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OMB No 1545-0052

2017

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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.

Open to Public Inspection

| For | caler | ndar year 2017, or tax year beginning 01-01-20 |)17 , aı | nd er | nding 12-31- | 2017 | |
|-----------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------|------------------------|------------------------------------------------|-------------------------------------------|
| | | indation N G & CAROL J LAMPKE | | | A Employer id | entification numbe | r |
| FA | MILY FO | DUNDATION | | 26-3804618 | | | |
| | ber and D BOX 9 | l street (or P O box number if mail is not delivered to street address) 444 | Room/suite | | , | mber (see instruction | ns) |
| City | or town | , state or province, country, and ZIP or foreign postal code | | | (617) 771-2225 | 5 | |
| | | A 02642 | | | C If exemption | application is pendin | g, check here |
| G Ch | neck al | l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check he | ere 📗 |
| | | ☐ Final return ☐ Amended return | | | | ganizations meeting | |
| | | $lacktriangle$ Address change $\ \square$ Name change | | | | k here and attach co | · - |
| | , | pe of organization \square Section 501(c)(3) exempt private | | | | undation status was t n 507(b)(1)(A), chec | |
| | Section | 4947(a)(1) nonexempt charitable trust | | | - | | |
| of ' | year <i>(f</i> | xet value of all assets at end from Part II, col (c), \$ 680,521 J Accounting method ☐ Other (specify) _ (Part I, column (d) must | Cash Accru | al | | ation is in a 60-month n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Boyonyo and | | .1 | | (d) Disbursements |
| | | 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 | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | (,,,,,,,,, |
| | 2 | schedule) 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 | 16,635 | | 16,635 | | |
| | 5a | Gross rents | | | | | |
| a) | Ь | Net rental income or (loss) | | | | | |
| Ξ | 6a | Net gain or (loss) from sale of assets not on line 10 | -8,897 | | | | |
| Revenue | Б 7 | Gross sales price for all assets on line 6a 14,551 Capital gain net income (from Part IV, line 2) | | | 0 | | |
| ~ | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | ь | Less Cost of goods sold | <u></u> | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 7,738 | | 16,635 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | 0 | | 0 |
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| SII | 16a | Legal fees (attach schedule) | | | | | |
| ğ | ь | Accounting fees (attach schedule) | 950 | | 0 | | 0 |
| e E | С | Other professional fees (attach schedule) | | | | | |
| atıv | 17 | Interest | | | | | |
| and Administrative Expenses | 18 | Taxes (attach schedule) (see instructions) | 188 | | 0 | | 0 |
| <u> </u> | 19 | Depreciation (attach schedule) and depletion | | | | | |
| Ę | 20 | Occupancy | | | | | |
| ב ב | 21 | Travel, conferences, and meetings | | | | | |
| <u>=</u> | 22 | Printing and publications | as 1 | | | | |
| ing | 23 | Other expenses (attach schedule) | 50 | | 0 | | 0 |
| erat | 24 | Total operating and administrative expenses. | | | _ | | _ |
| Operating | 25 | Add lines 13 through 23 | 1,188 | | 0 | | 32 350 |
| _ | 25 | Contributions, gifts, grants paid | 32,350 | | | | 32,350 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 33,538 | | 0 | | 32,350 |
| | 27 | Subtract line 26 from line 12 | | | | | |
| | a | Excess of revenue over expenses and disbursements | -25,800 | | | | |
| | ь | Net investment income (if negative, enter -0-) | | | 16,635 | | |
| | c | Adjusted net income(if negative, enter -0-) | | | | | |
| For | Paper | work Reduction Act Notice, see instructions. | | | Cat No 11289 | C For | m 990-PF (2017) |

234,999

241,098

241,098

241,098

241,098

211,551

215,298

215,298

215,298

215,298

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241,098

-25,800

215,298

215,298 Form **990-PF** (2017)

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676,774

680,521

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21 22

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25

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31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30 Pledges receivable

