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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

For	calend	dar year 2016 or tax year beginning		2016, and	ending		, 20
Nan	ne of fou	indation		£1		er identification number	
		HRIS BROOKE MUSCULAN DYS street (or P.O box number if mail is not delivered to street address)	MUPHY	Found	AC.	46 - 292 ne number (see instruct	643/
Nun	nber and	street (or P.O box number if mail is not delivered to street address)		Room/suite	B Telephor	ne number (see instruct	ions)
		, state or province, country, and ZIP or foreign postal code			<u> </u>	860-508-	-02-83
City	or town	, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶ [
		NEATOSUE, CT 0608	3 9				
G	Check	all that apply: Initial return Initial return	n of a former p	oublic charit	y D 1. Foreig	n organizations, check	here ▶
		☐ Final return ☐ Amended	return		2 Fores	-	~ the OFN/ test
	-	☐ Address change ☐ Name cha	nge			n organizations meetin here and attach comp	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate founda	tion	E If private	foundation status was	terminated under
		n 4947(a)(1) nonexempt charitable trust 🔲 Other ta			section 5	607(b)(1)(A), check here	►į
		arket value of all assets at J Accounting method			- 1615-6-		
,	end of	year (from Part II, col. (c), Other (specify)			1 11 010 100	ndation is in a 60-moni ction 507(b)(1)(B), chec	
) \$ /, /25. (Part I, column (d) must be	on cash basis	.)	1		•
		Analysis of Revenue and Expenses (The total of	 		-L		(d) Disbursement
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue a expenses p		et investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	books		income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	17,58	0			
Ì	2	Check ► if the foundation is not required to attach Sch. B			- 1700 A		
l	3	Interest on savings and temporary cash investments	ALEST SALES SALES COLOR	LONG DE LE SECULION D			
- 1	4	Dividends and interest from securities	ļ				W. W. W.
}	5a	Gross rents	ļ			 	PARTY STATE
	b	Net rental income or (loss)	4.872.33 April			STATE OF THE PARTY	
o	6a	Net gain or (loss) from sale of assets not on line 10	STATE OF THE PARTY				
2	b	Gross sales price for all assets on line 6a	7. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Table 1	
Revenue	7	Capital gain net income (from Part IV, line 2)			12		
Be	8	Net short-term capital gain				MATEUR	
{	9	Income modifications			100		
- {	10a	Gross sales less returns and allowances					Terror and a second
	ь	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)	The second secon				
	11	Other income (attach schedule)	-	100000		 	
1	12	Total. Add lines 1 through 11	17,55	70		17,580	
-	13	Compensation of officers, directors, trustees, etc.				77726	THE SHAPE OF A SHAPE OF
Expenses	14	Other employee salaries and wages					
Su	15	Pension plans, employee benefits				 	
g	16a	Legal fees (attach schedule)				 	
Ω	b	Accounting fees (attach schedule)				 	
Ş	6	Other professional fees (attach schedule)					
ati	17	Interest			~		
str	18	Taxes (attach schedule) (see instructions)				 	
Ξ.	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy				 	
Operating and Administrati	21	Travel, conferences, and meetings				 	
ā	22	Printing and publications	-	 		 	
ä	23	Other expenses (attach schedule)	76	22		7522	7.62
ij	24	Total operating and administrative expenses.	1,30			113-0	1//
at	-	Add lines 13 through 23	7.50	22		7,522	7,52
oe.	25	Contributions, gifts, grants paid	10,00				10 100
ō	1	Total expenses and disbursements. Add lines 24 and 25	17.5			7 (2)	1000
	26	Subtract line 26 from line 12:	130			1,500	1/150
	27						
	а	Excess of revenue over expenses and disbursements	7	X X			
	b	Net investment income (if negative, enter -0-) . Adjusted net income (if negative, enter -0-)				10.058	

