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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491017000009

OMB No 1545-0052

2017

## **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| or                                    | caler            | ndar year 2017, or tax year begini   | ning 11-01-20                  | 17           |               | , ar      | nd er | nding 10-31-           | 2018                                       |                          |
|---------------------------------------|------------------|--|--------------------------------|--------------|---------------|-----------|-------|------------------------|--|--------------------------|
|                                       |                  | indation<br>OOD FIELDWATER FOUNDATION  |                                |              |               |           |       | A Employer Id          | entification numb                          | er                       |
|                                       |                  | W BANDLER  |                                |              |               |           |       | 06-6419997             |  |                          |
|                                       |                  | I street (or P O box number if mail is not delivere THROP STREET             | d to street address)           | ) Room       | n/suite       |           |       | <b>B</b> Telephone nu  | mber (see instructi                        | ons)                     |
| 20                                    | JU NOK           | TITROF STREET  |                                |              |               |           |       | (860) 350-4921         |  |                          |
|                                       |                  | , state or province, country, and ZIP or foreign po<br>ER, CT 06752          | ostal code                     |              |               |           |       | C If exemption         | application is pendi                       | na. check here           |
| DIVIL                                 | OLWAI            | 21, 61 00/32   |                                |              |               |           |       |                        |  | ▶ ⊔                      |
| G Ch                                  | eck al           |  | initial return of a            |              | r public      | charity   |       | <b>D 1.</b> Foreign or | ganizations, check h                       | nere 🕨 🔲                 |
|                                       |                  |  | Amended return                 |              |               |           |       |                        | ganizations meeting<br>k here and attach c |                          |
|                                       |                  |  | Name change                    |              |               |           |       | E If private for       | ındatıon status was                        | terminated               |
| _                                     |                  | pe of organization  Section 501(c)(3)  4947(a)(1) nonexempt charitable trust | exempt private<br>Other taxabl |              |               | dation    |       | under sectio           | n 507(b)(1)(A), che                        | eck here                 |
|                                       |                  |  |                                | ✓ Ca         |               | Accru     | ادر   | F If the founds        | ation is in a 60-mon                       | th termination           |
| of '                                  | year <i>(f</i>   | rom Part II, col (c),  | ther (specify)                 |              | 43II <u> </u> | - /\cci-u | u     |                        | n 507(b)(1)(B), che                        |                          |
| IINE                                  | 16)              |  | column (d) must                | be on        | cash ba       | isis )    |       |                        |  |                          |
| Pa                                    | rt I             | Analysis of Revenue and Expens   | Ses (The total                 | (-x          | Davianus      |           |       |                        |  | (d) Disbursements        |
|                                       |                  | of amounts in columns (b), (c), and (d) may no                               | •                              | (a)          | Revenue       | s per     | (b)   | Net investment income  | (c) Adjusted net income                    | for charitable purposes  |
|                                       |                  | equal the amounts in column (a) (see instruction                             |                                | <u> </u>     | book          | .5        |       |                        |  | (cash basis only)        |
|                                       | 1                | Contributions, gifts, grants, etc , received schedule)                       | (attach                        |              |               |           |       |                        |  |                          |
|                                       | 2                | Check ▶ ☑ If the foundation is <b>not</b> requi                              | red to attach                  |              |               |           |       |                        |  |                          |
|                                       |                  | Sch B  |                                |              |               |           |       |                        |  |                          |
|                                       | 3                | Interest on savings and temporary cash ii                                    | nvestments                     |              |               |           |       |                        |  |                          |
|                                       | 4                | Dividends and interest from securities                                       |                                |              |               | 61,527    |       | 61,527                 |  |                          |
|                                       | 5a<br>b          | Gross rents  |                                | <u> </u>     |               |           |       |                        |  |                          |
| æ                                     | 6a               | Net gain or (loss) from sale of assets not                                   | on line 10                     | -            |               | 227,377   |       |                        |  |                          |
| Ĕ                                     | b                | Gross sales price for all assets on line 6a                                  |                                |              |               |           |       |                        |  |                          |
| Revenue                               |                  | Gross sales price for all assets of fine of                                  | 866,741                        |              |               |           |       |                        |  |                          |
| ~                                     | 7                | Capital gain net income (from Part IV, line                                  | •                              |              |               |           |       | 227,377                |  |                          |
|                                       | 8                | Net short-term capital gain  |                                |              |               |           |       |                        |  |                          |
|                                       | 9                | Income modifications   |                                |              |               |           |       |                        |  |                          |
|                                       | <b>10</b> a<br>b | Gross sales less returns and allowances Less Cost of goods sold              |                                | <u> </u><br> |               |           |       |                        |  |                          |
|                                       | c                | Gross profit or (loss) (attach schedule)                                     |                                | <del> </del> |               |           |       |                        |  |                          |
|                                       | 11               | Other income (attach schedule)   |                                |              |               |           |       |                        |  |                          |
|                                       | 12               | Total. Add lines 1 through 11  |                                |              |               | 288,904   |       | 288,904                |  |                          |
|                                       | 13               | Compensation of officers, directors, truste                                  | ees, etc                       |              |               | 0         |       | 0                      |  | C                        |
|                                       | 14               | Other employee salaries and wages .  |                                |              |               |           |       |                        |  |                          |
| <b>S</b>                              | 15               | Pension plans, employee benefits   |                                |              |               |           |       |                        |  |                          |
| 3                                     | 16a              | Legal fees (attach schedule)   |                                |              |               |           |       |                        |  |                          |
| Š.                                    | b                | Accounting fees (attach schedule)  |                                | %_)          |               | 1,200     |       | 0                      |  | C                        |
| e<br>L                                | С                | Other professional fees (attach schedule)                                    |                                | %            |               | 36,612    |       | 0                      |  | C                        |
| <u>}</u>                              | 17               | Interest   |                                |              |               |           |       |                        |  |                          |
| Operating and Administrative Expenses | 18               | Taxes (attach schedule) (see instructions                                    | ,                              |              |               |           |       |                        |  |                          |
| Ē                                     | 19               | Depreciation (attach schedule) and deplet                                    |                                |              |               |           |       |                        |  |                          |
| ACE                                   | 20               | Occupancy  |                                |              |               |           |       |                        |  |                          |
| ב<br>ע                                | 21               | Travel, conferences, and meetings Printing and publications                  |                                |              |               |           |       |                        |  | 1                        |
| ਰ<br>ਹ                                | 22<br>23         | Other expenses (attach schedule)   |                                | <b>9</b>     |               | 141       |       | 0                      |  |                          |
| Ę.                                    | 24               | Total operating and administrative ex  |                                | <del>-</del> |               |           |       |                        |  | +                        |
| era<br>B                              |                  | Add lines 13 through 23  | •                              |              |               | 37,953    |       | 0                      |  |                          |
| 5                                     | 25               | Contributions, gifts, grants paid  |                                |              |               | 149,690   |       |                        |  | 149,690                  |
|                                       | 26               | Total expenses and disbursements. A  | dd lines 24 and                |              |               |           |       |                        |  | 1                        |
|                                       |                  | 25   |                                |              |               | 187,643   |       | 0                      |  | 149,690                  |
|                                       | 27               | Subtract line 26 from line 12  |                                |              |               | 404.55    |       |                        |  |                          |
|                                       | а                | Excess of revenue over expenses and<br>disbursements                         | l                              |              |               | 101,261   |       |                        |  | <u> </u>                 |
|                                       | b                | Net investment income (if negative, en                                       | ter -0-)                       |              |               |           |       | 288,904                |  |                          |
|                                       | С                | Adjusted net income(If negative, enter                                       | •                              |              |               |           |       |                        |  |                          |
| or                                    | Paper            | work Reduction Act Notice, see instruc                                       | tions.                         |              |               |           |       | Cat No 11289>          | · Fo                                       | orm <b>990-PF</b> (2017) |

Page 2

3,167,947

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Liabilities

Balances

Fund

5

Assets 27

Net 30

20

21

22

23

24

25

26

28

29

31

Part III

2

Other liabilities (describe -\_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

|        | 3   | Accounts receivable ►  |           |           |           |
|--------|-----|--|-----------|-----------|-----------|
|        |     | Less allowance for doubtful accounts ▶                             |           |           |           |
|        | 4   | Pledges receivable ▶   |           |           |           |
|        |     | Less allowance for doubtful accounts ▶                             |           |           |           |
|        | 5   | Grants receivable  |           |           |           |
|        | 6   | Receivables due from officers, directors, trustees, and other      |           |           |           |
|        |     | disqualified persons (attach schedule) (see instructions)          |           |           |           |
|        | 7   | Other notes and loans receivable (attach schedule)                 |           |           |           |
|        |     | Less allowance for doubtful accounts ▶                             |           |           |           |
| S      | 8   | Inventories for sale or use  |           |           |           |
| Assets | 9   | Prepaid expenses and deferred charges                              |           |           |           |
| As     | 10a | Investments—U S and state government obligations (attach schedule) |           |           |           |
|        | ь   | Investments—corporate stock (attach schedule)                      | 1,484,692 | 1,596,741 | 3,126,870 |
|        | C C | Investments—corporate bonds (attach schedule)                      |           |           |           |
|        | 11  | Investments—land, buildings, and equipment basis ▶                 |           |           |           |

1,536,557

1,536,557

1,536,557

1,637,818

1,637,818

1,637,818

2

3

4

5

6

1,536,557

1,637,818

1.637.818 Form **990-PF** (2017)

0

101,261

## Less accumulated depreciation (attach schedule) 12 Investments—mortgage loans . . . . . 13 Investments—other (attach schedule) . . 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > \_ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 1,536,557 1,637,818 17 18 19 Deferred revenue .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

