or town, state or province, country, and ZIP or foreign postal code NEW CANAAN, CT 06840		C If exemption application is pending, check here ☐
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 3,127,432	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	100,000			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5	5		
	4 Dividends and interest from securities	44,871	44,871		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	25,556			
	b Gross sales price for all assets on line 6a 155,496				
	7 Capital gain net income (from Part IV, line 2)		25,556		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	170,432	70,432		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	2,175	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	5,545	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule).	538	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	8,258	0		0
	25 Contributions, gifts, grants paid	163,225			163,225
	26 Total expenses and disbursements. Add lines 24 and 25	171,483	0		163,225
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-1,051			
	b Net investment income (if negative, enter -0-)		70,432		
	c Adjusted net income (if negative, enter -0-)				

Part 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 year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	144,450	84,837	84,837
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	74,340	0	0
	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)	2,942,519	3,042,595	3,042,595
	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)	3,161,309	3,127,432	3,127,432	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	3,161,309	3,127,432	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	3,161,309	3,127,432	
	31	Total liabilities and net assets/fund balances(see instructions) . .	3,161,309	3,127,432	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 3,161,309
2	Enter amount from Part I, line 27a	2 -1,051
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 3,160,258
5	Decreases not included in line 2 (itemize) ▶ _____	5 32,826
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 3,127,432

Part IV

Capital Gains and Losses for Tax on Investment Income

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)		How acquired P—Purchase D—Donation (b)	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	SEE ATTACHED-LONG TERM	D		
b	SEE ATTACHED-SHORT TERM	D		
c	CAPITAL GAINS DIVIDENDS	P		
d				
e				

(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)
a 140,302		122,733	17,569
b 8,252		7,207	1,045
c 6,942			6,942
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			17,569
b			1,045
c			6,942
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	25,556
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	153,633	3,130,821	0 049071
2013	146,000	3,096,538	0 047149
2012	143,542	2,809,135	0 051098
2011	104,794	2,106,227	0 049754
2010	76,654	1,895,118	0 040448

2	Total of line 1, column (d).	2	0 237520
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 047504
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	3,138,337
5	Multiply line 4 by line 3.	5	149,084
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	704
7	Add lines 5 and 6.	7	149,788
8	Enter qualifying distributions from Part XII, line 4.	8	163,225

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	704
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	704
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	704
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	5,433
b	Exempt foreign organizations—tax withheld at source	6b	
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	5,433
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	4,729
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ☐ 4,729 Refunded ☐	11	0

Part VII-A Statements Regarding Activities

1a	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?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b		No
c	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) imposed during the year (1) On the foundation ☐ \$ _____ (2) On foundation managers ☐ \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the 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 during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ CT _____			
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? <i>If "No," attach explanation</i>	8b	Yes	
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)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ THE FOUNDATION Telephone no ▶ (203) 920-1307 Located at ▶ 824 NWILTON RD NEW CANAAN CT ZIP+4 ▶ 06840			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes	No

Part 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
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
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)? ☐	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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 ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
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____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)*

5a

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?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes

☒ No

(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

☒ 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

Organizations 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?

☐ Yes

☐ No

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?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

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?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MICHAEL J REED 824 N WILTON RD NEW CANAAN, CT 06840	CHAIRMAN 1 00	0	0	0
KRISTIN T REED 824 N WILTON RD NEW CANAAN, CT 06840	SECRETARY 1 00	0	0	0
MARY C REED 1709 NORRIS ST AUSTIN, TX 78704	DIRECTOR 1 00	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total

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

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3

Five highest-paid independent contractors for professional services (see instructions). 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.

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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X

Minimum Investment Return
(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	3,135,628
b	Average of monthly cash balances.	1b	50,501
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,186,129
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	3,186,129
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	47,792
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,138,337
6	Minimum investment return.Enter 5% of line 5.	6	156,917

Part XI

Distributable Amount
(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	156,917
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	704
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	704
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	156,213
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	156,213
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	156,213

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	163,225
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.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	163,225
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	704
6	Adjusted qualifying distributions.Subtract line 5 from line 4.	6	162,521

