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| 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                                                                                                      | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                   | 11,200                                                                                                             | 11,200         | 11,200                |
|                                                                                                             | <b>2</b> Savings and temporary cash investments . . . . .                                                                                      | 11,385                                                                                                             | 23,597         | 23,597                |
|                                                                                                             | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                           |                                                                                                                    |                |                       |
|                                                                                                             | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                            |                                                                                                                    |                |                       |
|                                                                                                             | <b>5</b> Grants receivable . . . . .                                                                                                           |                                                                                                                    |                |                       |
|                                                                                                             | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .     |                                                                                                                    |                |                       |
|                                                                                                             | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                            |                                                                                                                    |                |                       |
|                                                                                                             | <b>8</b> Inventories for sale or use . . . . .                                                                                                 |                                                                                                                    |                |                       |
|                                                                                                             | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                       |                                                                                                                    |                |                       |
|                                                                                                             | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                                  |                                                                                                                    |                |                       |
|                                                                                                             | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                               |                                                                                                                    |                |                       |
|                                                                                                             | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                               |                                                                                                                    |                |                       |
|                                                                                                             | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                  |                                                                                                                    |                |                       |
|                                                                                                             | <b>12</b> Investments—mortgage loans . . . . .                                                                                                 |                                                                                                                    |                |                       |
|                                                                                                             | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                        | 1,204,542                                                                                                          | 1,173,789      | 1,220,875             |
|                                                                                                             | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                              |                                                                                                                    |                |                       |
| <b>15</b> Other assets (describe ▶ _____)                                                                   |                                                                                                                                                | 1                                                                                                                  |                |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) | 1,227,127                                                                                                                                      | 1,208,587                                                                                                          | 1,255,672      |                       |
| Liabilities                                                                                                 | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                      |                                                                                                                    |                |                       |
|                                                                                                             | <b>18</b> Grants payable . . . . .                                                                                                             |                                                                                                                    |                |                       |
|                                                                                                             | <b>19</b> Deferred revenue . . . . .                                                                                                           |                                                                                                                    |                |                       |
|                                                                                                             | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                             |                                                                                                                    |                |                       |
|                                                                                                             | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                        |                                                                                                                    |                |                       |
|                                                                                                             | <b>22</b> Other liabilities (describe ▶ _____)                                                                                                 |                                                                                                                    |                |                       |
|                                                                                                             | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                         |                                                                                                                    | 0              |                       |
| Net Assets or Fund Balances                                                                                 | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                    |                |                       |
|                                                                                                             | <b>24</b> Unrestricted . . . . .                                                                                                               |                                                                                                                    |                |                       |
|                                                                                                             | <b>25</b> Temporarily restricted . . . . .                                                                                                     |                                                                                                                    |                |                       |
|                                                                                                             | <b>26</b> Permanently restricted . . . . .                                                                                                     |                                                                                                                    |                |                       |
|                                                                                                             | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                                                                                                                    |                |                       |
|                                                                                                             | <b>27</b> Capital stock, trust principal, or current funds . . . . .                                                                           |                                                                                                                    |                |                       |
|                                                                                                             | <b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund                                                                       |                                                                                                                    |                |                       |
|                                                                                                             | <b>29</b> Retained earnings, accumulated income, endowment, or other funds                                                                     | 1,227,127                                                                                                          | 1,208,587      |                       |
| <b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                             | 1,227,127                                                                                                                                      | 1,208,587                                                                                                          |                |                       |
| <b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                        | 1,227,127                                                                                                                                      | 1,208,587                                                                                                          |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances                                                                                                                 |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> 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) . . . . . | <b>1</b> | 1,227,127 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | -18,540   |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> |           |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 1,208,587 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> |           |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | <b>6</b> | 1,208,587 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a</b> See Additional Data Table                                                                                                     |                                                 |                                         |                                     |
| <b>b</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                                |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                                |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> See Additional Data Table |                                               |                                                    |                                                 |
| <b>b</b>                           |                                               |                                                    |                                                 |
| <b>c</b>                           |                                               |                                                    |                                                 |
| <b>d</b>                           |                                               |                                                    |                                                 |
| <b>e</b>                           |                                               |                                                    |                                                 |

  

| (i)<br>F M V as of 12/31/69        | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>a</b> See Additional Data Table |                                         |                                                  |                                                                                                 |
| <b>b</b>                           |                                         |                                                  |                                                                                                 |
| <b>c</b>                           |                                         |                                                  |                                                                                                 |
| <b>d</b>                           |                                         |                                                  |                                                                                                 |
| <b>e</b>                           |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |   |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | 2 | 13,747 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | 3 | 2,077  |

**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)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2015                                                                 |                                          |                                              |                                                           |
| 2014                                                                 |                                          |                                              |                                                           |
| 2013                                                                 |                                          |                                              |                                                           |
| 2012                                                                 |                                          |                                              |                                                           |
| 2011                                                                 |                                          |                                              |                                                           |

  

|                                                                                                                                                                                     |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                | 2 |  |
| <b>3</b> 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 |  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5                                                                                               | 4 |  |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                  | 5 |  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                 | 6 |  |
| <b>7</b> Add lines 5 and 6                                                                                                                                                          | 7 |  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                       | 8 |  |