Less allowance for doubtful accounts ▶

Less allowance for doubtful accounts ▶

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

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

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

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

Page **3**

| | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 1 a VODAPHONE | | | Р | 2004-03-24 | 2017-12-19 |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basıs ense of sale | Gain o | h) r (loss)) mınus (g) |
| a 1 | 4,551 | | 23,448 | | -8,897 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation (| on 12/31/69 | (| I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col (ı) (յ), ıf any | col (k), but not | h) gain minus less than -0-) or om col (h)) |
| а | · · | | (377 | | -8,897 |
| b | | | | | · · |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| If gain, also enter in Pa in Part I, line 8 | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | ons) If (loss), enter -0 | } | 3 | -8,897 |
| | Jnder Section 4940(e) for Re | | | | |
| For optional use by domestic p if section 4940(d)(2) applies, le | rivate foundations subject to the sec eave this part blank | ction 4940(a) tax on ne | t investment incom | ie) | |
| | e section 4942 tax on the distributa ot qualify under section 4940(e) Do | | in the base period | γ | es 🗹 No |
| 1 Enter the appropriate am | nount in each column for each year, | see instructions before | making any entrie | S | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rati (col (b) divided by c | |
| 2016 | 36,929 | | 616,628 | | 0 059889 |
| 2015 | 31,500 | | 684,072 | | 0 046048 |
| 2014 | 30,589 | | 592,502 | | 0 051627 |
| 2013 | 26,190 | | 505,933 | | 0 051766 |
| 2012 | 20,609 | | 415,231 | 1 | 0 049633 |
| 2 Total of line 1, column (d | • | | 2 | | 0 258963 |
| number of years the four | ofor the 5-year base period—divide indation has been in existence if less nicharitable-use assets for 2017 fron | than 5 years 🔒 . | or by the 3 | | 0 051793 655,475 |
| 5 Multiply line 4 by line 3 | | • | 5 | | 33,949 |
| • • • • • | ent income (1% of Part I, line 27b) | | 6 | | 166 |
| | | | 7 | | 34,115 |
| | ons from Part XII, line 4 , | | 8 | | 32,350 |
| | eater than line 7, check the box in Pa | | | g a 1% tax rate Se | |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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

| 1 List all officers, directors, trusto | ees, foundation managers : | and their compensation | (see instructions). | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-------------------------------------------------------------------|---------------------------------------|
| 2 Else dii officers/ directors/ traste | Title, and average | (c) Compensation (If | (d) | Evnence account |
| (a) Name and address | hours per week (b) devoted to position | not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation | |
| MARIANNE LAMPKE | TRUSTEE | 0 | (| 0 |
| PO BOX 944 | 0 00 | | | |
| EASTHAM, MA 02642 | TRUCTEE | | , | |
| PETER LAMPKE 29 LAKE SHORE DRIVE | TRUSTEE 0 00 | 0 | (| 1 |
| NORTH SALEM, NY 10590 | | | | |
| 2 Compensation of five highest-p | aid employees (other than | those included on line | l—see instructions). If no | ne, enter "NONE." |
| (a) | Title, and average | a | Contributions to | |
| Name and address of each employee p more than \$50,000 | | (c) Compensation | employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | | |
| | | | | |
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| | | | | |
| Total number of other employees paid o | Ver \$50,000 | | • | 0 |
| | | | | |
| 3 Five highest-paid independent of the second of t | • | <u>-</u> | e of service | (c) Compensation |
| NONE | on paid more than \$50,000 | (0) 192 | be of service | (c) Compensation |
| NONE | | _ | | |
| | | | | |
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| Total number of others receiving over \$5 | | es | | |
| - | Charitable Activities | | | |
| List the foundation's four largest direct charitab organizations and other beneficiaries served, co | | | nation such as the number of | Expenses |
| 1 | sincrences convened, research pap | ers produced, etc | | |
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| 2 | | | | |
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| 3 | | | | |
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| 4 | | | | |
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| | am-Related Investment | <u> </u> | | |
| Describe the two largest program-related in | vestments made by the foundation | during the tax year on lines 1 | and 2 | Amount |
| 1 | | | | |
| | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| | | | | |
| All other program-related investments | s See instructions | | | |
| 3 | | | | |
| | | | | |
| | | | | |
| Total. Add lines 1 through 3 | | | | C |
| | | | | 5 000 BE (2017) |

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

1b

2

3a 3h

4

5

32.350

32,350

Form 990-PF (2017)

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

income Enter 1% of Part I. line 27b (see instructions).

