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

Department of the Treasury Internal Revenue Service

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

▶Go to www.irs.gov/Form990PF for instructions and the latest information.

_		ndar year 2017 or tax year beginning ,	and ending				
		oundation					
		EMIS FOUNDATION LTD			A Empl	oyer identification number	
		JULIA V. PARRY			21	-1728878	
_		and street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instruction	e)
		MONEY POINT ROAD				0-536-5152	٠,
		wn, state or province, country, and ZIP or foreign postal code					
_	MYST	TIC CT 06355	·		C If exe	mption application is pending.	check here
G	Check	call that apply Initial return Initial retu	rn of a former public ch	narity	D 1 F	oreign organizations, check he	ere 🕨
		Final return Amended	return		2 Fc	oreign organizations meeting t	he
_		Address change Name cha	ange		85	% test, check here and attack	computation •
Н	Check	type of organization X Section 501(c)(3) exempt private	e foundation	المام	E If priv	ate foundation status was terr	nipated under
	1		le private foundation	09		n 507(b)(1)(A), check here	▶
1	Fair ma	arket value of all assets at J Accounting method	X Cash Acci	ual	F If the	foundation is in a 60-month te	rmination
7	end of	year (from Part II, col. (c), Other (specify)		,		section 507(b)(1)(B), check h	
1	line 16)		be on cash basis)				
-	Part I	,	(a) Revenue and	(F.) N1			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
_	1	Contributions, gifts, grants, etc., received (attach schedule)	104,801				(cash basis only)
	2	Check ► if the foundation is not required to attach Sch B	104,601				
	3	Interest on savings and temporary cash investments	148		148		
	4	Dividends and interest from securities	11,155		11,155		
	5a	-	11,133		1,133		
,							
i	6a b	Net gain or (loss) from sale of assets not on line 10		***************************************	***************************************		
9	b	Gross sales price for all assets on line 6a					
Ğ	2 7	Capital gain net income (from Part IV, line 2)			0		
	8	Capital gain net income (from Part IV line 2) Net short-term capital gain RECEIVED	ł l			0	
	9	Income modifications					
	10a		Ö				
	b	Less Cost of goods sold	SS	······································		· · · · · · · · · · · · · · · · · · ·	
	C	Gross profit or (loss) (attach schedule)					***************************************
	11	Other income (attach schedule) OGDEN, U					
	12	Total. Add lines 1 through 11	116,104		.1,303	0	····
U	13	Compensation of officers, directors, trustees, etc	0	 -			
303000	15	Other employee salaries and wages Pension plans, employee benefits					
							_
ú) b	Accounting fees (attach schedule) STMT 1	1,300		650		650
2		Other professional fees (attach schedule)			- 030		
⊇ દેં	17	Interest					
6010 Jistra	2 18	Taxes (attach schedule) (see instructions) STMT 2	78				
· £ & £010 Administrative Ev	19	Depreciation (attach schedule) and depletion					
1 5	20	Occupancy		·			·
, ৭ . ম	21	Travel, conferences, and meetings					·· ·· · · · · · · · · · · · · · · · ·
, ברים הומים	22	Printing and publications					
, 5	ກ 23	Other expenses (att sch) STMT 3	102				102
Operation	24	Total operating and administrative expenses.					
٥	5	Add lines 13 through 23	1,480		650	0	752
֝ כ	25	Contributions, gifts, grants paid	36,500				36,500
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	37,980		650	0	37,252
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	78,124				······
	b	Net investment income (if negative, enter -0-)		1	0,653		

For Paperwork Reduction Act Notice, see instructions.

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	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	`Cash – non-interest-bearing	220,892	183,162	183,162
	2	Savings and temporary cash investments			
	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 (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
ध	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<u> </u>
ğ	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 4	382,469	498,323	776,118
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)		Ì	
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			······
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			·
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	603,361	681,485	959,280
\exists	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted			
등	25	Temporarily restricted			
	26	Permanently restricted			
틹		Foundations that do not follow SFAS 117, check here			
띰		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds	833,276	938,077	
ĕ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ŝ	29	Retained earnings, accumulated income, endowment, or other funds	-229,915	-256,592	
Net Assets or Fund Bala	30	Total net assets or fund balances (see instructions)	603,361	681,485	
Ž	31	Total liabilities and net assets/fund balances (see			
$oldsymbol{\perp}$		instructions)	603,361	681,485	
-	art II	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 (mus	st agree with		
		f-year figure reported on prior year's return)	5	1	603,361
2		amount from Part I, line 27a		2	78,124
		increases not included in line 2 (itemize) ▶		3	,
		nes 1, 2, and 3		4	681,485
		ases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	o), line 30	6	681,485
			71		

