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OMB No 1545-0052

2017

## 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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-20	17 , a	nd er	nding 12-31-		
		indation FON FOUNDATION			A Employer Id	entification numbe	r
		on TRUST COMPANY LLC I street (or P O box number if mail is not delivered to street address)	Room/suite				
		T MAIN STREET Suite 1FL	Noonly suice		'	mber (see instruction	ns)
City	or town	, state or province, country, and ZIP or foreign postal code			(203) 352-4000		
STAI	иFORD,	CT 06902			C If exemption	application is pendin	g, check here
G Ch	eck al	l that apply $\square$ Initial return $\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨
		Final return Amended return				ganizations meeting k here and attach co	
		Address change Name change			· ·	undation status was t	· -
	,	pe of organization ✓ Section 501(c)(3) exempt private 1				n 507(b)(1)(A), chec	
			e private foundation  Cash  Accru	ıəl	F If the found:	ation is in a 60-month	termination -
of '	ear (f	rom Part II, col (c), \$ 740,209		iai		n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		1		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	2,978,082				
	_	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach					
	2	Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,312		1,312		
	5a b	Gross rents  Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	5,498				
Revenue	b	Gross sales price for all assets on line 6a 2,983,580	,				
2ev	7	Capital gain net income (from Part IV, line 2)			5,498		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	2,984,892		6,810		
	13	Compensation of officers, directors, trustees, etc	0		· · · · · · · · · · · · · · · · · · ·		
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)					
ă.	ь	Accounting fees (attach schedule)	7,500		0	0	7,500
ve l	С	Other professional fees (attach schedule)					
īa fi	17	Interest					
)IS	18 19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion					
<u> </u>	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
Operating and Administrative Expenses	23	Other expenses (attach schedule)	359				359
rati	24	Total operating and administrative expenses.					
<u>8</u>	2-	Add lines 13 through 23	7,859		0	0	, , , , , , , , , , , , , , , , , , ,
_	25	Contributions, gifts, grants paid	2,751,497				2,751,497
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	2,759,356		0	0	2,759,356
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	225,536				
	b	Net investment income (if negative, enter -0-)			6,810		
	С	Adjusted net income(If negative, enter -0-)					
Or	Daner	work Reduction Act Notice, see instructions.		,	Cat No. 11289)	/ Ear	m QQN_DF (2017

- 1	-	Accounts receivable P						
		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 ▶						
S	8	Inventories for sale or use						
sets	9	Prepaid expenses and deferred charges						
As	10a	Investments—U S and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)						
	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 ▶						
		Less accumulated depreciation (attach schedule) ▶						
	15	Other assets (describe	<b>%</b> J	958,500	<b>%</b> J	958,500	<b>%</b> J	480,000
	16	Total assets (to be completed by all filers—see the						
		ınstructions Also, see page 1, item I)		959,413		1,218,709		740,209
	17	Accounts payable and accrued expenses						
	18	Grants payable						

959,413

959,413

959,413

1,218,692

1,218,692

1,218,692

1 2

3

4

5

959,413

225,536

1,218,692

1,218,692 Form **990-PF** (2017)

33,743

	Less accumulated depreciation (accuer seriedate) F	1		ĺ
15	Other assets (describe)	الو	958,500	<b>%</b> J
16	Total assets (to be completed by all filers—see the			
	ınstructions Also, see page 1, item I)		959,413	
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  —)			

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds . . . . . . Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