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.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

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5

a From 2012. **b** From 2013. . . . c From 2014. . d From 2015. . . .

e From 2016.

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

(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

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

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

(If an amount appears in column (d), the

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

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. . **b** Excess from 2014. . c Excess from 2015. . . .

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

Subtract lines 7 and 8 from line 6a

indicated below:

32,441

32,350

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91

(d)

Page 9

| P | art XIII | Undistributed Income (see instru | uctions) |
|---|-------------|-----------------------------------------|----------|
| | | | |
| 1 | Distributab | le amount for 2017 from Part XI. line 7 | |

| 1 | Distributable amount for 2017 from Part XI, line 7 | | | | |
|---|-----------------------------------------------------|---|--|--|--|
| 2 | Undistributed income, if any, as of the end of 2017 | | | | |
| а | Enter amount for 2016 only | L | | | |
| b | Total for prior years 20 , 20 , 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | Ī | | | |

4,139

f Total of lines 3a through e.

b Applied to undistributed income of prior years

4.048

(a)

Corpus

(b)

Years prior to 2016

(c)

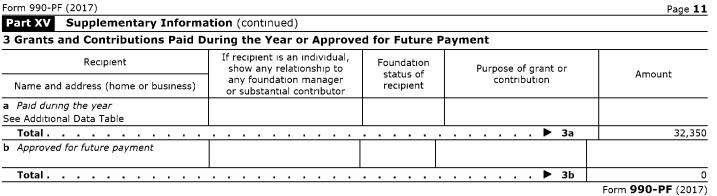
2016

4.139 0

91

4,048

4,048



| Enter gross amounts unless otherwise indicated | | Unrelated bu | isiness income | Excluded by section | (e) Related or exempt | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------|--------------------------|----------------------------------------|
| _ | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Membe | and contracts from government agencies rship dues and assessments | | | | | |
| ınvest | st on savings and temporary cash ments | | | | 45.505 | |
| | ids and interest from securities | | | 14 | 16,635 | |
| a Debt- b Not de | financed property ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| Gain o | or (loss) from sales of assets other than cory | | | 18 | -8,897 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e). | | 0 | | 7,738 | |
| art XVI ine No. ▼ | Explain below how each activities to the the accomplishment of the foundation's explain the accomplishment of the foundation's explain the foundation of the | income is reporte | ed in column (e) of | f Part XVI-A contribu | | |
| | manaciona y | | | | | |
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| orm 990-l | PF (2017) | | | | | | | Pa | ge 13 |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|--------------|------------------|----------------------|----------------|---------------------|--------------|
| Part XV | Information Re Exempt Organi | | nsfers To and Tra | ansactio | ns and Relatio | onships With Nor | ncharitable | | |
| | organization directly or in he Code (other than section | directly engage | | | | | on 501 | Yes | No |
| | ers from the reporting foun | | | | | _ | | | |
| (1) Ca | ash | | | | | | . 1a(1) | | No |
| (2) Of | ther assets | | | | | | . 1a(2) | | No |
| b Other t | ransactions | | | | | | | | |
| (1) Sa | ales of assets to a nonchar | itable exempt or | ganization | | | | . 1b(1) | | No |
| | irchases of assets from a r | | | | | | 1b(2) | | No |
| | ental of facilities, equipmen | • | | | | | 1b(3) | | No |
| | eimbursement arrangemer | | | | | | . 1b(4) | | No |
| | ans or loan guarantees. | | | | | | . 1b(5) | | No |
| | rformance of services or m | • | - | | | | 1b(6) | | No |
| _ | g of facilities, equipment, r inswer to any of the above | - | · · | | | | . Lo | | No |
| | goods, other assets, or ser transaction or sharing arra (b) Amount involved | ingement, show | | alue of the | goods, other ass | | ved | ngemen | ts |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| describ | foundation directly or indirectly of indirectly of the section 501(c) of the complete the following section (a) Name of organization | chedule | an section 501(c)(3) | | on 527? | | □ Yes | | No |
| | Indor popultice of namilia | I doclare that I | have evamined this | roture in -l | uding accomme | una achadulaa and -+ | atomonts and | to the | bost |
| 0 | Inder penalties of perjury, f my knowledge and belief which preparer has any kno ***** Signature of officer or t | f, it is true, corre owledge | | eclaration o | | | | rmatior scuss th | n of |
| | Print/Type preparer's | s name Pr | eparer's Signature | | Date | Check if self- | PTIN | 643 | |
| Paid | Joel Siegel CPA | | | | | employed ▶ □ | P00031 | .642 | |
| Prepar | _ I I I I I I I I I I I I I I I I I I | IN & COMPANY C | :PA's | | | F | -irm's EIN ▶06 | -10061 | 97 |