Note:The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7					156,213
2 Undistributed income, if any, as of the end of 2015					
a Enter amount for 2014 only.				0	
b Total for prior years 20____, 20____, 20____			0		
3 Excess distributions carryover, if any, to 2015					
a From 2010.					
b From 2011.					500
c From 2012.					6,597
d From 2013.					
e From 2014.					3,626
f Total of lines 3a through e.		10,723			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 163,225					
a Applied to 2014, but not more than line 2a				0	
b Applied to undistributed income of prior years (Election required—see instructions).			0		
c Treated as distributions out of corpus (Election required—see instructions).		0			
d Applied to 2015 distributable amount.					156,213
e Remaining amount distributed out of corpus		7,012			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))		0			0
6 Enter the net total of each column as indicated below:					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		17,735			
b Prior years' undistributed income Subtract line 4b from line 2b.			0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				0	
d Subtract line 6c from line 6b Taxable amount—see instructions			0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015					0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .		0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.		17,735			
10 Analysis of line 9					
a Excess from 2011.					500
b Excess from 2012.					6,597
c Excess from 2013.					
d Excess from 2014.					3,626
e Excess from 2015.					7,012

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	

b 85% 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					

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(1)(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)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	163,225
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments.						
3 Interest on savings and temporary cash investments			14	5		
4 Dividends and interest from securities.			14	44,871		
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory			18	25,556		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e).		0		70,432		0
13 Total Add line 12, columns (b), (d), and (e).			13			70,432

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Part XVII

a Transfers from the reporting foundation to a noncharitable exempt organization of

	Yes	No
1a(1)		No
1a(2)		No

1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No

1c	No
----	----

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Phone no (203) 426-2080

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

MICHAEL J REED

KRISTIN T REED

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 30 SPEEN STREET FRAMINGTON,MA 01701	NONE	PUBLIC CHARITY	HEALTHCARE-DEDICATED TO ELIMINATING CANCER THROUGH RESEARCH	1,000
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	NONE	PUBLIC CHARITY	U S DOMESTIC DISASTER RELIEF COMMUNITY SERVICES, AND HELP FOR THE NEEDY U S DOMESTICE DISASTER RELIEF, COMMUNITY SERVICES,AND HELP FOR THE NEEDY HEALTHCARE- DOMESTIC DISASTER AND BLOOD PROGRAMS	1,000
CANCER RESEARCH INSTITUTE ONE EXCHANGE PLACE 55 BROADWAY SUITE 1802 NEW YORK,NY 10006	NONE	PUBLIC CHARITY	HEALTH CARE-DEDICATED TO HARNESSING THE IMMUNE SYSTEM TO CONQUER CANCER PROVIDES RESEARCH GRANTS AND FELLOWSHIPS TO SUPPORT SCIENTISTS AT LEADING RESEARCH UNIVERSITIES AND CLINICS AROUND THE WORLD DEDICATED TO HARNESSING THE IMMUNE SYSTEM TO CONQUER CANCER PROVIDES RESEARCH GRANTS AND FELLOWSHIPS TO SUPPORT SCIENTISTS AT LEADING RESEARCH UNIVERSITIES AND CLINICS AROUND THE WORLD	5,000
CARE 151 ELLIS ST NE ATLANTA,GA 30303	NONE	PUBLIC CHARITY	HUMAN SERVICES- PROGRAMS TO FIGHT POVERTY GLOBALLY	3,000
CATHOLIC CHARITIES 1011 FIRST AVE 11TH FL NEW YORK,NY 10022	NONE	PUBLIC CHARITY	HUMAN SERVICE-ASSIST THE POOR AND VULNERABLE IN NYC THROUGH AN EXTENSIVE FEDERATION OF MORE THAN 130 HUMAN SERVICE AGENCIES AND PROGRAMS	2,500
Total ▶ 3a				163,225

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE,MD 21201	NONE	PUBLIC CHARITY	ALLEVIATE SUFFERING AND PROVIDE ASSISTANCE TO PEOPLE IN NEED IN MORE THAN 100 COUNTRIES, WITHOUT REGARD TO RACE, RELIGION, OR NATIONALITY HUMAN SERVICES- ALLEVIATE SUFFERING & PROVIDE ASSISTANCE GLOBALLY	5,000
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON,DC 20001	NONE	PUBLIC CHARITY	CIVIL LIBERTIES, SEEKS TO BROADEN THE PARAMETERS OF PUBLIC POLICY DEBATE TO ALLOW CONSIDERATION OF THE TRADITIONAL AMERICAN PRINCIPLES CIVIL LIBERTIES-PROGRAMS TO PRESERVE LIBERTY,FREEDOM & PEACE	10,600
CONNECTICUT FOOD BANK PO BOX 8686 NEW HAVEN,CT 06531	NONE	PUBLIC CHARITY	HUMAN SERVICES- DISTRIBUTE DONATED FOOD THROUGHOUT CT	1,500
DENAN PROJECT PO BOX 543 WOODBURY,CT 06798	NONE	PUBLIC CHARITY	HUMAN SERVICE-SECURES RESOURCES TO PROVIDE FREE MEDICAL CARE, PORTABLE WATER, AGRICULTURAL TRAINING, EDUCATION, AND OTHER SERVICES FOR THE PEOPLE OF DENAN, ETHIOPIA AND SURROUNDING VILLAGES	2,000
DIOCESE OF BRIDGEPORT- BISHOP'S APPEAL 238 JEWETT AVE BRIDGEPORT,CT 06066	NONE	PUBLIC CHARITY	HUMAN SERVICES-FUNDING THE EDUCATIONAL, SPIRITUAL, AND CHARITABLE PROGRAMS OF THE DIOCESE	5,000
Total ▶ 3a				163,225

