2949333514	400 8
Extended to February 15, 2019	1545-0047
Form 990 (Chinder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	117
	o Public ection
A For the 2017 calendar year, or tax year beginning APR 1, 2017 and ending MAR 31, 2018	
B Check if applicable C Name of organization — CLEMENTINE LOCKWOOD PETERSON FOUNDATION D Employer identification numbers.	r
Address c/o Cummings & Lockwood, (HST III)	
Name change Doing business as 06-6377136	
r <u>t</u>	
[
ff	
· · · · · · · · · · · · · · · · · · ·	
	F

732006 11-28-17

Form **990** (2017)

4d	Other program services (D	escribe in Schedule O)
	(5	and advance of

(Expenses \$ including grants of

) (Revenue \$

e Total program service expenses ► 1,496,331

Form 990 (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			. :
	as applicable			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			77
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ.	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-116		
'	the organization's separate or consolidated limitation statements for the tax year include a roomste that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ .	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	_19_	000	X
		Form	990	(2017)

06-6377136 Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a_		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			;
	instructions for applicable filing thresholds, conditions, and exceptions).	-	-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	(<u>f_"Yoo " normal(ata, Caba, d_ At Cara t </u>	01		Y

•,			
CLEMENTINE LOCKWOOD PETERSON FOUNDA	.TT∩N		
Form 990 (2017) C/O Cummings & Lockwood, (HST III)	06-637713	6 Page	5
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V			
	1 1	Yes N	<u>o</u> ,
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4		4
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		;
<u>Did the organization complicienth hackup withholding rules for reportable payments to vendors a </u>	Πυ τεβόμενιε Μέμπα τ	1 !	
			ı

1b	Sub-total		92,620.	0.	0.
С	Total from continuation sheets to Part VII, Section A	▶ [0.	0.	0.
d	T 4 14 14 14 14 14 14 14 14 14 14 14 14 1	▶	92,620.	0.	0.
2	Total number of individuals (including but not limited to those listed about compensation from the organization	ove) who red	ceived more than \$100	,000 of reportable	0
					Yes No
3	Did the organization list any former officer, director, or trustee, key empline 1a? If "Yes," complete Schedule J for such individual	·	3 X		
4	For any individual listed on line 1a, is the sum of reportable compensat and related organizations greater than \$150,000? If "Yes," complete So		4 X		
5	Did any person listed on line 1a receive or accrue compensation from a perderent to the organization? If "Yes" notes Schedule I for such or	dual for services	5 X		

Check if Schedule O contains a response or note to any line in this Part VI

c/o Cummings & Lockwood, (HST III) 06-6377136 Form 990 (2017)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

 \mathbf{x}

Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

CLEMENTINE LOCKWOOD PETERSON FOUNDATION Form 990 (2017) C/O Cummings & Lockwood, (HST III) 06-63

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 06-6377136 Page 7 **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII \mathbf{X} Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

*As reported on 2017 Forms 1099-Misc.

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2017)