Firm's address ▶ 55 WALLS DRIVE Phone no (203) 319-7560 FAIRFIELD, CT 068245163 Form **990-PF** (2017)

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)

500

300

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

| 3 / | | | |
|-------------------------------------------------------|-------------------|---------|--|
| 130 HOWE STREET130 HOWE STREET NEW HAVEN, CT 06511 | PUBLIC CHARITY | GENERAL | |
| AMERICAN CANCER SOCIETY | PUBLIC | GENERAL | |

or substantial contributor

a Paid during the year

| CHAPPAQUA, NY 10514 | CHARITY | | |
|-----------------------------------------|-------------------|---------|--|
| RIDE TO DEFEAT ALS 585 CANTON STREET | PUBLIC CHARITY | GENERAL | |

| CHAPPAQUA, NT 10514 | | | |
|--------------------------------------------------------------|-------------------|---------|--|
| RIDE TO DEFEAT ALS 685 CANTON STREET NORWOOD, MA 02062 | PUBLIC CHARITY | GENERAL | |
| | | | |

| RIDE TO DEFEAT ALS 685 CANTON STREET NORWOOD, MA 02062 | PUBLIC CHARITY | GENERAL | 100 |
|--------------------------------------------------------------|-------------------|---------|--------|
| Total | | | 32,350 |

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

1.000

1,000

| Paid during the year | | | |
|--------------------------------------------------------------|-------------------|---------|--|
| MERICAN RED CROSS 19 INDIAN FIELD ROAD 15 PERNAICH CT. 06830 | PUBLIC CHARITY | GENERAL | |

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

| GREENWICH, CT 06830 | | | |
|----------------------------------------------------|-------------------|---------|--|
| THIRD SECTOR NE89 SOUTH STREET BOSTON, MA 02111 | PUBLIC CHARITY | GENERAL | |

| THIRD SECTOR NE89 SOUTH STREET BOSTON, MA 02111 | PUBLIC CHARITY | GENERAL | |
|----------------------------------------------------|-------------------|---------|--|
| CENTER FOR COASTAL STUDIES | PUBLIC | GENERAL | |

| B001014,1174 02111 | CI II II CI I | | |
|-----------------------------------------------|-------------------|---------|---|
| CENTER FOR COASTAL STUDIES 5 HOLWAY AVENUE | PUBLIC CHARITY | GENERAL | ; |
| PROVINCETOWN, MA 02657 | | | |

| CENTER FOR COASTAL STUDIES 5 HOLWAY AVENUE PROVINCETOWN, MA 02657 | PUBLIC CHARITY | GENERAL | 2,000 |
|-------------------------------------------------------------------------|-------------------|---------|-------|
| _ | | | |