	and Losses for Tax on Investment to the kind(s) of property sold (for example, real estate,	ent Income	(b) How acquired	c) Date acquired	(d) Date sold
	varehouse, or common stock, 200 shs MLC Co)		P – Purchase D – Donation	(mo , day, yr)	(mo , day, yr)
1a N/A					
<u>b</u>					
<u>c</u>		 			
<u>d</u>		 	- - - - - - -		
<u>e</u>	(f) Depreciation allowed	(=) (Cool or other bosis	/b) Ce	
(e) Gross sales price	(or allowable)	,	Cost or other basis s expense of sale		en or (loss) (f) minus (g))
a					
<u>c</u>				<u> </u>	·
d e					
	ng gain in column (h) and owned by the fo	oundation on 12	2/31/69		-1 (5)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess of col (i)	col (k), but n	ol (h) gain minus ot less than -O-) or (from col (h))
	25 01 12/31/05		ver col (j), if any		
<u>a</u> b		<u> </u>			
C					
d					
e					
2 Capital gain net income or (net	capital loss) If gain, also enter in				
2. Not short form capital gain or (le	If (loss), enter -0- in	-			
	oss) as defined in sections 1222(5) and (6 B, column (c) See instructions If (loss), e	_	n		
Part I, line 8	s, column (c) dec instructions in (loss), c	er -0- III	<u>}</u>		
	nder Section 4940(e) for Reduc	ed Tax on I		<u> </u>	
f "Yes," the foundation does not qua	ction 4942 tax on the distributable amoun alify under section 4940(e) Do not compl each column for each year, see the instr	ete this part			Yes X No
(a)	(b)	delions before	(c)		(d)
Base period years Calendar year (or tax year beginning i	Advicted avalitues distributions	Ne	et value of noncharitable-use assets		stribution ratio) divided by col (c))
2016		,802	686,03		0.047814
2015		,149	659,76		0.044181
2014		,628	581,61		0.040625
2013		,954	492,63		0.042534
2012	21	,169	412,51	0	0.051318
2. Total of line 1. column (d)					0.226472
2 Total of line 1, column (d) 3 Average distribution ratio for the	5-year base period – divide the total on l	ine 2 hy 5 0 or	by the	2	0.2204/2
-	has been in existence if less than 5 years	•	by the	3	0.045294
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4 Enter the net value of noncharita	able-use assets for 2017 from Part X, line	5		4	833,540
E. Multiply line 4 by line 2					37,754
5 Multiply line 4 by line 3				5	27,733
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	107
7 Add Inno 5 and 6					37 0 <i>6</i> 1
7 Add lines 5 and 6				7	37,861
8 Enter qualifying distributions from	m Part XII, line 4			8	37,252
If line 8 is equal to or greater that	an line 7, check the box in Part VI, line 1b	, and complete	that part using a 1% tax rate	See the	
Part VI instructions					
					Form 990-PF (2017

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(or designate) of each state as required by General Instruction G? If "No," attach explanation

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

X

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8b

9

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10

complete Part XIV

names and addresses

	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
40	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
13	person had advisory privileges? If "Yes," attach statement. See instructions	12	72	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	X	
14	The books are in care of ▶ JULIA V. PARRY 36 MONEY POINT ROAD Telephone no ▶ 860~!	536-	515	2
	Located at ▶ MYSTIC CT ZIP+4 ▶ 0635	5		
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			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? (6) Agree to pay money or proporty to a government of final 2 (Final title 2).			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		l	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			
ь	termination of government service, if terminating within 90 days) $\qquad \qquad $			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	4.	ł	
	Organizations relying on a current notice regarding disaster assistance, check here	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017? N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			•••••
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	2 0 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
h	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		ĺ	
	foundation had excess business holdings in 2017) N/A	,	-	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	1	х
		om 99	0.DE	