**Analysis of Changes in Net Assets or Fund Balances** 

Liabilities

Net Assets or Fund Balances

23

24

25

26

27

28 29

30

31 Part III

2

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

	<b>(a)</b> the kınd(s) of property sold (e g , re thouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> JP MORGAN #0004			D Doridcion		
b 1,510 SHS OF DOMINOS	PIZZA INC				2017-11-15
c 1,000 SHS OF DOMINOS			D		2017-12-06
d			_		
<u>е</u>					
	(f)		(g)	(	h)
<b>(e)</b> Gross sales price	Depreciation allowed	Cost or	other basis	Gain o	r (loss)
<u> </u>	(or allowable)	plus exp	ense of sale	(e) plus (f	) mınus (g)
<b>a</b> 2,53	6,450		1,537,157		6,075
<b>b</b> 26	5,499		261,548		3,951
<b>c</b> 18	1,631		186,159		-4,528
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(1)	(j)	İ	(k)		h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) <b>or</b>
1 M V 43 01 12/31/03	as of 12/31/69	over col	(j), if any	Losses (fre	om col (h))
а					999,293
b					3,951
c					-4,528
d					
e					
-	or (net capital loss)  Jain or (loss) as defined in sections and the sections of the section of the se		, , , , , , , , , , , , , , , , , , ,	3	5,498
<u> </u>	Inder Section 4940(e) for Re				
if "Yes," the foundation does no	ave this part blank e section 4942 tax on the distributa t qualify under section 4940(e) Do nount in each column for each year,	not complete this part			es 🔽 No
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	Distribution rati (col (b) divided by c	
2016	7,842		998	, , , ,	7 857715
2015	17,842		5,884		3 032291
2014	7,254		2,005		3 617955
2013	7,388		230		32 121739
2012	146,550		4,936		29 690032
2 Total of line 1, column (c	· · · · · ·		2		76 319732
· · · · · · · · · · · · · · · · · · ·	for the 5-year base period—divide				, 0 313, 32
	dation has been in existence if less		3		15 26394 <u>6</u>
4 Enter the net value of nor	ncharitable-use assets for 2017 fron	n Part X, line 5	4		350,627
<b>5</b> Multiply line 4 by line 3			5		5,351,952
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		68
			7		5,352,020
8 Enter qualifying distribution	ons from Part XII, line 4 ,		8		2,759,356
	ater than line 7, check the box in Pa		plete that part usin		

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

and Contractors					
1 List all officers, directors, truste (a) Name and address		oundation managers an 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	Expense account, (e) other allowances
RICHARD LOCKWOOD CHILTON JR 1290 EAST MAIN STREET	SET 0 5	TLOR/TRUSTEE	0	compensation 0	C
STAMFORD, CT 06902					
JENNIFER FOSTER		STEE	0	0	C
1290 EAST MAIN STREET	0 25	•			
STAMFORD, CT 06902  MAUREEN K CHILTON	TDII	STEE	0	0	
1290 EAST MAIN STREET	0 25		٥	٠ ا	١
STAMFORD, CT 06902					
2 Compensation of five highest-pa	id e	mployees (other than th	ose included on line 1	<del></del>	ie, enter "NONE."
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
Total number of other employees paid ov					
3 Five highest-paid independent of (a) Name and address of each perso					
(a) Name and address of each perso	пра	d more than \$50,000	( <b>b)</b> Type	e of service	(c) Compensation
			-		
			1		
			1		
			1		
			1		
Total number of others receiving over \$50	0.000	for professional services.			
Part IX-A Summary of Direct					
List the foundation's four largest direct charitable			ıde relevant statıstıcal ınform	ation such as the number of	
organizations and other beneficiaries served, cor					Expenses
1					
2					
3					
4					
*					
-					
Port TV P	D	alated Tayloctmonto	(200 instructions)		
Part IX-B Summary of Program  Describe the two largest program-related invited in the second		elated Investments	· · · · · · · · · · · · · · · · · · ·	d 2	A
1	esune	ents made by the foundation di	uring the tax year on lines I	anu z	Amount
<b>-</b>					
2					
All other program-related investments	See	instructions			
3					
Total. Add lines 1 through 3 .	•				
					- 000 BE (0045)

3

4

5

6

1a

1b

2

3a 3b

4

5

17.395

17.395

17,395

2,759,356

2.759.356

2,759,356

Form **990-PF** (2017)

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4 5

6

1

2

3

4

5

Part XII

17,395

17,395

Form 990-PF (2017)

(d)

2017

Form 990-PF (20	017
Part XIII	U

**b** Total for prior years

a From 2012. . . . .

