

Form **990-PF**Department of the Treasury

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

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

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

OMB No 1545-0052

2017

Open to Public Inspection

	calendar year 2017 or tax year beginning	s.gov/r ormasor r for mist	, and ending	iormadon.	Open to Public Inspection
Na	ame of foundation			A Employer identification	n number
_				0.6.4.77000	
	TANLEY FAMILY FOUNDATION The and street (or P 0 box number if mail is not delivered to street a	addraga)	10	06-1157888	
_	47 RICHARDS AVENUE	iduress)	Room/suite	B Telephone number 203-853-20	
	ty or town, state or province, country, and ZIP or foreign po	setal code			
	NORWALK, CT 06857	istal code		C if exemption application is p	ending, check here
	Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
H_(Check type of organization: X Section 501(c)(3) exe		40 L)	E If private foundation sta	tus was terminated
يا		Other taxable private founda	ation • 7	under section 507(b)(1))(A), check here $ ightharpoonup$
	fair market value of all assets at end of year J Accountin	•	X Accrual	F If the foundation is in a	
	from Part II, col. (c), line 16) ▶\$ 564,812,692. (Part I, columi	ner (specify)	ie)	under section 507(b)(1)	(B), check here
	art Analysis of Revenue and Expenses	(a) Revenue and		(a) Adjusted not	(d) Disbursements
<u></u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	6,820,000.		N/A	(Gash Basis Grily)
	2 Check If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,224,548.	5,224,548.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)	2 212 716			
e	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 124,271,954.	2,213,716.			
Revenue	7 Capital gain net income (from Part IV, line 2)		2,213,716.		
æ	8 Net short-term capital gain		2,213,710.		··
	9 Income modifications				
	10a Gross sales less returns and allowances		_		
	b Less Cost of goods sold				
	c Gross profit or (loss)	11 016 676	/201	RECE	
	11 Other income	41,916,676. 56,174,940.	/@/		STATEMENT 2
_	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	0.	7,438,264/		5/ 0.
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages		- (-	2010 /	5/ 0.
	15 Pension plans, employee benefits			GOEN IF SE	/
enses		1,246.	623.	1	623.
Sen C	b Accounting fees STMT 4	15,619.	6,810.		6,809.
Expe	c Other professional fees				
Operating and Administrative	17 Interest	0.600.000			
stra	18 Taxes STMT 5	8,680,000.	0.		0.
Ë	19 Depreciation and depletion 20 Occupancy		 -		
Adn	21 Travel, conferences, and meetings	3,727.	0.		3,727.
Ē	22 Printing and publications	3,72,7			3,727.
ıg a	23 Other expenses STMT 6	114,659.	114,659.		0.
atir	24 Total operating and administrative				
þe	expenses. Add lines 13 through 23	8,815,251.	122,092.		11,159.
0	25 Contributions, girts, grants paid	51,100,000.			51,100,000.
	26 Total expenses and disbursements.	E0 01E 0E1	100 000		
	Add lines 24 and 25	59,915,251.	122,092.		51,111,159.
	27 Subtract line 26 from line 12:	<3,740,311.			
	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	73,140,3TT+	> 7,316,172.		
	c Adjusted net income (if negative, enter -0-)		.,510,114.	N/A	 (

