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Form 990-PF

Department of the Treasury Internal Revenue Service

Extended to November 15, 2017

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 separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	calendar year 2016 or tax year beginning	, and ending					
Na	ne of foundation			A Employer identification	number		
	ohn Patrick Flanagan Foun			26-4783810	26-4783810		
	nber and street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number				
_	0 Box 818		<u></u>	203-682-82	09		
	or town, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is p	ending, check here		
$\overline{}$	outhport, CT 06890-0818						
G	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here		
	Final return	Amended return		2 Foreign organizations me check here and attach co	eting the 85% test,		
	Address change Check type of organization: X Section 501(c)(3) ex	Name change		check here and attach co	imputation		
7		Other taxable private founda	tion	E If private foundation sta			
	ur market value of all assets at end of year J Accounti		Accrual	under section 507(b)(1)			
	· \ —	ther (specify)	Accidal	If the foundation is in a under section 507(b)(1)			
	\$ 394,985. (Part I, colu		pasis)	under Section 307 (b)(1)	(D), Check here		
	art I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
<u> </u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)		
	1 Contributions, gifts, grants, etc., received	45,198.		N/A			
	2 Check X if the foundation is not required to attach Sch. B						
	3 Interest on savings and temporary cash investments	17.	17.		Statement 1		
	4 Dividends and interest from securities	12,276.	12,276.		Statement 2		
	5a Gross rents						
	Net rental income or (loss)						
<u>a</u>	68. Net gain or (loss) from sale of assets not on line 10						
enc	b Gross sales price for all assets on line 6a			DEC	EIVED		
Revenue	7 Capital gain net income (from Part IV, line 2)		0.	NLO	-1 V		
_	8 Net short-term capital gain				û 2017 S		
	9 Income modifications Gross sales less returns				0 2017		
	10a and allowances						
	D Less Cost of goods sold			 	ENIL		
	c Gross profit or (loss) 11 Other income		· · · · · · · · ·				
	12 Total. Add lines 1 through 11	57,491.	12,293.	 			
_	13 Compensation of officers, directors, trustees, etc	0.	0.		0.		
	14 Other employee salaries and wages			 			
	15 Pension plans, employee benefits						
enses	16a Legal fees						
)eu	b Accounting fees Stmt 3	1,298.	375.		0		
Ä	c Other professional fees Stmt 4	8,266.	0.	,[0		
Ž	17 Interest						
and Administrative Exp	18 Taxes Stmt 5	135.	0.	,	0		
inis	19 Depreciation and depletion						
튣	20 Occupancy	<u> </u>		 	<u> </u>		
ΥÞ	21 Travel, conferences, and meetings	<u> </u>	 	 			
a	22 Printing and publications 23 Other expenses Stmt 6	612.	0.		0.		
ţi	•	012.					
Operating	24 Total operating and administrative expenses. Add lines 13 through 23	10,311.	375.		0.		
o	25 Contributions, gifts, grants paid	38,250.	3/3.	\	38,250		
	26 Total expenses and disbursements.	30,230		 	35,230		
	Add lines 24 and 25	48,561.	375.		38,250		
	27 Subtract line 26 from line 12:			 	30,230		
	& Excess of revenue over expenses and disbursements	8,930.					
	b Net investment income (if negative, enter -0-)		11,918.	1			
	C Aditisted net income (d pegative enter -0-)			N/A			

Tare m		
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]	404,155
2 Enter amount from Part I, line 27a	2	8,930
3 Other increases not included in line 2 (itemize)	3	0
4 Add lines 1, 2, and 3	4	413,085
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	413,085

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30,419.

38,250.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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.

