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Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| Fo | r calen | dar year 2016 or tax year beginning | | , and | ending | | |
|----------------------------------|---------------|--|------------------|--------------|-----------------------|---|-------------------------|
| Na | me of fou | Indation | <u>.</u> | | A Employe | r identification number | |
| Fra | scella | Family Foundation Corp | | |] | | |
| Nu | mber and | d street (or PO box number if mail is not delivered to street address) | F | Room/suite | | 20-8654691 | |
| | | Brook Road | | | B Telephone | number (see instructio | ns) |
| _ | | , state or province, country, and ZIP or foreign postal code | | | | | |
| | <u>eenwic</u> | | 06830 | | | (212) 842-891 | |
| Fo | eign cou | ntry name Foreign province/state/county | Foreign | postal code | C If exempt | tion application is pendir | ig, check here 🕨 🗌 |
| _ | Obsal | all that and by | | | _ | | |
| G | Спеск | | of a former pub | lic charity | D 1. Foreig | n organizations, check t | iere ► |
| | | ☐ Final return ☐ Amended ret | _ | | 1 - | n organizations meeting | _ |
| | <u> </u> | Address change Name chang | | | 4 | here and attach comput | _ |
| Н | | type of organization X Section 501(c)(3) exempt pri | | | | foundation status was te 07(b)(1)(A), check here | rminated under |
| Ш | | on 4947(a)(1) nonexempt charitable trust U Other taxa | | | | (-)(-)(-) | _ |
| I | | narket value of all assets at J Accounting method: | ∐ Cash X | Accrual | F If the four | ndation is in a 60-month | termination |
| | | f year (from Part II, col. (c), | | | | ction 507(b)(1)(B), check | |
| | | 6) ▶ \$ 1,776,220 (Part I, column (d) must be | e on cash basıs. |) | | | |
| Р | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue an | d / // //- | A | (-) Advisor disco | (d) Disbursements |
| | | amounts in columns (b), (c), and (d) may not necessarily | expenses per | (D) Ne | t investment ncome | (c) Adjusted net income | for charitable purposes |
| | | equal the amounts in column (a) (see instructions)) | books | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 200,0 | 000 | | | |
| | 2 | Check ► ☐ if the foundation is not required to attach Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 3 | 336 | 336 | | |
| | 4 | Dividends and interest from securities | | | | | |
| | 5a | Gross rents | | | | · · · · · · · · · · · · · · · · · · · | |
| Revenue | b | Net rental income or (loss) | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | |
| | _b | Gross sales price for all assets on line 6a | | | | | |
| ě | 7 | Capital gain net income (from Part IV, line 2) | | | | | |
| Œ | 8 | Net short-term capital gain | | - | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less: Cost of goods sold | | | | | |
| | 11 | Other income (attach schedule) | | - | | | |
| | 12 | Total. Add lines 1 through 11 | 200,3 | 226 | 336 | 0 | |
| | 13 | Compensation of officers, directors, trustees, etc. | 200,0 | 550 | 330 | | |
| enses | 14 | Other employee salaries and wages | | | | | |
| Ë | 15 | Pension plans, employee benefits | | | | | |
| ğ | 16a | Legal fees (attach schedule) | | | 56 | SPI ARD | |
| Ű | b | Accounting fees (attach schedule) | | | THE ! | EIVED O | |
| ĭve | c | Other professional fees (attach schedule) | ··· | | 3 MAIN | 9 9005 | |
| Operating and Administrative Exp | 17 | Interest | | | B NOV | 17 2017 6 | |
| st | 18 | Taxes (attach schedule) (see instructions) | | 50 | | | |
| Ē | 19 | Depreciation (attach schedule) and depletion | | | 00 | DEN, UT | |
| E | 20 | Occupancy | | | | | |
| Ă | 21 | Travel, conferences, and meetings | | | | | |
| P | 22 | Printing and publications | | | | | |
| æ | 23 | Other expenses (attach schedule) | | | | | |
| Ĕ | 24 | Total operating and administrative expenses. | | | | | |
| rat | | Add lines 13 through 23 | | 50 | 0 | 0 | 0 |
| þe | 25 | Contributions, gifts, grants paid | 156,1 | 95 | | | 156,195 |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 156,2 | 245 | 0 | 0 | 156,195 |
| | 27 | Subtract line 26 from line 12: | | | | | |
| | а | Excess of revenue over expenses and disbursements | 44,0 | 91 | | | |
| | b | Net investment income (if negative, enter -0-) | | | 336 | | |
| | С | Adjusted net income (if negative, enter -0-) . | | | | 0 | |