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

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Page **3** 

|  | <b>(a)</b><br>he kınd(s) of property sold (e g , re<br>house, or common stock, 200 shs |   | (b) How acquired P—Purchase D—Donation  | l Dai       | (c)<br>te acquired<br>o , day, yr )                 | (d)<br>Date sold<br>(mo , day, yr )   |
|--|--|---|---|-------------|---|---|
| 1aSee Addıtıonal Data Table  |  |   |   |             |   |   |
| b  |  |   |   |             |   |   |
| С  |  |   |   |             |   |   |
| d  |  |   |   |             |   |   |
| e  |  |   |   |             |   |   |
| (e)<br>Gross sales price   | <b>(f)</b><br>Depreciation allowed<br>(or allowable)                                   | Cost or d   | g)<br>other basis<br>ense of sale       |             | Gain o  | h)<br>r (loss)<br>) minus (g)   |
| a See Additional Data Table  |  |   |   |             |   |   |
| b  |  |   |   |             |   |   |
| c  |  |   |   |             |   |   |
| d  |  |   |   |             |   |   |
| e  |  |   |   |             |   |   |
| Complete only for assets   | showing gain in column (h) and ow  | ned by the foundation o                                       | on 12/31/69                             |             |   | I)  |
| (i)<br>F M V as of 12/31/69  | (j)<br>Adjusted basis  | Excess  | ( <b>k)</b><br>of col (ı)               | col         | Gains (Col (<br>l (k), but not                      | h) gain minus<br>less than -0-) <b>or</b><br>om col (h))                      |
| a See Additional Data Table  | as of 12/31/69   | over col  | (j), if any                             | _           | F03562 (110   | 5111 COT (11))  |
|  |  |   |   |             |   |   |
| b  |  |   |   |             |   |   |
| <u> </u>   |  |   |   |             |   |   |
| d  |  |   |   |             |   |   |
| e  |  | If gain, also enter in Pa                                     |   | _           | ı   |   |
| ın Part I, line 8  | t I, line 8, column (c) (see instruction   |   |   | 3           |   |   |
| _  | nder Section 4940(e) for Re  |   |   |             |   |   |
| (For optional use by domestic pr   | rivate foundations subject to the sec  | ction 4940(a) tax on ne                                       | t investment inc                        | ome )       |   |   |
| If section 4940(d)(2) applies, lea   | •  |   |   |             |   |   |
| If "Yes," the foundation does not  | e section 4942 tax on the distributal<br>t qualify under section 4940(e) Do            | not complete this part  |   |             | Y∙  | es 🗹 No   |
|  | ount in each column for each year,   | see instructions before                                       | making any ent                          | ries        |   |   |
| (a) Base period years Calendar year (or tax year beginning in)   | (b)<br>Adjusted qualifying distributions   | (c)<br>Net value of noncharitabl                              | e-use assets                            | (col        | <b>(d)</b><br>Distribution rati<br>(b) divided by c |   |
| 2016   | 137,918  |   | 2,981,833                               |             |   | 0 046253  |
|  |  |   | 2,825,677                               |             |   | 0 049398  |
| 2015   | 139,583  |   |   |             |   |   |
| 2015<br>2014   | 139,583<br>130,995   |   | 2,941,906                               |             |   | 0 044527  |
| 2014<br>2013   | 130,995<br>113,945   |   | 2,941,906<br>2,689,127                  |             |   | 0 042372  |
| 2014   | 130,995  |   | 2,941,906                               |             |   |   |
| 2014<br>2013<br>2012<br>2 Total of line 1, column (d   | 130,995<br>113,945<br>104,380  |   | 2,941,906<br>2,689,127<br>2,343,848     | 2           |   | 0 042372  |
| 2014 2013 2012  2 Total of line 1, column (d 3 Average distribution ratio number of years the found  | 130,995 113,945 104,380 )  | the total on line 2 by 5,                                     | 2,941,906<br>2,689,127<br>2,343,848<br> | 3           |   | 0 042372<br>0 044534<br>0 227084<br>0 045417                                  |
| 2014 2013 2012  2 Total of line 1, column (d 3 Average distribution ratio number of years the found 4 Enter the net value of non   | 130,995 113,945 104,380 )  | the total on line 2 by 5,<br>than 5 years<br>n Part X, line 5 | 2,941,906<br>2,689,127<br>2,343,848<br> | 3           |   | 0 042372<br>0 044534<br>0 227084<br>0 045417<br>3,195,014                     |
| 2014 2013 2012  2 Total of line 1, column (d 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3   | 130,995 113,945 104,380 )  | the total on line 2 by 5,<br>than 5 years<br>n Part X, line 5 | 2,941,906<br>2,689,127<br>2,343,848<br> | 3<br>4<br>5 |   | 0 042372<br>0 044534<br>0 227084<br>0 045417<br>3,195,014<br>145,108          |
| 2014 2013 2012  2 Total of line 1, column (d 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 6 Enter 1% of net investment                    | 130,995 113,945 104,380 )  | the total on line 2 by 5,<br>than 5 years<br>n Part X, line 5 | 2,941,906<br>2,689,127<br>2,343,848<br> | 3<br>4<br>5 |   | 0 042372<br>0 044534<br>0 227084<br>0 045417<br>3,195,014<br>145,108<br>2,889 |
| 2014 2013 2012  2 Total of line 1, column (d 3 Average distribution ratio number of years the found 4 Enter the net value of non 5 Multiply line 4 by line 3 6 Enter 1% of net investmen 7 Add lines 5 and 6 | 130,995 113,945 104,380 )  | the total on line 2 by 5,<br>than 5 years<br>n Part X, line 5 | 2,941,906<br>2,689,127<br>2,343,848<br> | 3<br>4<br>5 |   | 0 042372<br>0 044534<br>0 227084<br>0 045417<br>3,195,014<br>145,108          |

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

7b

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

| 1 List all officers, directors, trustee   | es, foundation managers ar                                      | nd their compensation                     | (see instructions).   |                                       |
|---|---|---|---|---------------------------------------|
| (a) Name and address  | Title, and average<br>hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table   |   |   | Componibution.  |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| 2 Compensation of five highest-pai  | d employees (other than t                                       | hose included on line :                   | L—see instructions). If nor  Contributions to                         | ie, enter "NONE."                     |
| (a)<br>Name and address of each employee pa<br>more than \$50,000   | Title, and average hours per week  (b) devoted to position      | (c) Compensation                          | employee benefit plans and deferred (d) compensation                  | Expense account, (e) other allowances |
| NONE  |   |   | (a) compensation  |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   | <del></del>   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| <b>Total</b> number of other employees paid ove   |   |   |   |                                       |
| 3 Five highest-paid independent co  |   |   |   | 0<br>E".                              |
| (a) Name and address of each person   |   | 1   | e of service  | (c) Compensation                      |
| NONE  |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   | -   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   | _   |   |                                       |
|   |   |   |   |                                       |
|   |   | -   |   |                                       |
| Total number of others receiving over \$50  | ,000 for professional services                                  |   |   | 0                                     |
| Part IX-A Summary of Direct C   |   |   |   |                                       |
| List the foundation's four largest direct charitable<br>organizations and other beneficiaries served, con |   |   | nation such as the number of  | Expenses                              |
| 1   |   |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| 2   |   |   |   |                                       |
|   |   |   |   |                                       |
| 3   |   |   |   |                                       |
|   |   |   |   |                                       |
| 4   |   |   |   |                                       |
| <b>-</b>  |   |   |   |                                       |
|   |   |   |   |                                       |
| Part IX-B Summary of Program  | m-Related Investments   | (see instructions)                        |   |                                       |
| Describe the two largest program-related inve   | stments made by the foundation d                                | uring the tax year on lines 1             | and 2   | Amount                                |
| 1   |   |   |   |                                       |
| <del></del>   |   |   |   |                                       |
| 2   |   |   |   |                                       |
|   |   |   |   |                                       |
| All II  | <u> </u>  |   |   |                                       |
| All other program-related investments  3  | See instructions  |   |   |                                       |
|   |   |   |   |                                       |
|   |   |   |   |                                       |
| Total. Add lines 1 through 3 .  |   | · · · · · <del>· · ·</del>                |   | 000 <b>PE</b> (2017)                  |

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

2

3a 3h

4

5

149.690

2.889

146.801

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

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

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

0

(d)

Page 9

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . .

| )-PF (20 | 017)                 |                    |  |
|----------|----------------------|--------------------|--|
| (III)    | Undistributed Income | (see instructions) |  |

| 1 | Distributable amount for 2017 from Part XI, line 7  |   |
|---|---|---|
| 2 | Undistributed income, if any, as of the end of 2017 | Г |
| а | Enter amount for 2016 only                          | l |

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . .

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

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

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

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

indicated below:

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

same amount must be shown in column (a) )

| from Part XI, line 7 | Г |
|----------------------|---|
| s of the end of 2017 |   |
|                      |   |

(a)

Corpus

0

0

(b)

Years prior to 2016

(c)

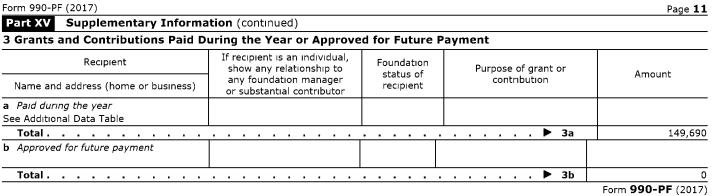
2016

145,540

145,540

152,712

| orr | n 990-PF (2017)   |                          |                        |                         |                     | Page <b>10</b> |
|-----|---|--------------------------|------------------------|-------------------------|---------------------|----------------|
| ŀ   | Part XIV Private Operating Found  | <b>ations</b> (see instr | uctions and Part V     | /II-A, question 9)      |                     |                |
| 1a  | If the foundation has received a ruling or defoundation, and the ruling is effective for 20   |                          |                        | rating                  |                     |                |
| b   | Check box to indicate whether the organization  | on is a private oper     | atıng foundatıon des   | cribed in section       | ☐ 4942(ر)(3) or ☐   | 4942(])(5)     |
| 2a  | Enter the lesser of the adjusted net  | Tax year                 |                        | Prior 3 years           |                     | (e) Total      |
|     | income from Part I or the minimum investment return from Part X for each year listed  | (a) 2017                 | <b>(b)</b> 2016        | (c) 2015                | (d) 2014            | (c) rotal      |
| b   | 85% of line 2a  |                          |                        |                         |                     |                |
| С   | Qualifying distributions from Part XII, line 4 for each year listed   |                          |                        |                         |                     |                |
| d   | Amounts included in line 2c not used directly for active conduct of exempt activities   |                          |                        |                         |                     |                |
| е   | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c                              |                          |                        |                         |                     |                |
| 3   | Complete 3a, b, or c for the alternative test relied upon   |                          |                        |                         |                     |                |
| а   | "Assets" alternative test—enter   |                          |                        |                         |                     |                |
|     | (1) Value of all assets   |                          |                        |                         |                     |                |
| b   | "Endowment" alternative test— enter 2/3 of minimum investment return shown in   |                          |                        |                         |                     |                |
|     | Part X, line 6 for each year listed.  |                          |                        |                         |                     |                |
| С   | "Support" alternative test—enter  (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)   |                          |                        |                         |                     |                |
|     | (3) Largest amount of support from an exempt organization   |                          |                        |                         |                     |                |
|     | (4) Gross investment income   |                          | <u> </u>               | <u> </u>                |                     |                |
| Pa  | rt XV Supplementary Information assets at any time during th  |                          |                        | organization ha         | d \$5,000 or more   | e in           |
| 1   | Information Regarding Foundation Man  | agers:                   | •                      |                         |                     |                |
| а   | List any managers of the foundation who have before the close of any tax year (but only if NED W BANDLER                                  |                          |                        |                         |                     | n              |
| h   | List any managers of the foundation who own   | 10% or more of th        | ne stock of a corpora  | tion (or an equally l   | arge portion of the |                |
|     | ownership of a partnership or other entity) o   |                          |                        |                         |                     |                |
| 2   | Information Regarding Contribution, Gr  | ant, Gift, Loan, Sc      | holarship, etc., Pro   | ograms:                 |                     |                |
|     | Check here ▶ ☑ If the foundation only mak<br>unsolicited requests for funds If the founda<br>other conditions, complete items 2a, b, c, a | tion makes gifts, gr     |                        |                         |                     | der            |
| a   | The name, address, and telephone number of  | or email address of      | the person to whom     | applications should     | be addressed        |                |
| Ь   | The form in which applications should be sul  | omitted and informa      | ation and materials th | ney should include      |                     |                |
| c   | Any submission deadlines  |                          |                        |                         |                     |                |
| d   | Any restrictions or limitations on awards, su factors   | ch as by geographic      | al areas, charitable i | fields, kinds of instit | utions, or other    |                |
|     |   |                          |                        |                         |                     |                |



| 1 Program service revenue a                            |  | Unrelated b                             | usiness income                    | Excluded by section                   | (e)<br>Related or exempt |  |
|--|--|---|-----------------------------------|---------------------------------------|--------------------------|--|
|  |  | (a)<br>Business code                    | <b>(b)</b><br>Amount              | (c)<br>Exclusion code                 | <b>(d)</b><br>Amount     | function income<br>(See instructions ) |
|  |  |   |                                   |                                       |                          |  |
|  |  |   |                                   |                                       |                          |  |
|  |  |   |                                   |                                       |                          |  |
| е  |  |   |                                   |                                       |                          |  |
|  |  |   |                                   |                                       |                          |  |
| _  | and contracts from government agencies   |   |                                   |                                       |                          |  |
| Intere   | rship dues and assessments   |   |                                   |                                       |                          |  |
|  | ds and interest from securities  |   |                                   | 14                                    | 61,527                   |  |
|  | tal income or (loss) from real estate  |   |                                   |                                       |                          |  |
|  | financed property  |   |                                   |                                       |                          |  |
|  | ebt-financed property notes in the state of the |   |                                   |                                       |                          |  |
|  | nvestment income   |   |                                   |                                       |                          |  |
|  | r (loss) from sales of assets other than   |   |                                   |                                       |                          |  |
|  | ory  |   |                                   | 18                                    | 227,377                  |  |
|  | ome or (loss) from special events  |   |                                   |                                       |                          |  |
|  | profit or (loss) from sales of inventory evenue a  |   |                                   |                                       |                          |  |
| b  |  |   |                                   |                                       |                          |  |
| с  |  |   |                                   |                                       |                          |  |
|  |  |   |                                   |                                       |                          |  |
|  |  |   |                                   |                                       |                          |  |
| e  |  |   | 0                                 |                                       | 200 004                  | ,                                      |
| e  |  |   | 0                                 | 13                                    | 288,904                  |  |
| e<br>Subtota<br>Total.<br>(See wo                      | Al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  | lations )                               |                                   |                                       | 288,904                  |  |
| e<br>Subtota<br>Total.<br>(See wo                      | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       | 288,904                                |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI           | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI           | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI<br>ne No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI<br>ne No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI<br>ne No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI<br>ne No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI<br>ne No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI<br>ne No. | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| eSubtota Total. (See wo                                | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |
| e<br>Subtota<br>Total.<br>(See wo<br>art XVI           | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex   | lations ) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes<br>F Part XVI-A contribut | ted importantly to       |  |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 

|   |               | anızatıon directly or in<br>Gode (other than sectio                           |                                |                      |                             |   |                            |                           |   | tion 501            |                         | Yes      | No   |
|---|---------------|---|--------------------------------|----------------------|-----------------------------|---|----------------------------|---------------------------|---|---------------------|-------------------------|----------|--|
| ` '                                     |               | om the reporting foun   |                                | -                    | •                           |   |                            |                           | <b>y</b>                                      |                     |                         |          |  |
|   |               |   |                                |                      |                             | smpt organizat                          | 011 01                     |                           |   |                     | 1a(1)                   |          | No   |
| ` '                                     |               | assets  |                                |                      |                             |   |                            |                           |   | •                   | 1a(2)                   |          | No   |
| ` '                                     |               |   |                                |                      |                             |   |                            |                           |   |                     | Ia(Z)                   |          | NO   |
| <ul><li>b Other</li><li>(1) S</li></ul> |               | actions<br>of assets to a nonchar   | ıtable exempt                  | organi:              | zation.                     |   |                            |                           |   |                     | 1b(1)                   |          | No   |
|   |               | ases of assets from a r   |                                | _                    |                             |   |                            |                           |   |                     | 1b(2)                   |          | No   |
|   |               | of facilities, equipmer   |                                |                      | _                           |   |                            |                           |   |                     | 1b(3)                   |          | No   |
|   |               |   |                                |                      |                             |   |                            |                           |   | • •                 |                         |          | No   |
| ٠                                       |               | ursement arrangemen   |                                |                      |                             |   |                            |                           |   | •                   | 1b(4)                   |          | <del>                                     </del> |
|   |               | or loan guarantees.   |                                |                      |                             |   |                            |                           |   |                     | 1b(5)                   |          | No   |
| ( <b>6</b> ) Pe                         | erforn        | nance of services or m  | embership or                   | fundrai              | ising sol                   | icitations                              |                            |                           |   | •                   | 1b(6)                   |          | No   |
| c Sharin                                | g of          | facılıtıes, equipment, r  | nailing lists, c               | ther as:             | sets, or                    | paid employee                           | 5                          |                           |   |                     | 1c                      |          | No   |
| of the<br>in any                        | good<br>trans | er to any of the above<br>ls, other assets, or ser<br>saction or sharing arra | vices given b<br>ingement, sho | y the re<br>ow in co | porting i<br>lumn <b>(d</b> | foundation If t                         | he foundat<br>the goods,   | ion receive<br>other asse | ed less than fair ma<br>ets, or services rece | arket valu<br>eived | e                       |          |  |
| a) Line No                              |               | (b) Amount involved   | (c) Name of                    | noncharit            | table exer                  | mpt organization                        | (d) D                      | escription o              | f transfers, transactior                      | ns, and sha         | rıng arraı              | ngemen   | its  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | -             |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | +             |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | _             |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | -             |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | +             |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | _             |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
| 3- T- +b-                               |               | dation directly or indire   |                                | م ماندرزا            |                             | d to                                    |                            |                           |   |                     |                         |          |  |
|   |               | •   | •                              | •                    |                             | •                                       |                            |                           |   | Г                   | □Yes                    | <b>✓</b> | NI-  |
|   |               | n section 501(c) of the   | •                              | than se              | ction 50                    | 11(C)(3)) or in s                       | ection 527                 | · · ·                     |   |                     | res                     | •        | NO   |
| <b>b</b> If "Yes                        | s," co        | mplete the following s  |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               | (a) Name of organization  | on                             |                      | (E                          | ) Type of organi                        | ation                      |                           | (c) Description                               | on of relation      | nship                   |          |  |
|   |               |   |                                | _                    |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          | _  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   |               |   |                                |                      |                             |   |                            |                           |   |                     |                         |          |  |
|   | of my         | r penalties of perjury,<br>/ knowledge and belief<br>n preparer has any kno   | , it is true, co               | I have<br>orrect, a  | examin<br>ind comp          | ed this return,<br>plete Declarati<br>I | including a<br>on of prepa | ccompany<br>arer (other   | ving schedules and :<br>r than taxpayer) is   | based on            | all infor               | mation   | n of   |
| lere                                    | *             | ****  |                                |                      |                             | 2019-01-17                              | <b>\</b>                   | *****                     |   | return              | ne IRS di:<br>ne prepai |          |  |
| <b> </b>                                | S             | ignature of officer or t  | rustee                         |                      |                             | Date                                    |                            | Title                     | _   | below               | nstr)?                  | _        |  |
|   |               | Print/Type preparer's   | s name                         | Prepare              | er's Sıgr                   | nature                                  | Date                       |                           | Check if self-                                | PTIN                | P00367                  | 997      |  |
| Paid                                    |               | KELLY M URSO  |                                |                      |                             |   |                            |                           | employed ▶ Ш                                  |                     |                         |          |  |
| Prepai<br>Jse Oi                        |               |   | JRSO & COM                     |                      |                             |   |                            |                           |   | Fırm's E            | IN ▶11-                 | -36988   | 301  |
|   |               | Firm's address > 20   | GREAT OLIAI                    | RTER RO              | חמר                         |   |                            |                           |   | I                   |                         |          |  |