**b** From 2013. . . . . c From 2014. . .

d From 2015. . . . .

e From 2016. . . . .

-PF	(201	.7	)	
111		-		

-PF (20	017)		
4111	Undistributed Income	(see instructions)	

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

**b** Excess from 2014. .

6 Enter the net total of each column as

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 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 . . . . . 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

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ 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 

2015 , 2014 , 2013

146.550 7,388

7.254

17.842 7,842 (a)

Corpus

186.876

2,741,961

2,928,837

146.550

2,782,287

7.388 7,254

17.842

7.842

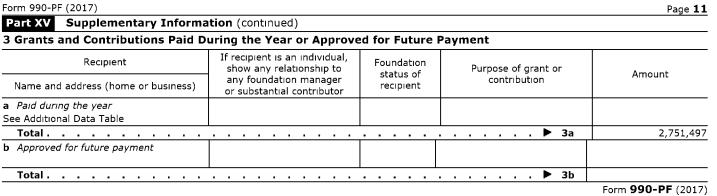
2.741.961

(b)

Years prior to 2016

(c)

2016



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е						
_	and contracts from government agencies					
Intere	rship dues and assessments					
	ds and interest from securities			14	1,312	
Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property.					_
	ntal income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than			18	5,498	
	ome or (loss) from special events				·	
	profit or (loss) from sales of inventory					
Other r	evenue a					
Subtat	al Add columns (h) (d) and (e)				6,810	
	Add line 12, columns (b), (d), and (e)			13	l	6,810
	orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th		ment of Exem	pt Purposes		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					

orm 990-P	• •				Pa	ge <b>13</b>
Part XV	Exempt Organizations		ns and Relationships With Nonc			
	organization directly or indirectly engage ie Code (other than section 501(c)(3) o		other organization described in section elating to political organizations?	501	Yes	No
<b>a</b> Transfer	rs from the reporting foundation to a no	oncharitable exempt organization o	of			
<b>(1)</b> Ca	sh			1a(1)		No
	ner assets			. 1a(2)		No
	ansactions			41.443		١
	les of assets to a noncharitable exempt	-		. 1b(1)		No No
	rchases of assets from a noncharitable ntal of facilities, equipment, or other as	· <del>-</del>		.   1b(2) .   1b(3)		No
	imbursement arrangements			1b(4)		No
	ans or loan guarantees			. 1b(5)		No
	formance of services or membership or			1b(6)		No
c Sharing	of facilities, equipment, mailing lists, o	ther assets, or paid employees.		1c		No
of the g	oods, other assets, or services given by ransaction or sharing arrangement, sho	the reporting foundation. If the f	imn (b) should always show the fair ma foundation received less than fair marke goods, other assets, or services receive (d) Description of transfers, transactions, a	t value d	ngemen	nts
(a) Line No	(b) Amount involved (c) Name of the	nonchantable exempt organization	(a) Description of transfers, transactions, a	na sharing arra	ngemen	
<b>2a</b> Is the fo	L pundation directly or indirectly affiliated	with, or related to, one or more t	ax-exempt organizations			
describe	ed in section 501(c) of the Code (other		· -	. 🗆 Yes	✓	No
<b>b</b> If "Yes,"	complete the following schedule (a) Name of organization	(b) Type of organization	n (c) Description o	f relationship		
of w			uding accompanying schedules and stat of preparer (other than taxpayer) is bas			
Sign Here	*****	2018-11-15	*****	May the IRS di return with the prepa		
	Signature of officer or trustee	Date	Title	below (see instr )?	_	
	Print/Type preparer's name	Preparer's Signature	Date Check if self-	IN		
Paid	MICHAEL J DAVIDSON		employed ▶ □	P01550	)495	
Prepare Use Onl	The state of the s	COMPANY LLC	Fil	m's EIN ►		
	Firm's address ► 1290 EAST MAI	N STREET 1FL				
	STAMFORD CT	06902	Ph	one no (203	) 352-4	4000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRUNSWICK SCHOOL NONE PC. GENERAL SUPPORT 11,000 100 MAHER AVENUE GREENWICH, CT 06830