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 instructions)**

|           |                                                                                                                                                                                                                                   |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 1,025 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  |       |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 1,025 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  |       |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 1,025 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                                                                                                                 | <b>6a</b> | 3,707 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |       |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |       |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 3,707 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  |       |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶                                                                                                                           | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶                                                                                                               | <b>10</b> | 2,682 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ 2,682 <b>Refunded</b> ▶                                                                                                                                 | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                  | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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? . . . . .                                                                                                                                                                         | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><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> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                   | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____                                                                                                                                                                             |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____                                                                                                                                                                                                         |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                           | <b>2</b>  | No  |
| <b>3</b> 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> . . . . .                                                                                                             | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>4b</b> | No  |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                     | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .             | <b>6</b>  | No  |
| <b>7</b> 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> . . . . .                                                                                                                                                                                                       | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ CT _____                                                                                                                                                                                                                                       |           |     |
| <b>b</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> .                                                                                                                                    | <b>8b</b> | Yes |
| <b>9</b> 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)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                    |           |            |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>                                                   | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► <u>JOE GOLDBERG</u> Telephone no ► <u>(203) 457-0555</u>                                                                                                                |           |            |           |

Located at ► 130 RENEE'S WAY GUILFORD CT ZIP+4 ► 06437

|           |                                                                                                                                                                                           |                          |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .                                                                       | <input type="checkbox"/> |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                 | ► <b>15</b>              |            |           |
| <b>16</b> | At any time during calendar year 2016, 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? | <b>16</b>                | <b>Yes</b> | <b>No</b> |
|           | 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 ►       |                          |            |           |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                     |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Yes</b>                                                          | <b>No</b> |
|           | (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? ( <b>Exception.</b> 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>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . .                                                                                                                                                                                                                                                                    | <b>1b</b> |                                                                     | <b>No</b> |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . .                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                     |           |
| <b>c</b>  | 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? . . . . .                                                                                                                                                                                                                                                                                                        | <b>1c</b> |                                                                     | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                            |           |                                                                     |           |
| <b>a</b>  | 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? . . . . .                                                                                                                                                                                                                                                                                                                                              |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
|           | If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                     |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .                                                                                                                                                                           | <b>2b</b> |                                                                     | <b>No</b> |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                  |           |                                                                     |           |
| <b>3a</b> | 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>b</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, Form 4720, to determine if the foundation had excess business holdings in 2016) . . . . . | <b>3b</b> |                                                                     | <b>No</b> |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                          | <b>4a</b> |                                                                     | <b>No</b> |
| <b>b</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 2016?                                                                                                                                                                                                                                                                        | <b>4b</b> |                                                                     | <b>No</b> |

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

|                                                                                                                                                                                                                                         |                                                                     |           |  |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|--|-----------|
| <b>5a</b> 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>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>5b</b> |  | <b>No</b> |
| Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |  |           |
| <b>c</b> 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 checked="" type="checkbox"/> No |           |  |           |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                                             |                                                                     |           |  |           |
| <b>6a</b> 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>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b> |  | <b>No</b> |
| If "Yes" to 6b, file Form 8870                                                                                                                                                                                                          |                                                                     |           |  |           |
| <b>7a</b> 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>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b> |  | <b>No</b> |

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

| <b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>                     |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (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 | (e) Expense account, other allowances |
| JOSEPH M GOLDBERG<br>130 RENEES WAY<br>GUILFORD, CT 06437                                                                           | President/Treas<br>0 00                                   | 0                                         |                                                                       |                                       |
| CYNTHIA C GOLDBERG<br>130 RENEES WAY<br>GUILFORD, CT 06437                                                                          | V Pres /Sec<br>0 00                                       | 0                                         |                                                                       |                                       |
| AMY HEALY<br>POND VIEW CIRCLE<br>GUILFORD, CT 06437                                                                                 | Director<br>0 00                                          | 0                                         |                                                                       |                                       |
| MELISSA A GOLDBERG<br>130 RENEES WAY<br>GUILFORD, CT 06437                                                                          | Director<br>0 00                                          | 0                                         |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | Title, and average hours per week (b) devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       |                                       |

**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. . . . . |                     |                  |

**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 . . . . .                                                                           |        |

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

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 1,271,475 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 23,836    |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 1,295,311 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  |           |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 1,295,311 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 19,430    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 1,275,881 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 63,794    |

**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.)

|           |                                                                                                            |           |        |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 63,794 |
| <b>2a</b> | Tax on investment income for 2016 from Part VI, line 5.                                                    | <b>2a</b> | 1,025  |
| <b>b</b>  | Income tax for 2016 (This does not include the tax from Part VI).                                          | <b>2b</b> |        |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 1,025  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 62,769 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  |        |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 62,769 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  |        |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 62,769 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                       |           |        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                             |           |        |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                          | <b>1a</b> | 69,775 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                     | <b>1b</b> |        |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                            | <b>2</b>  |        |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                   |           |        |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                       | <b>3a</b> |        |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                                | <b>3b</b> |        |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 69,775 |
| <b>5</b> | 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). | <b>5</b>  |        |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                                | <b>6</b>  | 69,775 |