SANDY HOOK, CT 06482

Phone no (203) 364-1667

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation **DISCOVERY INC-3500SH** Р 2017-05-09 2018-04-24 TIME WARNER INC-1725SH Ρ 2018-02-16 2018-06-15 FRANKLIN RES INC-1900SH Р 2014-07-30 2018-02-16 TEVA PHARMACEUTICAL-2300SH Р 2016-12-05 2018-04-24 OMNICOM GROUP-100SH Р 2014-10-22 2018-04-24 Ρ FRANKLIN RES INC-600SH 2008-02-19 2018-02-16 Р VIACOM INC-2300SH 2008-06-09 2018-02-16 Р WESTERN UNION-1600SH 2002-09-30 2018-02-16 ACCENTURE PLC-1200SH Ρ 2009-09-24 2018-02-16 CVS HEALTH CORP-100SH Р 1999-12-07 2018-02-16 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 78,219 88.850 -10,631 173,380 164,674 8,706 74,469 106,286 -31,817 40,469 83,998 -43,529 7,303 6,765 538 23,517 4,053 19,464 77,599 77,837 -238 32,393 19,866 12,527 195,577 43,304 152,273 7,187 1.827 5,360 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -10,631 8,706 -31,817 -43,529 538 4,053 -238 12,527 152,273 5,360

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold How acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation CVS HEALTH CORP-1800SH Р 2001-11-05 2018-02-16 UNITEDHEALTH GROUP-100SH Ρ 2003-08-05 2018-02-16 OMNICOM GROUP-60SH Р 2006-01-23 2018-04-26 AT&T INC Р 2013-01-01 2018-06-15 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (q) 129,375 20,867 108,508 22,775 3,117 19,658 4.451 2.509 1.942 27 27 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 108,508

19,658 1,942 27

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation NED W BANDLER TRUSTEE 0 00 280 NORTHROP STREET BRIDGEWATER, CT 06752 JEAN T D BANDLER TRUSTEE 0.00 280 NORTHROP STREET NEW YORK, NY 10013 REBECCA W HOLCOMBE TRUSTEE

| BRIDGEWATER, CT 06752                          |         |   |   |   |
|--|---------|---|---|---|
| JOHN BANDLER                                   | TRUSTEE | 0 | 0 | 0 |
| 350 ALBANY STREET APT 7D<br>NEW YORK, NY 10013 | 0 00    |   |   |   |
| GAIL E BANDLER                                 | TRUSTEE | 0 | 0 | 0 |
| 350 ALBANY STREET APT 7D                       | 0 00    |   |   |   |

0.00

TRUSTEE 0 00

159 TILDEN HILL ROAD NORWICH, VT 05055 JAMES BANDLER

159 TILDEN HILL ROAD NORWICH, VT 05055

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| ADDISON COUNTY HOME HEALTH AND<br>HOSPICE<br>254 ETHAN ALLEN HIGHWAY<br>NEW HAVEN, VT 05472 | NONE | FOUNDATION | GENERAL     | 100 |
|---|------|------------|-------------|-----|
| ACHILLES TRACK CLUB   | NONE | FOUNDATION | EDUCATIONAL | 500 |

| ACHILLES TRACK CLUB<br>42 WEST 38TH ST<br>NEW YORK, NY 10018                  | NONE | FOUNDATION | EDUCATIONAL | 500 |
|---|------|------------|-------------|-----|
| ADLAI STEVENSON CENTER OF<br>DEMOCRACY<br>2117 NO FREMONT<br>CHICAGO II 60614 | NONE | FOUNDATION | GENERAL     | 150 |

| NEW YORK, NY 10018   |      |            |                                       |     |
|--|------|------------|---------------------------------------|-----|
| ADLAI STEVENSON CENTER OF<br>DEMOCRACY<br>2117 NO FREMONT<br>CHICAGO, IL 60614 | NONE | FOUNDATION | GENERAL                               | 150 |
|  |      |            | · · · · · · · · · · · · · · · · · · · |     |

Total. 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AFRICAN MEDICAL & RESEARCH NONE **FOUNDATION GENERAL** 100 FOUNDATION INC 4 WEST 43RD ST NEW YORK, NY 10036 າດດ กดเ COMMITTEE

| AMERICAN CIVIL LIBERTIES<br>FOUNDATION<br>125 BROAD STREET<br>NEW YORK, NY 10005 | NONE | FOUNDATION | GENERAL | 1,00 |
|--|------|------------|---------|------|
| AMERICAN FRIENDS SERVICE   | NONE | FOUNDATION | GENERAL | 5,00 |

1501 CHERRY ST

PHILADELPHIA, PA 19102

Total . 149,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN MUSEUM OF NATURAL NONE MUSEUM **EDUCATIONAL** 1,500 HISTORY 79TH ST NEW YORK, NY 10024

| <u>'</u>  |      |            |         |     |
|---|------|------------|---------|-----|
| BRIDGE EARLY EDUCATION CENTER<br>1840 ASBURY AVENUE<br>EVANSTON, IL 60201 | NONE | FOUNDATION | GENERAL | 400 |
| BBB WISE GIVING ALLIANCE<br>3033 WILSON BLVD<br>ARLINGTON, VA 22201       | NONE | FOUNDATION | GENERAL | 100 |

За

149,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRIDGEWATER CONGREGATIONAL NONE **FOUNDATION GENERAL** 600 CHURCH 10 CLAPBOARD ROAD BRIDGEWATER CT 06752

| DRIDGEWATER, CT 00732   |      |            |         |     |
|---|------|------------|---------|-----|
| BRIDGEWATER HISTORICAL SOCIETY<br>48 MAIN ST SO<br>BRIDGEWATER, CT 06752            | NONE | FOUNDATION | GENERAL | 100 |
| BRIDGEWATER SENIOR CENTER<br>FRIENDS OF<br>132 HUT HILL RD<br>BRIDGEWATER, CT 06752 | NONE | FOUNDATION | GENERAL | 50  |

Total . 3a 149,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

500

2,000

390

| a Paid during the year                         |      |        |         |  |
|--|------|--------|---------|--|
| BROOKLYN BOTANIC GARDEN<br>1000 WASHINGTON AVE | NONE | MUSEUM | GENERAL |  |

or substantial contributor

| BROOKLYN, NY 11225                               |      |           |             |  |
|--|------|-----------|-------------|--|
| BROWN UNIVERSITYPOB 1893<br>PROVIDENCE, RI 02912 | NONE | EDUCATION | EDUCATIONAL |  |

| BROWN UNIVERSITYPOB 1893<br>PROVIDENCE, RI 02912 | NONE | EDUCATION  | EDUCATIONAL |  |
|--|------|------------|-------------|--|
| BURNHAM LIBRARY FRIENDS OF<br>MAIN ST            | NONE | FOUNDATION | GENERAL     |  |

| BURNHAM LIBRARY FRIENDS OF<br>MAIN ST<br>BRIDGEWATER, CT 06752 | NONE | FOUNDATION | GENERAL |  |
|--|------|------------|---------|--|
|  |      |            |         |  |

|                            |      |            | _       |   |
|----------------------------|------|------------|---------|---|
| BRIDGEWATER, CT 06752      |      |            |         |   |
| MAIN ST                    | NONE | FOUNDATION | GENERAL |   |
| BURNHAM LIBRARY FRIENDS OF | NONE | FOUNDATION | GENERAL | i |

| Total                            |       |            |         | 149,690 |
|----------------------------------|-------|------------|---------|---------|
| MAIN ST<br>BRIDGEWATER, CT 06752 |       |            |         |         |
| BURNHAM LIBRART FRIENDS OF       | INONE | FOUNDATION | GENERAL |         |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| CALS (CORNELL UNIV) CHARITABLE<br>TRUST<br>POB 876<br>ITHACA, NY 14851 | NONE | EDUCATION  | EDUCATIONAL | 100 |
|--|------|------------|-------------|-----|
| CAMPAIGN FINANCE INSTITUTE 1425 K ST NW                                | NONE | FOUNDATION | GENERAL     | 100 |

| CAMPAIGN FINANCE INSTITUTE<br>1425 K ST NW<br>WASHINGTON, DC 20005                 | NONE | FOUNDATION | GENERAL | 100 |
|--|------|------------|---------|-----|
| CHURCH STREET SCHOOL FOR MUSIC<br>AND ART<br>41 WHITE STREET<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 750 |

| 1425 K ST NW<br>WASHINGTON, DC 20005   |      |            |         |         |
|--|------|------------|---------|---------|
| CHURCH STREET SCHOOL FOR MUSIC<br>AND ART<br>41 WHITE STREET<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 750     |
| Total  |      |            |         | 149.690 |

| CHURCH STREET SCHOOL FOR MUSIC<br>AND ART<br>41 WHITE STREET<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 750     |
|--|------|------------|---------|---------|
| Total  |      |            |         | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CANCER RESEARCH CENTER OF THE NONE **FOUNDATION GENERAL** 300 FINGER LAKES 612 WEST STATE ST

| ITHACA, NY 14850  |      |            |             |       |
|---|------|------------|-------------|-------|
| CATO INSTITUTE1000 MASS AVE<br>WASHINGTON, DC 20001                           | NONE | FOUNDATION | EDUCATIONAL | 100   |
| CENTER FOR CARTOON STUDIES<br>94 SO MAIN ST<br>WHITE RIVER JUNCTION, VT 05001 | NONE | FOUNDATION | GENERAL     | 1,500 |

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTER FOR CYBER SAFETY AND NONE **FOUNDATION GENERAL** 250 EDUCATION (ISC2 FOUNDATION)

| 311 PARK PL BLVD<br>CLEARWATER, FL 33759                                |      |            |         |       |
|---|------|------------|---------|-------|
| CHURCH WORLD SERVICEPO BOX 968<br>ELKHART, IN 46515                     | NONE | FOUNDATION | GENERAL | 1,000 |
| CRAFTBURY OUTDOOR CENTER 535 LOST NATION RD CRAFTSBURY COMMON VT. 05827 | NONE | FOUNDATION | GENERAL | 1,000 |

Total .

