

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation THE EILEEN D BROWN CHARITABLE TRUST		A Employer identification number 06-6475783
Number and street (or P O box number if mail is not delivered to street address) C/O PATRICIA JACKMAN 119 COLONEL BR	Room/suite	B Telephone number (see instructions) (860) 376-0235
City or town, state or province, country, and ZIP or foreign postal code GRISWOLD, CT 06351		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,354,674	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	30,331	30,331	30,331	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-416			
	b Gross sales price for all assets on line 6a 160,528				
	7 Capital gain net income (from Part IV, line 2)		2		
	8 Net short-term capital gain			2	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	29,915	30,333	30,333		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	15,000		15,000	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,370		1,370	
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	5,445		5,445	5,445
	19 Depreciation (attach schedule) and depletion	2,319		2,319	
	20 Occupancy	7,115		7,115	7,115
	21 Travel, conferences, and meetings	445		445	
	22 Printing and publications				
	23 Other expenses (attach schedule)	31,374		31,374	
	24 Total operating and administrative expenses. Add lines 13 through 23	63,068	0	63,068	12,560
	25 Contributions, gifts, grants paid	15,545			15,545
26 Total expenses and disbursements. Add lines 24 and 25	78,613	0	63,068	28,105	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-48,698				
b Net investment income (if negative, enter -0-)		30,333			
c Adjusted net income (if negative, enter -0-)					

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	1 Cash—non-interest-bearing	26,738	9,386	9,386
	2 Savings and temporary cash investments	964	965	965
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	921,526	1,011,897	1,011,897
	c Investments—corporate bonds (attach schedule)			
	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 ▶ _____ 345,300 Less accumulated depreciation (attach schedule) ▶ 17,203	330,416	328,097	328,097
15 Other assets (describe ▶ _____)	3,409	4,329	4,329	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,283,053	1,354,674	1,354,674	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	1,283,053	1,354,674		
30 Total net assets or fund balances (see instructions)	1,283,053	1,354,674		
31 Total liabilities and net assets/fund balances (see instructions) .	1,283,053	1,354,674		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,283,053
2 Enter amount from Part I, line 27a	2	-48,698
3 Other increases not included in line 2 (itemize) ▶ _____	3	120,681
4 Add lines 1, 2, and 3	4	1,355,036
5 Decreases not included in line 2 (itemize) ▶ _____	5	362
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,354,674

Part IV Capital Gains and Losses for Tax on Investment 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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a TD AMERITRADE - CAPITAL GAIN DISTRIBUTIONS	P	2017-01-01	2017-12-31
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2	0	0	2
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a 0	0	0	2
b			
c			
d			
e			

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

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) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	19,731		0 000000
2015	27,370		0 000000
2014	19,046		0 000000
2013	14,743	1,334,787	0 011045
2012	23,791	1,282,960	0 018544

2 Total of line 1, column (d)	2	0 029589
3 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	0 005918
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	303
7 Add lines 5 and 6	7	303
8 Enter qualifying distributions from Part XII, line 4	8	28,105

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)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total credits/payments. Total amount owed is 57, with 57 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care of Patricia Jackman.

Located at 119 COLONEL BROWN ROAD GRISWOLD CT ZIP+4 06351

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. 15

16 At any time during calendar year 2017, 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? Yes No

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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
ALEXANDER FRAME 22017 138 AVENUE SPRINGFIELD GARDENS, NY 114132326	PRESIDENT 2 00	5,000	0	0
PATRICIA JACKMAN 119 COLONEL BROWN RD GRISWOLD, CT 06351	TRUSTEE 2 00	5,000	0	0
MAUREEN POITRAS 9 COLONEL BROWN RD GRISWOLD, CT 06351	TRUSTEE 2 00	5,000	0	0
GEORGE W CLARKE ESQ 80 PLYMOUTH ROAD SMITHTOWN, NY 11787	TRUSTEE 2 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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				
Total number of other employees paid over \$50,000.				0

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.		0

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 SPECIAL OLYMPICS - CONNECTICUT 2666 STATE ST SUITE 1HAMDEN, CT 06517-2232	500
2 MAKE A WISH P O BOX 97104 WASHINGTON D C 20090	500
3 FRANCISCAN FRIARS-MARIAN FRIARY OF OUR LADY OF GUADALUPE 183 COLONEL BROWN RD GRISWOLD, CT 06351	500
4 FIDELCO GUIDE DOG FOUNDATION 103 VISION WAY BLOOMFIELD, CT 06002	500

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.)