Part II		Raiance Sheets Attached schedules and amounts in the description column			End of year		
Ге	1011	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	1,067	1,125	1,125		
į	2	Savings and temporary cash investments					
	3	A	214	ALC: NO SEC.			
		Accounts receivable ► Less: allowance for doubtful accounts ► Pledges receivable ► Less: allowance for doubtful accounts ►					
	4	Pledges receivable		7 March 18			
Ì	•	Less: allowance for doubtful accounts ▶					
- 1	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
ļ		disqualified persons (attach schedule) (see instructions)	ļ		}		
- 1	7	Other notes and loans receivable (attach schedule) ▶					
1	•	Less: allowance for doubtful accounts >					
တ	8	Inventories for sale or use	 				
Assets	9	Prepaid expenses and deferred charges					
Si		• •					
4	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)			- 		
	C	Investments—corporate bonds (attach schedule)		Chila de Maria de Cara			
	11	Investments—land, buildings, and equipment: basis ▶					
		Less: accumulated depreciation (attach schedule) ▶	 				
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis					
	4-	Less, accumulated depreciation (attach schedule)	 				
	15 16	Other assets (describe >) Total assets (to be completed by all filers—see the	ļ				
	10	instructions Also see page 1 item !!	1067	1,125	1,125		
	4	instructions. Also, see page 1, item I)	1,061	///-			
	17	Accounts payable and accrued expenses	}				
es	18 19	Grants payable					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	<u></u>				
abi	21	Mortgages and other notes payable (attach schedule)		 			
Ľ	22			 			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)					
	20	Foundations that follow SFAS 117, check here	 				
es	ı	and complete lines 24 through 26 and lines 30 and 31.	1				
Ĕ	24	Unrestricted	ļ				
ale	25	Temporarily restricted					
8	26	Permanently restricted	<u> </u>				
and Balances		Foundations that do not follow SFAS 117, check here ▶ □					
Ĭ.		and complete lines 27 through 31.					
Net Assets or	27	Capital stock, trust principal, or current funds					
šţs	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
386	29	Retained earnings, accumulated income, endowment, or other funds					
ď	30	Total net assets or fund balances (see instructions)					
é	31	Total liabilities and net assets/fund balances (see					
4		instructions)					
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			100		
1		Il net assets or fund balances at beginning of year-Part II, colu					
		of-year figure reported on prior year's return)		├	1 1,067		
2		er amount from Part I, line 27a			2 58		
3		er increases not included in line 2 (itemize) ▶			3		
4		lines 1, 2, and 3			4 1,125		
5	Dec	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—			5		
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6 /, 125		
					Form 990-PF (2016)		

Part	V Capital Gains and	Losses for Tax on Investm	nent Income			,	
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)					(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)	
1a							
b							
<u> </u>				 		 	
<u>d</u>	~			 	ļ	ļ	
е	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g)	
а			1				
<u> </u>							
<u>c</u>							
<u>d</u>					 		
<u>е</u>	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69			
	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) . (j), if any	col. (k), but no	ol (h) gain minus ot less than -0-) or from col (h))	
а							
b							
c							
<u>d</u>		, <u> </u>			ļ		
е					 		
2	Capital gain net income o	or (net capital loss) { If (loss)	also enter in Pa , enter -0- in Pai	rt I, line 7	2		
3	If gain, also enter in Part	In or (loss) as defined in sections I, line 8, column (c) (see instru			3		
Pari	V Qualification Und	der Section 4940(e) for Redu	iced Tax on N	let Investmen	t Income		
Was t		re this part blank. section 4942 tax on the distribut qualify under section 4940(e). D			base period?	☐ Yes ☐ No	
1	Enter the appropriate ame	ount in each column for each ye	ar; see the instru	uctions before m	aking any entries.		
Cal	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value o	(c) f noncharitable-use a	Seets (col (b) divided by col (c))		
	2015						
	2014					- 	
	2013						
	2012 2011						
	2011						
2	Total of line 1, column (d))			. 2		
3		for the 5-year base period—divi					
	number of years the foun	dation has been in existence if le	ess than 5 years		. 3		
4	Enter the net value of nor	ncharitable-use assets for 2016 f	rom Part X, line	5	. 4		
5	Multiply line 4 by line 3				. 5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6				. 7		
8		ons from Part XII, line 4 ater than line 7, check the box ii	 n Part VI, line 1t		. 8 that part using a	1% tax rate. See the	