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

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

| a Paid during the year   |      |            |         |     |
|--|------|------------|---------|-----|
| CENTRAL PARK CONSERVANCY<br>14 E 60TH ST<br>NEW YORK, NY 10022 | NONE | FOUNDATION | GENERAL | 250 |

| NEW TORK, NT 10022                                |      |            |         |  |
|---|------|------------|---------|--|
| CHANNEL THIRTEEN825 8TH AVE<br>NEW YORK, NY 10019 | NONE | FOUNDATION | GENERAL |  |
|   |      |            |         |  |

| CHANNEL THIRTEEN825 8TH AVE<br>NEW YORK, NY 10019 | NONE | FOUNDATION | GENERAL |  |
|---|------|------------|---------|--|
| CHILDREN'S MUSEUM MANHATTAN                       | NONE | FOUNDATION | GENERAL |  |

| NEW YORK, NY 10019   |      |            |         |  |
|--|------|------------|---------|--|
| CHILDREN'S MUSEUM MANHATTAN<br>212 W 83RD ST<br>NEW YORK, NY 10024 | NONE | FOUNDATION | GENERAL |  |

| T-1-1                      |      |            |         | 140.600 |
|----------------------------|------|------------|---------|---------|
| EW YORK, NY 10024          |      |            |         |         |
| 12 W 83RD ST               |      |            |         |         |
| HILDREN'S MUSEUM MANHATTAN | NONE | FOUNDATION | GENERAL | 4       |

| CHILDREN'S MUSEUM MANHATTAN | NONE | FOUNDATION | GENERAL | 400 |
|-----------------------------|------|------------|---------|-----|
| 212 W 83RD ST               |      |            |         |     |
| NEW YORK, NY 10024          |      |            |         |     |
| ·                           |      |            |         |     |

| 212 W 83RD ST<br>NEW YORK, NY 10024 |      |             |
|-------------------------------------|------|-------------|
| Total                               | <br> | <br>149,690 |

600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S MUSEUM OF THE ARTS NONE **FOUNDATION GENERAL** 250 103 CHARLTON ST

| NEW YORK, NY 10014  |      |            |             |       |
|---|------|------------|-------------|-------|
| CHRIS BORTON MEMORIAL<br>SCHOLARSHIP FUND<br>190 THOMPSON SQ<br>MOUNTAIN VIEW, CA 94043 | NONE | FOUNDATION | EDUCATIONAL | 1,000 |
| INNOCENCE PROJECT40 WORTH ST  | NONE | FOUNDATION | GENERAL     | 2,500 |

| MOUNTAIN VIEW, ČA 94043                            |      |            |         |       |
|--|------|------------|---------|-------|
| INNOCENCE PROJECT40 WORTH ST<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 2,500 |

| INNOCENCE PROJECT40 WORTH ST<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 2,500 |
|--|------|------------|---------|-------|
|  |      |            | _       |       |

| INNOCENCE PROJECT40 WORTH ST<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 2,50    |
|--|------|------------|---------|---------|
| Total  |      |            |         | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CIRKUS SMIRKUS1 CIRCUS RD NONE **FOUNDATION** GENERAL 2,000 GREENSBORO, VT 05841

| MARITIME AQUARIUM<br>10 NORTH WATER ST<br>NORWALK, CT 06854 | NONE | FOUNDATION | GENERAL | 200 |
|---|------|------------|---------|-----|
| CITY HARVEST (NYC)6 E 32ND ST                               | NONE | FOUNDATION | GENERAL | 250 |

| Total   |      |            |         | 149,690 |
|---|------|------------|---------|---------|
| CITY HARVEST (NYC)6 E 32ND ST<br>NEW YORK, NY 10016 | NONE | FOUNDATION | GENERAL | 25      |
| NORWALK, CT 06854                                   |      |            |         |         |

|                               |      | i          |         |   |
|-------------------------------|------|------------|---------|---|
| CITY HARVEST (NYC)6 E 32ND ST | NONE | FOUNDATION | GENERAL | l |
| NEW YORK, NY 10016            |      |            |         | 1 |
| '                             |      |            |         | ı |
|                               |      |            | 1       | 1 |

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CITY MEALS ON WHEELS NONE **FOUNDATION GENERAL** 500 355 LEXINGTON AVE NEW YORK, NY 10017

|  | 1    |            |             |     |
|--|------|------------|-------------|-----|
| CITY PARKS FOUNDATION830 5TH AVE<br>NEW YORK, NY 10021             | NONE | FOUNDATION | GENERAL     | 250 |
| COLUMBIA UNIVERSITY SCHOOL OF<br>SOCIAL WORK<br>1255 AMSTERDAM AVE | NONE | EDUCATION  | EDUCATIONAL | 800 |

| NEW YORK, NY 10021  | NONE | FOUNDATION | GENERAL     | 2 |
|---|------|------------|-------------|---|
| COLUMBIA UNIVERSITY SCHOOL OF<br>SOCIAL WORK<br>1255 AMSTERDAM AVE<br>NEW YORK NY 10027 | NONE | EDUCATION  | EDUCATIONAL | 8 |

| SOCIAL WORK<br>1255 AMSTERDAM AVE<br>NEW YORK, NY 10027 | NONE | EDUCATION | EDUCATIONAL | 800 |
|---|------|-----------|-------------|-----|
| COLUMBIA UNIVERSITY SCHOOL OF                           | NONE | EDUCATION | EDUCATIONAL | 800 |
|   |      |           |             |     |

| T-4-1   |  | 140 600 |
|---|--|---------|
| SOCIAL WORK<br>1255 AMSTERDAM AVE<br>NEW YORK, NY 10027 |  |         |
|   |  |         |

| Total              |   | • | 149 690 |
|--------------------|---|---|---------|
| NEW YORK, NY 10027 |   |   |         |
| 1233 AMSTERDAM AVE | ' |   |         |

| NEW YORK, NY 10027 |      |         |
|--------------------|------|---------|
| Total              | <br> | 149.690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMITTEE TO PROTECT JOURNALISTS NONE **FOUNDATION GENERAL** 2,000 330 7TH AVE NEW YORK, NY 10001

| COMMUNITY CARING IN BRIDGEWATER<br>INC<br>POB 338<br>BRIDGEWATER, CT 06752 | NONE | FOUNDATION | GENERAL | 50  |
|--|------|------------|---------|-----|
| NATIONAL GRANGE FOUNDATION<br>1616 H STREET BW<br>WASHINGTON, DC 20006     | NONE | FOUNDATION | GENERAL | 500 |

149,690 Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMPASSION IN CHOICESPOB 101810 NONE **FOUNDATION GENERAL** 2.000 DENVER, CO 80250

| CONCERNS OF POLICE SURVIVORS<br>(COPS)<br>POB 3199<br>CAMDENTON, MO 65020    | NONE | FOUNDATION | GENERAL | 1,000 |
|--|------|------------|---------|-------|
| CONN MASTER GARDNENER<br>ASSOCIATION<br>93 RIVER RD<br>EAST HADDAM, CT 06423 | NONE | FOUNDATION | GENERAL | 100   |

Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CONNECTICUT AUDUBON SOCIETY NONE **FOUNDATION GENERAL** 250 2325 BURR ST FAIRFIELD CT 06824

| TAINTILLD, CT 00024   |      |            |         |       |
|---|------|------------|---------|-------|
| CONNECTICUT COMMUNITY<br>FOUNDATION<br>43 FIELD ST<br>WATERBURY, CT 06702 | NONE | FOUNDATION | GENERAL | 100   |
| CONNECTICUT FOOD BANKPOB 8686<br>NEW HAVEN, CT. 06531                     | NONE | FOUNDATION | GENERAL | 1,500 |

Total . 149,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE **FOUNDATION** 5.000 CORNELL UNIVERSITY GENERAL 1 PLANTATIONS RD ITHACA NY 14850

| 1111ACA, N1 14030                                      |      |            |         |     |
|--|------|------------|---------|-----|
| CPTV CT PUBLIC TV1049 ASYLUM AVE<br>HARTFORD, CT 06105 | NONE | FOUNDATION | GENERAL | 300 |
| DANBURY HOSPITAL24 HOSPITAL RD<br>DANBURY, CT 06810    | NONE | HOSPITAL   | MEDICAL | 500 |

| HARTFORD, CT 06105                                  | NONE | TOUNDATION | GLIVEIVAL | 5       |
|---|------|------------|-----------|---------|
| DANBURY HOSPITAL24 HOSPITAL RD<br>DANBURY, CT 06810 | NONE | HOSPITAL   | MEDICAL   | 50      |
| Total   |      |            |           | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DANBURY RAILWAY MUSEUMPOB 90 NONE **FOUNDATION** GENERAL 100 DANBURY, CT 06813

| DOCTORS WITHOUT BORDERSPOB 1856<br>MERRIFIELD, VA 22116 | NONE | FOUNDATION | MEDICAL | 1,500 |
|---|------|------------|---------|-------|
| FAMILY PLACE319 US RT 5 SO                              | NONE | FOUNDATION | GENERAL | 4,000 |

| FAMILY PLACE319 US RT 5 SO<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL |  |
|---|------|------------|---------|--|
|   |      |            |         |  |

| NORWICH, VT 05055          |      |            |         |  |
|----------------------------|------|------------|---------|--|
| FAMILY PLACE319 US RT 5 SO | NONE | FOUNDATION | GENERAL |  |