06-6377136 Page 9

		 Check if Schedule O cont	ains a resnonse	or note to any lin	e in this Part VIII			
		- Orleck II Gorleadic G Cont	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
rants	1 a	Federated campaigns	1a					
irar		Membership dues	1b					
اڠ يُ		Fundraising events	1c					
# 1		Related organizations	14	·				1
S,E		Government grants (contribut						
Sign	f	AII II						,
Contributions, Gifts, Grants and Other Similar Amounts	•	similar amounts not included abo						
	a	Noncash contributions included in lines						
	_	Total. Add lines 1a-1f	- Na- III		•			
		Total 7 is a miles is		Business Code				
a	2 a			<u>Daomeso Gode</u>	-		,	
Š	b							
Sei	c				_			
E S	ď							
Program Service Revenue	e							
P.	f	All other program service reve	enue					
		Total. Add lines 2a-2f		•				1
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		•	908,032,			908,032.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties		▶				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		>	`			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	8,699,969					
	b	Less: cost or other basis						
		and sales expenses	7,447,135	138 819				, , , , , , , , , , , , , , , , , , ,
	С	Gain or (loss)	1,252,834				_	
	d	Net gain or (loss)		•	1,342,347,			1,342,347.
a l	8 a	Gross income from fundraisin	g events (not		•			1
ᇎ		including \$	of			1		1
ě		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а					į.
Ĕ	b	Less. direct expenses	b	, [
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а	ı <u> </u>				1
1	b	Less direct expenses	b	•				
	С	Net income or (loss) from gam	nng activities	.				
ł	10 a	Gross sales of inventory, less	returns					
		and allowances	а					•
	b	Less: cost of goods sold	b	•			- -	
,	С	Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu	<u>ie</u>	Business Code				
- 1	11 a	Partnerships, per Sch.	K-1s	523000	84,075,		_<5,226,	<u>89,301.</u>
-	b							
	С							
]		All other revenue		L			-	
-		Total. Add lines 11a-11d		>	84,075,			· · · · · · · · · · · · · · · · · · ·
1	12	Total revenue See instructions.			2,334,454.	0,1	<5.226.	2 339 680

732009 11-28-17

06-6377136 Page 10 c/o Cummings & Lockwood, (HST III) Part IX Statement of Functional Expenses Parting F01/0/(2) and F01/0/(4) arganizations must complete all columns. All other organizations must complete column (A) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975

Rest Y Rolance Sheet

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

C/O Cummings & Lockwood, (HST III) 06-6377136 Page 12

<u> </u>	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	X
, <u>F</u>	· · · · · · · · · · · · · · · · · · ·	
J-		
T		
<i>1</i>		
1. 9	, .	
•		
<u> </u>		
7. <u>7</u>		
<u> </u>	·	
•		
I <u> </u>		
1		
-		
<u> </u>		
`	1 1	
. !		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

nternal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information	
lame of the organization	CLEMENTINE LOCKWOOD PETERSON FOUNDATION	Employer identification number
	c/o Cummings & Lockwood, (HST III)	06-6377136
Part I Reason for	Public Charity Status (All organizations must complete this part) See instruct	tions
	vate foundation because it is: (For lines 1 through 12, check only one box)	
	ntion of churches, or association of churches described in section 170(b)(1)(A)(i).	
	ed in section 170/h/(1)/AVii) (Attach Schedule F (Form 990 or 990 F7)	(\lor)
, Actions about the		(_ \
•		
MAC's - **	A	
_ =		
	i a a a a a a a a a a a a a a a a a a a	
	1	
,1		
	1 21	
	* (
i =		
	·	
	A	
-		
j		
	1.	

٠.

Schedule A (Form 990 or 99	0-EZ) 2017 C/O Cummi	<u> Ings & Lockwoo</u>	d, (HST III)	06-637/136 ///////////////////////////////////	Page 2
	7				
			<u> </u>		
-	-				
			l a-		
		<u>k</u>			
				<u></u>	
!!.					
-	, , , , , , , , , , , , , , , , , , ,				
1	T				

Schedule A (Form 990 or 990 EZ) 2017 C/o Cummings & Lockwood, (HST III)

Part III | Support Schedule for Organizations Described in Section 509(a)(2) 06-6377136 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed b	elow, please comp	olete Part II)				
Sec	ction A. Public Support		·			,	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received (Do not					/	
	include any "unusual grants ")	<u> </u>			–	/	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					/	
3	Gross receipts from activities that				/	1 !	
	are not an unrelated trade or bus-						
	iness under section 513				//_		
4	Tax revenues levied for the organ-						
	responded on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				/		
	the organization without charge				/		
6	Total. Add lines 1 through 5				./		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			j			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			/			
	Public support. (Subtract line 7c from line 6)	• •	r	/ '	1		
Sec	ction B. Total Support		····	/	•	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	<u> </u>		/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/	/			
b	Unrelated business taxable income]		1		
	(less section 511 taxes) from businesses acquired after June 30, 1975			_			
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
40	regularly carried on Other income Do not include gain		1		 		
12	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	_		<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first,/second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organız	ation,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2017 (li		l l	column (f))		15	%
	Public support percentage from 2016			_		16	%
Sec	ction D. Computation of Inves	stment Incom	<u>e Percentage</u>			 	
	Investment income percentage for 20	•	`í	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the		1				7 is not
	more than 33 1/3%, check this box ar		- 1				
b	33 1/3% support tests - 2016. If the	_	`				and
	line 18 is not more than 33 1/3%, che		-				▶Щ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