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	nstruc	tions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ► □ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	On the second second	Marine Assessment				
6	Credits/Payments:						
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a						
þ	Exempt foreign organizations—tax withheld at source 6b						
C,	Tax paid with application for extension of time to file (Form 8868) . 6c 6c	75.7					
_d	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d						
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10						
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax						
	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		es No				
	participate or intervene in any political campaign?	1a	又				
b							
	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.						
C	Did the foundation file Form 1120-POL for this year?	1c	X				
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	X				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	×				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X				
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶						
_	***************************************						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9					
10	names and addresses	10	X				
			-PF (2016)				

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	· · · · · ·	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	X	_ L
14	The books are in care of ► CALIS BROOKE Telephone no. ► 860- Located at ► // CASTLEWOOD RD, WEATOGUE, CT ZIP+4 ► 06	50	8 -	0283
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year	0.59		> []
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authorit over a bank, securities, or other financial account in a foreign country?	16	Yes	No ×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name o the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	凌型是 卷		<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
С	Organizations relying on a current notice regarding disaster assistance check here			
2	were not corrected before the first day of the tax year beginning in 2016?	1c		X
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		×
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
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.)	3b		
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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?	4a 4b		X

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	d (continued)	
5a	During	the year did the foundation pay or incur a	ny amo	unt to:					
		rry on propaganda, or otherwise attempt to						Yes No	
		uence the outcome of any specific public		on (see secti	on 495	5); or to ca	rry on,	`	
	dir	ectly or indirectly, any voter registration dri	ve?					☐ Yes 📈 No	
	(3) Pro	ovide a grant to an individual for travel, stu-	dy, or d	ther similar p	ourpose	es?		☐ Yes 📈 No	
	(4) Pro	ovide a grant to an organization other than	a cha	ritable, etc., d	organiz	ation descr	ibed in		
		ction 4945(d)(4)(A)? (see instructions)						☐ Yes 💹 No	
		ovide for any purpose other than religious,							
		poses, or for the prevention of cruelty to c						☐Yes 📈 No	
b		answer is "Yes" to 5a(1)-(5), did any of the							
	_	tions section 53.4945 or in a current notice	-	_			uctions)	?	5b
	_	zations relying on a current notice regardi	_					▶□	
C		answer is "Yes" to question 5a(4), does to							
		se it maintained expenditure responsibility						Yes No	
_		," attach the statement required by Regula							
6a		e foundation, during the year, receive any			-		miums		
	•	ersonal benefit contract?						Yes No	2000
b		e foundation, during the year, pay premium	ıs, dire	ctly or indired	ctly, on	a personal	penefit	contract? .	6b X
7-		" to 6b, file Form 8870.	north!	la a probibile	عام بنما ا		Ai a m O		
		time during the tax year, was the foundation as," did the foundation receive any proceeds						Yes No	7b
	VIII	Information About Officers, Direc							
	جسيح	and Contractors	,				-90.0,	gy . a.a <u>.</u>	
1	List a	l officers, directors, trustees, foundation	n mana	gers and th	eir con	pensation	(see ii	nstructions).	
		(a) Name and address		e, and average		npensation		Contributions to	(e) Expense account,
		(a) Name and address		rs per week ed to position	(if r	ot paid, ter -0-)		yee benefit plans erred compensation	other allowances
CHRI	STOP	HER BROOKE	PRE	SIDIR				40	
11	CAS	TLE WOOD RD, WEATOGUE, CT	٤ع	10 HAS	P.	0		0	<u> </u>
561	4 N	MORAN	TA	EAS, DI	<u> </u>	\sim		0	
_2	8_1	nour TAIN RS, WOODBUNY,	<i>I</i>	OHASA					
1.118	NTH	# -13/	_ 7	MAG	<u>.</u>	0		0	
3 4	7 /	ILTON RD, LITCHFIELD, CI	//	77/25					
	N/V	ENGATE RD. E. BANNSY, C	-	14153	•	0		\mathcal{O}	0
		ensation of five highest-paid employee			e incli	uded on li	20 1 _ 9	see instruction	s) If none enter
-	"NON		.5 (041	ci alan alo	oc mon	uueu on m	.ie i — .	see msuucuon	s). Il lione, enter
								(d) Contributions to	
	(a) Name	and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v	veek	(c) Comper	sation	employee benefit plans and deferred	(e) Expense account,
				devoted to po	osition			compensation	other allowances
									