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

듣	_	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	l of year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	14,274,907.	9,930,027	9,930,027.
		Accounts receivable ▶			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	_		
	•	Less; allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other		-	-
	ľ	disqualified persons			
	١,	Other notes and loans receivable			
	l ′	Less; allowance for doubtful accounts			
	١.	Inventories for sale or use			
Assets	ı	Prepaid expenses and deferred charges		 	
Ass		Investments - U.S. and state government obligations			<u> </u>
-			224 860 123	221 135 163	. 387,269,805.
			224,000,123.	221,133,103	307,203,0031
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	۱.	Less accumulated depreciation	<u> </u>		
	ļ.	Investments - mortgage loans	151 020 100	155 260 627	. 163,918,505.
	13	Investments - other STMT 8	151,039,100.	133,306,037	. 103,918,303.
	14	Land, buildings, and equipment: basis			· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation	2 (04 255	2 604 255	2 604 355
		Other assets (describe STATEMENT 9)	3,694,355.	3,694,355	. 3,694,355.
	16	Total assets (to be completed by all filers - see the	202 000 402	200 120 102	ECA 010 C00
_		instructions. Also, see page 1, item I)	393,868,493.	390,126,162	. 564,812,692.
	17	Accounts payable and accrued expenses			4
	18	Grants payable			4
es	19	Deferred revenue			4
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	1			_	
_	23	Total liabilities (add lines 17 through 22)	0.	0	<u>-</u>
		Foundations that follow SFAS 117, check here			
Ø		and complete lines 24 through 26, and lines 30 and 31.			
lances	I	Unrestricted			_
	25	Temporarily restricted			_
ĕ	26	Permanently restricted			_
Fund Ba		Foundations that do not follow SFAS 117, check here			
o F		and complete lines 27 through 31.			
ts o	27	Capital stock, trust principal, or current funds	9,221,116.	9,221,116	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	•
Ä	29	Retained earnings, accumulated income, endowment, or other funds	384,647,377.		
Ze	30	Total net assets or fund balances	393,868,493.	390,128,182	<u></u>
	1				
_	31	Total liabilities and net assets/fund balances	393,868,493.	390,128,182	
Г	art	Analysis of Changes in Net Assets or Fund E	alances		
<u> </u>				 	
1		l net assets or fund balances at beginning of year - Part II, column (a), line	30		1 000 050 405
	(mu	st agree with end-of-year figure reported on prior year's return)			1 393,868,493.

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390,128,182.

390,128,182.

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2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize) ▶

Part IV Capital Gains	and Losses for Tax on Ir	rvestment	Income						
2-story brick wa	the kind(s) of property sold (for example the kind(s) of common stock, 200 sha		te,	I.b	low acqu - Purchas - Donatio	se I '`) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a STOCK SALES					P				
b BONDS			·		<u>P</u>	_			
	LE GAIN			_	P				
d BONDS	DOTTED A TENTATION			<u> </u>	<u>P</u>				
e SHAREHOLDER PRO	OCEEDS & VARIOUS			Ц,	P		(h) C-	(1000	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	t or other basis xpense of sale			(ain or (loss (f) minus	(g))
a 10,431,076.			7,587,88						2,843,188.
ь 75,739,331.		7	7,026,10	3.					1,286,772.
c 812,320.			7 444 24	, -					812,320. <232,749.
d 37,211,498.	·		7,444,24	· / •					77,729.
e 77,729.	g gain in column (h) and owned by	the foundation	on 12/31/60				ounc (C	ol (h) gour	
Complete only for assets showin		1	cess of col. (I)			col. (l	k), but n	ol. (h) gain ot less tha	n -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any			`\	Lösses	(from col.	(h))
a	<u> </u>								2,843,188.
b									1,286,772.
C									812,320.
<u>d</u>									<232,749.
е									77,729.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the loss of the l			}[2				2,213,716.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6):							
If gain, also enter in Part I, line 8,		(0).		اا	ļ				
If (loss), enter -0- in Part I, line 8					3			N/A	1
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inv	estme	nt Inco	me		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	icome	€.)				
If section 4940(d)(2) applies, leave the	us nart hlank								
	·								
Was the foundation liable for the sec				riod?					Yes X No
If "Yes," the foundation doesn't qualif	y under section 4940(e). Do not cor each column for each year; see the i			ntrioc					
(a)		iistructions de	iore making any e						(6)
Base periód years	Adjusted qualifying dis	stributions	Net value of no	(c) Incha		e assets		Distri	(d) bution ratio vided by col. (c))
Calendar year (or tax year beginni 2016	''' y ''' /	8,568.				,343.	<u> </u>	(001 (0) 01	.092899
2015		9,393.				,907.	 		.101406
2013		3,247.				,936.	l	_	.032465
2013		5,165.	2	15	389	,460.			.023098
2012		9,782.				,530.	 	_	.035679
2012		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		7	,			
2 Total of line 1, column (d)							2		.285547
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.0	O. or by the numb	er of	vears		<u>-</u> -		
the foundation has been in existe	•		.,,		,		3		.057109
the foundation has been in oxide								-	
4 Enter the net value of noncharitat	ele-use assets for 2017 from Part X,	line 5					4	5 4	6,157,310.
5 Multiply line 4 by line 3							5	3	31,190,498.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		73,162.
7 Add lines 5 and 6							7	3	31,263,660.
8 Enter qualifying distributions from	n Part XII, line 4						8	5	1,111,159.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 1	% tax rate	e.			
COUNTY BIT VI MISTIGUIDIIS.									5 000 DE (0047)