Forr	1990-PF(2016) John Patrick Flanagan Foundati				17838			age 4
Pa	irt VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 494	0(e), or 4	1948 -	see in	stru	ctior	is)
18	Exempt operating foundations described in section 4940(d)(2), check here and element operating foundations described in section 4940(d)(2), check here	enter "N/A" on line 1.		ГТ				
	Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)	1 1				
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	}	1			1	<u> 19.</u>
	of Part I, line 27b		- 1	ГТ				
(All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b). J	1 1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Of	thers enter -0-)		2				0.
. 3	Add lines 1 and 2		-	3			1	19.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			1	19.
6	Credits/Payments:							
ŧ	2016 estimated tax payments and 2015 overpayment credited to 2016	6a		1 1				
	Exempt foreign organizations - tax withheld at source	6b		1 1				
(Tax paid with application for extension of time to file (Form 8868)	6c		1				
	Backup withholding erroneously withheld	6d		1 1				
	Total credits and payments. Add lines 6a through 6d			7 7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			1	<u> 19.</u>
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 2017 estimated tax	l n	efunded	11				
	ert VII-A Statements Regarding Activities							
18	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate	or interven	e in			Yes	No
	any political campaign?				t	1a		X
i	Did it spend more than \$100 during the year (either directly or indirectly) for political purpor	ses (see instructions for	the definition	1)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	•			F			
	distributed by the foundation in connection with the activities.				į	- (
	Did the foundation file Form 1120-POL for this year?				1	10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear			F			
	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers	-	0.		l			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi			_	Ì			
	managers. ▶ \$ 0.	maro tax impossa sir ros.			1			
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?				2		X
_	If "Yes," attach a detailed description of the activities				 	-	$\neg \neg$	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i	instrument articles of inc	ornoration	٥r	-		- 1	
Ī	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	•	orporation,	.	1	3		X
4:	Did the foundation have unrelated business gross income of \$1,000 or more during the year				<u> </u>	4a		<u>x</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	u.		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	?		,	'	5		<u>x</u>
•	If "Yes," attach the statement required by General Instruction T				<u> </u>			_==_
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	uther:						
Ŭ	By language in the governing instrument, or	muloi.						
	 By state legislation that effectively amends the governing instrument so that no mandator 	ry directions that conflict	with the ctat	e law				
	remain in the governing instrument?	ry directions that connec	WILL LITO SIGN	C IGW	-	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	molete Part II col (c)	and Part Y			7	X	
•	The the real real of the section of	impiete i art ii, coi (c),	and rant X		1			
8:	Enter the states to which the foundation reports or with which it is registered (see instruction	nne) 🕨						
•	CT							
								
	If the answer is "Yes" to line 7, has the foundation furnished a conv of Form QQQ-PE to the A	Attorney General (or design	inate)					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A of each state as required by General Instruction G2 If "No." attach explanation	Attorney General (or desig	ınate)			Rh	x	
Q	of each state as required by General Instruction G? If "No," attach explanation	,	·	endar		8b	Х	
9	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942	·	endar	 		X	x
9	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of se year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," of	ection 4942(¡)(3) or 4942 complete Part XIV	(ı)(5) for cal	endar S tm t	7	8b 9	X	Х

b 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

Yes X No

N/A

during the year?

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Form 990-PF (2016) John Patrick Flanagan Fo Part VII-B Statements Regarding Activities for Which I 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary; the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instructions) organizations relying on a current notice regarding disaster assistance check he if the answer is "Yes" to question 5a(4), does the foundation claim exemption for	Form 4720 May Be in 4945(e))? In to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or described in section or educational purposes, or finder the exceptions described in actions)? ere	ectly, Ye Tor Ye To Ye To Ye To Ye To Ye To Regulations		310 Page 6
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 494. 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax so if "Yes," did the foundation receive any proceeds or have any net income attributed the foundation of the foundation of the foundation receive any proceeds or have any net income attributed the foundation of th	5-5(d) pay premiums on ersonal benefit contract? shelter transaction? utable to the transaction?	Ye	es X No es X No N/A	6b X 7b
List all officers, directors, trustees, foundation managers and their	compensation.		<u></u>	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
See Statement 8		0.	0.	0.
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000 NONE	luded on line 1). If none, (b) Title, and average hours per week devoted to position	enter "NONE." (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000	 -		Form	0 n 990-PF (2016)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of sen	vice	(c) Compensatio
NONE	<u>-</u>	 `
		
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 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
Grants and Contributions to charitable organizations		
		0
·		
Dort IV P.C.		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		- Tunidani
?		
All other program-related investments. See instructions.		
3		
	J	