Pa	ırt VII-B	Statements Regarding	Activities for Which For	<u>rm 4720 May Be R</u>	equired (cont	ınued)			
5a		ear did the foundation pay or in							
			mpt to influence legislation (sect		Y	'es 🔀 No			
	(2) Influence	the outcome of any specific p	ublic election (see section 4955)	, or to carry on,		(Fig. 1)			
	directly o	r indirectly, any voter registration	on drive?		<u> </u>	es X No			
	(3) Provide a	grant to an individual for trave	l, study, or other similar purpose	es?	U Y	'es X No			
		•	than a charitable, etc , organiza	ition described in	<u></u>	. च्टि			
		945(d)(4)(A)? See instructions			Y	es 🗓 No			
		• • • •	ious, charitable, scientific, literar	ry, or educational		es X No			
		, or for the prevention of cruelt				'es X No			
b	-		of the transactions fail to qualify		escribed in	N/A	5b		
	-		notice regarding disaster assista garding disaster assistance, che			17.7	30		
_			s the foundation claim exemption						
С		aintained expenditure responsi		on nom the tax	N/A 🗌	'es No			
			egulations section 53 4945–5(d)						
6a			any funds, directly or indirectly,						
va		I benefit contract?	any lands, and only or mandony,	to had browning		es X No			
b	•		miums, directly or indirectly, on a	a personal benefit contr		٠- ب	6b		x
~		, file Form 8870	,,,						
7a			ndation a party to a prohibited ta	ax shelter transaction?	\	'es X No			
			eeds or have any net income at		tion?	N/A	7b		
P	art VIII	nformation About Offic	ers, Directors, Trustees,	, Foundation Mana	agers, Highly	Paid Employ	ees,		
		and Contractors							
1	List all officer	s, directors, trustees, and for	undation managers and their o	compensation. See ins	structions.				
				(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense ac	ccount.
		(a) Name and addre	ess	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowar	
						compensation	 		
	ILIA V. PAR		MYSTIC	PRES/DIR					•
	MONEY POI		CT 06355	1.00	0	0	-		0
	HN R. PARR		MYSTIC	SEC/TREA/DIR		0			0
36	MONEY POI	NT ROAD	CT 06355	1.00			 		
							 -		
2	Compensati	on of five highest-paid empl	oyees (other than those includ	led on line 1 - see inst	tructions). If non	e, enter			
				// T.N		(d) Contributions to	Ī		
	(a) N	ame and address of each employee paid	more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		pense ad er allowar	
	, ,	, , ,		devoted to position		compensation	Othe	i allowal	IICES
N	ONE								
							<u> </u>		
							1		
							↓		
							 		
				<u> </u>					
		,			 		-		
					<u> </u>	l	├—		
Tota	I number of of	her employees paid over \$50,0	000				<u>'L</u>		0

Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	lation Managers, Highly Paid Em	ployees,
3 Five high	nest-paid independent contractors for professional services. See Instru	uctions. 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	f others receiving over \$50,000 for professional services		Þ
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year. Include relevant statistical information of the text of the conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A	· · · · · · · · · · · · · · · · · · ·		
•			
2			
3			
4			
·			
Part IX-B	Summary of Program-Related Investments (see instru	ictions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
2			
)	
All other program	related investments. See instructions		
3			
			