**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)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2016 from Part XI, line 7                                                                                                                                |               |                            |             | 62,769      |
| <b>2</b> Undistributed income, if any, as of the end of 2016                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2015 only. . . . .                                                                                                                                               |               |                            |             |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2016                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2011. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2012. . . . . 15,559                                                                                                                                                         |               |                            |             |             |
| <b>c</b> From 2013. . . . . 17,956                                                                                                                                                         |               |                            |             |             |
| <b>d</b> From 2014. . . . . 9,420                                                                                                                                                          |               |                            |             |             |
| <b>e</b> From 2015. . . . . 6,409                                                                                                                                                          |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 49,344        |                            |             |             |
| <b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 69,775                                                                                                               |               |                            |             |             |
| <b>a</b> Applied to 2015, but not more than line 2a                                                                                                                                        |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2016 distributable amount. . . . .                                                                                                                                     |               |                            |             | 62,769      |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 7,006         |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2016<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              |               |                            |             |             |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 56,350        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> 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. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            |             |             |
| <b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2017.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 56,350        |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2012. . . . . 15,559                                                                                                                                                  |               |                            |             |             |
| <b>b</b> Excess from 2013. . . . . 17,956                                                                                                                                                  |               |                            |             |             |
| <b>c</b> Excess from 2014. . . . . 9,420                                                                                                                                                   |               |                            |             |             |
| <b>d</b> Excess from 2015. . . . . 6,409                                                                                                                                                   |               |                            |             |             |
| <b>e</b> Excess from 2016. . . . . 7,006                                                                                                                                                   |               |                            |             |             |

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

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

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2016 | (b) 2015      | (c) 2014 | (d) 2013 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3a</b>                           | 67,675 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | <b>3b</b>                           |        |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                                 | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|--------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue                                               |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                           |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . .                                |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .       |                           |               |                                      |               |                                                                    |
| <b>4</b> Dividends and interest from securities. . . .                         |                           |               | 14                                   | 37,488        |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                          |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                       |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                   |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                    |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                      |                           |               |                                      |               |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . . |                           |               | 18                                   | 13,747        |                                                                    |
| <b>9</b> Net income or (loss) from special events                              |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                       |                           |               |                                      |               |                                                                    |
| <b>11</b> Other revenue <b>a</b> _____                                         |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). .                            |                           |               |                                      | 51,235        |                                                                    |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .               |                           |               | <b>13</b>                            |               | 51,235                                                             |

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

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

- b** If "Yes," complete the following schedule

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

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

|                                                          |                      |      |                                                 |                         |
|----------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| Print/Type preparer's name<br><br>JAMES A RAYNER CPA     | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P01216182   |
| Firm's name ▶ Lewitz Balosie Wollack Rayner & Giroux LLC |                      |      |                                                 | Firm's EIN ▶            |
| Firm's address ▶ 36 Elm St<br><br>Old Saybrook, CT 06475 |                      |      |                                                 | Phone no (860) 388-4451 |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| 2 592 FRANKLIN DYNATECH FU                                                                                                           | P                                               | 2016-06-01                              | 2016-08-09                          |
| 5021 609 TEMPLETON GLOBAL TOT FUND CLASS A                                                                                           | P                                               | 2016-07-20                              | 2016-09-20                          |
| 100 FRANKLIN DYNATECH FU                                                                                                             | P                                               | 2016-06-09                              | 2016-08-09                          |
| 7 83 FRANKLIN DYNATECH FU                                                                                                            | P                                               | 2016-06-09                              | 2016-08-06                          |
| 4464 286 FRANKLIN INCOME FUND                                                                                                        | P                                               | 2014-10-03                              | 2016-10-03                          |
| 4127 683 FRANKLIN UTILITIES F A                                                                                                      | P                                               | 2014-08-09                              | 2016-08-09                          |
| 3659 996 FRANKLIN STRATEGIC I CLASS A                                                                                                | P                                               | 2014-12-15                              | 2016-12-15                          |
| 5043 595 TEMPLETON GLOBAL BON SSA                                                                                                    | P                                               | 2014-08-15                              | 2016-08-15                          |
| Capital Gain Dividends                                                                                                               |                                                 |                                         |                                     |

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 132                   |                                            | 119                                             | 13                                           |
| 56,266                |                                            | 57,598                                          | -1,332                                       |
| 5,093                 |                                            | 1,736                                           | 3,357                                        |
| 399                   |                                            | 360                                             | 39                                           |
| 10,000                |                                            | 9,919                                           | 81                                           |
| 75,000                |                                            | 65,152                                          | 9,848                                        |
| 35,000                |                                            | 36,723                                          | -1,723                                       |
| 57,598                |                                            | 65,828                                          | -8,230                                       |
|                       |                                            |                                                 | 11,694                                       |

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

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (I) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
|                                                                                             |                                      |                                               | 13                                                                                           |
|                                                                                             |                                      |                                               | -1,332                                                                                       |
|                                                                                             |                                      |                                               | 3,357                                                                                        |
|                                                                                             |                                      |                                               | 39                                                                                           |
|                                                                                             |                                      |                                               | 81                                                                                           |
|                                                                                             |                                      |                                               | 9,848                                                                                        |
|                                                                                             |                                      |                                               | -1,723                                                                                       |
|                                                                                             |                                      |                                               | -8,230                                                                                       |
|                                                                                             |                                      |                                               |                                                                                              |