| D. | art II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | f year |
|----------------------|---------|--|---------------------------------------|----------------|-----------------------|
| | ar Cill | should be for end-or-year amounts only (see instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 433,775 | 473,307 | 473,307 |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | 1 | | |
| | | 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 | | | |
| ফ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | ···- | | |
| Ą | 10a | Investments—U S and state government obligations (attach schedule) | _ | - | |
| • | ь | Investments—corporate stock (attach schedule) | 750,000 | 750,000 | 1,298,108 |
| | c | Investments—corporate bonds (attach schedule) | 750,000 | 730,000 | 1,290,100 |
| | 11 | Investments—land, buildings, and equipment basis | | | |
| | '' | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Invocatments mediange leans | | | |
| | | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | ۱ | Less accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) | 246 | 4,805 | 4,805 |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | instructions Also, see page 1, item I) | 1,184,021 | 1,228,112 | 1,776,220 |
| | 17 | Accounts payable and accrued expenses | | | |
| 90 | 18 | Grants payable | | | |
| ≝ | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ā | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| ~ | | Foundations that follow SFAS 117, check here | | | |
| alances | | and complete lines 24 through 26 and lines 30 and 31. | 1 | | |
| Ĕ | 24 | Unrestricted | i | | , |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | | | |
| Net Assets or Fund B | | Foundations that do not follow SFAS 117, check here | | | |
| Ę | | and complete lines 27 through 31. | | | |
| ŏ | 27 | Capital stock, trust principal, or current funds | | | |
| \$ | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Se | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,184,021 | 1,228,112 | |
| Ą | 30 | Total net assets or fund balances (see instructions) | 1,184,021 | 1,228,112 | |
| e | 31 | Total liabilities and net assets/fund balances (see | 1,104,021 | 1,220,112 | |
| Z | ٥. | · · · · · · · · · · · · · · · · · · · | 1,184,021 | 1 220 112 | |
| D. | rt III | | 1,104,021 | 1,228,112 | |
| | _ | Analysis of Changes in Net Assets or Fund Balances | line 20 /mint and | | |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a) | · · · · · · · · · · · · · · · · · · · | | |
| _ | | of-year figure reported on prior year's return) | | | 1,184,021 |
| _ | | r amount from Part I, line 27a | | | 44,091 |
| 3 | | r increases not included in line 2 (itemize) | | | |
| _ | | ines 1, 2, and 3 | | 4 | 1,228,112 |
| 5 | | | | | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5)-Part | t II, column (b), fine 30 | 6 | 1,228,112 |