		,							
		1/4/6							
		11012							
		/ •							
								L	
		***************************************							}
		6.4		l		l		L	
iotal	numbe	of other employees paid over \$50,000		· · · · · · · · · · · · · · · · · · · 	<u>-:</u> -:		<u>:</u>	>	- 000 55
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Part	VII-B Statements Regarding Activities	for W	hich Form	4720 N	lay Be R	equire	d (continued)	
5a	During the year did the foundation pay or incur ar	ny amo	unt to:					
	 Carry on propaganda, or otherwise attempt to Influence the outcome of any specific public directly or indirectly, any voter registration dri 	election	on (see secti	on 495		rry on,	☐ Yes ☐ No	i se
	(3) Provide a grant to an individual for travel, stud(4) Provide a grant to an organization other than	dy, or c a chai	other similar p ritable, etc., o	urpose organiza	s? ation descr	 ibed in	☐ Yes ☐ No	
	section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to c	charita	able, scientifi	c, litera	ry, or educ	ational	Yes No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice in	transa	ctions fail to	qualify		exception		5b
c	Organizations relying on a current notice regarder If the answer is "Yes" to question 5a(4), does the	ng disa ne four	ster assistan	ce chec	k here . otion from	the tax	▶□	
6a	because it maintained expenditure responsibility If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any	tions s	ection 53.494	15–5(d).			Yes No	<u>.</u>
	on a personal benefit contract?						☐ Yes ☐ No	
	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.			•	·			6b
7a b	At any time during the tax year, was the foundation a if "Yes," did the foundation receive any proceeds						Yes No	7b
Par	VIII Information About Officers, Direct and Contractors							
1	List all officers, directors, trustees, foundation					(see in	nstructions).	
	(a) Name and address	hou	e, and average rs per week ed to position	(lf n	npensation ot paid, ter -0-)	emplo	Contributions to eyee benefit plans erred compensation	(e) Expense account, other allowances
19	CANNAGE IN BARYHAMSTED	CT	10 HRS	*	<u> </u>	<u> </u>	0	0
2	Compensation of five highest-paid employee "NONE."	s (oth	er than tho	se incli	uded on li	ne 1—:	see instruction	s). If none, enter
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek T	(c) Comper	isation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
					-			
		-						
Total	number of other employees paid over \$50,000 .				· · · · · · ·		>	- 000 DE
								Form 990-PF (2016)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	{
	
	1
	-
	}
Total number of others receiving over \$50,000 for professional services	-
Part IX-A Summary of Direct Charitable Activities	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	expenses Expenses
1 GOLF JOURINAMENT	
	7 (7 7
	7,522
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	Amount
NAME.	}
1111	
2	
All other program-related investments. See instructions	1
3	
Total. Add lines 1 through 3	-
Total. Add lines I through 3	Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fou	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	<i>O</i>
4	Cash deemed held for charitable activities. Enter $1^{1}/_{2}\%$ of line 3 (for greater amount, see	1	
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4
6	Minimum investment return. Enter 5% of line 5	6	0
Part .	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► □ and do not complete this part.)	foundat	tions
1	Minimum investment return from Part X, line 6	1	7)
2 a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		•
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		6
	line 1	7	\mathcal{O}
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	17,522
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	17,522
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,522
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ng whet	her the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		
	· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2016)