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	0
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

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.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
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, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	28,105
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		
a	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	28,105
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	303
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	27,802

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) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	24,002			
b From 2013.	14,743			
c From 2014.	19,357			
d From 2015.	27,689			
e From 2016.	20,053			
f Total of lines 3a through e.	105,844			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____ 28,105				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				
e Remaining amount distributed out of corpus	28,105			
5 Excess distributions carryover applied to 2017 (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	133,949			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
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).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	24,002			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	109,947			
10 Analysis of line 9				
a Excess from 2013.	14,743			
b Excess from 2014.	19,357			
c Excess from 2015.	27,689			
d Excess from 2016.	20,053			
e Excess from 2017.	28,105			

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 2017, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	0				0
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	28,105	20,053	27,689	19,357	95,204
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	28,105	20,053	27,689	19,357	95,204

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets 0

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) 0

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. 0

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 0

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). 0

(3) Largest amount of support from an exempt organization 0

(4) Gross investment income 0

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))

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, 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 <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				15,545
b <i>Approved for future payment</i>				
Total ▶ 3b				

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 <i>Paid during the year</i>				
SPECIAL OLYMPICS-CONNECTICUT 2666 STATE ST SUITE 1 HAMDEN, CT 065142232				
		501c3	CHARITABLE	500
MAKE A WISH FOUNDATION P O BOX 97104 WASHINGTON, DC 20090				
		501C3	CHARITABLE	500
FRANCISCAN FRIARS 183 COLONEL BROWN RD GRISWOLD, CT 06351				
		501C3	CHARITABLE	500
FIDELCO GUIDE DOG FOUNDATION 103 VISION WAY BLOOMFIELD, CT 06002				
		501C3	CHARITABLE	500
UNITED SERVICE ORGANIZATION INC PO BOX 96860 WASHINGTON, DC 20077				
		501C3	CHARITABLE	300
Total ▶				15,545
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 <i>Paid during the year</i>				
KITTY HARBOR2263 GLASGO ROAD GRISWOLD, CT 06351		501C3	CHARITABLE	250
CT FOOD BANK2 RESEARCH AVE WALLINGFORD, CT 06492		501C3	CHARITABLE	200
ALZHEIMERS ASSOCIATION- CT CHAPTER P O BOX 96011 WASHINGTON, DC 200906011		501C3	CHARITABLE	250
SLOAN KETTERING CANCER P O BOX 5028 HAGERTOWN, MD 217415028		501C3	CHARITABLE	500
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607		501C3	CHARITABLE	400
Total ▶ 3a				15,545

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 <i>Paid during the year</i>				
DANA FARBER CANCER INSTITUTE P O BOX 970025 BOSTON, MA 022970025		501C3	CHARITABLE	500
HABITAT FOR HUMANITY P O BOX 6439 AMERICUS, GA 317096439		501C3	CHARITABLE	500
TOYS FOR TOTS FOUNDATION P O BOX 4002036 DES MOINES, IA 503402036		501C3	CHARITABLE	500
GRISWOLD FIRE DEPT RTE 138 JEWETT CITY, CT 06351		501C3	CHARITABLE	500
SALVATION ARMY P O BOX 509 HARTFORD, CT 061410509		501C3	CHARITABLE	500
Total 3a			▶	15,545

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 <i>Paid during the year</i>				
MACULAR DEGENERATION 22512 GATEWAY CENTER DR P O BOX 195 CLARKSBURG, MD 208711952		501C3	CHARITABLE	250
VFW UNITED STATES PROCESSING P O BOX 8958 TOPEAKA, KS 666088958		501C3	CHARITABLE	200
ANDERSON CANCER CENTER P O BOX 4464 HOUSTON, TX 772104464		501C3	CHARITABLE	500
MARCH OF DIMESPO BOX 2547 DECATIER, IL 625252547		501C3	CHARITABLE	500
TOWN OF GRISWOLDMAIN STREET JEWETT CITY, CT 06351		501C3	MUNICIPAL	300
Total 3a				15,545

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 <i>Paid during the year</i>				
ST JUDE HOSPITAL 501 JUDE PLACE MEMPHIS, TN 38105				
		501C3	CHARITABLE	500
				0
WOUNDED WARRIOR P O BOX 758541 TOPEKA, KS 666758541				
		501C3	CHARITABLE	500
LEUKEMIA LYMPHONA SOCIETY P O BOX 98011 WASHINGTON, DC 200908011				
		501C3	CHARITABLE	250
NATIONAL PARK P O BOX 17394 BALTIMORE, MD 212989450				
		501C3	CHARITABLE	150
Total ▶ 3a				15,545

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 <i>Paid during the year</i>				
SUSAN KOMER BREAST CANCER DEPT 41839 P O BOX 650309 DALLAS, TX 752650309		501C3	CHARITABLE	200
PARALYZED VETERANS 7 MILL BROOK RD WILTON, NH 03086		501C3	CHARITABLE	250
HOLE IN THE WALL GANG CAMP 565 ASHFORD CENTER RD ASHFORD, CT 06278		501C3	CHARITABLE	25
HUMANE SOCIETY 1255 23 ST NW SUITE 450 WASHINGTON, DC 20037		501C3	CHARITABLE	265
GUARDIAN ANGELS982 EAST 89TH ST BROOKLYN, NY 11236		501C3	CHARITABLE	25
Total ▶ 3a				15,545