06-6377136 Page 4 Schedule A (Form 990 or 990-EZ) 2017 c/o Cummings & Lockwood, (HST_III) Part IV **Supporting Organizations** (Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

	dule A (Form 990 or 990 EZ) 2017 c/o Cummings & Lockwood, (HST III) 06-63	7713	<u>6 Ра</u>	1ge 5
Pa	rt IV Supporting Organizations (continued)		· .	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			- 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			- <u>-</u>
	below, the governing body of a supported organization?	11a_		X
	A family member of a person described in (a) above?	11b_		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_X_
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			'
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		- -	نـ ـــ ـا
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			'
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	}		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			!
	supervised, or controlled the supporting organization	2		
<u>Sec</u>	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			!
	or management of the supporting organization was vested in the same persons that controlled or managed			2. 4
	the supported organization(s)	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			:
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			. 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ا ــــــــــــــــــــــــــــــــــــ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			~
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		$\overline{\mathbf{x}}$	
<u></u>	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	.).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	ota iotioni	-1	
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	structions	Yes	No
2	Activities Test. Answer (a) and (b) below.	ſ	res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			, ,
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	• • • • • • • • • • • • • • • • • • • •	ĺ	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			'
	reasons for the organization's position that its supported organization(s) would have engaged in these	O-		·
_	activities but for the organization's involvement	2b		 ,
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	- ~	
	orito supported organizations in ires, describe in Fart VI the fole played by the organization in this regard	עט	1	

732025 10-06-17

06-6377136 Page 6 Schedule A (Form 990 or 990 EZ) 2017 C/O Cummings & Lockwood, (HST III) Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (optional) 38.186. 254,623. Net short-term capital gain 1 0. 2 0. Recovenes of prior-year distributions 717,597. 3 575,087. Other gross income (see instructions) 3 613,273 972,220. 4 Add lines 1 through 3 0. 0. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 278,701. 308,988 maintenance of property held for production of income (see instructions) 6 7 0. 0. Other expenses (see instructions) 304,285 693 519. 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). 26,455,019 29,428,754. 1a a Average monthly value of securities 1,589,724 1,177,426. b Average monthly cash balances 1b 0. 0. 1c c Fair market value of other non-exempt-use assets 28,044,743 30,606,180. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) 0. 0 Acquisition indebtedness applicable to non-exempt-use assets 2 2 28,044,743 30,606,180. 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 420,671 459,093. 4 27,624,072 30,147,087. 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 1,055,148. 966,843 Multiply line 5 by .035 6 0. Recoveries of prior-year distributions 7 n. 8 966,843. 1,055,148. Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 304,285. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 258,642. 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 966,843. 3 3 966,843. Enter greater of line 2 or line 3 4 0. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 966,843. 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2017

06-6377136 Page 7 Schedule A (Form 990 or 990-EZ) 2017 c/o Cummings & Lockwood, (HST III) Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1,373,968. Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. 6 1,373,968. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 1,373,968. (provide details in Part VI) See instructions 966,843. Distributable amount for 2017 from Section C, line 6 100% Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 966,843 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 1,276,700. e From 2016 1,276,700 f Total of lines 3a through e a Applied to underdistributions of prior years 966,843. h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) 309,857. j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, 1,373,968. a Applied to underdistributions of prior years b Applied to 2017 distributable amount 1,373,968. c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2018. Add lines 3) 1,683,825 and 4c Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 309,857. d Excess from 2016 373.968. e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 C/O Cummings & Lockwood, (HST III) 06-6377136 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12,

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information

(See instructions)

Part IV, Sec. D, Lines 2 & 3, and Part V, Sec. D, Line 8:

Clementine Lockwood Peterson Foundation (the Trust) satisfies the

Responsiveness Test, including both the "relationship" test and the

"significant voice" test under Treas. Reg. section 1.509(a)-4(i)(3)(ii)

and (iii). The Trustees maintain a close and continuous working

relationship with the Trustees of the Greenwich Library, and by reason

of this relationship, the Library has a significant voice in the

Trust's investment policies, the timing of grants, the manner of making

grants and the use of its income and assets.