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	364,999.
b		1b	364,999. 29,581.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	394,580.
—е	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	394,580.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,919.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	388,661.
6	Minimum investment return. Enter 5% of line 5	6	19,433.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	19,433.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	Ì	
C	Add lines 2a and 2b	2c	119.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,314.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,314.
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	19,314.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		20.050
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	38,250.
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:		
a	3 (h	3a	
b	(2.2.0)	3b	20.050
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	38,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		140
_	income. Enter 1% of Part I, line 27b	5	119.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	38,131.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

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Part XIII Undistributed Income (see	e instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				19,314.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		<u>U-</u>		
a From 2011 3,404. b From 2012 6,660.				
4 5 5 6 5]		Ì	
		ľ		
dFrom 2014 13,737.				
eFrom 2015 15,330.	40 717		1	
f Total of lines 3a through e	49,717.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 38,250.	1	}	١	
a Applied to 2015, 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 2016 distributable amount				19,314.
e Remaining amount distributed out of corpus	18,936.			
5 Excess distributions carryover applied to 2016 (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	68,653.			
b Prior years' undistributed income. Subtract	00,033.			
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 2015. Subtract line		-		
4a from line 2a. Taxable amount - see instr.	Ì		0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				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 2011				
not applied on line 5 or line 7	3,404.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	65,249.			
10 Analysis of line 9:				
a Excess from 2012 6,660.				
b Excess from 2013 10,586.				
c Excess from 2014 13,737.				
dExcess from 2015 15,330.				
e Excess from 2016 18,936.				

	trick Flana			26-47	83810 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of	the ruling	.		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described	in section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
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	}	ļ	}	}	
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:		<u> </u>			
(1) Value of all assets	}				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<u></u>
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	Ì				
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
1 Information Regarding Foundation					
List any managers of the foundation wh year (but only if they have contributed in	o have contributed more		tributions received by the	foundation before the clos	e of any tax
None	, .				
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large porti	on of the ownership of a pa	rtnership or
None	<u>.</u> 				
2 Information Regarding Contribut	ion Cront Cift Loon	Scholarship etc. F	to a remai		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone num	ber or e-mail address of	he person to whom app	lications should be addre	ssed:	
b The form in which applications should b	oe submitted and informa	tion and materials they	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year Bridgeport Hospital hospital To pursue 267 Grant Street organization's Bridgeport, CT 06610 charitable purposes 4,300. CT Audobon Society ln/a public charity To pursue 2325 Burr St organization's Fairfield, CT 06824 charitable purposes To pursue organization's 10,450. Boston College Contribution to their h/a college 140 Commonwealth Avenue scholarship fund. 2,500. Chestnut Hill, MA 02467 Wakeman Boys Club public charity To pursue n/a 385 Center Street organization's Southport, CT 06890 charitable purposes 5,000. Lawyers for Children public charity To pursue h/a 110 Lafayette St organization's New York, NY 10013 charitable purposes 3,000. See continuation sheet(s) 38,250. Total b Approved for future payment None Total

Part XVI-A Analysis of Income-Prod	ducing Activi	ties			
Enter gross amounts unless otherwise indicated.		ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a		,			
b					
· c					 _
d	_		 		
e	_	<u> </u>	<u> </u>	<u> </u>	
f	_				
g Fees and contracts from government agencies			ļ	 	
2 Membership dues and assessments			 	 	
3 Interest on savings and temporary cash			14	17.	
investments 4 Dividends and interest from securities	ļ		$\frac{14}{14}$		
5 Net rental income or (loss) from real estate:			<u> </u>	11,900.	
a Debt-financed property	<u> </u>		├		
b Not debt-financed property	<u> </u>		╁		
6 Net rental income or (loss) from personal			┼	 	
property	1		1		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			1		
than inventory			1		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					<u> </u>
a	_ L				
b	_		⊥		
c	_		<u> </u>		
d	_		↓		
e	_		╀	11 007	
12 Subtotal. Add columns (b), (d), and (e)		0.	<u>·Ĺ</u>	11,997.	11,997.
13 Total. Add line 12, columns (b), (d), and (e)	`			13	11,997.
(See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie		omplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which is the foundation's exempt purposes (other the			Contri	outed importantly to the accomp	lishment of
Interest, investment			inv	estments.	
		_		·	
		 _			
					
					
					
					