n 990-PF (2017)	STANLEY	FAMILY	FOUNDA

Form 990-PF (2017) STANLEY FAMILY FOUNDATION	/	06-115			age 4
Part VI Excise Tax Based on Investment Income (Secti		4948 - se	e instru	ctior	<u>1s)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here ▶					
Date of ruling or determination letter; (attach copy of le	etter if necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, chec	:k here ▶ 🛣 and enter 1%	1	7.	3,1	<u>62.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organization	-				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ns only, others, enter -0-)	2			0.
3 Add lines 1 and 2		3	7.	3,1	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation		4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, ent	er -0-	5	7.	3,1	<u>62.</u>
6 Credits/Payments:					
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 103,730				
b Exempt foreign organizations - tax withheld at source	6b 0				
c Tax paid with application for extension of time to file (Form 8868)	6c 0				
d Backup withholding erroneously withheld	6d <u>0</u>	⊡ .			
7 Total credits and payments. Add lines 6a through 6d		7	10	3,7	<u>30.</u>
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2	220 is attached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of		10	3	0,5	68.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	30,568. Refunded▶	- 11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or	local legislation or did it participate or interve	ne in		Yes	
any political campaign?	••		1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political	lical purposes? See the instructions for the de	finition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at	nd 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
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during the year:				
(1) On the foundation > \$ 0. (2) On foundation	ı managers 🕨 \$	<u> </u>	1 1		
e Enter the reimbursement (if any) paid by the foundation during the year for politic	cal expenditure tax imposed on foundation				
managers. ► \$ 0 •					
2 Has the foundation engaged in any activities that have not previously been report	red to the IRS?		2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its g	governing instrument, articles of incorporation	ı, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	anges		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more dur	ing the year?		4a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during	g 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 st	ate law			
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "	Yes," complete Part II, col. (c), and Part XV		7	Х	
8a Enter the states to which the foundation reports or with which it is registered. Set \mathbf{CT}	e 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	Х	
9 Is the foundation claiming status as a private operating foundation within the me	aning of section 4942(1)(3) or 4942(1)(5) for c	alendar			
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If			9		х
10 Did any persons become substantial contributors during the tax year? if "Yes." att			10		Х

Part VII-A Statements Regarding Activities (continued)	00 1137			ugo o
Part VII-A Statements negarding Activities (continued)		1	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	TMT 11	11	X]	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor	y privileges?			
If "Yes," attach statement. See instructions		12		<u> </u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	•	13	X	
Website address ► N/A	700210	<u> </u>	~~~	
	o. ► (203)8	057	200	<u>U</u>
Located at CO MBI, INC. 47 RICHARDS AVENUE, NORWALK, CT	ZIP+4 ▶06	85/		$\overline{}$
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	► 1 4E I	N	/A	ш
and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	15		Yes	No
securities, or other financial account in a foreign country?		16	103	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		'``		
foreign country				
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year, did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	.			
a disqualified person?	Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			i i
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available	TES A NO			
for the benefit or use of a disqualified person)?	Yes X No			
(6) Agree to pay money or property to a government official? (Exception. Check "No"				1
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.)	Yes X No			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				,
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	16		
Organizations relying on a current notice regarding disaster assistance, check here	. ▶∟			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the first day of the tax year beginning in 2017?		10		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	on .			
defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin	nına			
before 2017?	Yes X No			
If "Yes," list the years > , ,,,				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incompared to in	rect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and att				
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
>				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ı —			
	Yes No			1
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons				
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to foldings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
Form 4720, to determine if the foundation had excess business holdings in 2017.)	-,	Зь		х
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		48		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		Х
	Fo	rm 99 0)-PF	(2017)