The Trust was established under Article EIGHTH of the Will of

Clementine Lockwood Peterson for the benefit of The Greenwich Library,

and requires the Trustees to distribute all or any part of the net

income and principal at such time and in such manner as the Trustees in

their sole discretion determine will best promote and advance the

general uses and purposes of the Library, taking note of the

testatrix's preference that trust distributions be used for the

Business Section and the Recorded Music Department to the extent that

the Library has a reasonable use for funds for these purposes.

Working with the Library, the Trustees adopted as the Trust's
mission the creation and support of a new wing of the Greenwich Library
to house the Library's Business Section and Recorded Music Department.

The Trust funded the purchase of land and the construction of a new
wing of the Library in the 1990's to house the Library's Business
Section and Recorded Music Department. The Trustees make annual
distributions that fund all of the wing's maintenance and operating
expenses. Traditionally, the Trustees have made annual distributions
in an amount equal to 4.5% of the average annual fair market value of

Schedule A (Form 990 or 990-EZ) 2017

732028 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 c/o Cummings & Lockwood, (HST III) 06-6377136 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information

(See instructions) the Trust's assets for its three immediately preceding tax years. At

the Library's request, the Trustees established a sinking fund within the Trust to fund capital repairs to the wing. The sinking fund (approximately 10% of the Trust's assets) is excluded in calculating the annual distribution amount. Also at the request of the Library, which operates on a June 30 fiscal year, the distribution was changed to a June 30 annual distribution, and the average annual value of the assets is determined using June 30 fiscal year values.

The Trustees send monthly investment statements to the Library for review and communicate with Library officials in person or by telephone as needs arise for a distribution from the sinking fund and whenever representatives of the Library wish to speak with a representative of the Trust.

Each year, the Trustees provide the Library with a copy of the trust's annual return, an annual accounting, and a letter showing the calculation of the support to be provided for the coming year -- as well as the required annual notification (describing the type and amount of support provided during the prior year).

Each year, the Trustees meet in person with the Library's Board of Trustees, officers and the wing librarians to review the Trust's administration, investment performance and distributions, and the Library's needs. The Business and Music Services librarians report on their programs and program needs. The Trustees report on the amount available for distribution from the Trust for the wing's maintenance and operations, as determined using an endowment-type formula designed to provide for the short- and long-term needs of the Business and Music The Trustees report on the Trust's investment policy and wing.

Schedule A (Form 990 or 990 EZ) 2017 C/O Cummings & Lockwood, (HST III) 06-6377136 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

(See instructions)

respond to questions from the Library's Board of Trustee regarding

asset allocation strategy and investments. The Library's director

presents the Town's budget for the Library and the budget proposed for

the wing, and the Trustees vote on the wing's budget. Minutes are kept

of the annual meetings.

The Greenwich Library is the supported organization listed in Part

I, Line 11g, column (i), to which the Trust is responsive and which is

attentive to the Trust.

All of the Trusts's distributions are made to the Library for its

Business and Music Wing. As described above, the Trust's relationship

with the Library and the Library's significant voice in the Trust's

operations satisfy the "responsiveness test."