| Part | (a) List and describe the | d Losses for Tax on Investn he kind(s) of property sold (e.g., real estate, buse, or common stock, 200 shs MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|----------|---|---|--|--|-----------------------------------|--|
| 1a | | | | S SUIGUOII | <u> </u> | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | <u> </u> | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | ain or (loss) s (f) minus (g) |
| a | | | | | | |
| b | | | | | | |
| <u>c</u> | | | | | | |
| <u>d</u> | | | | | _ | _ |
| е | Complete only for accets of | howing goin in column (h) and owned | by the foundation | on 12/21/60 | | |
| | Complete only for assets si | howing gain in column (h) and owned | | | | Col (h) gain minus not less than -0-) or |
| | (i) FM V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | ss of col (ı) I (j), ıf any | | (from col (h)) |
| a | | | | | | |
| <u>u</u> | | | | | | |
| | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 2 | Capital gain net income or | r (net canital loss) 1 | also enter in Pa), enter -0- in Pa | > (| 2 | 0 |
| 3 | Net short-term capital gair | n or (loss) as defined in sections 1 | | | | |
| | | , line 8, column (c) (see instruction | | er -0- in Ղ | | |
| | Part I, line 8 | <u> </u> | <u> </u> | <u> </u> | 3 | 0 |
| Part | | der Section 4940(e) for Red | | | ncome | |
| Was | | ve this part blank. section 4942 tax on the distributa qualify under section 4940(e). Do | | | period? | Yes X No |
| 1 | Enter the appropriate amo | ount in each column for each year | see the instruc | tions before making | any entries. | |
| Cal | (a) Base period years endar year (or tax year beginning in | (b) Adjusted qualifying distributions | | (c) of noncharitable-use asse | | (d) Distribution ratio Distribution ratio |
| | 2015 | | 3,497 | 1,802, | | 0.101783 |
| | 2014 | | 9,490 | 1,872, | | 0 074492 |
| | 2013 | 8 | 0,544 | 1,854, | | 0.043428 |
| | 2012 | 5 | 5,207 | 1,500, | 352 | 0.036796 |
| | 2011 | 7 | 5,920 | 1,437, | 831 | 0 052802 |
| 2 | | | | | . 2 | 0.309301 |
| 3 | • | for the 5-year base period—divide dation has been in existence if les | | | . 3 | 0.061860 |
| 4 | Enter the net value of non | charitable-use assets for 2016 fro | m Part X, line 5 | | . 4 | 1,557,233 |
| 5 | Multiply line 4 by line 3 . | | | | . 5 | 96,330 |
| 6 | Enter 1% of net investmen | nt income (1% of Part I, line 27b) | | | . 6 | 3 |
| 7 | Add lines 5 and 6 | | | | . 7 | 96,333 |
| 8 | | ons from Part XII, line 4 | | | | 156,195 ax rate. See the |
| | Part VI instructions. | | , | | | |

| Part \ | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see 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 | | 3 | |
| | here ► X and enter 1% of Part I, line 27b | | | |
| 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 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 3 | |
| 6 | Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 52 | | | |
| a 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 | | 52 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 0 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10 | | 49 | |
| 11 | Enter the amount of line 10 to be Credited to 2017 estimated tax 49 Refunded 11 | | 0 | |
| | VII-A Statements Regarding Activities | | r | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | _ | Yes | No |
| | participate or intervene in any political campaign? | 1a | | <u>X</u> |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | 46 | | ~ |
| | Instructions for the definition)? | 1b | \vdash | <u> </u> |
| | published or distributed by the foundation in connection with the activities. | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| 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. ▶\$ | | | |
| е | 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? | 2 | <u> </u> | X |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| 4- | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | \vdash | X |
| 4a b | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a 4b | N/A | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | 17/ | X |
| • | If "Yes," attach the statement required by General Instruction T. | | | $\overline{}$ |
| 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 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | Х | |
| 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? If "No," attach explanation | 8b | X | |
| 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If | | | v |
| 10 | "Yes," complete Part XIV | 9 | | <u> </u> |
| | names and addresses | 10 | х | |

