SCANNED JUI. 0 6 2018

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

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

Go to www.irs.gov/Form990PE for instructions and the latest information

2017

Internal Reversive Service Go to www.l	1 1 , 2017	, and ending	DEC 31, 2017	Open to Public Inspection
	1, 2011	, and ending		
Name of foundation			A Employer identification	n number
EGCMN FAMILY FOUNDATION			81-5130173	}
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
C/O WITHERS BERGMAN LLP, P	O BOX 426	}	203-789-13	320
City or town, state or province, country, and ZIP or foreign p			C If exemption application is	
NEW HAVEN, CT 06502-0426			,	.
G Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	s, check here
Final return	Amended return			
Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H Check type of organization: X Section 501(c)(3) ex	• •	\triangle	E If private foundation sta	atus was terminated
	Other taxable private founda		under section 507(b)(1)(A), check here
Fair market value of all assets at end of year J Accounting	•	Accrual	F If the foundation is in a	
(from Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)(B), check here
1,641,439. (Part I, colur				(d) a
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,700,000.		N/A	
2 Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	1 502	1 500		
3 cash investments	1,583. 1,258.	1,583. 1,258.		
4 Dividends and interest from securities 5a Gross rents	1,430.	1,230.		
b Net rental income or (loss)			 	
63 Not gain or (loss) from sale of assets not on line 10	300.			
El Cross soles amos for all				
b assets on line 6a 12,227. 7 Capital gain net income (from Part IV, line 2)		300.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances			<u> </u>	
b Less Cost of goods sold				
c Gross profit or (loss)	<u> </u>		 	
11 Other income 12 Total. Add lines 1 through 11	1,703,141.	3,141.	 	
13 Compensation of officers, directors, trustees, etc	0.	<u> </u>		0.
14 Other employee salaries and wages		<u>~ ~ .</u>	 	<u>~</u>
15 Pension plans, employee benefits				
16a Lega fees RECEIVED	66,695.	66,695.		0.
b Accounting the CULTVLD				
立 c Other (Residence of A 2018 名				ļ
c Other Bessional fees 17 Interes: MAY 1 4 2018				
	8.	0.		0.
19 Depreciation and epieton. UT				
20 Occupancy 21 Travel, conferences, and meetings				
21 Travel, conferences, and meetings 22 Printing and publications			 	
22 Trinking and publications 22 Other expenses	3,458.	3,458.		0.
23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23				
expenses Add lines 13 through 23	70,161.	70,153.		0.
25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements.				
Add lines 24 and 25	70,161.	70,153.	 	0.
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	1,632,980.			
b Net investment income (if negative, enter -0-)	ļ — — — — — — — — — — — — — — — — — — —	0.	NI / N	
C Adjusted net income (if negative, enter -0-)	1		N/A	

m 990-PF (2017) EGCMN FAMILY FOUNDATION	Doguna of the T		5 130173 Pag
art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
······································	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing		855,315.	855,315
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			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			455 00
b Investments - corporate stock STMT 6	0.	468,800.	<u>477,88</u>
c Investments - corporate bonds			,
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans		222 255	222
13 Investments - other STMT 7	0.	308,865.	308,23
14 Land, buildings, and equipment: basis	Î	1	
Less accumulated depreciation			
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the		1 600 000	1 611 12
instructions. Also, see page 1, item I)	0.	1,632,980.	1,641,43
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			
22 Other liabilities (describe >)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here		İ	
and complete lines 24 through 26, and lines 30 and 31			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	1 632 000	
29 Retained earnings, accumulated income, endowment, or other funds	0.	1,632,980.	
30 Total net assets or fund balances	0.	1,632,980.	
		1 620 000	
31 Total liabilities and net assets/fund balances	0.	1,632,980.	
art III Analysis of Changes in Net Assets or Fund Bala	nces		
Total not accets or fund halances at heavening of year. Port II, column (a), the 20			
Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
(must agree with end-of-year figure reported on prior year's return)		1	1 622 00
Enter amount from Part I, line 27a		2	1,632,98
Other increases not included in line 2 (itemize)		3	1 (32 00
Add lines 1, 2, and 3		4	1,632,98
Decreases not included in line 2 (itemize)	- //->	5	1 632 00
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	n (n) line 30	6	1,632,989