The Trust's distributions to the Library are more than sufficient
to ensure its continuing attentiveness. When the Trust was created, the
Trustees adopted the Library's Business Section and Recorded Music
Section as the Trusts's mission. The Trustees expended approximately
two-thirds of the original assets of the Trust to fund the Library's
purchase of land and construction of a new Business and Music Wing to
house those operations. The Trust's annual distributions fund all of
the Business and Music Wing's maintenance and operating expenses, as
well as capital repairs to the Wing, and the Trust's distributions are
a major factor in determining the Library's budget for the Wing.
Historically, the amount distributed by the Trust has represented from
25% to 80% of the Library's total annual support.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information

(HST III)

Inspection

OMB No. 1545-0047

Department of the Treasury Name of the organization

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

Employer identification number 06-6377136

c/o Cummings & Lockwood, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of \neg_{No} violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

relating to these items

		mings & Lo			<u>IST III</u>				<u>77136</u>		<u>e 2</u>
Par											
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at are a s	ignifican	t use of its	collection i	tems	
	(check all that apply).										
а	Public exhibition	c	ı 🗀	Loan or exc	change progr	rams					
b	Scholarly research	e	\Box	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizat	ion's exe	mpt pur	ose in Par	t XIII.		
5	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" or	Form 99	90, Part IV.	line 9, or		
	reported an amount on Form 990, Pa								,		
12	is the organization an agent, trustee, custod		diary for	contributio	ns or other a	ssets not	included	1			
10	on Form 990, Part X?	ian or other intermet	alary lo.	0011111001101					Yes		No
_	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowno 1	table				<u>. </u>	_ ,05		
U	ir res, explain the arrangement in Fart Air	and complete the ic	mowning i	labic.				Ι'	Amount		
_	Paginging balance						1c	ļ · — · ·	Amount		—
	Beginning balance						1d				
	Additions during the year							 			—
e	Distributions during the year						1e 1f	 			—
1	Ending balance	000 Dark V line	01 for		ممم امراممامری	aat lab.		-	Yes	$\overline{}$	No
	Did the organization include an amount on F						-		1 res	Ħ'	IVO
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										—
rai	E Talabattiett i dilas. Complete i		·	•				years back	(e) Four y	pare h	
	Day and the state of the state	(a) Current year	(0) P	rior year	(c) Two yea	als Dack	(a) Three	years back	(e) Four y	sais Da	JUK
1a	Beginning of year balance					+					—
b	Contributions							_			—
C	Net investment earnings, gains, and losses										
	Grants or scholarships			_							
е	Other expenditures for facilities										
	and programs				<u> </u>						—
f	Administrative expenses		-		+						
g	End of year balance		L						<u> </u>		
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a)) held as						
а	Board designated or quasi-endowment		%								
	Permanent endowment >	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administ	ered for t	the organ	nization			
	by									'es l	<u>No</u>
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)	$-\!\!\!+\!\!\!\!-$	
b	If "Yes" on line 3a(ii), are the related organization	· · · · · · · · · · · · · · · · · · ·			?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I			1					
	Description of property	(a) Cost or o			t or other	1 , ,	ccumula		(d) Book	value	
		basis (investi	ment)	basis	(other)	de	preciatio	n			
1a	Land					ļ					
b	Buildings .			<u> </u>		<u> </u>					
С	Leasehold improvements										
d	Equipment					<u> </u>					
e	Other										
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c)			▶			0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	c/o 0	ummings	&	Locky	vood,	(HS

Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11b See Form 990,	Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or er	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) TIFF Multi Asset Fund	2,965,083		<u>ear Market</u>	
(B) MSREF IV - International	8,54		<u>ear Market</u>	
(C) Trilantic/Merchants Bkg	186,109		<u>ear Market</u>	
(D) TIFF Short Term Fund	1,18	End-of-Y	<u>ear Market</u>	t Value
(E)				<u> </u>
(F)				
(G)				
(H)				·
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,160,92	2.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation. Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)	,			
(5)	<u> </u>			· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		-		
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d See Form 990,	Part X, line 15	(h) Dook value
······································	Description			(b) Book value
(1)	<u> </u>			
(2)	., .	•		
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				
(9)	4.5.1			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15.)			
	F 000 D-+0/1	44 446 O	- 000 Dart V I 0	
Complete if the organization answered "Yes"	on Form 990, Part IV, II		n 990, Part X, line 2	5
1. (a) Description of liability		(b) Book value		**
(1) Federal income taxes		<u> </u>	-*	•
(2)				, ,
(3)				,
(4)				,
(5)				
(6)				2 ,
(7)			-	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line				
Liability for uncertain tax positions. In Part XIII, provide	the text of the footnot	-		
organization's liability for uncertain tax positions under				