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

JOSEPH M GOLDBERG

CYNTHIA C GOLDBERG

| Form 990FP 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                                                                                   |                                                                                                           |                                |                                                                                       |        |
| GUILFORD LAND CONSERVATION TRUST<br>PO BOX 200<br>GUILFORD, CT 06437                                     | None                                                                                                      | 501(c)3                        | SUPPORT ACQUISITION & PROTECTION OF OPEN SPACE IN GUILFORD, CT                        | 3,000  |
| SHORELINE GREENWAY TRAIL<br>PO BOX 148<br>BRANFORD, CT 06405                                             | None                                                                                                      | 501(c)3                        | HELP CREATE RECREATIONAL TRAILS ON THE SHORELINE                                      | 1,000  |
| GUILFORD VOLUNTEER FIRE DEPT<br>390 CHURCH STREET<br>GUILFORD, CT 06437                                  | None                                                                                                      | 501(c)3                        | SUPPORT VOLUNTEER FIRE DEPT PROGRAMS                                                  | 250    |
| WOMEN FAMILY LIFE CENTER<br>96 FAIR STREET<br>GUILFORD, CT 06437                                         | None                                                                                                      | 501(c)3                        | ASSIST WOMEN & FAMILIES MEET THE CHALLANGES OF DAILY LIVING                           | 8,000  |
| CONNECTICUT FOOD BANK<br>PO BOX 8686<br>NEW HAVEN, CT 06531                                              | None                                                                                                      | 501(c)3                        | ASSIST IN FEEDING THE STATE'S HUNGRY                                                  | 2,000  |
| GUILFORD FREE LIBRARY<br>67 PARK STREET<br>GUILFORD, CT 06437                                            | None                                                                                                      | 501(c)3                        | FUNDING TO BUY BOOKS & MATERIALS FOR THE LIBRARY                                      | 500    |
| GUILFORD A BETTER CHANCE PROGRAM<br>PO BOX 140<br>GUILFORD, CT 06437                                     | None                                                                                                      | 501(c)3                        | PROVIDE OPPORTUNITY TO WOMEN OF COLOR TO ATTEND GUILFORD HIGH SCHOOL                  | 1,000  |
| BIKUR CHOLIM SHEVETH ACHIM<br>112 MARVEL ROAD<br>NEW HAVEN, CT 06515                                     | None                                                                                                      | 501(c)3                        | SUPPORT SYNAGOGUE PROGRAMS                                                            | 250    |
| SAIL CT ACCESS PROGRAM<br>ONE RIVERSIDE COURT<br>GUILFORD, CT 06437                                      | None                                                                                                      | 501(c)3                        | SUPPORT PROGRAMS TO ALLOW PERSONS WITH SPECIAL NEEDS THE OPPORTUNITY TO ENJOY SAILING | 250    |
| MUSEUM OF JEWISH HERITAGE<br>36 BATTERY PLACE<br>NEW YORK, NY 10280                                      | None                                                                                                      | 501(c)3                        | SUPPORT EDUCATION PROGRAMS ABOUT THE HOLOCAUST                                        | 500    |
| ANTI DEFAMATION LEAGUE<br>605 THIRD AVENUE<br>NEW YORK, NY 10158                                         | None                                                                                                      | 501(c)3                        | FIGHT IGNORANCE AND PREJUDICE                                                         | 250    |
| MYSTIC SEAPORT PO BOX 6000<br>MYSTIC, CT 06355                                                           | None                                                                                                      | 501(c)3                        | SUPPORT THE MISSION OF MYSTIC SEAPORT MUSEUM                                          | 775    |
| PLANNED PARENTHOOD OF SOUTHERN NE<br>345 WHITNEY AVENUE<br>NEW HAVEN, CT 06511                           | None                                                                                                      | 501(c)3                        | SUPPORT HEALTH CENTERS & EDUCATIONAL PROGRAMS                                         | 2,000  |
| VNA COMMUNITY HEALTHCARE<br>753 BOSTON POST ROAD<br>GUILFORD, CT 06437                                   | None                                                                                                      | 501(c)3                        | SUPPORT VISITING NURSES PROGRAMS IN THE COMMUNITY                                     | 1,000  |
| AMERICAN RED CROSS<br>209 FARMINGTON AVENUE<br>FARMINGTON, CT 06032                                      | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                           | 500    |
| Total . . . . . ►<br>3a                                                                                  |                                                                                                           |                                |                                                                                       | 67,675 |