Form 990-PF (2016)

| 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 | Yes | No X |
| 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 | | × |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► Anthony Frascella Telephone no. ► (212) 84 | 2-891 | 5 | |
| | Located at ▶ 9 Boulder Brook Road Greenwich CT ZIP+4 ▶ 06830 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year | | | ▶ [|
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If | | | |
| | "Yes," enter the name of the foreign country | | | |
| 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? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | } | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | | | |
| ь | 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 | N/A | |
| | 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 2016? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)): | | | |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? | | | |
| | 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 | N/A | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ► 20, 20, 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| þ | If "Yes," did it have excess business holdings in 2016 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 | <u> </u> | | <u> </u> |
| | foundation had excess business holdings in 2016.) | 3b | N/A | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | _4a | | X |
| Ь | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? . | 4b | | X_ |

| Part | VII-B | Statements Regarding Activities | for W | hich Form | 4720 N | May Be Re | equire | d (contin | iued) | | |
|---------|-----------------|--|------------------|--|-----------------------|--------------------------------------|--------------|--|---------------------|----------|----------------------------|
| 5a | | he year did the foundation pay or incur any y on propaganda, or otherwise attempt to i | | | section | 4945(e))? | | Yes | X No | | |
| | | ence the outcome of any specific public electly or indirectly, any voter registration drive | | | 955); or | r to carry on | , | ☐ Yes | X No | | |
| | (3) Prov | ride a grant to an individual for travel, study | , or oth | er sımılar pur | poses? | | | Yes | X No | | |
| | | ride a grant to an organization other than a ion 4945(d)(4)(A)? (see instructions) | | | | | | ☐ Yes | X No | | |
| | | ride for any purpose other than religious, choses, or for the prevention of cruelty to chil | | | | or education | | ☐ Yes | X No | | |
| b | _ | nswer is "Yes" to 5a(1)–(5), did any of the tions section 53.4945 or in a current notice | | • | - | | • | | d in | 5b | N/A |
| c | If the ar | ations relying on a current notice regarding iswer is "Yes" to question 5a(4), does the for it maintained expenditure responsibility for | oundation the gr | on claim exer ant? | nption f | rom the tax | | Yes | ► [| | |
| 6a | Did the on a pe | attach the statement required by Regulation foundation, during the year, receive any fur resonal benefit contract? | nds, dire | ectly or indire | ctly, to _l | | | | X No | | |
| b | | foundation, during the year, pay premiums, to 6b, file Form 8870. | directly | y or indirectly | on a p | ersonal ber | efit cor | ntract? . | | 6b | X |
| 7a b | | me during the tax year, was the foundation a pa did the foundation receive any proceeds o | | | | | | | | | N/A |
| | VIII | Information About Officers, Direct | | | | | | • | | | |
| | | and Contractors | , | | | • | y , - | , | | , | , |
| 1 | List all | officers, directors, trustees, foundation | manag | ers and their | compe | ensation (s | ee inst | ructions). | | | |
| | | (a) Name and address | hou | e, and average rs per week ed to position | i (if i | mpensation not paid, nter -0-) | empl | Contribution oyee benefit ferred compe | plans | | nse account, Illowances |
| | ny Frasc | | Directo | or/Treas | | | | | | | - |
| | | k Road Greenwich, CT 06830 | As Re | | | 0 | | | _ | | |
| | er Kratt I | | | or/Pres | | _ | | | | | |
| | ean Kratt | k Road Greenwich, CT 06830 | As Red | • | | 0 | | | | | |
| | | Greenwich, CT 06831 | As Re | | | 0 | | | | | |
| | | | 73110 | 4· | | | | | | | |
| | Compe | nsation of five highest-paid employees (| other ti | han those in | cluded | on line 1— | -see ins | structions | s). If no | ne. ente | |
| | "NONE | | | | | | | | | | |
| | (a) Name | and address of each employee paid more than \$50,000 | | (b) Title, and a hours per w devoted to po | /eek | (c) Comper | nsation | (d) Contribi employee plans and c compens | benefit deferred | | nse account, illowances |
| NONE | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | • | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | number (| of other employees paid over \$50,000 | | | | · | | | • | | |