За

| NORWICH, VT 05055 | NOINE | FOUNDATION | GENERAL | <del>4</del><br> |
|-------------------|-------|------------|---------|------------------|
| Total             |       |            |         | 149,690          |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FARE7925 JONES BRANCH DR NONE **FOUNDATION** 100 GENERAL MCLEAN, VA 22102

| <u> </u>  |      |            |         |       |
|---|------|------------|---------|-------|
| SALVATION ARMY615 SLATERS LN<br>ALEXANDRIA, VI 22313                    | NONE | FOUNDATION | GENERAL | 1,000 |
| FISHER HOUSE FOUNDATION INC<br>111 ROCKVILLE PIKE<br>ROCKVILLE.MD 20850 | NONE | FOUNDATION | GENERAL | 200   |

| ALEXANDRIA, VI 22313   |      |            |         |    |
|--|------|------------|---------|----|
| FISHER HOUSE FOUNDATION INC<br>111 ROCKVILLE PIKE<br>ROCKVILLE, MD 20850 | NONE | FOUNDATION | GENERAL | 20 |
|  |      |            |         |    |

| ROCKVILLE, MD 20850                               |      |            |         | 149,690 |
|---|------|------------|---------|---------|
| FISHER HOUSE FOUNDATION INC<br>111 ROCKVILLE PIKE | NONE | FOUNDATION | GENERAL | 20      |

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FLORIDA PUBLIC LIBRARY NONE FOUNDATION **GENERAL** 250 4 COHEN CIRCLE FLORIDA, NY 10921 NICKIE FOUNDATION | CENEDAL 4 000

| FORD SATRE SKI COUNCIL<br>FOUNDATION<br>POB 471<br>HANOVER, NH 03755 | NONE | FOUNDATION | GENERAL | 1,000 |
|--|------|------------|---------|-------|
| FRIENDS OF THE SMITHSONIAN<br>POB 37012<br>WASHINGTON, DC 20013      | NONE | FOUNDATION | GENERAL | 300   |

| RIENDS OF THE SMITHSONIAN<br>POB 37012 | NONE | FOUNDATION | GENERAL | 30 |
|--|------|------------|---------|----|
| VASHINGTON, DC 20013                   |      |            |         |    |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FUNERAL CONSUMER ALLIANCE OF CT NONE **FOUNDATION GENERAL** 800 (FCA OF CT) **POB 34** BRIDGEWATER CT 06752

| BRIDGEWATER, CT 00752  |      |            |         |       |
|--|------|------------|---------|-------|
| FUNERAL CONSUMER ALLIANCE INC<br>(FCA OF VT)<br>33 PATCHEN RD<br>SO BURLINGTON, VT 05403 | NONE | FOUNDATION | GENERAL | 2,400 |
| GRASSROOT SOCCERPOB 712<br>NORWICH, VT 05055   | NONE | FOUNDATION | GENERAL | 500   |

| 33 PATCHEN RD<br>SO BURLINGTON, VT 05403     |      |            |         |     |
|--|------|------------|---------|-----|
| GRASSROOT SOCCERPOB 712<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL | 500 |

| <u> </u>                                     |      |            |         |    |
|--|------|------------|---------|----|
| GRASSROOT SOCCERPOB 712<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL | 50 |

149,690 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GROW NYC COUNCIL ON THE NONE **FOUNDATION GENERAL** 500 **ENVIRONMENT** 100 GOLD ST

| NEW YORK, NY 10038  |      |            |         |     |
|---|------|------------|---------|-----|
| HANDY DANDY HANDYMAN MINISTRY<br>26 SHAMROCK DR<br>BROOKFIELD, CT 06804 | NONE | FOUNDATION | GENERAL | 50  |
| HORTICULTURAL SOCIETY OF NY<br>148 W 37TH ST<br>NEW YORK, NY 10018      | NONE | FOUNDATION | GENERAL | 250 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOSPICARE AND PALLIATIVE CARE NONE **FOUNDATION GENERAL** 500 SERVICES OF TOMPKINS

| 172 E KING RD<br>ITHACA, NY 14850                     |      |            |         |       |
|---|------|------------|---------|-------|
| VERMONT PUBLIC RADIO365 TROY AVE COLCHESTER, VT 05446 | NONE | FOUNDATION | GENERAL | 1,900 |
| HUDSON VALLEY POLONAISE SOCIETY                       | NONE | FOUNDATION | GENERAL | 1,000 |

GOSHEN, NY 10924

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year INSTITUTE FOR AMERICAN INDIAN NONE **FOUNDATION GENERAL** 100 STUDIES

| 38 CURTIS RD<br>WASHINGTON, CT 06793                                    |      |            |         |       |
|---|------|------------|---------|-------|
| VERMONT TECHNICAL COLLEGE<br>PO BOX 500<br>RANDOLPH CENTER, VT 05061    | NONE | FOUNDATION | GENERAL | 6,000 |
| WORKER JUSTICE CENTER OF NEW<br>YORK<br>9 MAIN ST<br>KINGSTON, NY 12401 | NONE | FOUNDATION | GENERAL | 1,000 |

Total.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year INTREPID MUSEUMW 46TH ST NONE **FOUNDATION** GENERAL 700 NEW YORK, NY 10036

| KEEP SMILING 4 ABBIE12 TERESA RD<br>HOPKINTON, MA 01748 | NONE | FOUNDATION | GENERAL | 1,000 |
|---|------|------------|---------|-------|
| KENT SINGERSPOB 774<br>KENT, CT 06757                   | NONE | FOUNDATION | GENERAL | 100   |

Total .

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

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

| a Paid during the year                            |      |            |         |  |
|---|------|------------|---------|--|
| KENTUCKY MUSEUM OF ARTS & CRAFTS<br>715 W MAIN ST | NONE | FOUNDATION | GENERAL |  |

2,500

100

| LOUISVILLE, KY 40212            |      |            |         |  |
|---------------------------------|------|------------|---------|--|
| KIDS WITH FOOD ALLERGIESPOB 554 | NONE | FOUNDATION | GENERAL |  |

| KIDS WITH FOOD ALLERGIESPOB 554<br>FOUNTAINVILLE, PA 18923 | NONE | FOUNDATION | GENERAL |  |
|--|------|------------|---------|--|
| LIBERTY SCIENCE CENTER                                     | NONE | FOUNDATION | CENERAL |  |

| FOUNTAINVILLE, PA 18923                        |      |            |         |  |
|--|------|------------|---------|--|
| LIBERTY SCIENCE CENTER<br>222 JERSEY CITY BLVD | NONE | FOUNDATION | GENERAL |  |

| IBERTY SCIENCE CENTER | NONE | FOUNDATION | GENERAL |  |
|-----------------------|------|------------|---------|--|
| 22 JERSEY CITY BLVD   |      |            |         |  |
| ERSEY CITY, NJ 07305  |      |            |         |  |

| LIBERTY SCIENCE CENTER | NONE | FOUNDATION | GENERAL | 1, |
|------------------------|------|------------|---------|----|
| 222 JERSEY CITY BLVD   |      |            |         |    |
| JERSEY CITY, NJ 07305  |      |            |         |    |
|                        |      |            |         |    |

| LIBERTY SCIENCE CENTER<br>222 JERSEY CITY BLVD<br>JERSEY CITY, NJ 07305 | NONE | FOUNDATION | GENERAL | 1,000   |
|---|------|------------|---------|---------|
| Total   | •    |            |         | 1/0 600 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LINCOLN LIBRARY AND MUSUEM NONE **FOUNDATION GENERAL** 100 112 NO 6TH ST SPRINGFIELD, IL 62701

| 0.11.11.10.11.10.71.1   |      |            |             |       |
|---|------|------------|-------------|-------|
| MAKE A WISH FOUNDATION OF METRO<br>NY<br>200 PARK AVE<br>NEW YORK, NY 10166 | NONE | FOUNDATION | GENERAL     | 200   |
| METROPOLITAN MUSEUM OF ART<br>1000 5TH AVE                                  | NONE | MUSEUM     | EDUCATIONAL | 1,200 |

| 11211 10111()111 10100   |      |        |             |  |
|--|------|--------|-------------|--|
| METROPOLITAN MUSEUM OF ART<br>1000 5TH AVE<br>NEW YORK, NY 10028 | NONE | MUSEUM | EDUCATIONAL |  |

| METROPOLITAN MUSEUM OF ART<br>1000 5TH AVE | NONE | MUSEUM | EDUCATIONAL | 1,2 |
|--|------|--------|-------------|-----|
| NEW YORK, NY 10028                         |      |        |             |     |

| METROPOLITAN MUSEUM OF ART         | NONE | MUSEUM | EDUCATIONAL | . 1,. |
|------------------------------------|------|--------|-------------|-------|
| 1000 5TH AVE<br>NEW YORK, NY 10028 |      |        |             |       |
|                                    |      |        |             |       |

| NEW YORK, NY 10028 |      |             |
|--------------------|------|-------------|
| Total              | <br> | <br>149,690 |

| 11211 TORRY, 111 10020 |      |         |
|------------------------|------|---------|
| Total                  | <br> | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MORGAN LIBRARY & MUSEUM NONE **EDUCATION EDUCATIONAL** 300 225 MADISON AVE NEW YORK NY 10016

| NEW TORK, NT 10010   |      |            |         |     |
|--|------|------------|---------|-----|
| MORRILL HOMESTEAD FRIENDS OF<br>POB 98<br>STRATTFORD, VT 05072 | NONE | FOUNDATION | GENERAL | 50  |
| MT SINAI JAFFEE FOOD ALLERGY INST<br>POB 1049                  | NONE | FOUNDATION | GENERAL | 200 |

| POB 98<br>STRATTFORD, VT 05072                                      |      |            |         |   |
|---|------|------------|---------|---|
| MT SINAI JAFFEE FOOD ALLERGY INST<br>POB 1049<br>NEW YORK, NY 10029 | NONE | FOUNDATION | GENERAL | 2 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MUSEUM OF JEWISH HERITAGE NONE MUSEUM **EDUCATIONAL** 1.000 36 BATTERY PARK PL

| NEW YORK, NY 10280  |      |            |         |     |
|---|------|------------|---------|-----|
| NATIONAL ACADEMY OF SOCIAL<br>INSURANCE<br>1776 MASS AVE NW<br>WASHINGTON, DC 20036 | NONE | FOUNDATION | GENERAL | 700 |
| NATIONAL ARBOR DAY FOUNDATION<br>100 ARBOR AVE                                      | NONE | FOUNDATION | GENERAL | 250 |