Form 990FP 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                                                             |                                                                                                           |                                |                                                                                               |        |
| GUILFORD POLICE BENEVOLENT ASSOC<br>800 VILLAGE WALK<br>GUILFORD, CT 06437         | None                                                                                                      | 501(c)3                        | SUPPORT POLICE PROGRAMS                                                                       | 100    |
| GUILFORD YOUTH MENTORING<br>605 NEW ENGLAND RD<br>GUILFORD, CT 06437               | None                                                                                                      | 501(c)3                        | SUPPORT IN-SCHOOL MENTORING PROGRAMS IN GUILFORD, CT                                          | 250    |
| GUILFORD COMMUNITY FUND<br>PO BOX 271<br>GUILFORD, CT 06437                        | None                                                                                                      | 501(c)3                        | ANNUAL CAMPAIGN TO HELP SUPPORT 20 LOCAL NON-PROFIT ORGANIZATIONS                             | 3,000  |
| NEW HAVEN READS<br>45 BRISTOL STREET<br>NEW HAVEN, CT 06511                        | None                                                                                                      | 501(c)3                        | SUPPORT PROGRAMS OF ONE ON ONE TUTORING IN NEIGHBORHOODS                                      | 1,000  |
| DOMUS TO DOMUS<br>83 LOCKWOOD AVENUE<br>STAMFORD, CT 06902                         | None                                                                                                      | 501(c)3                        | SUPPORT DISADVANTAGED YOUTHS IN COMMUNITY CENTERS, GROUP HOMES, SCHOOLS & EMPLOYMENT PROGRAMS | 1,000  |
| SCLERDERMA FOUNDATION<br>300 ROSEWOOD DR SUITE 105<br>DANVERS, MA 01923            | None                                                                                                      | 501(c)3                        | SUPPORT RESEARCH AND SERVICE TO PATIENTS/FAMILIES AFFECTED BY SCLERODERMA                     | 2,000  |
| BIKES FOR KIDS PO BOX 94<br>CENTERBROOK, CT 06409                                  | None                                                                                                      | 501(c)3                        | ACQUIRE & REPAIR BIKES FOR NEEDY CHILDREN                                                     | 1,000  |
| SARAH 246 GOOSE LAND 104<br>GUILFORD, CT 06437                                     | None                                                                                                      | 501(c)3                        | SUPPORT PEOPLE LIVING WITH INTELLECTUAL DISABILITIES                                          | 500    |
| GUILFORD PRESERVATION ALLIANCE<br>PO BOX 199<br>GUILFORD, CT 06437                 | None                                                                                                      | 501(c)3                        | PRESERVATION OF BUILDINGS, LANDSCAPES & NATURAL HERITAGE OF GUILFORD                          | 500    |
| SOUNDVIEW FAMILY YMCA<br>622 EAST MAIN STREE<br>BRANFORD, CT 06405                 | None                                                                                                      | 501(c)3                        | STRONG KIDS CAMPAIGN FOR RECREATIONAL SERVICES AND HEALTH PROGRAMS                            | 1,000  |
| NEW BRITIAN MUSEUM OF FINE ARTS<br>56 LEXINGTON STREET<br>NEW BRITIAN, CT 06052    | None                                                                                                      | 501(c)3                        | SUPPORT OPERATING BUDGET OF THE MUSEUM                                                        | 250    |
| COMMITTEE ON TEMPORARY SHELTER<br>PO BOX 1616<br>BURLINGTON, VT 05402              | None                                                                                                      | 501(c)3                        | PROVIDE SHELTER & PROGRAMS FOR HOMELESS FAMILIES                                              | 650    |
| WARM THE CHILDREN-MADISON ROTARY<br>PO BOX 335<br>MADISON, CT 06443                | None                                                                                                      | 501(c)3                        | BUY WINTER CLOTHING FOR SHORELINE CHILDREN IN NEED                                            | 500    |
| LEAP - NH 31 JEFFERSON STREET<br>NEW HAVEN, CT 06511                               | None                                                                                                      | 501(c)3                        | TUTORING AND LEADERSHIP DEVELOPMENT FOR STUDENTS                                              | 1,000  |
| CONNECTICUT CHILDRENS MEDICAL CENTE<br>282 WASHINGTON STREET<br>HARTFORD, CT 06106 | None                                                                                                      | 501(c)3                        | SUPPORT CHILDRENS HOSPITAL PROGRAMS                                                           | 1,000  |
| Total . . . . . ►                                                                  |                                                                                                           |                                |                                                                                               | 67,675 |
| 3a                                                                                 |                                                                                                           |                                |                                                                                               |        |