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	n 990-PF (2017) EGCMN FAMILY FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e), or 4	81- 1948 -	51301 see in:	73 stru	ctio	Page 4
 1a	Exempt operating foundations described in section 4940(d)(2), check here and ente	····		T				
	Date of ruling or determination letter: (attach copy of letter if neces		ions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	 i		1				0.
·	of Part I, line 27b	and ones 17	•	<u> </u>				_
r	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% o	of Part I line 12 c	ol (h)					
າ	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other		UI (U).)	2				0.
2	Add lines 1 and 2	15, 611(61 -0-)		3				0.
J A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other	are onter -0-1		4				0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	513, 611161 -0-)		5				0.
9	Credits/Payments:			-				•
0	1	c- 1	0.					
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.	_				
	Exempt foreign organizations - tax withheld at source	6b						
	· · · · · · · · · · · · · · · · · · ·	6c	0.					
	Backup withholding erroneously withheld	6d	0.	7				^
7	Total credits and payments. Add lines 6a through 6d			7				<u> 0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ed		_ 8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				_0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		, >	10				
	Enter the amount of line 10 to be: Credited to 2018 estimated tax		Refunded >	11				
	art VII-A Statements Regarding Activities							
1a	$\mathfrak u$ During the tax year, did the foundation attempt to influence any national, state, or local legislati	ion or did it partic	pate or interven	e in			Yes	
	any political campaign?				L	1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	? See the instruct	ions for the defi	nition	L	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	any materials publ	ished or					
	distributed by the foundation in connection with the activities.				ł	1		ı
C	: Did the foundation file Form 1120-POL for this year?					1c		X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye	ear:			[
	(1) On the foundation. > \$ 0 . (2) On foundation managers.		0.	,				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditur		foundation	_		- 1		ı
	managers. ► \$ 0.	·						ı
2	Has the foundation engaged in any activities that have not previously been reported to the IRS'	?				2		X
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing inst	trument, articles o	f incorporation.	or		ĺ		
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,,	•		3		X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				-	4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?			N	,_	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				/ 	5		X
٠	If "Yes," attach the statement required by General Instruction T				 -	*		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ar.			ļ	ļ		ı
Ū	By language in the governing instrument, or	JI .				ı		
	 By state legislation that effectively amends the governing instrument so that no mandatory d 	brootions that oon	fliat with the ctat	o low	ĺ			
		mechons marcon	met with the 2tat	e law		ا ۾	v	
_	remain in the governing instrument?	- Dt II I /- \	D VA /		<u> </u>	6	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	e Part II, col. (c), a	and Part XV		-	7	Х	
_		_						
ва	Enter the states to which the foundation reports or with which it is registered. See instructions.	. –						
	CT	0 11				1		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	rney General (or c	iesignate)			_	Ţ.	
_	of each state as required by General Instruction G? If "No," attach explanation				-	ВЬ	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section		942(j)(5) for cal	endar				
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comple				_	9		<u>x</u> L
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule to	isting their names an	d addresses	TMT		10	<u> </u>	
					Form	990	-PF	(2017)

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

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 foundation had excess business holdings in 2017.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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Х

N/A

Yes X No

2b

3b

4a

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • • • • • • • • • • • • • • • • • • •		es X No	İ	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				
any voter registration drive?	_		es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	<u> </u>	[57]		
4945(d)(4)(A)? See instructions			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary		es X No			
the prevention of cruelty to children or animals?	der the evereteen deep-to-d		es LALINO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance? See insti		in Regulations	NT / A	-	
Organizations relying on a current notice regarding disaster assistance, check			N/A	5b	┼─
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		unod			
expenditure responsibility for the grant?		. —	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	_	1/A	28 NO		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilime on				
a personal benefit contract?	pay promiums on	□ v ₄	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit contract?		.3 .22 100	6ь	x
If "Yes" to 6b, file Form 8870.	porconal bonom bonnabi		-	-	1
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib		,	. –	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Highly			•
List all officers, directors, trustees, and foundation managers and	their compensation				
Elocum officers, directors, trustees, and foundation managers and	T	(c) Compensation	(d) Contributions to	(a) Fy	nense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	t, other
	to position	enter-u-)	compensation	allow	ances
	_				
SEE STATEMENT 9		0.	0.		0.
	-				
	1				
	1				
	1				
	1			İ	
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		-	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	pense t, other ances
NONE			2011,501,000,001		
	=				
	1				
				1	
		<u> </u>	<u> </u>		
otal number of other employees paid over \$50,000					0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued)	, Highly
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Tyl	pe of service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such a number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	131 021
	Average of monthly cash balances	1b	131,021. 1,235,890.
	Fair market value of all other assets	1c	2/233/030.
ď		1d	1,366,911.
_	Reduction claimed for blockage or other factors reported on lines 1a and		2/000/3220
·	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,366,911.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	20,504.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,346,407.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	16,969.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	16,969.
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.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,969.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	16,969.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,969.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		^
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	r the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				16,969.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012				
b From 2013			18	
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: > \$				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				<u> </u>
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'	·	- 0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	•	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				16,969.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	_		
8 Excess distributions carryover from 2012				-
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	0.			
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			<u></u>	L