| Sive 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) Compensator NONE Compensator | Pai | | Information About Officers, Directors, Trustees, Foundar and Contractors (continued) | tion Managers, Highly Paid En | nployees, |
|---|------|----------------|---|------------------------------------|------------------|
| NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct chantable 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 1 N/A 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 N/A 2 All other program-related investments See instructions 3 All other program-related investments See instructions 3 | 3 | Five high | nest-paid independent contractors for professional services (see | instructions). If none, enter "NON | IE." |
| Total number of others receiving over \$50,000 for professional services | | | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| List the foundation's four largest 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 beneficianes served, conferences convened, research papers produced, etc. 1 N/A 2 | NON | E | | | |
| List the foundation's four largest 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 beneficianes served, conferences convened, research papers produced, etc. 1 N/A 2 | | | | | |
| List the foundation's four largest 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 beneficianes served, conferences convened, research papers produced, etc. 1 N/A 2 | | | | | |
| List the foundation's four largest 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 beneficianes served, conferences convened, research papers produced, etc. 1 N/A 2 | | | | | |
| List the foundation's four largest 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 beneficianes served, conferences convened, research papers produced, etc. 1 N/A 2 | | | | | |
| List the foundation's four largest direct chantable 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 1 N/A 2 | Tota | I number of | others receiving over \$50,000 for professional services | | |
| organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | Pa | rt IX-A | Summary of Direct Charitable Activities | | |
| 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 All other program-related investments See instructions 3 All other program-related investments See instructions | | | • | oformation such as the number of | Expenses |
| 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 All other program-related investments See instructions 3 | 1 | N/A | | | |
| 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 All other program-related investments See instructions 3 | | | | | |
| 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 All other program-related investments See instructions 3 | 2 | | | | |
| 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 All other program-related investments See instructions 3 | | | | | |
| 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 All other program-related investments See instructions 3 | 3 | | | | |
| 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 All other program-related investments See instructions 3 | | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 | 4 | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 | | | | | |
| 1 N/A 2 All other program-related investments See instructions 3 | Pa | rt IX-B | Summary of Program-Related Investments (see instruc | tions) | |
| All other program-related investments See instructions 3 | De | scribe the two | largest program-related investments made by the foundation during the tax year on lines | 1 and 2 | Amount |
| All other program-related investments. See instructions 3 | 1 | N/A | | | |
| All other program-related investments. See instructions 3 | | | | | |
| 3 | 2 | | | | |
| 3 | | | | | |
| | All | other program | related investments. See instructions | - | |
| Total. Add lines 1 through 3 | 3 | | | | |
| Total. Add lines 1 through 3 | | | | | |
| | Tota | I. Add lines | 1 through 3 | | |

Form **990-PF** (2016)

| Part | X Minimum Investment Return (All domestic foundations must complete this part. Foreign | n foundat | tions, |
|------|--|--|-----------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | 1,235,592 |
| b | Average of monthly cash balances | 1b | 340,550 |
| С | Fair market value of all other assets (see instructions) | 1c | 4,805 |
| d | Total (add lines 1a, b, and c) | 1d | 1,580,947 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 1,580,947 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 23,714 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,557,233 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 77,862 |
| Part | | | |
| | foundations and certain foreign organizations check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 77,862 |
| 2a | Tax on investment income for 2016 from Part VI, line 5 2a 3 | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | 1 , 35 | |
| С | Add lines 2a and 2b | 2c | 3 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 77,859 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 77,859 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 77,859 |
| Dort | XII Qualifying Distributions (see instructions) | | |
| rait | All Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | <u>*************************************</u> | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 156,195 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 156,195 |
| 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 | 3 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 156,192 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet | her the for | undation |
| | qualifies for the section 4940(e) reduction of tax in those years. | | |