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                                                                     |                                                                                                           |                                |                                                                                  |        |
| SHORELINE ARTS ALLIANCE<br>725 BOSTON POST POAD<br>GUILFORD, CT 06437                      | None                                                                                                      | 501(c)3                        | SUPPORT ARTS & CULTURAL ACTIVITIES FOR PEOPLE OF ALL AGES                        | 500    |
| FRIENDS OF GUILFORD PUBLIC LIBRARY<br>67 PARK STREET<br>GUILFORD, CT 06437                 | None                                                                                                      | 501(c)3                        | TO SUPPORT LIBRARY PROGRAMS                                                      | 500    |
| GUILFORD FOUNDATION<br>44 BOSTON STREET<br>GUILFORD, CT 06437                              | None                                                                                                      | 501(c)3                        | SUPPORT YOUTH ADVISORY GROUP PROGRAMS                                            | 1,500  |
| GUILFORD FUND FOR EDUCATION<br>800 VILLAGE WALK 269<br>GUILFORD, CT 06437                  | None                                                                                                      | 501(c)3                        | FUND GRANTS FOR TEACHERS AND NON-PROFIT ORGANIZATIONS                            | 300    |
| GUILFORD ART CENTER<br>411 CHURCH STREET<br>GUILFORD, CT 06437                             | None                                                                                                      | 501(c)3                        | SUPPORT OF THE ARTS THROUGH COMMUNITY OUTREACH PROGRAMS                          | 1,000  |
| MARRAKECH INC 6 LUNAR DRIVE<br>WOODBIDGE, CT 06525                                         | None                                                                                                      | 501(c)3                        | SUPPORT PROGRAMS FOR PERSONS WITH DISABILITIES                                   | 1,000  |
| GUILFORD WELFARE GIFT FUND<br>263 CHURCH STREET<br>GUILFORD, CT 06437                      | None                                                                                                      | 501(c)3                        | SUPPORT FAMILIES IN NEED IN GUILFORD, CT                                         | 1,000  |
| AVON WALK FOR BREAST CANCER<br>PO BOX 1073<br>RYE, NY 10680                                | None                                                                                                      | 501(c)3                        | IMPROVE ACCESS TO CARE & FUND BREAST CANCER RESEARCH                             | 200    |
| BIRTHRIGHT ISRAEL FOUNDATION<br>PO BOX 5892<br>HICKSVILLE, NY 11802                        | None                                                                                                      | 501(c)3                        | OFFERS YOUNG ADULTS A LIFE CHANGING TRIP TO ISRAEL                               | 250    |
| CFMS FUND FOUNDATION<br>26 OVERLOOK LANE<br>GUILFORD, CT 06437                             | None                                                                                                      | 501(c)3                        | RAISE FUNDS TO BENEFIT THE CYSTIC FIBROSIS & NATIONAL MULTIPLE SCLEROSIS SOCIETY | 500    |
| CROHNS COLITIS FOUNDATION OF AMERIC<br>386 PARK AVE SOUTH 14TH FLOOR<br>NEW YORK, NY 10016 | None                                                                                                      | 501(c)3                        | RESEARCH, EDUCATION AND PATIENT SUPPORT                                          | 350    |
| CONNECTICUT SCIENCE CENTER<br>250 COLUMBUS BLVD<br>HARTFORD, CT 06103                      | None                                                                                                      | 501(c)3                        | SUPPORT PROGRAMS FOR CHILDERN                                                    | 500    |
| MEALS ON WHEELS<br>310 STATE STREET UNIT 200<br>GUILFORD, CT 06437                         | None                                                                                                      | 501(c)                         | ASSIST GUILFORD RESIDENTS IN NEED                                                | 1,000  |
| JCC CAMP SCHOLARSHIP FUND<br>360 AMITY ROAD<br>WOODBIDGE, CT 06525                         | None                                                                                                      | 501(c)3                        | PROVIDES SCHOLARSHIPS TO SEND CHILDREN TO SUMMER CAMP                            | 1,000  |
| LITERACY VOLUTEERS OF VALLEY SHORE<br>PO BOX 1006<br>WESTBROOK, CT 06498                   | None                                                                                                      | 501(c)3                        | SUPPORT PROGRAMS FOR TUTORING OF LITERACY PROGRAMS                               | 300    |
| Total . . . . . ►                                                                          |                                                                                                           |                                |                                                                                  | 67,675 |
| 3a                                                                                         |                                                                                                           |                                |                                                                                  |        |