Total. Add line:	s 1 through 3	<u> </u>	

Pa	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	Ì					
а	Average monthly fair market value of securities	1a	626,737				
þ	Average of monthly cash balances	1b	219,497				
C	Fair market value of all other assets (see instructions)	1c	0				
d	Total (add lines 1a, b, and c)	1d	846,234				
е	Reduction claimed for blockage or other factors reported on lines 1a and		i				
	1c (attach detailed explanation) 1e 0	ļ					
2	Acquisition indebtedness applicable to line 1 assets	2	0				
3	Subtract line 2 from line 1d	3	846,234				
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see						
	instructions)	4	12,694				
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	833,540				
6	Minimum investment return. Enter 5% of line 5	6	41,677				
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	four	idations				
	and certain foreign organizations check here ▶ ☐ and do not complete this part)						
1	Minimum investment return from Part X, line 6	1	41,677				
2a	Tax on investment income for 2017 from Part VI, line 5						
b	Income tax for 2017 (This does not include the tax from Part VI)	•					
С	Add lines 2a and 2b	2c	213				
3	Distributable amount before adjustments Subtract line 2c from line 1	3	41,464				
4	Recoveries of amounts treated as qualifying distributions	4					
5	Add lines 3 and 4	5	41,464				
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	41,464				
	The Augustian Distributions (200 potrustions)						
	art XII Qualifying Distributions (see instructions)						
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes						
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	37,252				
b	Program-related investments – total from Part IX-B	1b					
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,						
	purposes	2					
3	Amounts set aside for specific charitable projects that satisfy the						
а	Suitability test (prior IRS approval required)	3a					
b	Cash distribution test (attach the required schedule)	3b					
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	37,252				
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	0				
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	37,252				
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	lation					
	qualifies for the section 4940(e) reduction of tax in those years						

_ P	Undistributed Income (see instruction	ns)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				41,464
2	Undistributed income, if any, as of the end of 2017				11,101
а				33,324	
b	Total for prior years 20, 20, 20			33,321	
3	Excess distributions carryover, if any, to 2017				
a	From 2012				
b	From 2013				
c	From 2014	_			
	From 2015	\dashv			
	From 2016	_			
	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				<u></u>
	line 4 ▶ \$ 37,252				
а	Applied to 2016, but not more than line 2a			33,324	
	Applied to undistributed income of prior years			33,324	
_	(Election required – see instructions)				
c	Treated as distributions out of corpus (Election				····
Ū	required – see instructions)				
d	Applied to 2017 distributable amount				3 020
	Remaining amount distributed out of corpus				3,928
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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				·····
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed	***************************************			
Ĭ	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				••••
Ť	amount – see instructions				
e	Undistributed income for 2016 Subtract line	-			
Ī	4a from line 2a Taxable amount – see	İ			
	Instructions				
f	Undistributed income for 2017 Subtract lines				······································
	4d and 5 from line 1. This amount must be				
	distributed in 2018				37,536
7	Amounts treated as distributions out of corpus				37,530
	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.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2013				
b	Excess from 2014				
c	Excess from 2015	7			
d	Excess from 2016				
е	Excess from 2017				

Pa	IT XIV Private Operating Fou	ndations (see in	<u>structions and Pa</u>	rt VII-A, question s	<u> </u>	
1a	If the foundation has received a ruling or			ting		
	foundation, and the ruling is effective for 2		-	_	L	_/
b	Check box to indicate whether the founda		ating foundation descri		942(j)(3) or 494:	2(j)(5)
2a	Enter the lesser of the adjusted net	(a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2010	(6) 2015	(d) 2014 /	
	investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
•	line 4 for each year listed					
d	Amounts included in line 2c not used directly					· · · · · ·
_	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					-
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets			·		
	(2) Value of assets qualifying under	i				
	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed			 		
С	"Support" alternative test – enter	l				
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on	J.				
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public		•			
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	L				
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inform	•	•	the foundation h	ad \$5,000 or more	e in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	-				
а	List any managers of the foundation who				•	
	before the close of any tax year (but only))	č104 001
	JOHN R. AND JULIA V. List any managers of the foundation who			- -	nortion of the	\$104,801
D	ownership of a partnership or other entity)		•		e portion of the	
	N/A	or writer the foundat	ion has a 10% of grea	iter interest		
2	Information Regarding Contribution, G	rant Gift Loan Sch	olarship etc. Progr	ams:		"
-	Check here ► X if the foundation only				loes not accept	
	unsolicited requests for funds. If the found		•	-	•	
	complete items 2a, b, c, and d See instru		,,		,	
	The name, address, and telephone numb		f the person to whom	applications should be	addressed	
	N/A					
						
ь	The form in which applications should be	submitted and inform	ation and materials th	ey should include		
	N/A					
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kinds of institutio	ns, or other	
	factors					
	N/A			·		

Part XV Supplementary Information (co	ontinued)			
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	e Year or Approved for F	uture 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	contribution	
Name and address (home or business) a Paid during the year SEE STATEMENT 5	or substantial contributor			36,500
Total	<u> </u>	<u> </u>	▶ 3a	36,500
b Approved for future payment N/A				
Total			- 2h	