Form 990-PF (2016)

| Part | VIII Undistributed Income | (see instructions | <u> </u> | | | |
|------|--|-------------------|--|--|-----------------------------------|--------------------------|
| 1 | Distributable amount for 2016 from | | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
| | line 7 | | | | | 77,859 |
| 2 | Undistributed income, if any, as of the | | | | · · · · · · · · · · · · · · · · · | |
| а | Enter amount for 2015 only | | | | 0 | <u></u> |
| b | | 20, 20 | ; == ================================== | | | i Protovilse, siste |
| 3 | Excess distributions carryover, if a | | | | | |
| а | From 2011 | | | | | |
| b | From 2012 | | | | | |
| С | From 2013 | | | | | |
| d | From 2014 | | | | | |
| е | From 2015 | 93,370 | | | | |
| f | Total of lines 3a through e | | 108,264 | وفي معاد وموسور وما دام محادث معادد والعاد والمعادد والمعادد والمعادد والمعادد والمعادد والمعادد والمعادد والم | | president and the second |
| 4 | Qualifying distributions for 2016 from | om Part XII, | | | | |
| | line 4: ▶ \$156,195 | | | | | |
| а | Applied to 2015, but not more than | n line 2a | restriction of the sector of | | | |
| b | Applied to undistributed income of | prior years | | | | |
| | (Election required—see instruction | ns) | | | | natura de la compa |
| С | Treated as distributions out of corp | ous (Election | | | | |
| | required—see instructions) | | | | | |
| d | Applied to 2016 distributable amor | unt | · · · · · · · · · · · · · · · · · · · | | | 77,859 |
| е | Remaining amount distributed out | of corpus . | 78,336 | * 10 | | |
| 5 | Excess distributions carryover app | olied to 2016. | | | | |
| | (If an amount appears in column (| d), the same | | | | |
| | amount must be shown in column | (a).) | | | | |
| 6 | Enter the net total of each colun indicated below: | nn as | | | | |
| а | Corpus Add lines 3f, 4c, and 4e \$ | Subtract line 5 | 186,600 | | | |
| b | Prior years' undistributed income | Subtract | | , | | |
| | line 4b from line 2b | | | 0 | | |
| С | Enter the amount of prior years' ur | ndistributed | | | | |
| | income for which a notice of defici | ency has | | | | |
| | been issued, or on which the secti | on 4942(a) | | | | |
| | tax has been previously assessed | | . t- | | | |
| d | Subtract line 6c from line 6b. Taxa | ble | | | | |
| | amount—see instructions | | r e e e e e e e e e e e e e e e e e e e | | | |
| е | Undistributed income for 2015. Su | btract line | | | | |
| | 4a from line 2a. Taxable amount— | -see | | | | |
| | instructions | | | | 0 | |
| f | Undistributed income for 2016. Su | btract lines | | | | |
| | 4d and 5 from line 1. This amount | must be | | | | |
| | distributed in 2017 | | | | | 0 |
| 7 | Amounts treated as distributions of | • | | | | |
| | to satisfy requirements imposed b | y section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election | n may be | | | | |
| | required—see instructions) | | | | | |
| 8 | Excess distributions carryover from | n 2011 not | | | | |
| | applied on line 5 or line 7 (see inst | tructions) | | | | |
| 9 | Excess distributions carryover t | o 2017. | | | | |
| | Subtract lines 7 and 8 from line 6a | | 186,600 | | | |
| 10 | Analysis of line 9: | | | | | |
| а | Excess from 2012 | | | | | |
| b | Excess from 2013 | | | | | |
| c | Excess from 2014 | | | | | |
| d | Excess from 2015 | 93,370 | | | | |
| _ | Excess from 2016 | 78 336 | | | | |

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:

Form 990-PF (2016)

Supplementary Information (continued)

Part XV

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) Paid during the year YWCA of Greenwich PC None Social Programs for Women 15,195 259 E. Putnam Ave. Greenwich, CT 06830 25,000 University of Pennsylvania None PC Education 3451 Walnut Street Philadelphia, PA 19104 The Stanwich School None PC Education 110,000 257 Stanwich Road Greenwich, CT 06830 Lenox Hill Hospital PC None Medical Research 5,000 100 E 77th Street New York, NY 10075 Arch Street Teen Center PC None Social Programs for Teens 1,000 PO Box 1339 Greenwich, CT 06836 За 156,195 Approved for future payment **Total** 3b