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 <i>Paid during the year</i>				
CT AUDOBON SOCIETY 314 UNQUOWA ROAD FAIRFIELD, CT 06824		501C3	CHARITABLE	80
ST MARY'S FOOD PANTRY NORTH MAIN STREET GRISWOLD, CT 06351		501C3	CHARITABLE	500
HELEN KELLER BLINDP O BOX 6077 ALBERTLEA, MN 560079860		501C3	CHARITABLE	200
AMERICAN HEART ASSOCIATION P O BOX 78851 PHOENIX, AZ 850628851		501C3	CHARITABLE	400
GUIDE DOGS FOR BLIND INC P O BOX 3950 SAN RAFAEL, CA 949123950		501C3	CHARITABLE	500
Total ▶ 3a				15,545

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 <i>Paid during the year</i>					
IRON DOG K9 ATTN CHARLIE NASH PO BOX 1983 MERRIFIELD, VA 221161983					250
AMERICAN LUNG IN CT NATIONAL PROCESSING P O BOX 7000 ALBERTLEA, MN 560078000					250
PAWS OF WAR INCP O BOX 1727 SMITHTOWN, NY 117878670					400
MULTIPLE SCIEROSIS OF AMERICA P O BOX 96219 WASHINGTON, DC 200986219					250
OPERATION FINALLY HOME P O BOX 1218 MERRIFIELD, VA 221161218					250
Total ▶ 3a				15,545	

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 <i>Paid during the year</i>				
HUMANE EDUCATIONP O BOX 97139 WASHINGTON, DC 200777418		501C3	CHARITABLE	250
ALS DONATION CENTER AQ 18091 P O BOX 37022 BOONE, IA 500370022		501C3	CHARITABLE	250
CARE GIFT CENTERP O BOX 1871 MERRIFIELD, VA 221169753		501C3	CHARITABLE	250
ASPCA SPECIAL GIFT CENTER P O BOX 96929 WASHINGTON, DC 200777127		501C3	CHARITABLE	250
THE SEEING EYEP O BOX 1056 MORRISTOWN, NJ 079629902		501C3	CHARITABLE	200
Total ▶ 3a				15,545

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 <i>Paid during the year</i>				
TVCCA-GRISWOLD OIL FOR NEED 1 SYLVANDALE ROAD JEWETT CITY, CT 06351		501C3	CHARITABLE	500
HELP HEAL VETERANSP O BOX 98088 WASHINGTON, DC 200908088		501C3	CHARITABLE	200
RED CROSS CHARTER OAK 200 BOSTON POST ROAD WATERFORD, CT 06385		5013C	CHARITABLE	250
Total 3a			▶	15,545

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Gain/Loss from Sale of Other Assets Schedule

Name: THE EILEEN D BROWN CHARITABLE TRUST

EIN: 06-6475783

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
EATON VANCE FDS HIGH INC OPPTY		Purchased	2017-12		1,223			1,231	-8	
FIRST TRUST ISE HEALTH CARE ALPH ETF	2016-08	Purchased	2017-03		24,701			24,602	99	
ISHARES MN VOL USA ETF	2016-02	Purchased	2017-01		27,399			24,837	2,562	
EATON VANCE FDS HIGH INCM OPPTYS I		Purchased	2017-12		21,824			22,070	-246	
FIRST TRUST PFD SECS INC ETF	2016-02	Purchased	2017-10		28,202			25,713	2,489	
GEN ELECT CAP CORP SR MED TERM NOTE CLBL QTRLY	2015-02	Purchased	2017-05		20,000			20,136	-136	
SPDR SERIES TRUST S&P BIOTECH ETF		Purchased	2017-01		23,322			31,279	-7,957	
VANGUARD TOTAL STK MKT ETF	2015-06	Purchased	2017-12		13,857			11,076	2,781	

TY 2017 Investments Corporate Stock Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TD AMERITRADE- INVESTMENTS	1,011,897	1,011,897

**TY 2017 Land, Etc.
Schedule****Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	265,000		265,000	
FURNITURE AND FIXTURES	7,977	6,603	1,374	
IMPROVEMENTS	72,323	10,600	61,723	

TY 2017 Other Assets Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTANGIBLE - BOND PREMIUM	3,409	4,329	4,329

TY 2017 Other Assets Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTANGIBLE - BOND PREMIUM	3,409	4,329	4,329

TY 2017 Other Assets Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTANGIBLE - BOND PREMIUM	3,409	4,329	4,329

TY 2017 Other Decreases Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783

Description	Amount
FEDERAL TAX	362

TY 2017 Other Expenses Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	9,699		9,699	
INSURANCE	7,172		7,172	
BANK CHARGES	35		35	
SEMINARS AND CONFERENCES				
OFFICE EXPENSE	846		846	
REPAIRS & MAINTENANCE	3,440		3,440	
MEMBERSHIPS	223		223	
AMORTIZATION	1,508		1,508	
SECURITY ALARM	555		555	
FOREIGN TAXES	97		97	

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEALS AND ENTERTAINMENT	166		166	
LEGAL SETTLEMENT	7,633		7,633	

TY 2017 Other Increases Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783

Description	Amount
CAPITAL GAIN DISTRIBUTION(NET)	2
NONDIVIDEND DISTRIBUTIONS	3
UNREALIZED CAPITAL GAIN	120,675
ROUNDING	1

TY 2017 Taxes Schedule**Name:** THE EILEEN D BROWN CHARITABLE TRUST**EIN:** 06-6475783

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	5,445		5,445	5,445