732053 10-09-17

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017 c/o Cummings & Lockwood,	(HST III)	06-6377136 Page 4
Part		ents With Revenu	ie per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		·
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	:
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	.
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	——— ·.
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nanta With Evnan	5
Pan	Reconciliation of Expenses per Audited Financial Stater		ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u>a</u>	
	Total expenses and losses per audited financial statements	•	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		`
	Donated services and use of facilities	2a	
	Prior year adjustments	2b	
	Other losses	2c	
	Other (Describe in Part XIII)	_2d	
	Add lines 2a through 2d	•	2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	[7] Que
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai		art V, line 4, Part X, line 2, Part XI,
iines 2	d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information	
			
			
		· · · ·	
	<u> </u>	-	.
			•

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

				i	0.6 6000046	
o Cummings &	Lockwood	, (HST I	II)			
		ctivities Ou	tside the United States. Comple	te if the organi	zation answered "	Yes" on
			·			
-	_					
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes No
United States					her assistance out	side the
Activities per Region (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded)		т —
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	gram service, specific type	(f) Total expenditures for and investments in the region
tral America and						Ì
Caribbean -						
igua & Barbuda,						
oa Bahamas			Investments			53,380,
			,	_		
	_					
Sub-total	0	0)	53,380,
			1. 173 1. 1. 1.]
sheets to Part I	0	0			* ·	0.
Totals (add lines 3a			A T	•		*
and 3b)	0	0	ele /		• • •	53 380
	Cummings & rt I General Inform 990, Part IV For grantmakers. Does the grantees' eligibility for For grantmakers. Described States Activities per Region (Tile) (a) Region tral America and Caribbean - igua & Barbuda, ba, Bahamas.	Cummings & Lockwood Ti General Information on A Form 990, Part IV, line 14b For grantmakers. Does the organization the grantees' eligibility for the grants or a For grantmakers. Describe in Part V the United States Activities per Region (The following Part (a) Region (b) Number of offices in the region tral America and Caribbean - igua & Barbuda, ba, Bahamas. Sub-total Total from continuation sheets to Part I Totals (add lines 3a	Cummings & Lockwood, (HST Intl General Information on Activities Ouron 990, Part IV, line 14b For grantmakers. Does the organization maintain recont the grantees' eligibility for the grants or assistance, and For grantmakers. Describe in Part V the organization's United States Activities per Region (The following Part I, line 3 table confices in the region of offices in the region line of employees, agents, and independent contractors in the region of the r	Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grathe grantes or eligibility for the grants or assistance, and the selection criteria used to award the selection criteria used if additional space is no confidence in the region (d) Activities conducted in the region (d) Activities cond	Cummings & Lockwood (HST III) RI General Information on Activities Outside the United States. Complete if the organ Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance. And the selection criteria used to award the grants or assistance and the selection criteria used to award the grants or assistance. And the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection criteria used to award the grants or assistan	© Cummings & Lockwood, (HST III) 05-63771: rt1 General Information on Activities Outside the United States. Complete if the organization answered in Form 990, Part IV, line 14b For grantmakers. Destine in Part V the organization answered integrants exhibiting the grants or assistance, and the selection criteria used to award the grants or assistance. The grantmakers are continued States Activities per Region (The following Part I, line 3 tables can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of offices in the region in the region (c) Number of large form activities of larg

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Í

Page 2

c/o Cummings & Lockwood, (HST III)

Schedule F (Form 990) 2017

06-6377136

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-								
	,							
		·						
in the second					•			
2 Enter total number of by the IRS, or for whi3 Enter total number of	Enter total number of recipient organizations listed s by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities	ns listed above that are insel has provided a secon entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country, er	recognized as tax-e:	kempt 🔻		6

28

Schedule F (Form 990) 2017

3

732072 10-06-17

`.