0

| Ente | | tivities | | | | |
|------|--|----------------------|----------------------|-----------------------|---------------------------------------|--|
| | r gross amounts unless otherwise indicated. | Unrelated bu | siness income | Excluded by sect | on 512, 513, or 514 | 4-5 |
| 1 | Program convice revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See instructions) |
| 1 | Program service revenue | | <u> </u> | | | |
| | ab | | | | | |
| | <u> </u> | | <u> </u> | | | |
| | | | | | | - - |
| | | | | | <u> </u> | |
| | f | | - | | | |
| | g Fees and contracts from government agencies | - | | - | | |
| 2 | Membership dues and assessments | | | | | |
| 3 | Interest on savings and temporary cash investments . | | | 14 | 336 | |
| 4 | Dividends and interest from securities | | - | | | , ,, |
| 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 | | | | | |
| 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 | | | 0 | | 336 | |
| 13 | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 336 |
| | worksheet in line 13 instructions to verify calculations | | | | | |
| | T XVI-B Relationship of Activities to the A | | | | | |
| | Explain below how each activity for which income accomplishment of the foundation's exempt purities. | ne is reported in co | olumn (e) of Part > | (VI-A contributed | importantly to the | |
| | | poses (other than | by providing lund: | s for such purpos | es). (See instruction | ons) |
| | N/A | | <u>.</u> . | | | |
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Firm's name Firm's address 🕨

| Part | | | Regarding Tra | | and Trans | actions | and Re | lationship | s With N | onchar | itable | Pa | ge 13 |
|----------|-------------------|---|--|---|-----------------------|---------------|-----------------|----------------------|-----------------|----------------|---------------------------|-----------|-------|
| 1 a | ın se politi | he organization d ction 501(c) of the cal organizations | irectly or indirectly Code (other than | section 50 |)1(c)(3) orgar | nizations) | or in sect | | | ped | | Yes | No |
| • | | | | | | | | | | | 1a(1) | | Х |
| | | | | | | | | | | | 1a(2) | - | Î |
| b | | r transactions: | | • • • | | | | | | | (14(2) | | |
| _ | | | a noncharitable ex | kempt orgal | nization | | | | | | 1b(1) | | Х |
| | | | ts from a nonchar | | | | | | | | 1b(2) | | Х |
| | | | equipment, or oth | | . • | | | | | | 1b(3) | | Х |
| | | | rangements | | | | | | | | 1b(4) | | Х |
| | | oans or loan guai | | | | | | | | | 1b(5) | | Х |
| | (6) P | erformance of se | rvices or members | | | | | | | | 1b(6) | | Х |
| С | | | quipment, mailing l | | | | | | | | 1c | | Х |
| ď | | | he above is "Yes," c er assets, or service: | | | | | | | | | | |
| (a) Line | value | | or sharing arranger | ment, show | | the value | of the goo | | ets, or service | es recen | /ed. | | |
| (a) Line | 7110. | (b) Amount involved | (e) Name of h | Officiaritable e. | xempt organization | on | (a) Desi | cription of transf | ers, transactio | ns, and sha | arrig arrai | igenter | ILB |
| | -+ | | | | | | | | | | | | |
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| | + | | | | | | | | | | | | |
| 2a b | desc | ribed in section 50 | tly or indirectly affi 01(c) of the Code of following schedule | other than | | | | | | 🗆 | Yes | X N | 0 |
| | | (a) Name of organi | Ization | | (b) Type of org | anization | | | (c) Description | n of relation | nship | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | - | | | | | | |
| | Lledor | populties of earlier I deel | are that Lhave examined thu | re coture includios | o accompanying coh | odulae and et | atomonic and | to the best of my ke | owlodge and hol | iof it le taro | | | |
| Sign | согтес | at, and complete Desperation | on of preparer other than ta | xpayer) is based | on all information of | which prepar | er has any knov | wledge. | owieuge and cel | May the IF | AS discuss reparer sho | | |
| Here | Sign | nature of officer or trus | tee . | | 11-13-17 Date | Title | asurer | | Ì | (see instru | | | _ No |
| Paid | I Oigi | Print/Type preparer's | | Prepar | er's signature | , 100 | | Date | | k [] ii | ΡΠΝ | ; | |
| Prepa | | | | | | | 1 | Firm's EIN | mplayed | | | | |
| Use O | nly | Firm's address | | | | | | | Phone no. | | | | |