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Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions	and Relations	hips With Noncha	aritable	
1 Did the or	ganization directly or indi-	rectly engage in any	of the following	g with any other organizati	on described in sect	ion 501(c) of	7	es No
				7, relating to political orga		. ,	1 5	
	from the reporting found						-	
(1) Cash	, ,		,	•			1a(1)	X
(2) Other	assets						1a(2)	X
b - Other tran							1(-)	
	of assets to a noncharita	hla avamnt organiza	ation				16(1)	X
	nases of assets from a no						1b(2)	$\frac{x}{x}$
		•	ui yanization					$-\frac{x}{x}$
· ,	il of facilities, equipment,						1b(3)	$-\frac{x}{x}$
٠.	bursement arrangements						1b(4)	
, .	s or loan guarantees						1b(5)	X
, ,	rmance of services or me	· ·	-				16(6)	X
_	f facilities, equipment, ma						10	X
				dule. Column (b) should a				is,
				ed less than faır market val	ue in any transaction	or sharing arrangement,	show in	
) the value of the goods,							
(2)∟ine no	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	of transfers, transactions, and	i sharing arrai	ngements
		l 	N/A					
				,				
					 			
					- 	 		
					 			
								
								
		 -			+			
2a Is the four	idation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described			
ın section	501(c) of the Code (other	r than section 501(c	:)(3)) or in sect	ion 527 ?			Yes	X No
b If "Yes," co	implete the following sch							
	(a) Name of org	anization		(b) Type of organization		(c) Description of relations	ship	
	N/A							
					1			
					T			
				g accompanying schedules and			ay the IRS dis	cuss this
Sign and be	oller, it is true, correct, and con			n taxpayer) is based on all infor		re sh	turn with the nown below (s	preparer see instr)?
	nature of officer or trustee		gan_			Der son	X Yes	U No
Sign	Print/Type preparer's na		Propararia	Date	Title	Chook 1 se Lif LDTIN		
	i Fillio Type preparer 5 m	11116	Preparer's s	ignatur e	Date	Check X if PTIN		
Daid			L .			self- employed		
Paid	Colin M. C			M. Cody	06/14/17		03657	
Preparer	Firm's name ►Co1	in M. Coc	ıy, CPA	, CMA		Firm's EIN ▶ 06-6	20344	.3
Use Only	Firm's address 5 CO	04-25-3	74			 		
	Firm's address ▶ 60			4 0400				
	Tr	umbull, (T 0661	1-2400		Phone no. 203-2	<u> 168-70</u>	<u> </u>

John Patrick Flanagan Foundation, Inc.

26-4783810

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or show any relationship to Foundation Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient Neighborhood Studios of Fairfield public charity To pursue County organìzation's 391 East Washington Avenue charitable purposes Bridgeport, CT-06608-To pursue organization's 2,000. Denison College h/a college Contribution to their PO Box 810 scholarship fund. Granville, OH 43023 2,500. Council of Churches of Greater public charity To pursue Bridgeport organization's 1100 Boston Ave charitable purposes Bridgeport, CT 06610 6,000. New Beginning Family Academy n/a Bchool Contribution to their 184 Garden Street scholarship fund. Bridgeport, CT 06605 2,500. Total from continuation sheets 13,000.

Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
Name of Recipient - CT Audobon Society
To pursue organization's charitable purposes
To pursue organization's-charitable-purposes
To pursue organization's charitable purposes
Name of Recipient - Neighborhood Studios of Fairfield County
To pursue organization's charitable purposes
To pursue organization's charitable purposes
To pursue organization's charitable purposes

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

Department of the Treasury Internal Revenue Service 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

Name of the organization

Employer identification number

John Patrick Flanagan Foundation, Inc. 26-4783810 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 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 33 1/3% 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 vear. 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 Don't 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn'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)

Name of organization

Employer identification number

John Patrick Flanagan Foundation, Inc.

26-4783810

Part I	Contributors (See instructions) Use duplicate copies of Part I if	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	6 Sleigh Ridge Westport, CT 06880	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Don Duffy 31 Tall Pines Drive Weston, CT 06883	 \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Thomas & Stephanie Ryan 16 Old Hill Road Westport, CT 06880	 	Person X Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ICR, LLC 761 Main Avenue Norwalk, CT 06851	 s	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Brad Cohen & Colleen Winderl 7 Choctaw Lane Greenwich, CT 06831	\$	Person X Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1	3-16	\$Schedule B (Forn	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

John Patrick Flanagan Foundation, Inc.