CALVIN COOLIDGE PRESIDENTIAL FOUNDATION PO BOX 97 PLYMOUTH NOTCH, VT 05056	NONE	PC	GENERAL SUPPORT	50,000
CIA OFFICERS MEMORIAL FOUNDATION PO BOX 405 HERNDON, VA 201720405	NONE	PC	GENERAL SUPPORT	10,000

За

2,751,497

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLASSICAL AMERICAN HOMES NONE PC GENERAL SUPPORT 50,000 PRESERVATION TRUST 69 EAST 93RD STREET NEW YORK, NY 10128

COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 29424	NONE	PC	GENERAL SUPPORT	16,000
EAST SIDE HOUSE SETTLEMENT BOX 575 LENOX HILL STATION	NONE	PC	GENERAL SUPPORT	29,100

NEW YORK, NY 10021

Total . 2,751,497 3a

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **GREEN SCHOOLS ALLIANCE** NONE PC. GENERAL SUPPORT 25,000 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

l '				
GREENWICH ACADEMY 200 NORTH MAPLE AVENUE GREENWICH, CT 06830	NONE	PC	GENERAL SUPPORT	77,000
OBJECTIVE ZERO FOUNDATION 2417 SARBONNE DRIVE	NONE	PC	GENERAL SUPPORT	7,500

	200 NORTH MAPLE AVENUE GREENWICH, CT 06830				
ш	OBJECTIVE ZERO FOUNDATION 2417 SARBONNE DRIVE OCEANSIDE, CA 92054	NONE	PC	GENERAL SUPPORT	7,500

GREENWICH, CT 06830				
OBJECTIVE ZERO FOUNDATION 2417 SARBONNE DRIVE OCEANSIDE, CA 92054	NONE	PC	GENERAL SUPPORT	7,5

3a

OBJECTIVE ZERO FOUNDATION	NONE	PC	GENERAL SUPPORT	7,5
2417 SARBONNE DRIVE				
OCEANSIDE, CA 92054				

Total		<b>•</b>	2 751 497
2417 SARBONNE DRIVE OCEANSIDE, CA 92054			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ROBIN HOOD FOUNDATION NONE PC. GENERAL SUPPORT 50,000 826 BROADWAY 9TH FLOOR

NEW YORK, NY 10003				
SAINT MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	NONE	PC	GENERAL SUPPORT	10,000
ST LUKE'S EPISCOPAL CHURCH 1864 POST ROAD	NONE	PC	GENERAL SUPPORT	50,000

DARIEN, CT 06820

2,751,497

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE B ROBERT WILLIAMSON JR NONE PF GENERAL SUPPORT 49,574 FOUNDATION 300 PARK AVE 19TH FLOOR

NEW YORK, NY 10022				
THE DARIEN FOUNDATION 5 BROOK STREET DARIEN, CT 06820	NONE	PC	GENERAL SUPPORT	49,400
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	PC	GENERAL SUPPORT	432,353

2,751,497

THE DARIEN FOUNDATION 5 BROOK STREET DARIEN, CT 06820	NONE	PC	GENERAL SUPPORT	49,
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE	NONE	PC	GENERAL SUPPORT	432,

Total . 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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 104585125	NONE	PC	GENERAL SUPPORT	448,655
THE PRESERVATION SOCIETY OF NEWPORT COUNTY 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	PC	GENERAL SUPPORT	10,000
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT PO BOX 309 CHAPEL HILL, NC 275140309	NONE	PC	GENERAL SUPPORT	1,220,000