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	. [] Ye	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ctly,			
any voter registration drive?		• =	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	. L Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			Į	
4945(d)(4)(A)? See instructions		Ye	s X No	Ì	l
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or			
the prevention of cruelty to children or animals?		Y6	s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere				
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			1 .
expenditure responsibility for the grant?		Ye	s No		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				1
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870.					,
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	Ш
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	1		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	76\0	1 (15	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	accour	cpense it, other
	to position	`enter'-0-)	compensation	allow	ances
MARY MELISSA JAMULA	TRUSTEE				
47 RICHARDS AVENUE	4 00				•
NORWALK, CT 06857	1.00	0.	0	<u> </u>	<u> </u>
JONATHAN A. STANLEY	TRUSTEE				
47 RICHARDS AVENUE	1 00		,		^
NORWALK, CT 06857	1.00	0.	0	<u> </u>	0.
JULIUS F. FRIESE	TRUSTEE				
47 RICHARDS AVENUE	1 00				^
NORWALK, CT 06857	1.00	0.	0	<u> </u>	0.
		İ			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	onter "NONE "	L	1	
2 Compensation of five nignest-paid employees (other than those int		enter NONE.	(d) Contributions to	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	accoul	xpense nt, other vances
NONE	devoted to position		compensation	allow	rances
NONE	ļ			}	
		-		 	
	1				
			<u>. </u>	1	
	1				
				1	
	1				
		 		+	
	†				
Total number of other employees paid over \$50,000			<u> </u>	1	0
TOTAL HOMOS OF OTHER PROPERTY OF THE PROPERTY			Forr	n 990-P	

NONE

N/A

3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000

number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Paid Employees, and Contractors (continued)

Total number of others receiving over \$50,000 for professional services Part IX-A | Summary of Direct Charitable Activities

Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	$\overline{}$	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatior	ns, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	338,879,407.
b	Average of monthly cash balances	1b	10,007,577.
	Fair market value of all other assets	1c	205,587,442.
d	Total (add lines 1a, b, and c)	1d	554,474,426.
е	Reduction claimed for blockage or other factors reported on lines 1a and	·	
	1c (attach detailed explanation) 1e 0.	*	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	554,474,426.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,317,116.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	546,157,310.
6	Minimum investment return. Enter 5% of line 5	6	27,307,866.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certa	ın
1	Minimum investment return from Part X, line 6	ī	27,307,866.
2a		3-1-1	2775077000
b	7 503 501		
C		2c	7,596,663.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,711,203.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,711,203.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,711,203.
P	art XIII 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	51,111,159.
b	Program-related investments - total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	, ,	
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	51,111,159.
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	5	73,162.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,037,997.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7	İ			19,711,203.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:	*			
to rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2017:			 -	
a From 2012				
b From 2013				
¢ From 2014				
dFrom 2015 9,808,179.				
eFrom 2016 30,010,667.				
f Total of lines 3a through e	39,818,846.			
4 Qualifying distributions for 2017 from	33,010,0101			
Part XII, line 4: ▶\$ 51,111,159.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				··
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· -			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				19,711,203.
e Remaining amount distributed out of corpus	31,399,956.			23772272037
5 Excess distributions carryover applied to 2017	0.			0.
(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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	71,218,802.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	_	
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.	·	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.		····	0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	E4 040 000			
Subtract lines 7 and 8 from line 6a	71,218,802.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 9,808,179.				
dExcess from 2016 30,010,667.				
e Excess from 2017 31,399,956.			··	5 000 PE (0017)