Phone no.

Part I, Line 18 (990-PF) - Taxes

| | 50 | 0 | | 0 |
|----------------------------|--------------|----------------|------------|----------------|
| | Revenue | | | Disbursements |
| | and Expenses | Net Investment | Adjusted | for Charitable |
| Description | per Books | Income | Net Income | Purposes |
| 1 Tax on investment income | 50 | | | |

Part II, Line 10b (990-PF) - Investments - Corporate Stock

| | | 750,000 | 750,000 | 1,295,960 | 1,298,108 |
|---|-------------|-------------|-------------|-------------|-------------|
| | Num Shares/ | Book Value | Book Value | FMV | FMV |
| Description | Face Value | Beg of Year | End of Year | Beg of Year | End of Year |
| 400 Capital Credit Opportunities Fund Ltd | 764 | | 750,000 | 1,295,960 | 1,298,108 |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 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

2016

Employer identification number

| Frascella Family F | Foundation Corp | 20-8654691 | | | |
|--|--|---|--|--|--|
| Organization type (check one): | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-l | -EZ 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a pr | rivate foundation | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private | e foundation | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | | | | | |
| | ganization is covered by the General Rule or a Special Rule. ction 501(c)(7), (8), or (10) organization can check boxes for both the General F | Rule and a Special Rule. See | | | |
| General Rule | | | | | |
| or more (| rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, o (in money or property) from any one contributor Complete Parts I and II. See in tor's total contributions. | | | | |
| Special Rules | | | | | |
| regulation 13, 16a, c | rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met thens under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Foor 16b, and that received from any one contributor, during the year, total contributor (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, I | orm 990 or 990-EZ), Part II, line ibutions of the greater of (1) | | | |
| contribute | rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E. tor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religion educational purposes, or for the prevention of cruelty to children or animals. | ious, charitable, scientific, | | | |
| contribute contribute during the General I | rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Extor, during the year, contributions exclusively for religious, charitable, etc., purpostions totaled more than \$1,000. If this box is checked, enter here the total contrible year for an exclusively religious, charitable, etc., purpose. Don't complete an Rule applies to this organization because it received nonexclusively religious, \$5,000 or more during the year | oses, but no such ributions that were received by of the parts unless the charitable, etc., contributions | | | |
| Caution: An orga | anization that isn't covered by the General Rule and/or the Special Rules doesn | n't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Schedulê B (f | Form 990, 990-EZ, or 990-PF) (2016) | | Page 2 |
|---------------|--|-------------------------------------|--|
| | rganization Family Foundation Corp | | Employer identification number 20-8654691 |
| Part I | Contributors (See instructions). Use duplicate copie | es of Part I if additional space is | s needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Anthony Frascella 9 Boulder Brook Road Greenwich CT 06830 Foreign State or Province Foreign Country. | \$ 200,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province. Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | Foreign State or Province: Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number Frascella Family Foundation Corp 20-8654691

| Part II | Noncash Property (See instructions). Use duplicate c | opies of Part II if additional spa | ace is needed. |
|---------------------------|--|--|----------------------|
| (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 |
| | | \$ | |
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