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Part XIV Private Operating Fo			A, question 9)	N/A	
1 a If the foundation has received a ruling of			ĺ		
foundation, and the ruling is effective for	r 2017, enter the date of	the ruling	▶ └		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
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				ĺ	
d Amounts included in line 2c not					
used directly for active conduct of				}	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		 			
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
,					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		 			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		 			
· ·					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			·		<u></u>
(3) Largest amount of support from					
an exempt organization		<u> </u>			
(4) Gross investment income	L			1 105 000	<u></u>
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t	ne year-see instr	ructions.)			
1 Information Regarding Foundatio	•				
a List any managers of the foundation who			ributions received by t	the foundation before the cli	ose of any tax
year (but only if they have contributed m		section 507(a)(2).)			
ESTER CAROLA GOLKEL					
b List any managers of the foundation who			or an equally large po	ortion of the ownership of a j	artnership or
other entity) of which the foundation has	s a 10% of greater interes	St.			
NONE					
2 Information Regarding Contributi					
Check here X if the foundation o					uests for funds If
the foundation makes gifts, grants, etc ,	to individuals or organiza	ations under other conditi	ons, complete items 2	2a, b, c, and d	·
a The name, address, and telephone number	per or email address of th	ne person to whom applic	ations should be addi	essed.	
					
b The form in which applications should b	e submitted and informat	tion and materials they st	iould include.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, o	or other factors	
,	, , , , , , , , , , , , , , , , , , , ,		,	•	
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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor status of recipient Amount Name and address (home or business) a Paid during the year NONE **b** Approved for future payment NONE Total **▶** 3b

<u> </u>	J				
Enter gross amounts unless otherwise indicated.		d business income (b)	Exclud (C) Exclu-	ed by section 512, 513, or 514	(e) Related or exempt
1 Program service revenue.	(a) Business code	Amount	sion code	(d) Amount	function income
a					
b					
C	1 1				
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,583.	
4 Dividends and interest from securities			14	1,258.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					···
b Not debt-financed property			1		
6 Net rental income or (loss) from personal			 		·
property]]				
7 Other investment income			1-1		
8 Gain or (loss) from sales of assets other			1		
than inventory	1 1		14	300.	
9 Net income or (loss) from special events			+	300.	
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:			1 -		
	1				
ab		·	1		·
· - ·			1-1		
cd	1			· · · · · · · · · · · · · · · · · · ·	
e	_		1		
12 Subtotal. Add columns (b), (d), and (e)	_	0.	1	3,141.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u>- 1 </u>		3,141.
(See worksheet in line 13 instructions to verify calculations.)					
			·		·· <u>·</u>
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in	come is reported in	n column (e) of Part XVI-	A contribi	uted importantly to the accom	plishment of
the foundation's exempt purposes (other tha				, ,	•
		· · · · · · · · · · · · · · · · · · ·	-		
					· · · · · · · · · · · · · · · · · · ·
					

723621 01-03-18

Part	XVII	Information Re Exempt Organ		sfers to a	nd Transactions a	and Relations	hips With Nonc	haritable	ł	
1 Dic	the or			of the followin	ig with any other organizati	on described in sect			Yes	No
					g to political organizations?		1011 30 1(0)		163	140
•		from the reporting founda	•		• •			ţ	[ļ
	Cash	nom the reporting lounds	anon to a nononarita	oic exempt of	gamzation of.			1a(1)		x
٠,		assets						1a(2)		X
		sactions:						10/2/	-	
		of assets to a noncharital	hle exempt organizat	tion				1b(1)		х
		ases of assets from a noi						1b(2)		X
		I of facilities, equipment,	•	a garneanor				1b(3)		X
٠.		oursement arrangements						1b(4)		X
(5) Loans or loan guarantees										X
(6) Performance of services or membership or fundraising solicitations										X
٠.		facilities, equipment, ma	•	•				1b(6) 1c		X
	-		•		dule. Column (b) should al	wavs show the fair r	market value of the goo		ets.	
					ed less than fair market vali				,	
) the value of the goods,				•				
(a) Line r	10	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	nts
				N/A			<u> </u>			
					 					