	Part XVI-A	Analysis of Income-Producing Ac	tivities				
En	ter gross amo	ounts unless otherwise indicated	Unrelat	ed business income	Excluded	f by section 512, 513, or 514	(a)
	•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program sei	rvice revenue					(See instructions)
	a		ļ <u>. —</u>				
	b						
	c			 -			
	d		ļ		- -		
	_						
	f						
_	-	d contracts from government agencies		<u> </u>			
		dues and assessments			14	148	
		avings and temporary cash investments and interest from securities		 	14	11,155	
4					12	11,155	
Ð		come or (loss) from real estate					
		anced property t-financed property					
s		come or (loss) from personal property					
	Other invest				+		
		s) from sales of assets other than inventory					
	,	or (loss) from special events					
		or (loss) from sales of inventory			\top		
		ue a					
	е						
12	Subtotal Ad	ld columns (b), (d), and (e)			0	11,303	
13	Total. Add I	ine 12, columns (b), (d), and (e)				13	11,303
		in line 13 instructions to verify calculations)					
	Part XVI-B	Relationship of Activities to the A					
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purp					
	N/A		(, , , , , , , , , , , , , , , , , , ,				
	<i>-</i>						
_			-				
	-						
				. <u></u>			
_		· · · · · · · · · · · · · · · · · · ·					
						 	
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					·		
				 -			
						 	
							
_							
_							
							
_		L					

Luit	•	Exempt Organiza	_		a managetic	ms and relationships w	idi itoricilaritabic		
1 D				ie in any of the fol	lowing with any	other organization described		Yes	No
	_)1(c) (other than secti				-			
or	ganızatıon	s?				• ,			
a Tr	ransfers fro	om the reporting found	ation to a no	ncharitable exem	pt organization o	of			
(1) Cash						1a(1	<u> </u>	X
(2) Other as	ssets					1a(2)	X
b O	ther transa	ictions							
(1) Sales of	assets to a noncharita	able exempt	organization			1b(1		X
(2) Purchas	es of assets from a no	oncharitable (exempt organizati	on		1b(2)	X
(3) Rental o	of facilities, equipment,	or other ass	ets			<u>1b(3</u>		X
•	•	rsement arrangements	3				1b(4		X
-	-	r loan guarantees					1b(5		X
	•	ance of services or me	-	-			1b(6	}	X
	_	acilities, equipment, m	_	· · · · · · · · · · · · · · · · · · ·		and the should always about the	<u>1c</u>	<u> </u>	
		-				mn (b) should always show the			
						the foundation received less that			
	ine no	(b) Amount involved		of noncharitable exem		the goods, other assets, or sen	ransactions, and sharing arrangen	nents	
N/A		(D) thought involved	(0) / 12	or from or an analysis of an an	pr organization	(e) bossipilor er darisiers,	, and a straining arrangement		
			-				_		
					····				
				 		<u> </u>			
									
									
			ļ						
		L				 			
		•	=			k-exempt organizations	п,	, T	1
		section 501(c) (other		501(c)(3)) or in se	ection 5277			es X	No
D IT		nplete the following sci	neaule	(b) Turn of a		(a) Dane	ption of relationship		
) Name of organization	<u> </u>	(b) Type of c	organization	(c) Descr	ption of relationship		
		 				<u> </u>			
				-					
						edules and statements, and to the best o	f my knowledge and belief, it is to	ıe,	
	correct, ar	nd complete. Declaration of p	oreparer (other ti	han taxpayer) is based	on all information of	which preparer has any knowledge	May the IRS discuss this	return	$\neg \neg$
Sign							with the preparer shown	a –	¬
Here		1			1		See instructions	Yes	No
		ulia V.	Parr	Lee	M	200 PRE	SIDENT		
	Sight	ature of officer or trustee		.0	6ate	Title			
	РгМИТУ	pe preparer's name		-	Preparer's signati	ıre	Date	Check	nf
Paid						5/	_	self-em	nployed
Palu Prepare		IAN P. BRODEU			150	126	O5/09/18		
Use On	Firm's n				CPAS, P.	c	PTIN PO044		
J30 OII	Firm's a		BOX 16		c 4 = =		Firm's EIN ▶ 06-08		
		OLD S	SAYBROC	OK, CT 0	6475		Phone no 860 - 35		
							Form 9	190-PF	* (2017)