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK,NY 10001	NONE	PUBLIC CHARITY	HEATH CARE-HELPING PEOPLE WORLDWIDE WITH EMERGENCY MEDICAL AID TO PEOPLE AFFECTED BY CONFLICT, EPIDEMICS,DISASTERS, OR EXCLUSION FROM HEALTH CARE	4,000
FISCHER CENTER FOR ALZHEIMERS RESEARCH WEST 46TH STREET 12TH AVENUE NEW YORK,NY 10036	NONE	PUBLIC CHARITY	HEALTHCARE-DEDICATED TO FINDING A CAUSE,CARE & CURE FOR ALZHEIMERS	4,000
FRESH AIR FUND 633 THIRD AVE NEW YORK,NY 10017	NONE	PUBLIC CHARITY	HUMAN SERVICE-PROVIDE CHILDREN FROM THE INNER CITIES WITH THE OPPORTUNITY TO LIVE IN THE COUNTRY FOR THE SUMMER	1,500
GUEST HOUSE 1601 JOSLYN ROAD LAKE ORION,MI 48360	NONE	PUBLIC CHARITY	HUMAN SERVICE-PROVIDES INFORMATION, EDUCATION, TREATMENT AND CARE NEEDED TO ASSURE THAT CLERGY AND SEMINARIANS SUFFERING ALCOHOLISM, ADDICTIONS AND OTHER BEHAVIORIAL HEALTH CONDITIONS HAVE THE BEST OPPORTUNITY FOR RECOVERY	1,000
HIGH WATCH RECOVERY CENTER 62 CARTER ROAD KENT,CT 06757	NONE	PUBLIC CHARITY	HEALTH CARE-DEDICATED TO RESIDENTIAL TREATMENT OF ADDICTION	1,000
Total ▶ 3a				163,225

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOLY FAMILY PASSIONIST RETREAT CENTER 303 TUNXIS ROAD WEST HARTFORD,CT 06107	NONE	PUBLIC CHARITY	HUMAN SERVICE-TO DEEPEN ONE'S RELATIONSHIP WITH GOD AND ONE ANOTHER	1,000
INNER CITY SCHOLARSHIP FUND 1011 FIRST AVESUITE 1400 NEW YORK,NY 10022	NONE	PUBLIC CHARITY	EDUCATION SUPPORT- EDUCATION AND SCHOLARSHIPS-FUNDING NYC PUBLIC SCHOOLS	5,500
INSTITUTE FOR JUSTICE 901 N GLEBE RD SUITE 900 ARLINGTON,VA 22203	NONE	PUBLIC CHARITY	CIVIL LIBERTIES- STRATEGIC LITIGATION, TRAINING & COMMUNICATIONS	5,000
JERICHO PROJECT 245 W 29TH STREET 9TH FLOOR NEW YORK,NY 10001	FOUNDATION OFFICER SERVES ON	PUBLIC CHARITY	HEALTH SERVICES-ASSISTS HOMELESS WITH HOMES, JOBS, ETC	28,625
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS,NY 10605	NONE	PUBLIC CHARITY	HEATH CARE-HELPING MOMS HAVE FULL-TERM PREGNANCIES AND HEALTHY BABIES	1,000
Total ▶ 3a				163,225