| PROVINCETOWN, MA 02657 | CH | HARITY | |
|------------------------|----|--------|--------|
| Total | | | 32,350 |

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

| 1 | | | |
|----------------------------------------------------------------------|-------------------|----------------|-------|
| COOLIDGE CORNER THEATRE 290 HARVARD STREET BROOKLINE, MA 02446 | PUBLIC CHARITY | GENERALGENERAL | 2,500 |
| DEMOCRACY NOW | PUBLIC | GENERAL | 1,400 |

| DEMOCRACY NOW 207 WEST 25TH STREET NEW YORK, NY 10001 | CHARITY | GENERAL | 1,400 |
|-------------------------------------------------------------|-------------------|---------|-------|
| EMERSON COLLEGE 120 BOYLESTON STREET BOSTON MA 02116 | PUBLIC CHARITY | GENERAL | 2,000 |

| EMERSON COLLEGE 120 BOYLESTON STREET BOSTON, MA 02116 PUBLIC CHARITY GENERAL 2,0 |
|------------------------------------------------------------------------------------|
| |

| EMERSON COLLEGE 120 BOYLESTON STREET BOSTON, MA 02116 | PUBLIC CHARITY | GENERAL | 2, |
|-------------------------------------------------------------|-------------------|---------|----|
| | | | |

| EMERSON COLLEGE 120 BOYLESTON STREET BOSTON, MA 02116 | PUBLIC CHARITY | GENERAL | 2,000 |
|-------------------------------------------------------------|-------------------|---------|--------|
| Total | | | 32,350 |

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

| a raid darning the year | | | |
|-------------------------------------------------------------------|-------------------|---------|-------|
| FHE FUND FOR YALE NEW HAVEN PO BOX 1849 NEW HAVEN, CT 06508 | PUBLIC CHARITY | GENERAL | 500 |
| GREENWICH HOSPITAL | PUBLIC | GENERAL | 2,000 |

| GREENWICH, CT 06830 | DUBLIC | CENEDAL CENEDAL | |
|-----------------------------------------|-------------------|-----------------|--|
| GREENWICH HOSPITAL 5 PERRYRIDGE ROAD | PUBLIC CHARITY | GENERAL | |

| GREENWICH, CT 06830 | CHARTT | | |
|----------------------------------------------------------------|-------------------|----------------|-------|
| HISPANIC FEDERATION 55 EXCHANGE PLACE NEW YORK, NY 10005 | PUBLIC CHARITY | GENERALGENERAL | 1,300 |

| T-4-1 | • | | | 22.250 |
|----------------------------------------------------------------|---|-------------------|----------------|--------|
| HISPANIC FEDERATION 55 EXCHANGE PLACE NEW YORK, NY 10005 | | PUBLIC CHARITY | GENERALGENERAL | 1,300 |

| 55 EXCHANGE PLACE NEW YORK, NY 10005 | CHARITY | GENERALGENERAL | 1,- |
|-----------------------------------------|---------|----------------|--------|
| Total | | | 32,350 |

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

| INDIAN HARBOR FOUNDATION 710 STEAMBOAT ROAD GREENWICH, CT 06830 | PUBLIC CHARITY | GENERAL | 300 |
|-----------------------------------------------------------------------|-------------------|---------|-----|
| LEWISBORO LIBRARY15 MAIN STREET SOUTH SALEM, NY 10590 | PUBLIC CHARITY | GENERAL | 100 |

| LEWISBORO LIBRARY15 MAIN STREET SOUTH SALEM, NY 10590 | PUBLIC CHARITY | GENERAL | 100 |
|-----------------------------------------------------------------------|-------------------|---------|-------|
| VIEQUES HUMANE SOCIETY PUERTO DIABLO VIEQUES, Puerto Rico RQ | PUBLIC CHARITY | GENERAL | 1,300 |
| T | 22.250 | | |

| VIEQUES HUMANE SOCIETY PUERTO DIABLO VIEQUES, Puerto Rico RQ | PUBLIC CHARITY | GENERAL | 1,300 |
|-----------------------------------------------------------------------|-------------------|---------|--------|
| Total | | | 32,350 |

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 MIT77 MASSACHUSETTS AVENUE PUBLIC GENERALGENERAL 2,000

| CAMBRIDGE, MA 02139 | CHARITY | | |
|-----------------------------------------------------------------------------------|-------------------|---------|-------|
| NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011 | PUBLIC CHARITY | GENERAL | 2,300 |
| | 1 | | |

| 40 WEST 20TH STREET NEW YORK, NY 10011 | G.17.11.21.1 | | |
|---------------------------------------------------------------|-------------------|---------|-------|
| PARENTS FOUNDATION FOR TRANSITIONAL LIVING 100 BROADWAY | PUBLIC CHARITY | GENERAL | 5,700 |

| NEW YORK, NY 10011 | | | |
|-------------------------------------------------------------------------------------|-------------------|---------|------|
| PARENTS FOUNDATION FOR TRANSITIONAL LIVING 100 BROADWAY NEW HAVEN CT 06511 | PUBLIC CHARITY | GENERAL | 5,70 |

| , | | | |
|--------------------------------------------------------------------------------------|-------------------|---------|-----|
| PARENTS FOUNDATION FOR TRANSITIONAL LIVING 100 BROADWAY NEW HAVEN, CT 06511 | PUBLIC CHARITY | GENERAL | 5,7 |
| | | | |

| TRANSITIONAL LIVING 100 BROADWAY NEW HAVEN, CT 06511 | CHARITY | |
|------------------------------------------------------------|---------|------------|
| Total | | 32,350 |

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| 123 WILLIAM STREET NEW YORK, NY 10038 | CHARITY | GENERAL | 1,000 |
|------------------------------------------|---------|---------|-------|
| RIVERKEEPER20 SECOR ROAD | PUBLIC | GENERAL | 300 |

DUDLIC

4 000

| OSSINING, NY 10562 | CHARITY | GENERAL | |
|---------------------------------------------|-------------------|---------|--|
| ROAR45 SOUTH STREET RIDGEFIELD, CT 06877 | PUBLIC CHARITY | GENERAL | |
| | | | |

| ROAR45 SOUTH STREET RIDGEFIELD, CT 06877 | PUBLIC CHARITY | GENERAL | 1,000 |
|---------------------------------------------|-------------------|---------|--------|
| Total | | | 32,350 |

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 SILVERMINE GUILD OF ARTISTS PUBLIC **GENERAL** 800 1037 SILVERMINE ROAD CHARITY NEW CANAAN, CT 06840

| STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD STAMFORD, CT 06902 | PUBLIC CHARITY | GENERAL | 300 |
|---------------------------------------------------------------------------------|-------------------|---------|-----|
| THE SCHOOL OF THE MUSEUM OF FINE ARTS 230 THE FENWAY BOSTON, MA 02115 | PUBLIC CHARITY | GENERAL | 400 |

Total . .

32,350

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

500

200

200

| a Paid during the year | | | |
|---------------------------------------|-------------------|---------|--|
| WBAIPO BOX 7032 NEW YORK, NY 10008 | PUBLIC CHARITY | GENERAL | |

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

| VNET825 EIGHTH AVENUE NEW YORK, NY 10019 | PUBLIC CHARITY | GENERAL | |
|---------------------------------------------|-------------------|---------|--|
| | | | |

| NEW YORK, NY 10019 | CHARITY | | |
|--------------------|---------|---------|--|
| WNYCPO BOX 1550 | PUBLIC | GENERAL | |

| WNYCPO BOX 1550 | PUBLIC | GENERAL | |
|--------------------|---------|---------|--|
| NEW YORK, NY 10116 | CHARITY | | |

| NYCPO BOX 1550 EW YORK, NY 10116 | PUBLIC CHARITY | GENERAL | |
|-------------------------------------|-------------------|---------|--|
| | | | |

| T | | | 22.250 |
|--------------------|---------|---------|--------|
| NEW YORK, NY 10116 | CHARITY | | |
| WINTERO BOX 1550 | POBLIC | GENERAL | i 4 |