Part :	VIII Undistributed Income (see instruction	ons)			
	XIA	(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				
2	Undistributed income, if any, as of the end of 2016:				
a	Enter amount for 2015 only			Services 1 (25 Sept. 1997) 20 To VID. 1997 (F)	
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2016:				V 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
а	From 2011				
h	From 2012				
0	From 2013				
ن	From 2014				
d					
4					
4	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII, line 4: ► \$				
					
a	Applied to 2015, but not more than line 2a.			A Charles and the American	
ь	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election	1			
-	required—see instructions)				
d	Applied to 2016 distributable amount				A Capital Maria Capital Capita
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016	San China and China and China and China			
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
þ	Prior years' undistributed income. Subtract				
	line 4b from line 2b				11
C	Enter the amount of prior years' undistributed	F-1 (1-1) (1-1) (1-1)			
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable amount—see instructions			Page 1985	
е	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount—see				
_	instructions				
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2017				
_					
7	Amounts treated as distributions out of corpus		Oct.		
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
					21 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	1			
0	· · · · · · · · · · · · · · · · · · ·				
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a			建筑设施	
40					
10	Analysis of line 9:				
а	Excess from 2012				
b	Excess from 2013				
C.	Excess from 2014	经过来交易 证			
d	Excess from 2015				
e	Excess from 2016				

art	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	IA
1a	If the foundation has received a ruling foundation, and the ruling is effective for		· ·	private operating		
b	Check box to indicate whether the four		_	ion described in se	ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	· <u> </u>	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter:					
	(1) Value of all assets				 	
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					
_	of minimum investment return shown in	i .		ļ		
С	Part X, line 6 for each year listed "Support" alternative test—enter	<u> </u>				
_	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public			 		
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	ı.				
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					<u> </u>
art	XV Supplementary Information	n (Complete th	is part only if the	ne foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	d//	minouted more in	an 55,000). (See s	ection 507(a)(2).)	
b	List any managers of the foundation		more of the stoc	k of a corporation	o (or an equally la	rge portion of the
-	ownership of a partnership or other el					.35 60.1.311 01 1110
	NO	VE				
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ if the foundation	only makes contr	ibutions to presel	lected charitable	organizations and	does not accept
	unsolicited requests for funds. If the fother conditions, complete items 2a,		gitts, grants, etc.	(see instructions) t	o individuals or or	ganizations under
а	The name, address, and telephone nu		dress of the perso	on to whom applic	ations should be a	iddressed:
	^/	/n_				
		7				
þ	The form in which applications should	be submitted and	intormation and	materials they sho	uld include.	
	\sim	/ <i>K</i>				
С	Any submission deadlines:	1A				
d	Any restrictions or limitations on av	vards, such as b	v geographical ar	reas, charitable fir	elds kinds of ine	titutions or other
-	factors:	11	, эттэгчриноси ан	Jac, Grandolo III	MIIUG UI IIIS	atations, or other

Supplementary information (control of Control of Contro		- d d F- 1	numa Danman-A	
3 Grants and Contributions Paid During	If recipient is an individual,	T	ure Payment	
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or Substantial Contributor	 		
	-		NEUNOMUSCULAR CLIMIC	2
HOSPITAL FOR SPECIAL CARE FOUNDATION 2150 CONBIN AVE NEW BRITAIN, CT 0605.		PF	CLIMIC	10,000
2150 CONBIN AVE				
NEW BRITAIN, CT DOS.	3		,	
		,		
b Approved for future payment	 	· · · ·	▶ 3a	10,000
2 - Approved for factors paymont			İ	
	ĺ			
	į			
	ļ			
Total	· · · · · · ·		▶ 3b	