				<u>.</u>						
						<u> </u>				
						<u> </u>				
			L							
					or more tax-exempt organi	izations described				-
		501(c) (other than section	1	ction 527?				Yes	LX] No
<u>b</u> If "	Yes," cc	mplete the following sche			1 -	<u> </u>				
		(a) Name of org	anization		(b) Type of organization		(c) Description of relat	ionship		
		N/A					 			
		 			-	ļ				
	I Indo-	nenalties of parties 1 decl 1	that I have over-smart the	roturn in al. in	g accompanying schedules and	l etetemente d t ti	host of my live and also			
Sian					g accompanying schedules and i taxpayer) is based on all inforn			May the IRS of return with the	discuss t	this
Sign Here		Win			1 4) 8/18			shown below	7 See in:	str .
	Sign	ature of officer or trustee				TRUSTE	<u>SE</u>	X Yes		J No I
	Sign	Print/Type preparer's na		Droparar's a	Date	Title	Check I if P	ΓIN		
		i illiviyye preparer sina	iiie	Preparer's si	ynature 1 11	Date	self- employed	LIN		
Paid		LOUIS R. P	TOCAMETT		141	5-7-18	' ' 1	200020	000	
Prepa	arer	Firm's name WIT		MAN TT	~ /	, , , , ,	Firm's EIN ► 06	200970		
Use (rum smame wit	пеко векс.	חרן אואיניז	F		Firm S EIN > U6	-10381	7 T	
	-···y	Fırm's address ▶ 15'	7 CHURCH	Cm 10m	H FL		 			
				ST 12T CT 065			Phone no 202	-789-1	3 J U	
		INE)	M DEAN EIN,	CI 002	<u> </u>		Phone no. 203	Form 99 0		
								I UIIII J J	y-1 1	12011)

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

Employer identification number

	EGCMN FAMILY FOUNDATION	81-5130173				
Organization type (che	eck 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	on				
	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 50	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions				
General Rule						
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cor					
Special Rules						
sections 509(a	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line libutor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the O-EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from				
year, total con	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
year, contribut is checked, en purpose Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Scheo " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or leet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	**				

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

Name of organization

Employer identification number

EGCMN FAMILY FOUNDATION

81-5130173

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTER MAZZARELLI C/O WINLEY FARM LLC, 33 WINLEY CRESCENT MILLBROOK, NY 12545	\\$1,700,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	1	\$	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
772452 11 0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

EGCMN FAMILY FOUNDATION

81-5130173

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of orga	anization			Employer identification number					
FCCMN1	FAMILY FOUNDATION			81-5130173					
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described	d in section 501(c)(7), (8), o	(10) that total more than \$1,000 for					
	the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, of	umns (a) through (e) and the follo charitable, etc., contributions of \$1,000 o	OWING TIME ENTRY. For organization or less for the year (Enterthis into onc	s = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =					
	Use duplicate copies of Part III if additional			<u> </u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Farti									
ĺ									
-		() T							
	(e) Transfer of gift								
	Transferee's name, address, and	Relationship of tra	Relationship of transferor to transferee						
									
									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dose	cription of how gift is held					
Part I	(b) Ful pose of gift		(d) Desc	—————————————					
									
-									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
-		Trotation of a a	Note of the Wallottee						
									
(a) No. from	4)5	() 11 () ()	/5						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
									
	(e) Transfer of gift								
	Transferee's name, address, and	Relationship of tra	Relationship of transferor to transferee						
			Tierationionip or a a	inster or to transfer co					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Í				<u>-</u>					
	(e) Transfer of gift								
	Transferacio nomo address and	710 . 4	Polotionship of the	neferor to transferos					
	Transferee's name, address, and	<u> </u>	netationship of tra	nsferor to transferee					

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
WELLS FARGO #AGG496	661		1,583.		1,583.	 -	
TOTAL TO PART I, LINE 3			1,583.		1,583.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		
WELLS FARGO #AGG496661	1,429	. 17	1.	1,258.	1,25	8.	
TO PART I, LINE 4	1,429	. 17	1.	1,258.	1,25	8.	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
WITHERS BERGMAN LLP FEDDERSEN HEUER AND	PARTNER	54,152. 12,543.		4,152.			0.
TO FM 990-PF, PG 1,	LN 16A =	66,695.	6	6,695.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		VEST-	(C) ADJUSTED NET INCOM		
FOREIGN TAX WITHHELI	 D	8.		0.			0.
TO FORM 990-PF, PG							—–

FORM 990-PF	OTHER EXPENSES				STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
WELLS FARGO, INVESTMENT FEES FEDERAL EXPRESS	3,427.	•	427. 31.			0.
TO FORM 990-PF, PG 1, LN 23	3,458.	3,	458.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
EQUITIES PER SCHEDULE ATTACHE	:D			468,800.	477,8	89.
TOTAL TO FORM 990-PF, PART II	, LINE 10B			468,800.	477,8	89.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	т
MUTUAL FUNDS PER SCHEDULE ATTACHED REITS PER SCHEDULE ATTACHED		COST COST	287,500. 21,365.		287,269. 20,966.	
TOTAL TO FORM 990-PF, PART II			308,865.	308,2	35.	

EGCMN FAMILY FOUNDATION			81-53	130173
ESTER CAROLA GOLKEL MAZZARELLI C/O WINLEY FARM LLC, 33 WINLEY	TRUSTEE			
CRESCENT MILLBROOK, NY 12545	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

ESTER MAZZARELLI

ADDRESS

C/O WINLEY FARM LLC, 33 WINLEY CRESCENT MILLBROOK, NY 12545