Page 3

06-6377136

c/o Cummings & Lockwood, (HST III)

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2017

Schedu	ule F (Form 990) 2017 c/o Cummings & Lockwood, (HST III)	<u>06-6377136</u>	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F	(Form 990) 2017 c/o Cummings & Lockwood, (HST III)	<u>06-6377136</u>	Page 5
Part V	(Form 990) 2017 c/o Cummings & Lockwood, (HST III) Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	ing method: amounts of	
			١
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method))
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation See instructions	
		· . _ · .	
	•		
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
	•		
	•		
		•	
		·	
		· · · · · · · · · · · · · · · · · · ·	
-			
			
			•

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

arad "Vae" on Form 990. Part IV. line 21 or 22. Complete if the organiz

▶ Go to www.irs.gov/Form990 for the latest information.

1	
=	
_	
J	
פֿ	
•	
3	
5	
-	
Ş	
6	
=	
5	
	8
₹	0
•	Ę
8	ō
-	<u>_</u>
,	Attach to Form 990.
ŭ	듯
Ū	ğ
5	Ħ
É	7
-	_
5	
5	
Ĭ	
the organization answered tes our our 330, raility, mile 21 of 22	
ň	
5	
ט	
3	

Open to Public OMB No 1545-0047 Inspection

Employer identification number 06-6377136 CLEMENTINE LOCKWOOD PETERSON FOUNDATION (HST III)

ջ Support of the Greenwich (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ibrary Wing 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 501(c)(3)/509(a)(1) 1,373,968 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) c/o Cummings & Lockwood, Enter total number of other organizations listed in the line 1 table 06-6002281 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government The Greenwich Library 101 West Putnam Ave. Name of the organization Greenwich CT 06830 Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule I (Form 990) (2017)

(Form 990) (2017) C/O Cummings & Lockwood, (HST III) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. CLEMENTINE LOCKWOOD PETERSON FOUNDATION

Schedule I (Form 990) (2017)

Part III

Page 2

06-6377136

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information (d) Amount of non-cash assistance 33 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance See Schedule A, Part VI Schedule I, Line 2 732102 11-01-17

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. CLEMENTINE LOCKWOOD PETERSON FOUNDATION

c/o Cummings & Lockwood, (HST III)

Employer identification number 06-6377136

Form 990, Part VI, Section A, line 7a:

If Howard S. Tuthill or any successor to him ceases to act as a Trustee, the law firm of Cummings & Lockwood, LLC may appoint a sucessor Trustee.

Form 990, Part VI, Section B, line 11b:

The return was prepared under the supervision and direction of Howard S. Tuthill, III, the Trustee who reviewed the return in detail before signing and filing it. No review of the return by the Trustees, as a group, is planned. Howard S. Tuthill, III addresses the questions regarding the return when they are raised by the other Trustees. A copy is provided to each Trustee before filing.

Form 990, Part VI, Section B, Line 12c:

All of the Trustees are covered by the Conflicts Policy. The disclosure statement covers not only the relationships that might give rise to a conflict of interest with respect to the Trust, but also with respect to its supported organization, the Greenwich Library. None of the Trustees is related to any other Trustee by business, employment, or family relationships. Trust investments are managed, subject to the Trustees' supervision, by unrelated investment managers. The Greenwich Library does not employ or otherwise pay compensation to any of the Trustees, their family members, or related entities. If an investment or proposed investment would confer or could or might provide a financial benefit, directly or indirectly, on or to a Trustee, that Trustee would be prohibited from participating in decisions regarding that investment, and