Fal	τχν	Analysis of income-Producing Ad					
Ente	r gros	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions)
1	Prog	gram service revenue:		, ,,,,,			(Oec manuchons)
	а	NONE					
	b _						
	c ~				ļ ————————————————————————————————————		
	d -				 		
	e -				 		
	, -		<u> </u>		 		
	' -		ļ		ļ		
	-	Fees and contracts from government agencies					ļ
2		nbership dues and assessments		·	<u> </u>		
3		est on savings and temporary cash investments			<u></u>		1
4	Divid	dends and interest from securities					
5	Net	rental income or (loss) from real estate:					
	а [Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property			 		
7		er investment income					
					 		
8		or (loss) from sales of assets other than inventory	<u></u>	 	 		-
9		income or (loss) from special events	ļ		ļ		
10		ss profit or (loss) from sales of inventory	ļ		ļ		
11	Othe	er revenue. a					
	b _				<u> </u>		
	C						
	d						
	e ¯						
12	Sub	total. Add columns (b), (d), and (e)	ALC: NEW	·			
14							
						13	
13	Tota	al. Add line 12, columns (b), (d), and (e)	 ns.)			13	
13 (See	Tota work	al. Add line 12, columns (b), (d), and (e)	ns.)	ent of Exemp	t Purposes	13	
13 (See Pa	Total work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				Importantly to the
13 (See Pa Lin	Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				Importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				Importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				Importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				Importantly to the ctions.)
13 (See Pa Lin	Tota work t XV e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ns.) \ccomplishm				Importantly to the ctions.)

orm 990)-PF	(2016)					Page 13
Part	XVI	_	n Regarding Tran ganizations	sfers To and Transa	ctions and I	Relationships With Noncha	
	in s					y other organization described ection 527, relating to political	Yes No
а	Tran	nsfers from the rep	oorting foundation to	a noncharitable exemp	t organization	of:	
	٠.						1a(1) X
	(2) Other assets						
D	b Other transactions: (1) Sales of assets to a noncharitable exempt organization					1b(1)	
							1b(1)
	(2) Purchases of assets from a noncharitable exempt organization						1b(3) ×
							1b(4)
	(5)	Loans or loan gua	rantees				1b(5)
				nip or fundraising solicita			1b(6)
							1c X
d	valu	ue of the goods, o	ther assets, or servi	ces given by the reporti	ng foundation	Column (b) should always sho . If the foundation received les	s than fair market
						of the goods, other assets, or se	
(a) Line	no.	(b) Amount involved	(c) Name of nonch	nantable exempt organization	(d) Desc	ription of transfers, transactions, and sh	aring arrangements
							
			 				
							
			<u></u>				
		<u> </u>					
			· · · · · · · · · · · · · · · · · · ·		- 		
							
2a b	des	scribed in section 5	ectly or indirectly aff 501(c) of the Code (c e following schedule	other than section 501(c)	o, one or mo (3)) or in secti	re tax-exempt organizations on 527? [] Yes □ No
(a) Name of organization		(b) Type of organiz	(b) Type of organization		(c) Description of relationship		
							
	Un	nder penalties of perjury, I	declare that I have examine	ed this return, including accompar	lying schedules and	statements, and to the best of my knowle	dge and belief, it is true,
Sign Here	I	x and complete Deci	aretion of preparer (other the	an taxpayer) is based on all inform	ation of which prep	May the with the	IRS discuss this return preparer shown below
•		gnature of officer of true	stee	Date	Title	(see instr	uctions)? Yes \ No
Paid		Print/Type preparer		Preparents signature	in -	Date Check if	PTIN
rep	are	r RONALDI	3. KLEINMAN	Dre 13.	Cleman	5/5/17 self-employed	F012277
Jse (y Firm's name ►	DAK	ALD B. KLEIN	MAN	Firm's EIN ▶	10000
		Firm's address ▶	RUN As-	fied Public Accou	ntant	Phone no 360	-07/-88/3
			Cen	IIIGU Fublic Accou	i iren sr	F	orm 990-PF (2016)

P.O. Box 538 Simsbury, CT 06070