NEBRASKA CITY, NE 68410

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL AUDUBON SOCIETY NONE **FOUNDATION** 50GENERAL 250 225 VARICK ST NEW YORK, NY 10014

| NATIONAL JOBS FOR ALL COALITION<br>POB 96011<br>LYNBROOK, NY 11563        | NONE | FOUNDATION | GENERAL | 50  |
|---|------|------------|---------|-----|
| NEW HAMPSHIRE CHARITABLE<br>FOUNDATION<br>16 BUCK RD<br>HANOVER, NH 03301 | NONE | FOUNDATION | GENERAL | 150 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW MILFORD FOOD BANK10 MAIN ST NONE FOUNDATION GENERAL 250

| NEW MILFORD, CT 06776                                     |      |            |             |       |
|---|------|------------|-------------|-------|
| NEW YORK BOTANICAL GARDENS<br>200TH ST<br>BRONX, NY 10458 | NONE | MUSEUM     | EDUCATIONAL | 1,500 |
| NEW YORK CITY POLICE FOUNDATION                           | NONE | FOUNDATION | EDUCATIONAL | 200   |

| NEW YORK BOTANICAL GARDENS<br>200TH ST<br>BRONX, NY 10458 | NONE | MUSEUM     | EDUCATIONAL | 1,500 |
|---|------|------------|-------------|-------|
| NEW YORK CITY POLICE FOUNDATION<br>INC<br>555 5TH AVE     | NONE | FOUNDATION | EDUCATIONAL | 200   |

| · · · · · · · · · · · · · · · · · · · |      |            |             |     |
|---------------------------------------|------|------------|-------------|-----|
| NEW YORK CITY POLICE FOUNDATION INC   | NONE | FOUNDATION | EDUCATIONAL | 200 |
| 555 5TH AVE<br>NEW YORK, NY 10017     |      |            |             |     |
|                                       |      |            |             |     |

| Total                             | <br> | <br>149,690 |
|-----------------------------------|------|-------------|
| 555 5TH AVE<br>NEW YORK, NY 10017 |      |             |
| INC                               |      | 1           |

| T-+-I              |  | 140.000 |
|--------------------|--|---------|
| NEW YORK, NY 10017 |  |         |
| 555 5TH AVE        |  |         |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW YORK HISTORICAL SOCIETY NONE MUSEUM **EDUCATIONAL** 750 170 CENTRAL PARK W NEW YORK, NY 10024

| 445 5TH AVE<br>NEW YORK, NY 10016                                   |      |            |         |       |
|---|------|------------|---------|-------|
| NEW YORK RESTORATION PROJECT<br>254 W 31ST ST<br>NEW YORK, NY 10001 | NONE | FOUNDATION | GENERAL | 1,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

| Name and address (nome or business)                                | or substantial contributor | ·         |             |     |
|--|----------------------------|-----------|-------------|-----|
| a Paid during the year   |                            |           |             |     |
| NEW YORK UNIVERSITY SCHOOL OF<br>SOCIAL WORK<br>1 WASHINGTON SQ NO | NONE                       | EDUCATION | EDUCATIONAL | 300 |

| 1 WASHINGTON SQ NO<br>NEW YORK, NY 10023 |      |            |         |  |
|--|------|------------|---------|--|
| NORWICH PUBLIC LIBRARYPOB 290            | NONE | FOUNDATION | GENERAL |  |

| 1 WASHINGTON SQ NO<br>NEW YORK, NY 10023           |      |            |         |  |
|--|------|------------|---------|--|
| NORWICH PUBLIC LIBRARYPOB 290<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL |  |
|  |      |            |         |  |

| · ·  |      |            |         |     |
|--|------|------------|---------|-----|
| NORWICH PUBLIC LIBRARYPOB 290<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL | 500 |
| NYC FIRE MUSEUM278 SPRING ST<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 100 |

| NORWICH, VT 05055                                  |      |            |         |     |
|--|------|------------|---------|-----|
| NYC FIRE MUSEUM278 SPRING ST<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 100 |
|  |      |            |         |     |

| NYC FIRE MUSEUM278 SPRING ST<br>NEW YORK, NY 10013 | NONE | FOUNDATION | GENERAL | 100     |
|--|------|------------|---------|---------|
| Total  |      |            |         | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NYS TROOPER FOUNDATION NONE **FOUNDATION GENERAL** 200 3 AIRPORT PARK BLVD

| LATHAM, NY 12110   |      |            |         |     |
|--|------|------------|---------|-----|
| NYSCI NY HALL OF SCIENCE<br>47-01 111TH ST<br>CORONA, NY 11368 | NONE | FOUNDATION | GENERAL | 250 |
| ONE WEST 54ST FOUNDATION 1 W 54TH ST                           | NONE | FOUNDATION | GENERAL | 100 |

| 47-01 111TH ST<br>CORONA, NY 11368                            |      |            |         |   |
|---|------|------------|---------|---|
| ONE WEST 54ST FOUNDATION<br>1 W 54TH ST<br>NEW YORK, NY 10019 | NONE | FOUNDATION | GENERAL | 1 |

Total . 149,690

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                         |                                  |        |
|--|---|-------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |
| a Paid during the year   |   |                         |                                  |        |
| OPPORTUNITY FUND111 W ST JOHN ST<br>SAN JOSE, CA 95113   | NONE  | FOUNDATION              | GENERAL                          | 1,500  |
| PACE UNIVERSITY SCHOOL OF LAW<br>SCHOLARSHIP FUND<br>1 PACE PLAZA<br>NEW YORK, NY 10038                  | NONE  | EDUCATION               | EDUCATIONAL                      | 400    |
| PAUL H DOUGLAS CENTER FOR<br>ENVIROMENT<br>1100 NO MINERAL SPRINGS RD<br>PORTER, IN 46304                | NONE  | FOUNDATION              | GENERAL                          | 1,000  |

| SCHOLARSHIP FUND<br>1 PACE PLAZA<br>NEW YORK, NY 10038                                    |      |            |         |       |
|---|------|------------|---------|-------|
| PAUL H DOUGLAS CENTER FOR<br>ENVIROMENT<br>1100 NO MINERAL SPRINGS RD<br>PORTER, IN 46304 | NONE | FOUNDATION | GENERAL | 1,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PETEY GREENE PRISONER ASSISTANCE NONE **FOUNDATION GENERAL** 1,000 9 MERCER ST PRINCETON, NJ 08540 NICHIE FOUNDATION | CENEDAL 200

| 1606 NEW HAMPSHIRE AVE NW<br>WASHINGTON, DC 20009                                  | NONE | FOUNDATION | GENERAL | 200   |
|--|------|------------|---------|-------|
| PLANNED PARENTHOOD FEDERATION<br>OF AMERICA<br>434 W 33RD ST<br>NEW YORK, NY 10001 | NONE | FOUNDATION | GENERAL | 5,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PLANNED PARENTHOOD OF CT NONE FOUNDATION **GENERAL** 1,250 345 WHITNEY AVE NEW HAVEN, CT 06511

| PLANNED PARENTHOOD OF THE<br>SOUTHERN FINGER LAKES REGION<br>314 W STATE ST<br>ITHACA, NY 14850 | NONE | FOUNDATION | GENERAL | 500   |
|---|------|------------|---------|-------|
| POLICE ATHLETIC LEAGUE<br>34 1/2 E 12TH ST<br>NEW YORK, NY 10003                                | NONE | FOUNDATION | GENERAL | 1,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POPULATION CONNECTION (DC) NONE **FOUNDATION GENERAL** 250 2120 L ST NW WASHINGTON, DC 20037

| POPULATION COUNCIL (NY)<br>ONE DAG HAMMARSKJOLD PL<br>NEW YORK, NY 10017 | NONE | FOUNDATION | GENERAL | 2,000 |
|--|------|------------|---------|-------|
| PROJECT PREVENTION (CRACK) 4382 WINTERWOOD LN                            | NONE | FOUNDATION | GENERAL | 500   |

| NEW YORK, NY 10017   |      |            |         |    |
|--|------|------------|---------|----|
| PROJECT PREVENTION (CRACK)<br>4382 WINTERWOOD LN<br>HARRISBURG, NC 28075 | NONE | FOUNDATION | GENERAL | 50 |

| PROJECT PREVENTION (CRACK)<br>4382 WINTERWOOD LN<br>HARRISBURG, NC 28075 | NONE | FOUNDATION | GENERAL | 5       |
|--|------|------------|---------|---------|
| Total  |      |            |         | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PS 234 PTA292 GREENWICH ST NONE **FOUNDATION** GENERAL 8.000 NEW YORK, NY 10007

| REGIONAL HOSPICE AND HOME CARE<br>POB 2387<br>DANBURY, CT 06813 | NONE | FOUNDATION | GENERAL | 3,000 |
|---|------|------------|---------|-------|
| RESOURCE266 PINE ST<br>BURLINGTON, VT 05401                     | NONE | FOUNDATION | GENERAL | 5,000 |

| DANBURY, CT 06813                           |      |            |         |  |
|---|------|------------|---------|--|
| RESOURCE266 PINE ST<br>BURLINGTON, VT 05401 | NONE | FOUNDATION | GENERAL |  |
|   |      |            |         |  |