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                                                        |                                                                                                           |                                |                                                                                                                         |        |
| SOLAR YOUTH INC<br>53 WAYFARER STREET<br>NEW HAVEN, CT 06515                  | None                                                                                                      | 501(c)3                        | SUPPORT PROGRAMS FOR CHILDREN THAT INCORPORATES ENVIRONMENTAL EXPLORATION, LEADERSHIP DEVELOPMENT AND COMMUNITY SERVICE | 500    |
| ST JUDE'S RESEARCH HOSPITAL<br>PO BOX 50<br>MEMPHIS, TN 38101                 | None                                                                                                      | 501(c)3                        | WORKING TO CURE NEUROBLASTOMA AND OTHER CHILDHOOD CANCERS                                                               | 500    |
| THE COVE<br>250 POMEROY AVENUE STE 107<br>MERIDEN, CT 06450                   | None                                                                                                      | 501(c)3                        | PROGAMS THAT SUPPORT GRIEVING CHILDREN                                                                                  | 500    |
| YNHH AUXILLARY TOY CLOSET<br>20 YORK STREET<br>NEW HAVEN, CT 06510            | None                                                                                                      | 501(c)3                        | PROVIDES NEW, AGE APPROPRIATE AND EDUCATIONAL TOYS TO PEDIATRIC PATIENTS AT YNH CHILDREN'S HOSPITAL                     | 500    |
| COLUMBUS HOUSE<br>586 ELLA GRASSO BLVD<br>NEW HAVEN, CT 06519                 | None                                                                                                      | 501(c)3                        | PROVIDE SHELTER TO THE HOMELESS AND THOSE AT RISK OF BEING HOMELESS                                                     | 500    |
| AMERICAN DIABETES ASSOCIATION<br>PO BOX<br>MERRIFIELD, VA 22116               | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 250    |
| BOSTON UNIVERSITY<br>395 COMMONWEALTH AVE SUITE 700<br>BOSTON, MA 02215       | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 300    |
| GOODSPEED OPERA HOUSE FOUNDATION<br>6 MAIN STREET<br>EAST HADDAM, CT 06423    | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 250    |
| LONG WHARF THEATRE<br>222 SARGENT DRIVE<br>NEW HAVEN, CT 06511                | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 500    |
| MAURO-SHERIDAN SCHOOL NEW HAVEN<br>191 FOUNTAIN STREET<br>NEW HAVEN, CT 06515 | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 750    |
| MENUNKATUCK AUDUBON SOCIETY<br>PO BOX 214<br>GUILFORD, CT 06437               | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 500    |
| NATHANIEL FENOLLOSA FUND<br>70 AUDUBON STREET<br>NEW HAVEN, CT 06510          | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 1,100  |
| PROJECT AVARY<br>385 BEL MARIN KEYS BLVD<br>NOVATO, CA 94949                  | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 250    |
| THE HYLAND HOUSE MUSEUM<br>PO BOX 229<br>GUILFORD, CT 06437                   | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 300    |
| THIRTEEN PO BOX 1313<br>NEW YORK, NY 10102                                    | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                             | 100    |
| Total . . . . . ►<br>3a                                                       |                                                                                                           |                                |                                                                                                                         | 67,675 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                        |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                        |        |
| VALLEY SHORE YMCA<br>201 SPENCER PLAINS ROAD<br>WESTBROOK, CT 06498                                      | None                                                                                                      | 501(c)3                        | GENERAL USE                                                                                                                                                                                            | 250    |
| GUILFORD FOOD BANK<br>310 STATE STREET UNIT 200<br>GUILFORD, CT 06437                                    | None                                                                                                      | 501(c)3                        | ASSIST IN FEEDING THE HUNGRY                                                                                                                                                                           | 1,000  |
| SHORELINE SOUP KITCHENS<br>P O BOX 804<br>ESSEX, CT 06426                                                | None                                                                                                      | 501(c)3                        | PROVIDES FOOD AND FELLOWSHIP TO THOSE IN NEED                                                                                                                                                          | 1,000  |
| WOMEN'S RECOVERY CORP<br>270 DROMARA ROAD<br>GUILFORD, CT 06437                                          | None                                                                                                      | 501(c)3                        | HELPING WOMEN IN RECOVER FROM DRUG ADDITION                                                                                                                                                            | 500    |
| RAISE THE ROOF P O BOX 916<br>MADISON, CT 06443                                                          | None                                                                                                      | 501(c)3                        | HELPS BUILD HOMES FOR FAMILIES                                                                                                                                                                         | 500    |
| CT CENTER FOR ARTS TECHNOLOGY<br>4 SCIENCE PARK<br>NEW HAVEN, CT 06511                                   | None                                                                                                      | 501(c)3                        | PREPARE YOUTH AND ADULTS FOR CAREER ADVANCEMENT THROUGH AFTER-SCHOOL ARTS AND JOB TRAINING PROGRAMMING                                                                                                 | 500    |
| ARTS COUNCIL OF GREATER NEW HAVEN<br>70 AUDUBON STREET<br>NEW HAVEN, CT 06510                            | None                                                                                                      | 501(C)(3)                      | We promote, advocate and foster opportunities for artists, arts organizations and audiences                                                                                                            | 500    |
| CAPA THE SHUBERT THEATER<br>247 COLLEGE STREET<br>NEW HAVEN, CT 06510                                    | None                                                                                                      | 501(C)(3)                      | Present and produce artistic programming of the highest quality to serve and educate diverse audiences and feature renowned artists of all cultures                                                    | 1,000  |
| CLOSER TO FREE YALE NH HOSPITAL<br>PO BOX 1849<br>NEW HAVEN, CT 06508                                    | None                                                                                                      | 501(C)(3)                      | YALE NEW HAVEN HEALTH IS COMMITTED TO INNOVATION AND EXCELLENCE IN PATIENT CARE, TEACHING, RESEARCH AND SERVICE TO OUR COMMUNITIES                                                                     | 900    |
| CONNECTICUT HOSPICE INC<br>100 DOUBLE BEACH ROAD<br>BRANDFORD, CT 06405                                  | None                                                                                                      | 501(C)(3)                      | addressING physical, spiritual, social, and emotional needs of patients with advanced irreversible illness, and their families                                                                         | 250    |
| CPBN 1049 ASYLUM AVENUE<br>HARTFORD, CT 06105                                                            | None                                                                                                      | 501(C)(3)                      | Providing multimedia programs, initiatives, and outreach programs that foster collaboration, inspire understanding, educate, and effect change                                                         | 500    |