the Trustees not having a potential conflict of interest would review the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Page 2 Schedule O (Form 990 or 990-EZ) (2017) Name of the organization CLEMENTINE LOCKWOOD PETERSON FOUNDATION Employer identification number 06-6377136 c/o Cummings & Lockwood, (HST III) proposed investment and any action to be taken in connection with such an existing investment to confirm that it was reasonable and fair to the Trust and in its best interest and would not constitute an excess benefit transaction. Form 990, Part VI, Section C, Line 19: The Trust's governing document is available to the public as part of its _____ form 1023 exemption application package, and is also a matter of public record in the Commonwealth of Pennsylvania, County of Chester Orphan's Court Division of the Court of Common Pleas. The other documents listed are not available to the general public. Form 990, Part VII, Line 1a(B) The Trust supports The Greenwich Library, which is a related organization to the Trust. Some of the time spent by the Trustees in administering the Trust benefits the Library, but none of the Trustees devotes any time to the Library, except as it is benefited as the named beneficiary of the Trust, by their services to the Trust (e.g., holding meetings with the Library's Board to review the Trust's investment performance, income, expenses and distributions to the Library and the Library's budgeted needs--see Schedule A, Part VI). Form 990, Part XI, line 9, Changes in Net Assets: Reconcile calendar year Partnership Sch. K-1s to fiscal_____ -79,639. vear transactions

Schedule O (Form 990 or 990-EZ) (2017)

859,80Q.

780,161.

Unrealized gains/losses on assets marked to market

Total to Form 990, Part XI, Line 9

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

c/o Cummings & Lockwood,

Name of the organization

Department of the Treasury Internal Revenue Service

(HST III)

7102	Open to Public.	- topooppa

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Go to www.irs.gov/Form990 for instructions and the latest information

Employer identification number

06-6377136

(g) Section 512(b)(13) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets e Total income ত্ত ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II Part

501(c)(3) Connecticut Public Library For Paperwork Reduction Act Notice, see the Instructions for Form 990. Greenwich, CT 06830 101 West Putnam Ave.

36

Schedule R (Form 990) 2017

Ŷ

Yes

controlled entity?

Direct controlling

status (if section Public charity

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN of related organization The Greenwich Library - 06-6002281

foreign country)

section

501(c)(3))

×

N/A

Line 7

ų,

Page 2

06-6377136

PETERSON FOUNDATION Wood, (HST III)

Inership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

General or Percentage managing ownership Schedule R (Form 990) 2017 Yes No poration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related (i) Section 512(b)(13) controlled entity? Percentage ownership Yes No Ξ Code V-UBI amount in box me 20 of Schedule Levil (Form 1065) Share of end-of-year assets 6 Yes No Olsproportionate aflocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity ਰ mary activity x year 9

. ..

eraline

Schedule R (Form 990) 2017 C/O Cummings & Lockwood, (HST III)

06-6377136 Page 3

Yes

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	n Parts II-IV?		_	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19		×
b Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				1g		×
				1h		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				1		×
					1	- 1
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			£		×
o Sharing of paid employees with related organization(s)				9	+	×
Beimbursement paid to related organization(s) for expenses				5	1	×
				19		×
				1	<u> </u>	,
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				15	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds			1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(6)						
(4)						
(5)						
(6)						
732163 09-11-17	38		Schedule R (Form 990) 2017	R (Form	990) 2	2017

06-6377136 Page 4

1190

Part VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 c/o Cummings & Lockwood, (HST III) Schedule R (Form 990) 2017

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	(0)	e) (p)	(a)	(b)	£	(3)	8	3
Name, address, and EIN of entity	Primary activity	å ë	t income related, tax under	-,	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UBI General or Percentage bonate amount in box 20 managing ownership of Schedule K-1 partner?	ieneral or nanaging partner?	Percentage ownership
		country)	Sections 512-514) Yes No	ON ON	Sieses	Yes No	(Form 1065)	Yes No	
				1					
		•							
							-		
							-		
							_		
							•		
							_		
								1	
•									
						1		+	
			-						
				•				_	

Schedule R (Form 990) 2017

CLEMENTINE LOCKWOOD PETERSON FOUNDATION c/o Cummings & Lockwood, (HST III) 06-6377136 Page 5 Schedule R (Form 990) 2017 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions