

For calendar year 2015, or tax year beginning 12-01-2015 , and ending 11-30-2016

Name of foundation ETHEL & ABE LAPIDES FOUNDATION INC C/O RICHARD FELDMAN ESQ		A Employer identification number 06-6068567	
Number and street (or P O box number if mail is not delivered to street address) 261 BRADLEY STREET		Room/suite 	
City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 065101104		B Telephone number (see instructions) (203) 281-6166	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,672,611		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/>	

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)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	2,544	2,544		
	4 Dividends and interest from securities	45,330	45,330		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	-8,895			
	b Gross sales price for all assets on line 6a _____ 496,872				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
	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	38,979	47,874		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	2,730	2,730		0
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	 8,000	8,000		0
	b Accounting fees (attach schedule).	 4,250	4,250		0
	c Other professional fees (attach schedule)	 80	80		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	 1,221	1,010		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 8,146	8,146		0
	24 Total operating and administrative expenses. Add lines 13 through 23	24,427	24,216		0
	25 Contributions, gifts, grants paid	57,250			57,250
	26 Total expenses and disbursements. Add lines 24 and 25	81,677	24,216		57,250
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-42,698			
	b Net investment income (if negative, enter -0-)		23,658		
	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	95,417	164,870	164,870
	2	Savings and temporary cash investments			
	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)	1,445,200	1,247,091	1,434,128
	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)	0	85,958	73,613
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	1,540,617	1,497,919	1,672,611	
Liabilities	17	Accounts payable and accrued expenses	329	329	
	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)	329	329	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	1,540,288	1,497,590	
	30	Total net assets or fund balances(see instructions)	1,540,288	1,497,590	
	31	Total liabilities and net assets/fund balances(see instructions)	1,540,617	1,497,919	

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	1,540,288		
2	Enter amount from Part I, line 27a	2	-42,698		
3	Other increases not included in line 2 (itemize) ▶ _____	3	0		
4	Add lines 1, 2, and 3	4	1,497,590		
5	Decreases not included in line 2 (itemize) ▶ _____	5	0		
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,497,590		

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 (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	"CASH IN LIEU"	P		
b	"PUBLICLY TRADED SECURITIES"	P		
c				
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	49		49
b	496,823	505,767	-8,944
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
a			49
b			-8,944
c			
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	-8,895
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	59,039	1,630,609	0 036207
2013	60,416	1,682,753	0 035903
2012	63,591	1,631,048	0 038988
2011	49,050	1,515,476	0 032366
2010	45,825	1,462,932	0 031324

2	Total of line 1, column (d).	2	0 174788
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 034958
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	1,621,246
5	Multiply line 4 by line 3.	5	56,676
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	237
7	Add lines 5 and 6.	7	56,913
8	Enter qualifying distributions from Part XII, line 4.	8	57,250

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	237
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	237
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	237
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
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	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	237
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11	

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>			No
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 ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
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		No
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 ▶ FRED@CPA-SUPPORT.COM	13	Yes	
14	The books are in care of ▶ FRED J CRISCUOLO & CO PC Telephone no ▶ (203) 281-6166 Located at ▶ 3013 DIXWELL AVENUE HAMDEN CT ZIP+4 ▶ 06518			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 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	No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		No
<i>If "Yes" to 6b, file Form 8870</i>				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
FRED J CRISCUOLO 3013 DIXWELL AVENUE HAMDEN, CT 06518	PRESIDENT 3 00	0	0	0
RICHARD C FELDMAN 261 BRADLEY STREET NEW HAVEN, CT 06510	SECRETARY 5 00	0	0	0
LAWRENCE CHIZZICK 3013 DIXWELL AVENUE HAMDEN, CT 06518	VICE PRESIDENT 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	Contributions to employee benefit plans and deferred compensation (d)	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	1,515,792
b	Average of monthly cash balances.	1b	130,143
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,645,935
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	1,645,935
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	24,689
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,621,246
6	Minimum investment return. Enter 5% of line 5.	6	81,062

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	81,062
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	237
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	237
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	80,825
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	80,825
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	80,825

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	57,250
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	57,250
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	237
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	57,013

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				80,825
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.				33,772
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.	33,772			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 57,250				
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.				57,250
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	23,575			23,575
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,197			
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.	10,197			
10 Analysis of line 9				
a Excess from 2011.				10,197
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

Part XIV

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b Check box to indicate whether the organiza

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1 Information Regarding Foundation Managers:

Contributed more than 2% of the total contributions received by the foundation
 (or have contributed more than \$5,000) (See section 507(d)(2))

10% or more of the stock of a corporation (or an equally large portion of the stock of a partnership) in 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.

- mail address of the person to whom applications should be addressed

mitted and information and materials they should include

ON, TAX EXEMPT IDENTIFICATION NUMBER, DATE OF INCEPTION AND
ONAL PUBLIC CHARITIES LIST THE NAMES AND ADDRESSES OF TRUSTEES AND
TIME FRAME DESIRED, EXPLANATION AS TO HOW REQUESTED FUNDS WILL BE
ATION WILL SUPPLY AN ACCOUNTING OF FUNDS IF REQUESTED

as by geographical areas, charitable fields, kinds of institutions, or other

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	57,250
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

(1) Cash.

(2) Other assets.

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

b If "Yes," complete the following schedule

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

**Sign
Here**

2017-02-06

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name LARRY CHIZZICK CPA	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00237701
	Firm's name <input type="checkbox"/> FRED J CRISCUOLO & CO PC			Firm's EIN <input type="checkbox"/>	06-0992111
	Firm's address <input type="checkbox"/> 3013 DIXWELL AVENUE HAMDEN, CT 06518			Phone no <input type="checkbox"/>	(203) 281-6166

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 Paid during the year				
ABILITY BEYOND DISABILITY 4 BERKSHIRE BLVD BETHEL,CT 06801			SUPPORT THE DISABLED	1,000
ARTS COUNCIL OF GREATER NEW HAVEN 70 AUDUBON STREET NEW HAVEN,CT 06510			EDUCATIONAL PROGRAMS	1,500
BOYS & GIRLS CLUB OF NEW HAVEN 253 COLUMBUS AVENUE NEW HAVEN,CT 06519			AFTER SCHOOL PROGRAM SUPPORT	1,000
CHRISTIAN COMMUNITY ACTION INC 168 DAVENPORT AVENUE NEW HAVEN,CT 06519			SUPPORT OF FAMILIES IN NEED	1,000
CITYWIDE YOUTH COALITION INC 760 CHAPEL STREET NEW HAVEN,CT 06510			PROGRAM SUPPORT	1,000
CLIFFORD BEERS CLINIC 93 EDWARDS STREET NEW HAVEN,CT 06511			SUPPORT OF CHILDREN IN NEED	1,000
COLUMBUS HOUSE PO BOX 7093 NEW HAVEN,CT 06519			SUPPORT OF THE HOMELESS	1,500
COMMUNITY MEDIATION 3013 DIXWELL AVENUE HAMDEN,CT 06518			PROGRAM SUPPORT	500
CONGREGATION MISHKAN ISRAEL 785 RIDGE ROAD HAMDEN,CT 06517			PROGRAM SUPPORT	2,000
CONNECTICUT AUDUBON SOCIETY 1 MILFORD POINT ROAD MILFORD,CT 06460			EDUCATIONAL SUPPORTPROGRAM SUPPORT	1,000
CONNECTICUT FOOD BANK PO BOX 8686 NEW HAVEN,CT 06531			FEED THE NEEDY	2,000
CONNECTICUT MENTAL HEALTH CENTER 34 PARK STREET STE 144 NEW HAVEN,CT 06519			FINANCIAL ASSISTANCE	1,000
CONNECTICUT RADIO INFO SYSTEM 315 WINDSOR AVENUE WINDSOR,CT 06095			PROGRAM SUPPORT	1,000
DOWNTOWN EVENING SOUP KITCHEN PO BOX 1478 NEW HAVEN,CT 06506			FEED THE HOMELESS	1,500
ELM SHAKESPEARE COMPANY PO BOX 206029 NEW HAVEN,CT 06520			SUMMER PROGRAMS	1,000
Total ▶ 3a				57,250

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>				
FAMILY CENTERED SERVICES OF CT 235 NICOLL STREET NEW HAVEN,CT 06511			PREVENTION OF CHILD ABUSE	1,000
FELLOWSHIP PLACE 441 ELM STREET NEW HAVEN,CT 06511			PROGRAM SUPPORT	1,000
INTERACTION ARTS FOUNDATION INC 114 1ST PLACE APT G BROOKLYN,NY 11231			SUMMER WORKSHOPS	1,000
INTERNATIONAL FESTIVAL OF ARTS & IDEAS 195 CHURCH STREET 12TH FL NEW HAVEN,CT 06510			COMMUNITY PROGRAM SUPPORT	2,000
JEWISH CEMETERY ASSOCIATION 360 AMITY ROAD WOODBIDGE,CT 06525			SUPPORT OF NEGLECTED CEMETERIES	1,000
JEWISH FEDERATION OF GREATER NEW HAVEN 360 AMITY ROAD WOODBIDGE,CT 06525			SUPPORT PROGRAMS AND SERVICES	1,000
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN,CT 06513			SUPPORT OF ADULT PROGRAMS	1,000
LEAP 31 JEFFERSON ROAD NEW HAVEN,CT 06511			CHILDREN/YOUTH PROGRAMS	1,000
LIBERTY COMMUNITY SERVICES 129 CHURCH STREET STE 202 NEW HAVEN,CT 06510			AID TO THE HOMELESS	1,000
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVENUE BRIDGEPORT,CT 06605			FEED THE HUNGRY	1,000
LONG WHARF THEATRE 222 SARGENT DRIVE NEW HAVEN,CT 06511			SUPPORT OF THE ARTS	1,000
MEALS ON WHEELS 475 CLINTON AVENUE BRIDGEPORT,CT 06605			PROVIDE SENIORS' MEALS	1,000
MIRROR VISIONS INC 401 RIDGE ROAD HAMDEN,CT 06517			SUPPORT THE CREATION OF NEW MUSIC	500
NEIGHBORHOOD MUSIC SCHOOL 100 AUDUBON STREET NEW HAVEN,CT 06510			EDUCATIONAL PROGRAMS	2,500
NEW HAVEN BALLET COMPANY 70 AUDUBON STREET NEW HAVEN,CT 06511			PROGRAM SUPPORT	1,000
Total ▶ 3a				57,250

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 HAVEN ECOLOGY PROJECT 358 SPRINGSIDE AVENUE NEW HAVEN,CT 06515			EDUCATIONAL PROGRAM SUPPORT	500
NEW HAVEN FREE PUBLIC LIBRARY 133 ELM STREET NEW HAVEN,CT 06510			LIBRARY PROGRAM SUPPORT	1,000
NEW HAVEN LEGAL ASSISTANCE 426 STATE STREET NEW HAVEN,CT 06510			PROGRAM SUPPORT	2,000
NEW HAVEN PRESERVATION TRUST 922 STATE STREET NEW HAVEN,CT 06511			PRESERVATION OF ARCHITECTURAL HERITAGE	1,000
NEW REACH 153 EAST STREET NEW HAVEN,CT 06511			EMERGENCY SHELTER FOR WOMEN & CHILDREN	1,000
PLAN OF CT PO BOX 370312 WEST HARTFORD,CT 06137			SUPPORT THE ELDERLY	500
PLANNED PARENTHOOD OF CONN 345 WHITNEY AVENUE NEW HAVEN,CT 06511			PREVENTIVE CARE ASSISTANCE	500
SEYMOUR PINK FUNDRAISER 3 FRANKLIN STREET SEYMOUR,CT 06483			BREAST CANCER RESEARCH	1,000
THE DIAPER BANK PO BOX 9017 NEW HAVEN,CT 06532			PROVIDE DIAPERS FOR AT RISK CHILDREN	1,000
THE NEW HAVEN READS 45 BRISTOL STREET NEW HAVEN,CT 06511			TUTORING PROGRAM SUPPORT	1,000
THE SHERWIN B NULAND FOUNDATION PO BOX 6356 HAMDEN,CT 06517			PALLIATIVE CARE	2,500
URU PO BOX 26925 WEST HAVEN,CT 06516			SOCIAL JUSTICE PROGRAMMING	1,000
WESTBROOK ELKS 1784 142 SEASIDE AVENUE WESTBROOK,CT 06498			PROGRAM SUPPORT	750
WESTVILLE VILLAGE RENAISSANCE ASSOC PO BOX 3004 NEW HAVEN,CT 06515			SUPPORT OF SOCIAL & COMMERICAL SUCCESS	500
WHEATON COLLEGE 26 E MAIN STREET NORTON,MA 02766			SCHOLARSHIP SUPPORT	1,000
Total ▶ 3a				57,250

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>				
WOMEN'S HEALTH RESEARCH AT YALE PO BOX 208091 NEW HAVEN,CT 06520			MEDICAL RESEARCH SUPPORT	1,000
WPKN 244 UNIVERSITY AVENUE BRIDGEPORT,CT 06604			MEDIA SUPPORT	500
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN,CT 06508			CANCER TREATMENT AND RESEARCH	500
YALE REPERTORY THEATRE PO BOX 208244 NEW HAVEN,CT 06520			SUPPORT OF THE ARTS	5,000
Total ▶ 3a				57,250

TY 2015 Accounting Fees Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ
EIN: 06-6068567

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FRED J CRISCUOLO & CO , P C	4,250	4,250		0

TY 2015 Investments Corporate Stock Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ

EIN: 06-6068567

Name of Stock	End of Year Book Value	End of Year Fair Market Value
	1,247,091	1,434,128

TY 2015 Investments - Other Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ

EIN: 06-6068567

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	85,958	73,613

TY 2015 Legal Fees Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ

EIN: 06-6068567

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EVANS, FELDMAN & AINSWORTH, LLC	8,000	8,000		0

TY 2015 Other Expenses Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ

EIN: 06-6068567

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKKEEPING FEES	8,000	8,000		0
BANK SERVICE CHARGES	16	16		0
POST OFFICE BOX	130	130		0

TY 2015 Other Professional Fees Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ
EIN: 06-6068567

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MERRILL LYNCH	80	80		0

TY 2015 Taxes Schedule

Name: ETHEL & ABE LAPIDES FOUNDATION INC
C/O RICHARD FELDMAN ESQ

EIN: 06-6068567

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAX	209	209		0
FOREIGN TAX	731	731		0
ANNUAL REPORT	70	70		0
2014 990-PF	211	0		0