Total . .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **ROXBURY LAND TRUST CTPOB 51** NONE **FOUNDATION** GENERAL 400 ROXBURY, CT 06783

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

| ·  |      |            |             |       |
|--|------|------------|-------------|-------|
| SCHOOL YEAR ABROAD120 WATER ST<br>NO ANDOVER, MA 01845 | NONE | EDUCATION  | EDUCATIONAL | 1,000 |
| SHARE OUR STRENGTH1730 M ST NW                         | NONE | FOUNDATION | GENERAL     | 1,500 |

| Total  |      |            |         | 149,690 |
|--|------|------------|---------|---------|
| SHARE OUR STRENGTH1730 M ST NW<br>WASHINGTON, DC 20036 | NONE | FOUNDATION | GENERAL | 1,      |
| NO ANDOVER, MA 01645                                   |      |            |         |         |

Total . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST MARKS EPISCOPAL CHURCH NONE FOUNDATION GENERAL 500

| THOMAS S FOLEY INSTITUTE  |      |           | CENEDAL     | =00 |
|---|------|-----------|-------------|-----|
| SWARTHMORE ALUMNI FUND<br>500 COLLEGE AVE<br>SWARTHMORE, PA 19081 | NONE | EDUCATION | EDUCATIONAL | 800 |
| BRIDGEWATER, CT 06752   |      |           |             |     |

| SWARTHMORE ALUMNI FUND<br>500 COLLEGE AVE<br>SWARTHMORE, PA 19081  | NONE | EDUCATION  | EDUCATIONAL | 800 |
|--|------|------------|-------------|-----|
| THOMAS S FOLEY INSTITUTE<br>401 JOHNSON TOWER<br>PULLMAN, WA 99164 | NONE | FOUNDATION | GENERAL     | 500 |

| SWAKIHMORE, PA 19001   |      |            |         |         |
|--|------|------------|---------|---------|
| THOMAS S FOLEY INSTITUTE<br>401 JOHNSON TOWER<br>PULLMAN, WA 99164 | NONE | FOUNDATION | GENERAL | 500     |
| Total  |      |            |         | 149,690 |

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

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

| a Paid during the year                    |      |            |             |        |
|---|------|------------|-------------|--------|
| TREES NY100 GOLD ST<br>NEW YORK, NY 10038 | NONE | FOUNDATION | GENERAL     | 11,000 |
| UCONN FOUNDATION (COOP EXT                | NONE | EDUCATION  | EDUCATIONAL | 250    |

CENTER) 2390 ALUMNI DR

3a

STORRS, CT 06269 UNICEFPOB 96964 NONE **FOUNDATION GENERAL** WASHINGTON, DC 20090

5,000

Total.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNITED WAY WESTERN CT83 W ST NONE **FOUNDATION GENERAL** 1.000 DANBURY, CT 06810

| UNIVERSITY OF CHICAGO LABORATORY<br>SCHOOL<br>1362 E 59TH ST<br>CHICAGO, IL 60637 | NONE | EDUCATION  | EDUCATIONAL | 700   |
|---|------|------------|-------------|-------|
| UPPER VALLEY AQUATIC CENTER   | NONE | FOUNDATION | GENERAL     | 1,500 |

| CHICAGO, IL 60637   |      |            |         |  |
|---|------|------------|---------|--|
| UPPER VALLEY AQUATIC CENTER<br>POB 1198<br>WHITE RIVER JUNCTION, VT 05001 | NONE | FOUNDATION | GENERAL |  |

| POB 1198 WHITE RIVER JUNCTION, VT 05001 | UPPER VALLEY AQUATIC CENTER | NONE | FOUNDATION | GENERAL |  |
|---|-----------------------------|------|------------|---------|--|
|   |                             |      |            |         |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total . 3a

| a Paid during the year   |      |            |         |       |
|--|------|------------|---------|-------|
| UPPER VALLEY HAVEN<br>713 HARTFORD AVE<br>WHITE RIVER JUNCTION, VT 05001 | NONE | FOUNDATION | GENERAL | 3,500 |
| UPPER VALLEY LAND TRUST19 BUCK RD  | NONE | FOUNDATION | GENERAL | 750   |

| UPPER VALLEY LAND TRUST19 BUCK RD<br>HANOVER, NH 03755        | NONE | FOUNDATION | GENERAL | 750   |
|---|------|------------|---------|-------|
| UPPER VALLEY TRAILS ALLIANCE<br>POB 1215<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL | 1,000 |

| HANOVER, NH 03755   |      |            |         |  |
|---|------|------------|---------|--|
| UPPER VALLEY TRAILS ALLIANCE<br>POB 1215<br>NORWICH, VT 05055 | NONE | FOUNDATION | GENERAL |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year USA FOR UNHCR UN REFUGEE AGENCY NONE **FOUNDATION GENERAL** 5.000 1775 K ST NW WASHINGTON. DC 20006

| VERMONT FOOD BANK33 PARKER RD<br>BARRE, VT 05641   | NONE | FOUNDATION | GENERAL | 3,000 |
|--|------|------------|---------|-------|
| VISITING NURSE SERVICES OF NEW<br>MILFORD CT<br>68 PARK LANE RD<br>NEW MILFORD, CT 06776 | NONE | FOUNDATION | GENERAL | 600   |

Total .

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

100

1,700

100

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

| WEANTINOGE LAND TRUSTPOB 821<br>KENT, CT 06757 | NONE | FOUNDATION | GENERAL |  |
|--|------|------------|---------|--|
| WILDLIFE CONSERVATION SOCIETY (NYC ZOOS)       | NONE | FOUNDATION | GENERAL |  |

a Paid during the year

3a

2300 SOUTHERN BLVD RRONY NV 10460

| BROINA, INT 10460                               |      |            |         |         |
|---|------|------------|---------|---------|
| WMNR FINE ARTS RADIOPOB 920<br>MONROE, CT 06468 | NONE | FOUNDATION | GENERAL |         |
| Total   |      |            |         | 149,690 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WOMENS CENTER OF DANBURY NONE FOUNDATION GENERAL 500 2 WEST ST NONE FOUNDATION GENERAL 100



Total . . . . . . . . 149,690

| efile GRAPHIC print - DO NOT P   | ROCESS            | As Filed D | ata -                    | D                      | LN: 93491017000009                          |  |
|----------------------------------|-------------------|------------|--------------------------|------------------------|---|--|
| TY 2017 Accounting Fees Schedule |                   |            |                          |                        |   |  |
|                                  |                   |            |                          |                        |   |  |
|                                  | Name:             | BRIDGEV    | VOOD FIELDWATER          | R FOUNDATION           |   |  |
|                                  | C/O NED W BANDLER |            |                          |                        |   |  |
|                                  | EIN:              | 06-64199   | 997                      |                        |   |  |
| Accounting Fees Schedule         |                   |            |                          |                        |   |  |
| Category                         | Ame               | ount       | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| 2016 TE TAX RETURN               |                   | 1,200      | 0                        |                        | 0   |  |

| efile GRAPHIC print - DO NOT PROCESS         | As Filed Data - | DLN: 93491017000009 |  |  |  |  |  |
|--|-----------------|---------------------|--|--|--|--|--|
| TY 2017 Investments Corporate Stock Schedule |                 |                     |  |  |  |  |  |
| Name: E                                      | BRIDGEWOOD FIE  | LDWATER FOUNDATION  |  |  |  |  |  |

| <b>EIN:</b> 06-6419997 |              |  |                           |                                  |
|------------------------|--------------|--|---------------------------|----------------------------------|
| N                      | ame of Stock |  | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| SECURITIES             |              |  | 1,596,741                 | 3,126,870                        |

C/O NED W BANDLER

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN                    | 93491017000009                              |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Expenses Schedule      |                                      |                          |                        |   |  |  |
|                                      |                                      |                          |                        |   |  |  |
| Name:                                | BRIDGEWOOD FIELDWATER FOUNDATION     |                          |                        |   |  |  |
|                                      | C/O NED W BANDLER                    |                          |                        |   |  |  |
| EIN:                                 | 06-6419997                           |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| PO RENTAL BOX/POSTAGE                | 141                                  | 0                        |                        | 0   |  |  |

| efile GRAPHIC print - DO NOT PRO              | CESS As Filed Data | -                        | DL                     | N: 93491017000009                           |  |  |
|---|--------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Professional Fees Schedule      |                    |                          |                        |   |  |  |
|   |                    |                          |                        |   |  |  |
| Name: BRIDGEWOOD FIELDWATER FOUNDATION        |                    |                          |                        |   |  |  |
| C/O NED W BANDLER                             |                    |                          |                        |   |  |  |
| EIN: 06-6419997                               |                    |                          |                        |   |  |  |
| 1   |                    |                          |                        |   |  |  |
| Category                                      | Amount             | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| FIRST MANHATTAN INVESTMENT<br>MANAGEMENT FEES | 18,666             | 0                        |                        | 0   |  |  |
| FIRST MANHATTAN INVESTMENT                    | 17,946             | 0                        |                        | 0   |  |  |

MANAGEMENT FEES