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MATH FOR AMERICA 160 5TH AVENUE 8TH FLOOR NEW YORK, NY 10010	NONE	PUBLIC CHARITY	EDUCATION SUPPORT-MISSION TO IMPROVE MATHEMATICS EDUCATION BY RECRUITING, TRAINING & RETAINING MATHEMATICS TEACHERS & LEADERS EDUCATION-IMPROVE MATHEMATICS IN US PUBLIC SCHOOLS	5,000
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	NONE	PUBLIC CHARITY	HEALTH CARE-PROVIDES PATIENT CARE, RESEARCH & EDUCATION	2,500
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	PUBLIC CHARITY	HEALTH CARE-FUNDING INNOVATION RESEARCH AND TREATMENT FOR FIGHTING MEYLELOMA	1,000
NATURE CONSERVANCY 4245 N FAIRFAX DR SUITE 100 ARLINGTON, VA 22203	NONE	PUBLIC CHARITY	OPEN SPACE PRESERVATION-PROTECT ECOLOGICALLY IMPORTANT LANDS & WATERS	2,000
NCHS SCHOLARSHIP FOUNDATION 11 FARM ROAD NEW CANAAN, CT 06840	NONE	PUBLIC CHARITY	SUPPORT-PROVIDE FINANCIAL AID FOR NEW CANAAN HIGH SCHOOL GRADUATES PURSUING HIGHER EDUCATION	1,000
Total ▶ 3a				163,225

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW CANAAN CARES 91 ELM STREET NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	EDUCATION SUPPORT- ADVANCE HEALTH AND WELL-BEING OF YOUTH AND FAMILIES	1,000
NEW CANAAN LIBRARY 151 MAIN ST NEW CANAAN,CT 06840	NONE	PUBLIC CHARITY	EDUCATION SUPPORT- PROVIDE FREE & CONVENIENT ACCESS TO INFORMATION, FOSTERING LIFELONG LEARNING & ENCOURAGING THE EXCHANGE OF IDEAS EDUCATION SUPPORT-ENRICH TOWN'S INTELLECTUAL AND CULTURAL LIFE BY PROVIDING FREE CONVENIENT ACCESS TO INFORMATION, FOSTERING LIFELONG LEARNING, AND EXCHANGE OF IDEAS	1,000
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK,NY 10018	NONE	PUBLIC CHARITY	HEALTH CARE-FUNDING OF RESEARCH TO THE CURE OF PARKINSON'S DISEASE	1,500
PRINCETON UNIVERSITY 330 ALEXANDER STREET PRINCETON,NJ 08540	NONE	PUBLIC CHARITY	EDUCATION SUPPORT- ASSIST UNIVERSITY TO FULFILL ITS EDUCATION & RESEARCH GOALS	3,000
REACH OUT AND READ 29 MYSTIC AVE SOMERVILLE,MA 02145	NONE	PUBLIC CHARITY	EDUCATION-YOUTH EDUCATION AND LITERACY PROGRAMS	3,000
Total			3a	163,225

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RICE UNIVERSITY 6100 MAIN ST HOUSTON,TX 77005	NONE	PUBLIC CHARITY	EDUCATION SUPPORT- ASSIST UNIVERSITY TO FULFILL ITS EDUCATION & RESEARCH GOALS	12,500
ROBIN HOOD 826 BROADWAY 7TH FLOOR NEW YORK,NY 10003	NONE	PUBLIC CHARITY	HUMAN SERVICES- PROGRAMS TO FIGHT POVERTY IN NYC	12,500
SALVATION ARMY OF NYC 120 W 14TH STREET NEW YORK,NY 10011	NONE	PUBLIC CHARITY	HUMAN SERVICES-GIVING SUPPORT TO THOSE IN NEED	1,500
SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION 855 ASYLUM AVENUE HARTFORD,CT 06105	NONE	PUBLIC CHARITY	HUMAN SERVICES-GIVING SUPPORT TO THOSE IN NEED	1,500
ST FRANCIS CABRINI CLINC 1050 PORTER ST DETROIT,MI 48226	NONE	PUBLIC CHARITY	HUMAN SERVICE-MEETING HEALTH CARE NEEDS OF THE ECONOMICALLY DISADVANTAGED	500
Total ▶ 3a				163,225

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	NONE	PUBLIC CHARITY	HEALTH CARE-ADVANCE CURES OF PEDIATRIC DISEASES	10,000
STUDENT SPONSOR PARTNERS 286 MADISON AVENUE SUITE 1601 NEW YORK,NY 10017	NONE	PUBLIC CHARITY	EDUCATION SUPPORT- PROVIDE AT-RISK STUDENTS WITH A HS EDUCATION	2,500
SUSAN G KOMEN FOR THE CURE PO BOX 650309 DALLAS,TX 75265	NONE	PUBLIC CHARITY	HEALTH CARE-SAVE LIVES & END BREAST CANCER	1,500
TEACHERS COLLEGE 525 WEST 120TH STREET NEW YORK,NY 10027	NONE	PUBLIC CHARITY	EDUCATIONAL SUPPORT-SUPPORT THE SCHOOL IN TRAINING EDUCATORS AND CONDUCTING RESEARCH INTO TEACHING	2,000
THE DOE FUND 232 EAST 84TH ST NEW YORK,NY 10028	NONE	PUBLIC CHARITY	HUMAN SERVICES-DEVELOP PROGRAMS FOR HOMELESS POPULATION	2,000
Total ▶ 3a				163,225