723581 01-03-18

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	If recipient is an individual,	Payment		
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
a Paid during the year				
ABC GUILFORD	NONE	PC	CHARITABLE	
PO BOX 140				2 500
GUILFORD, CT 06437				2,500.
AMERICARES	NONE	PC	CHARITABLE	
88 HAMILTON AVE				100 000
STAMFORD, CT 06906				100,000.
BERKSHIRE CATHOLIC SCHOLARSHIP FUND	NONE	PC	CHARITABLE	
245 NORTH UNDERMOUNTAIN ROAD		•		10 000
SHEFFIELD, MA 01257		-		10,000.
BRIDGES - A COMMUNITY SUPPORT SYSTEM	NONE	PC	CHARITABLE	
941-949 BRIDGEPORT AVENUE				E 000
MILFORD, CT 06460				5,000.
OMB WARDY MON	NONE	PC	CHARITABLE	
CAMP HAZEN - YMCA 204 WEST MAIN STREET	NONE	•	CRAKITABBE	
CHESTER, CT 06412				7,500.
	NTINUATION SHEE	T(S)	▶ 3a	51,100,000.
b Approved for future payment				
NONE				
				<u> </u>
Total				0.

Part XVI-A **Analysis of Income-Producing Activities**

	Ulirelate	d business income		ided by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a	1111		\vdash		
					
 			 -		
<u> </u>	-			<u> </u>	
0			\vdash		
e	-		 		
f	-		 		
g Fees and contracts from government agencies			1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1 4	5 004 540	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:	1 A A A A A A A A A A A A A A A A A A A	The Man was a second	· .		
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	[
property			l		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	2,213,716.	,
9 Net income or (loss) from special events			· · ·		
10 Gross profit or (loss) from sales of inventory		-			
11 Other revenue;					
a MBI INC INCOME	454110	41,916,676.	İ		
b	-	,,			-
c	- }				
d	_		-	-	
е	-		 		
			4	7,438,264.	0.
	and a source and a	41.916.676.	1 3		
12 Subtotal, Add columns (b), (d), and (e)	with the gray	41,916,676.	30		49.354.940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		41,916,676.	हिंद <u>ी</u>	13 _	49,354,940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13_	49,354,940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13_	49,354,940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	to the Acc	omplishment of Ex	kemp	13 _ ot Purposes	49,354,940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	49,354,940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	49,354,940.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	49,354,940.
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Firm's EIN ► 06-1009205

Phone no. 617 - 221 - 1944

Preparer

Use Only

LAURA J. KENNEY

Firm's address ► ONE INTERNATIONAL PLACE, 16TH FLOOR

LAURA J. KENNEY

Firm's name ▶ BLUM, SHAPIRO & COMPANY,

BOSTON, MA 02110

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor COMMUNITY PARTNERS IN ACTION NONE PC CHARITABLE 110 BARTHOLOMEW AVE, SUITE 3010 5,000. HARTFORD, CT 06106 PC CHARITABLE NEW HAVEN HOME RECOVERY NONE 153 EAST STREET 5,000. NEW HAVEN, CT 06511 SIERRA CLUB - INNER CITY OUTINGS NONE PC CHARITABLE 2101 WEBSTER STREET SUITE 1300 4,000. OAKLAND, CA 94612 PC SOUTHBURY TRAINING SCHOOL FOUNDATION CHARITABLE 1461 S. BRITAIN RD SOUTHBURY, CT 06488 1,000. ST. CATHERINE OF SIENA SCHOOL NONE PC CHARITABLE SCHOLARSHIP FUND 2330 PERKIOMEN AVENUE 10,000. READING, PA 19606 ST. MARGARET SCHOOL SCHOLARSHIP FUND NONE PC CHARTTABLE P.O. BOX 158 TAPPAHANNOCK, VA 22560 10,000. PC ST. MARTIN DE PORRES ACADEMY NONE CHARITABLE 208 COLUMBUS AVENUE NEW HAVEN, CT 06519 320,000. STANLEY FUND FOR THE BROAD INSTITUTE NONE SO I CHARITABLE 7 CAMBRIDGE CENTER 50,000,000. CAMBRIDGE, MA 02142 TREATMENT ADVOCACY CENTER NONE PC CHARITABLE 200 N. GLEBE ROAD, SUITE 730 ARLINGTON, VA 22203 600,000. UNIVERSITY OF DELAWARE NONE GOV CHARITABLE 220 HULLIHEN HALL NEWARK, DE 19716 20,000. 50,975,000. Total from continuation sheets