2,751,497

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TROUT UNLIMITED NONE PC GENERAL SUPPORT 5,000 394 MERRIMON AVENUE ASHEVILLE, NC 28801 **GAME & WILDLIFE CONSERVATION** NONE 40,915 PC GENERAL SUPPORT

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

TRUST BURGATE MANOR FORDINGBRIDGE, HAMPSHIRE SP6 1EF UK				
VOLUNTEER SQUARE 304 MAIN AVENUE 424 NORWALK, CT 06851	NONE	PC	GENERAL SUPPORT	10,000

Total . 3a 2,751,497

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

a Paid during the year				
WALSH PARK BENEVOLENT CORPORATION	NONE	PC	GENERAL SUPPORT	100,000

PO BOX 684

FISHERS ISLAND, NY 06390		
Total	 	2,751,497

efile GRAPHIC print - DO NOT PROCES	SS As Filed D	ata -		DLN: 93491316009718		
TY 2017 Accounting Fees Schedule						
	ne: THE CHII	LTON FOUNDATION 903				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PROFESSIONAL FEES	7,500			7,500		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491316009718 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

## Name: THE CHILTON FOUNDATION EIN: 13-7077903

TY 20	17 Othe	er Assets	Schedule	

Name: THE CHILTON FOUNDATION EIN: 13-7077903

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
ARTWORK	225,000	225,000	300,000		
SILVER TANKARDS	221,000	221,000	100,000		
TIFFANY LAMP	512,500	512,500	80,000		

DLN: 93491316009718

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491316009718			
TY 2017 Other Expenses Schedule							
Name:	THE CHILTON F	OUNDATION					
<b>EIN:</b> 13-7077903							
Other Expenses Schedule			,				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

INSURANCE

DLN: 93491316009718

Name: THE CHILTON FOUNDATION

**EIN:** 13-7077903

Other Income Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CLASS ACTION LAWSUIT-CAREER EDUCATION CO			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316009718				
TY 2017 Other Increases Schedule						
Name:	THE CHILTON FOUNDATION					
EIN:	13-7077903					
De	scription	Amount				
BOOK ADJUSTMENT		33,743				

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491316009718		
TY 2017 Taxes Schedule						
Nan	ne: THE CHILTO	N FOUNDATION				
E:	<b>IN:</b> 13-7077903					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PAYROLL TAXES						

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -				DLN: 93491316009718
Schedule B		Schedu	le of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>Irs gov/form990</i></u>		ons is at	2017
Name of the organization THE CHILTON FOUNDATION					Employer id	dentification number
Organization type (checl	k one)				13-7077903	
Organization type (check	K One)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	rganization			
	☐ 4947(a)(	1) nonexempt char	ritable trust <b>not</b> treated a	s a private founda	ition	
	☐ 527 politi	cal organization				
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation			
	4947(a)(	1) nonexempt char	ritable trust treated as a p	orivate foundation		
	☐ 501(c)(3)	taxable private fo	undation			
			PF that received, during to omplete Parts I and II S			
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b) one contributor, d	(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, to	tal contributions o	f more than \$1,000	or (10) filing Form 990 o Dexclusively for religious animals Complete Part	, charitable, scien		
during the year, co If this box is check purpose Don't cor	ontributions exclus ked, enter here the mplete any of the p	eively for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 of charitable, etc., purpose is that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an us organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
Caution. An organization 990-EZ, or 990-PF), but it Form 990-EZ or on its Foi 990-EZ, or 990-PF)	: <b>must</b> answer "No	on Part IV, line 2	, of its Form 990, or che	ck the box on line	H of its	
For Paperwork Reduction Ac for Form 990, 990-EZ, or 990-		ructions	Cat No 30613X	Schedu	ıle B (Form 990	o, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number THE CHILTON FOUNDATION 13-7077903 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person BIRCHWOOD INVESTMENTS LTD LLC **Payroll** 1290 EAST MAIN STREET 1ST FLOOR \$ 2,978,082 Noncash STAMFORD, CT06902 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

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