| NEW YORK, NY 10116 | CHARITY | |
|--------------------|---------|---|
| Total | | 3 |

| Total | | 32,350 |
|-------|------|--------|

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

| a Paid during the year | | | |
|-------------------------------------------------|-------------------|---------|-------|
| THIRTEEN825 EIGHTH AVENUE NEW YORK, NY 10019 | PUBLIC CHARITY | GENERAL | 1,000 |
| THE ACTORS FUND | PUBLIC | GENERAL | 250 |

| THE ACTORS FUND 729 SEVENTH AVENUE NEW YORK, NY 10019 | PUBLIC CHARITY | GENERAL | 250 |
|-------------------------------------------------------------|-------------------|---------|-----|
| NEW HOPE CHRISTIAN COMMUNITY CHURCH 690 PACIFIC STREET | PUBLIC CHARITY | GENERAL | 100 |

| NEW HOPE CHRISTIAN COMMUNITY CHURCH 690 PACIFIC STREET STAMFORD, CT 06902 | PUBLIC CHARITY | GENERAL | 10 |
|------------------------------------------------------------------------------------|-------------------|---------|----|
| | | | |

32,350

| NEW HOPE CHRISTIAN COMMUNITY CHURCH | PUBLIC CHARITY | GENERAL | |
|------------------------------------------|-------------------|---------|--|
| 690 PACIFIC STREET STAMFORD, CT 06902 | | | |

Total . За

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|----------------------------------|-------------------|------------|--------------------------|------------------------|---------------------------------------------|--|--|
| TY 2017 Accounting Fees Schedule | | | | | | | |
| | | | | | | | |
| | Name: | THE ALV | AN G & CAROL J LA | MPKE | | | |
| | FAMILY FOUNDATION | | | | | | |
| | EIN: | 26-3804 | 618 | | | | |
| Accounting Fees Schedule | | | | | | | |
| Category | Amo | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| TAX PREPARATION | | 950 | 0 | | 0 | | |

| efile GRAPHIC print - D | OO NOT PROCESS | As Filed Data - | DLN: 93491310005188 |
|-------------------------|----------------|-----------------|---------------------|
| | | | |
| | | | |

TY 2017 Investments Corporate Stock Schedule

Name: THE ALVAN G & CAROL J LAMPKE

FAMILY FOUNDATION

| EIN: 26-3804618 | | |
|--------------------------|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| ADP 800 SH | 4,374 | 93,752 |
| COLGATE PALMOLIVE 800 SH | 25,027 | 60,360 |
| COMCAST 1,500 SH | 27,607 | 120,150 |
| CONOCOPHILLIPS 365 SH | 9,391 | 20,035 |
| HONEYWELL INTL 400 SH | 23,228 | 61,344 |
| MERCK 1,625 SH | 12,961 | 91,439 |
| PEPSICO 400 SH | 23,913 | 47,968 |
| PROCTER & GAMBLE 600 SH | 31,366 | 55,128 |
| VERIZON 580 SH | 24,167 | 30,699 |
| 3M COMPANY 300 SH | 25,689 | 70,611 |
| PHILLIPS 66 250 SH | 3,823 | 25,288 |
| FAIRPOINT COMMUNICATIONS | 5 | 0 |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|--|--|
| TY 2017 Other Expenses Sche | dule | | | | | |
| | | | | | | |
| Name: | THE ALVAN G | & CAROL J LAMPKE | E | | | |
| | FAMILY FOUNDATION | | | | | |
| EIN: | EIN: 26-3804618 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

LICENSE & FEES

| efile GRAPHIC print - DO NOT PRO | OCESS | As Filed Data | - | DLI | N: 93491310005188 |
|----------------------------------|-------|----------------------------------|--------------------------|------------------------|---------------------------------------------|
| TY 2017 Taxes Schedule | 9 | | | | |
| | | THE ALVAN (FAMILY FOU 26-3804618 | | PKE | |
| Category | An | nount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| US TREASURY | | 188 | 0 | | 0 |