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

_	STANLEY FAMILY FOUNDATION	06-1157888
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, butor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the a -EZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III	
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sectiusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box gious, charitable, etc ,
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on the tiling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

CTANT.EV	FAMILY	\Box

06-1157888

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THEODORE R. STANLEY ESTATE 47 RICHARDS AVE NORWALK, CT 06857	\$ 6,820,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Oncash (Complete Part II for noncash contributions)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

STANLEY FAMILY FOUNDATION

06-1157888

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
722452 11 0		\$	90 990.F7 or 990.PF\/2017

Name of org	anization	· · · · · · · · · · · · · · · · · · ·	Employer identification number
STANT.F	EY FAMILY FOUNDATION		06-1157888
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ibutions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	, chantable, etc., contributions of \$1,000 or	or less for the year (Enter this into once)
(a) No.	Use duplicate copies of Part III if additiona	al space is needed	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
ļ	Transference name address an	.d 71D . 4	Relationship of transferor to transferee
-	Transferee's name, address, an	Id 21F + 4	nelationship of transferor to transferee
}			
(a) No. from	(h) Duma on a faith	(a) Usa of orth	(d) Description of how wife is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			
<u> </u>		4.17	
ľ		(e) Transfer of gif	n.
<u> </u>	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
]			
	<u> </u>	(e) Transfer of git	ft
1	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ļ			
		(e) Transfer of git	n
Į	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
723454 11-01	-17		Schedule B (Form 990, 990-EZ, or 990-PF) (201)

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	RITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
BONDS INTEREST DIVIDENDS -	2,662,997.		0.	2,662,997	. 2,662,997.		
CORPORATE STOCKS DIVIDENDS -	1,631,548.		0.	1,631,548	. 1,631,548.		
VANGUARD INTEREST - OTHER INTEREST - UBS MM	840,689. 1,423. 87,891.		0. 0. 0.	840,689 1,423 87,891	. 1,423.		
TO PART I, LINE 4	5,224,548.		0 · ====================================	5,224,548	5,224,548.		
DESCRIPTION		OTHER I	(REV	A) ENUE	(B) NET INVEST- MENT INCOME	TATEMENT (C) ADJUSTEI NET INCOM	
MBI INC INCOME			41,	916,676.	0.		
TOTAL TO FORM 990-PI	F, PART I,	LINE 11 =	41,	916,676.	0.		
FORM 990-PF		LEGAL	FEE	S	S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
DESCRIPTION LEGAL FEES	_	EXPENSES	MEN	INVEST-	ADJUSTED	CHARITAE PURPOSE	