26-4783810

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		
		\$			
(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		
		\$	000 000 E7 000 0E1 /2016		

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Form 990-PF Intere	est on Savi	ngs and Tem	porary Cash	Investments	Statement 1
Source	Reve	(a) (Revenue Net Inv Per Books Inc. 17.		(c) Adjusted Net Income	
CT Community Bank	, ; ; , _ _				
Total to Part I, 1					
Form 990-PF	Dividend	ls and Inter	est from Sec	urities	Statement 2
Source	Gross Amount	Capital Gains Dividend	Revenue		_
People's Securities 210-04854	12,276	i	0. 12,27	6. 12,276	5.
To Part I, line 4	12,276	;	0. 12,27	6. 12,276	5.
Form 990-PF		Accounti	ng Fees		Statement 3
Description		(a) Expenses Per Books	(b) Net Invest- ment Income		(d) Charitable Purposes
Accounting	_	1,298.	375	•	0.
To Form 990-PF, Pg	1, ln 16b	1,298.	375	·	0.
Form 990-PF	0	ther Profes	sional Fees		Statement 4
Description		(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Fundraising		8,266.	0	•	0.
To Form 990-PF, Pg	1, ln 16c	8,266.	0	•	0.
	=				

Form 990-PF	Taxes		Statement 5			
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charita Purpos		
CT Business Filing Fee Internal Revenue Service	50. 85.				0.	
To Form 990-PF, Pg 1, ln 18	135.	0.			0.	
Form 990-PF	Other E	xpenses	S	tatement	6	
Description		(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos		
Internet Domain Office Supplies & Expense	150. 462.				0.	
To Form 990-PF, Pg 1, ln 23	612.	0.			0.	
	f Substantia Part VII-A,	l Contributors Line 10	s S	tatement	7	
Name of Contributor	Addr	ess				
Don Duffy		all Pines Drivon, CT 06883	<i>r</i> e			
Thomas and Stephanie Ryan		ld Hill Road port, CT 06880)			
Amanda Flanagan		Aran Hill Road field, CT 0682				
ICR, LLC		Main Avenue alk, CT 06851				
Tim Bishop		5825 Main Street Stratford,, CT 06614				
Karen & Michael Fox		40 Old Hickory Road Fairfield, CT 06824				

Chad & Karen Jacobs	6 Sleigh Ridge Westport, CT 06880
Walter & Ann Flanagan	73 Inwood Road Fairfield, CT 06825
Mark Sinatro	62 Lasalle Rd West Hartford, CT 06107
Alan & Betty Feldman	555 Eleven O'clock Road Fairfield, CT 06825
Marine Owens	450 South Lucerne Blvd Los Angeles, CA 90020
Brad & Colleen Cohen	7 Choctaw Lane Greenwich, CT 06831-3203
Jim Lohr	14 Casement Street Darien, CT 06820

Form 990-PF Par	t VIII - List of Officers, Trustees and Foundation Man	Statement 8		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Amanda Flanagan 111 Aran Hill Road Fairfield, CT 06824	Chairperson 2.00	0.	0.	0.
Bob Baptist 123 Evelyn Street Southport, CT 06890	Treasurer 1.00	0.	0.	0.
Robert Ebrech 75 Peardsley Pky Trumbull, CT 06611	Board Member 1.00	0.	0.	0.
Michael Fox 40 Old Hickory Road Fairfield, CT 06824	Board Member 1.00	0.	0.	0.
H.T. Owens 1600 M Street Washington, DC 20036	Board Member 1.00	0.	0.	0.

John Patrick Flanagan Foundat			26-4	26-4783810	
John Phelan, Jr. 875 Mill Hill Rd Southport, CT 06890		Member .00	0.	0.	0.
Tom Ryan 16 Old Hill Road Westport, CT 06880		Chairperson	0.	0.	0.
Maura Flanagan Almy 2 Salt Lettle Lane Old Lyme, CT 06371		ling Secretary .00	0.	0.	0.
Totals included on 990-PF, Page	6, Part V	/III ======	0.	0.	0.