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNBOUND 1 ELMWOOD AVE KANSAS CITY,KS 66103	NONE	PUBLIC CHARITY	HUMAN SERVICE-CONNECT INDIVIDUAL SPONSORS WITH A CHILD, YOUTH OR ELDERLY PERSON IN NEED OF ENCOURAGEMENT AND SUPPORT	1,000
UNITED WAY OF WESTERN CONNECTICUT 85 WEST STREET DANBURY,CT 06810	NONE	PUBLIC CHARITY	HUMAN SERVICES-BRINGS TOGETHER COMMUNITIES TO FOCUS ON COMMUNITY NEEDS	2,500
USCCB- CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT 3211 FOURTH STREET NE WASHINGTON,DC 20017	NONE	PUBLIC CHARITY	HUMAN SERVICE-WORKS TO BREAK THE CYCLE OF POVERTY	1,000
WESTERN CT HEALTH NETWORK FOUNDATION 24 HOSPITAL AVE DANBURY,CT 06810	NONE	PUBLIC CHARITY	HEALTH CARE-MANAGING AND DISTRIBUTING CHARITABLE GIFTS IN SUPPORT OF DANBURY HOSPITAL'S MISSION	1,000
WOMEN'S CENTER OF GREATER DANBURY 2 WEST STREET DANBURY,CT 06810	NONE	PUBLIC CHARITY	HUMAN SERVICE-WORKING TO END VIOLENCE AGAINST WOMEN, MEN, AND CHILDREN AND FOSTERING EQUALITY AND EMPOWERMENT FOR ALL IN THE GREATER DANBURY AREA	1,000
Total ▶ 3a				163,225

TY 2015 Accounting Fees Schedule

Name: KRISTIN & MICHAEL REED FAMILY
FOUNDATION INC

EIN: 20-3970201

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CLAVETTE & COMPANY- CPA'S-TAX SERVICES	2,175	0		0

TY 2015 Investments Corporate Stock Schedule

Name: KRISTIN & MICHAEL REED FAMILY
FOUNDATION INC

EIN: 20-3970201

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY	0	0

TY 2015 Investments - Other Schedule

Name: KRISTIN & MICHAEL REED FAMILY
FOUNDATION INC

EIN: 20-3970201

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD MUTUAL FUNDS	FMV	2,013,665	2,013,665
ZEBRA GLOBAL EQUITY FUND LTD	FMV	1,028,930	1,028,930

TY 2015 Other Decreases Schedule

Name: KRISTIN & MICHAEL REED FAMILY
FOUNDATION INC

EIN: 20-3970201

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS (MARKED TO MARKET)	32,826

TY 2015 Other Expenses Schedule

Name: KRISTIN & MICHAEL REED FAMILY
FOUNDATION INC

EIN: 20-3970201

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ENTERTAINMENT	400	0		0
OFFICE EXPENSE	138	0		0

TY 2015 Taxes Schedule

Name: KRISTIN & MICHAEL REED FAMILY
FOUNDATION INC

EIN: 20-3970201

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX PAID ON INV INC	5,545	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015
---	--	---

Name of the organization KRISTIN & MICHAEL REED FAMILY FOUNDATION INC	Employer identification number 20-3970201
---	---

Organization type (check one)

Filers of: Form 990 or 990-EZ Form 990-PF	Section: ☐ 501(c)() (enter number) organization ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization ☒ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation
--	---

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KRISTIN & MICHAEL REED FAMILY FOUNDATION INC	Employer identification number 20-3970201
--	---

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL AND KRISTIN REED	\$ 100,000	Person ☐
	824 N WILTON RD		Payroll ☐
	NEW CANAAN, CT 06840		Noncash ☒ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)

Name of organization KRISTIN & MICHAEL REED FAMILY FOUNDATION INC	Employer identification number 20-3970201
--	---

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed
----------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	525 486 SHARES OF VANGUARD 500 INDEX FUND @ \$190.30	\$ 100,000	2015-12-23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization KRISTIN & MICHAEL REED FAMILY FOUNDATION INC	Employer identification number 20-3970201
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	--		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	--		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	--		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	--		