FORM 990-PF	ACCOUNTI	NG FEES	S1	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	15,619.	6,810.		6,809.
TO FORM 990-PF, PG 1, LN 16B	15,619.	6,810.		6,809.
FORM 990-PF	TAX	ES	S	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2017 EXCISE TAX ESTIMATES CT UBI 2016 EXT PAYMENT CT UBI TAX PAYMENTS FED UBI TAX 2016 EXT PAYMENT	75,000. 250,000. 1,355,000.	- 0. 0. 0.		0. 0. 0.
FEDERAL UBI TAX PAYMENTS	5,200,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	8,680,000.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REAL ESTATE EXPENSES MISCELLANEOUS	114,574.	114,574.		0.
TO FORM 990-PF, PG 1, LN 23	114,659.	114,659.		0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
ALPHABET		8,452,631.	12,033,600.
BERKSHIRE HATHAWAY		3,312,946.	7,928,800.
COGNIZANT TECHNOLOGY		6,493,289.	14,559,100.
COMCAST		3,308,375.	12,015,000.
DOLLAR GENERAL		3,282,557.	5,580,600
FACEBOOK		3,480,224.	4,058,580
HOME DEPOT		10,126,811.	18,573,940
LKQ		8,604,994.	15,942,640.
MBI STOCK		116,460,863.	198,891,000.
MOHAWK		3,413,590.	3,862,600.
NIKE		2,937,261.	3,127,500
O'REILLY		2,656,211.	11,064,840
PENSKE		6,939,442.	6,699,000
PRICELINE		7,043,276.	14,640,460
SHERWIN WILLIAMS		4,006,055.	6,308,465
SKYWORKS		4,184,026.	3,798,000
STARBUCKS		4,062,454.	14,702,080
ULTA SALON		4,593,257.	11,742,150
UN. HEALTH SYSTEM		4,353,087.	4,534,000
WALT DISNEY		9,153,028.	9,675,900
WYNDHAM		4,270,786.	7,531,550
TOTAL TO FORM 990-PF, PART	II, LINE 10B	221,135,163.	387,269,805
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
		27 055 094	27 010 472
VG SHORT TERM BONDS	COST	37,055,084.	37,019,473 37,173,246
VG INT GRADE BONDS	COST	37,249,240. 3,505,087.	3,002,087
HEPTARES	COST	37,516,736.	37,588,675
VANGUARD - GNMA	COST COST	39,964,939.	49,058,569
VANGUARD ST MKT FUND WESTPORT NATIONAL TAX & PR		77,551.	76,455
TOTAL TO FORM 990-PF, PART		155,368,637.	163,918,505
	II TIND 13	155 46X 647.	1 h 4 4 1 X 5 (15

FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
REMAINDER INTEREST - 432 FROGTOWN	3,694,355.	3,694,355.	3,694,355.
TO FORM 990-PF, PART II, LINE 15	3,694,355.	3,694,355.	3,694,355.

FORM 990-PF TRANSFERS FROM CONTROLLED ENTITIES STATEMENT 10 PART VII-A, LINE 11 NAME OF CONTROLLED ENTITY EMPLOYER ID NO MBI, INC. 06-0902721 ADDRESS 47 RICHARD AVENUE NORWALK, CT 06857-2309 DESCRIPTION OF TRANSFER S CORPORATION DISTRIBUTION - 2017 CALENDAR YEAR AMOUNT OF TRANSFER 44,660,000. 44,660,000. TOTAL AMOUNT OF TRANSFERS FROM CONTROLLED ENTITIES

06-1157888

STANLEY FAMILY FOUNDATION

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES PART VII-A, LINE 11

STATEMENT 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

MBI, INC.

06-0902721

ADDRESS

EXCESS BUSINESS HOLDING [X] YES [].NO

47 RICHARD AVENUE NORWALK, CT 06857-2309

GENERAL EXPLANATION

STATEMENT 12

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PART VII-A, LINE 11 - ADDITIONAL INFORMATION

EXPLANATION:

DISTRIBUTION FROM MBI, INC. FOR CALENDAR YEAR 2017 = \$44,660,000 DISTRIBTUION FROM MBI, INC. SCHEDULE K-1 FOR FYE 9/30/17 = \$45,430,000(SEE ATTACHED 2016 SCHEDULE K-1 FOR 9/30/17)

MBI, INC. 60.535% NON-VOTING OWNERSHIP IS A RESULT OF GIFTS FROM FOUNDER:

1/15/2015 18,500 SHARES 6/15/2015 18,500 SHARES 10/1/2015 40,000 SHARES