| DUDLEY FOUNDATION 500 1ST STREET<br>WAUSAU, WI 54403                                                     | None                                                                                                      | 501(C)(3)                      | Seek and support community development activities and programs that enrich the lives of people residing in the City of Wausau, Marathon County, and the State of Wisconsin                             | 500    |
| GUILFORD COMMUNITY TELEVISION<br>725 BOSTON POST RD UNIT 5<br>GUILFORD, CT 06437                         | None                                                                                                      | 501(C)(3)                      | ProvidING free training and access to video production and broadcast facilities to any Guilford community member interested in producing non-commercial programming to be aired on one of our channels | 500    |
| GUILFORD DOG PARK<br>32 CHURCH STREET<br>GUILFORD, CT 06437                                              | None                                                                                                      | 501(C)(3)                      | The park is a community effort between volunteers and the Park and Recreation Dept                                                                                                                     | 1,000  |
| GUILFORD KEEPING SOCIETY<br>PO BOX 363<br>GUILFORD, CT 06437                                             | None                                                                                                      | 501(C)(3)                      | Collects, preserves and shares the history and heritage of Guilford, Connecticut for present and future generations                                                                                    | 500    |
| <b>Total . . . . .</b><br><b>3a</b>                                                                      |                                                                                                           |                                |                                                                                                                                                                                                        | 67,675 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                                    |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                    |        |
| HORIZONS AT FOOTE<br>50 LOOMIS PLACE<br>NEW HAVEN, CT 06511                                              | None                                                                                                      | 501(c)3                        | Independently run summer programs held on the campuses of independent schools and colleges across the country                                                      | 500    |
| HOUSING WORKS 125W 18TH STREET<br>NEW YORK CITY, NY 10065                                                | None                                                                                                      | 501(C)(3)                      | HELPS TO PROVIDE SERVICE & ADVOCACY TO PEOPLE LIVING WITH HIV                                                                                                      | 100    |
| JEWISH FAMILY SERVICE OF NEW HAVEN<br>1440 WHALLEY AVENUE<br>NEW HAVEN, CT 06515                         | None                                                                                                      | 501(C)(3)                      | Provides a wide range of social and human services to people in the community at every life stage                                                                  | 500    |
| MELISSA JONES PLAYGROUND<br>181 LEDGE HILL ROAD<br>GUILFORD, CT 06437                                    | None                                                                                                      | 170(C)(1)                      | PReserve memories, revitalize the structure and renew our playground                                                                                               | 500    |
| NATIONAL SEPTEMBER 11 MEMORIAL MUSE<br>180 GREENWICH STREET<br>NEW YORK, NY 10007                        | None                                                                                                      | PF                             | EDUCATE AND COMMEMORATE THE ATTACK OF 9/11                                                                                                                         | 250    |
| NORTH GUILFORD NURSERY SCHOOL<br>169 LEDGE HILL ROAD<br>GUILFORD, CT 06437                               | None                                                                                                      | 170(C)(1)                      | Providing families in the community with A QUALITY, Developmentally age-appropriate nursery school program                                                         | 1,000  |
| SAINT MICHAEL'S COLLEGE<br>ONE WINOOSKI PARK<br>COLCHESTER, VT 05439                                     | None                                                                                                      | 501(C)(3)                      | To educate the next generation of students who will innovate, lead from service and grow our communities                                                           | 500    |
| SPECIAL OLYMPICS CONNECTICUT<br>2666 STATE STREET SUITE 1<br>HAMDEN, CT 06517                            | None                                                                                                      | 501(C)(3)                      | Inspiring inclusion, understanding, and respect for people of all abilities<br>PROMOTING A healthy lifestyle, athletic and social skills and improving self-esteem | 500    |
| SHORELINE THEATRICAL ARTS<br>650 NEW ENGLAND ROAD<br>GUILFORD, CT 06437                                  | None                                                                                                      | 501(C)(3)                      | Presenting performing arts productionsalong the Connecticut Shoreline                                                                                              | 200    |
| TEAM HOLE IN THE WALL<br>555 LONG WHARF DRIVE<br>NEW HAVEN, CT 06511                                     | None                                                                                                      | 501(C)(3)                      | Providing a different kind of healing to seriously ill children and their families throughout the Northeast, free of charge                                        | 1,000  |
| UNITED STATES HOLOCAUSE MEMORIAL MU<br>100 RAOUL WALLENBER PLACE SW<br>WASHINGTON, DC 20024              | None                                                                                                      | 501(C)(3)                      | RescuING Holocaust evidence, confront hatred, and prevent genocide                                                                                                 | 1,000  |
| YAG GUILFORD FOUNDATION<br>44 BOSTON STREET<br>GUILFORD, CT 06437                                        | None                                                                                                      | 501(C)(3)                      | Enabling donors to contribute to the projects and efforts in our community that they care about the most                                                           | 500    |
| <b>Total . . . . . ►</b><br><b>3a</b>                                                                    |                                                                                                           |                                |                                                                                                                                                                    | 67,675 |

**TY 2016 Accounting Fees Schedule**

**Name:** JOE & CINDY GOLDBERG FAMILY  
FOUNDATION INC

**EIN:** 45-5388089

**Software ID:** 16000303

**Software Version:** 2016v3.0

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---------------------------------------------|
|          | 2,050  | 0                        | 0                      | 2,050                                       |

**TY 2016 Other Assets Schedule**

**Name:** JOE & CINDY GOLDBERG FAMILY  
FOUNDATION INC

**EIN:** 45-5388089

**Software ID:** 16000303

**Software Version:** 2016v3.0

**Other Assets Schedule**

| Description | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|-------------|-----------------------------------|-----------------------------|------------------------------------|
| Rounding    |                                   | 1                           |                                    |

**TY 2016 Other Professional Fees Schedule**

**Name:** JOE & CINDY GOLDBERG FAMILY  
FOUNDATION INC

**EIN:** 45-5388089

**Software ID:** 16000303

**Software Version:** 2016v3.0

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---------------------------------------------|
|          | 50     | 0                        | 0                      | 50                                          |