			_	_	
- 31	_ 1	72	×	×	78

Federal Statements

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

	Name of Manager	Amount
JOHN R. AND JULIA	V. PARRY (SEE SCH B, PART	I) \$ 104,801
TOTAL		\$ 104,801

Statem	
Federal	

31-1728878

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount		5.000)	5.000		000.5		5.000)	1.000		1.000		2.500	, , , , , ,	000.1		10.000		1,000	
!	Purpose		MATERNAL & CHILD HEALTH PRGMS TRAIN)2	FREE MEDICAL TREATMENT TO DESPERATE		HELPING BABIES BREATHE - NEONATAL		SUPPORT SOLAR SUITCASE FOR TANZANIA		GENERAL SUPPORT CHILDREN'S EDUCATION		SUMMER LEANING EXPERIENCE		TEACHING TOLLERANCE		BLANKETS FOR SMYTH AND WYTHE COUNTIE	~	ELI NEWTON SAWTELL SCHOLARSHIP		BLANKETS FOR USE AT RAM CLINICS	
Address	Status	27 SOUTH LA PATERA LANE		1922 THE ALAMEDA, STE 302	PC	10377 E. GEDDES AVE.	PC	5765	PC	109 PEQUOTISEPOS RD	PC		PC	400 WASHINGTON AVE	PC	2715 BROOKMERE ROAD	PC	502 EAST LAMAR ALEXANDER	PC	2200 STOCK CREEK BLVD	PC	
	Relationship	27 SOUTH		1922 THE		10377 E.		PO BOX 57		109 PEQUC		PO BOX 44		400 WASHI		2715 BROC		502 EAST		2200 STOC		
	Re		NONE		NONE	HEATHCARE)	NONE		NONE		NONE		NONE		NONE		I NONE		NONE		NONE	
Name	Address	DIRECT RELIEF INTERNATIONAL	SANTA BARBARA CA 93117	THE FISTUAL FOUNDATION	SAN JOSE CA 95126	٠.	CENTENNIAL CO 80112	WE CARE SOLAR	BERKELEY CA 94705	DENISON PEQUOTSEPOS NATURE	MYSTIC CT 06355	COOL LEARNING EXPERIENCE	WAUKEGAN IL 60079	SOUTHERN POVERTY LAW CENTER	MONTGOMERY AL 36177-9621	RAM VIRGINIA	CHARLOTTESVILLLE VA 22901	MARYVILLE COLLEGE	MARYVILLE TN 37804	REMOTE AREA MEDICAL	ROCKFORD IN 37853	

36,500

Schedule B

(Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

2017

Name of the organization ARTEMIS FOUNDATION LTD C/O JULIA V. PARRY

Employer identification number

31-1728878

Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c)(7)	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule See				
Instructions General Rule					
f X For an organization fili	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special Rules					
regulations under sect 13, 16a, or 16b, and th \$5,000, or (2) 2% of th For an organization de contributor, during the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nat received from any one contributor, during the year, total contributions of the greater of (1) is amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II is escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
contributor, during the contributions totaled moduring the year for an of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year.				
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

Name of organization
ARTEMIS FOUNDATION LTD

Employer identification number 31-1728878

Part I	Contributors (see instructions) Use duplicate copies of	f Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN R. AND JULIA V. PARRY 36 MONEY POINT ROAD MYSTIC CT 06355	\$ 101	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN R. PARRY 36 MONEY POINT ROAD MYSTIC CT 06355	\$ 94,500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No3	Name, address, and ZIP + 4 JULIA V. PARRY 36 MONEY POINT ROAD MYSTIC CT 06355	Total contributions \$ 10,200	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
ARTEMIS FOUNDATION LTD

Employer identification number 31-1728878

Part IÌ	Noncash Property (see instructions) Use duplicate	e copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	1	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	2281.506 SHS SCHWAB STK (SWPPX)			
_		\$	94,500	12/18/17
(a) No. from Part I	(b) Description of noncash property given	,	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	152.398 SHS VANGUARD STK (VTSMX)			
		\$	10,200	12/18/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	1	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$		
a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$		