		•		
_	q	Q	0-PF	
Form	J	J	O-1 1	

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.

OMB No 1545-0052

epartment of the Treasury ternal Revenue Service		v/Form990PFlor instructions	•	•
	 	20/02		

In		Revenue Service		► Go to i	www.irs.	gov/Form	990PF101	rinstruct	ions and t	he latest i	nform	ation		ic Inspection
_		lendar year 2017	or tax	year begin	ning			-12/0	1 ,2017	, and en	ding			30,2018
Name of foundation											A Employeriden	per		
-		ID T LANGRO											<u>-603939</u>	
Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instru							iber (see instrui	ctions)						
		. BOX 83104:								<u>. </u>		<u> </u>	<u> 300-357-</u>	7094
(City or	town, state or province	e, countr	y, and ZIP or fo	oreign pos	ital code								(
												C If exemption appl pending, check he	cation is ire	▶∟ '
		LAS, TX 752	33-10			- 1					·	-		
G	Che	ck all that apply:		Initial retur		 			a former	public ch	arity	D 1 Foreign organi		
			\mathbb{H}	Address ch	-			ed retur	'n			2 Foreign organi 85% test, check	zations meeting th k here and attach	
Н	Che	ck type of organiz	ration				Name c		ndation	101	_	computation		▶ []
ï		Section 4947(a)(1) n				$\overline{}$			ite founda)(),)	E If private foundati		
1		market value o				unting m				crual		under section 507		
•		of year (from Par				ther (spe	_	_24 0031	. Ш А	Cidai		F If the foundation : under section 501		
			957,4			column (d)		on cash	basis)			diagn section so	TON THEOR II	ene . -
		Analysis of Rev					venue ar				T	•	(d) Disb	ursements
		total of amounts i	n colum	nns (b), (c), ar	nd (d)	expe	enses per		(b) Net inv			(c) Adjusted net income		naritable rposes
		may not necessari column (a) (see in			5 III	'	books					mconte		pasis only)
_	1	Contributions, gifts, gran	ts, etc., re	ceived (attach scl	nedule) .									
	2	Check ► X if the	e founda ch Sch E	ceived (attach sci ition is not regi 3	ured to									
	3	Interest on savings ar						$\Box \Box$						
	4	Dividends and inte	rest fro	m securities			42,	965.		12,500				STMT 1
	5a	Gross rents									<u> </u>			
	b	Net rental income or	(loss)								┷			
ď	6a b	Net gain or (loss) from Gross sales price for a	n sale of				81,	277.			<u> </u>			
en	•	assets on line 6a			,042.	ļ. <u></u>		— <u>+</u>			Н—	RECEIL	/Fh	
Revenue	7	Capital gain net ind							{	31,277	∐ p	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	L L/	,——
_	8	Net short-term capi	-			~ ~~	`					ADDAG	2019	H
	9 10a	Income modification Gross sales less return		• • • • • •		<u></u>					18	APR U 8		
	١.	and allowances	- 1			 		-+			╁┺		8	
		Less. Cost of goods so Gross profit or (loss		h schadula)							+	OGDEN	117	
	11	Other income (atta				<u> </u>		992.		474	-	JUDLIN,	1/1	STMT 2
	12	Total. Add lines 1					125,		12	24,251	_			01111 2
	13	Compensation of office	ers. dire	ctors, trustees.	etc		42,			25,247				16,832.
es	14	Other employee sa								NON	_	NON	IE	,
penses	15	Pension plans, emp		_						NON	_	NON		
	16a	Legal fees (attach s	schedul	e)										
e)	ь	Accounting fees (a					1,	250.		750		NON	(E	500.
₹	С	Other professional	fees (at	tach schedul	e)						 		ļ	
tra	17	Interest									ــــــــــــــــــــــــــــــــــــــ			
nis	18	Taxes (attach schei						800.		800				
Ξ	19	Depreciation (attac		·-							+			
Ą	20	Occupancy						$-\!\!\!+\!\!\!\!+$		MON	E E	3703		
밀	21	Travel, conferences		Ū				-+	_	NON NON	-	NON		
g	b c 17 18 19 20 21 22 23 24	Printing and public Other expenses (at						502.		994	$\overline{}$	NON	-	
Ē	24	Total operating an						- 200			╫		 	
gra	24	Add lines 13 throu					44,	631		27,791		NON	ना	17,332.
ğ	25	Contributions, gifts	•				71,			<u>,,,</u> ,,	+-	HON	1 -	71,000.
٦	26	Total expenses and dish	-	•			115,6			27,791	 	NON	i l	88,332.
_	27	Subtract line 26 fro					<u>/</u>				†-	1,01	7	
	а	Excess of revenue over			ents		9,6	603.			1			ı
	b	Net investment in	come (i	f negative, er	ter -0-)				9	96,460				
	С	Adjusted net incor	ne (if n	egative, ente	r -0-)									
Fo	r Par	erwork Reduction	Act No	tice. see inst	ructions								Form 91	90-PF (2017)

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 GQ0933 L775 12/24/2018 08:43:43

For	m 990	-PF (2017)	05	-6039393	Page 2		
r	الياس	Attached schedules and amounts in the	Beginning of year		End of year		
	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	40,120.	98,822	. 98,822		
	3	Accounts receivable >					
		Less: allowance for doubtful accounts ▶					
1	4	Pledges receivable ▶	2		, , , , , , , ,		
		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)	<u> </u>	•			
		Less: allowance for doubtful accounts ► NONE					
ts	8	Inventories for sale or use					
ssets	9	Prepaid expenses and deferred charges					
ĕ	10a	Investments - U S and state government obligations (attach schedule).					
	ь	Investments - corporate stock (attach schedule) . STMT .6	1,799,659.	1,796,245	. 1,858,646		
		Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis		•			
		Less, accumulated depreciation (attach schedule)					
	12	Investments - mortgage loans					
	13	Investments - other (attach schedule)					
	14	Land, buildings, and equipment basis					
		equipment basis Less accumulated depreciation (attach schedule)					
	15	Other assets (describe >)					
	16	Total assets (to be completed by all filers - see the					
_		instructions Also, see page 1, item I)	1,839,779.	1,895,067	1,957,468		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
Liabilities	19	Deferred revenue					
≝	20	Loans from officers, directors, trustees, and other disqualified persons					
ap	21	Mortgages and other notes payable (attach schedule)			_		
	22	Other liabilities (describe		 	_		
	İ						
_	23	Total liabilities (add lines 17 through 22)		NON	<u>IB</u>		
	Ì	Foundations that follow SFAS 117, check here : . ▶ ☐					
Ses		and complete lines 24 through 26, and lines 30 and 31					
an	24	Unrestricted			_		
Balances	25	Temporarily restricted		<u>-</u> .	-		
2	26	Permanently restricted			4		
Ē		Foundations that do not follow SFAS 117, check here					
5	27 28 29 30 31	and complete lines 27 through 31.	1 020 770	1 005 067	,		
2	27	Capital stock, trust principal, or current funds	1,839,779.	1,895,067	' -		
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			┨		
As	29	Retained earnings, accumulated income, endowment, or other funds	1 020 770	1 005 067	,-		
Ħ	30	Total net assets or fund balances (see instructions)	1,839,779.	1,895,067	<u>'</u>		
Z	31	Total liabilities and net assets/fund balances (see	1 020 770	1 005 007	,		
		Instructions)	1,839,779.	1,895,067	•		
	art I			nuct agree with	1		
•		al net assets or fund balances at beginning of year - Part I I-of-year figure reported on prior year's return)			1,839,779.		
-		er amount from Part I, line 27a			9,603.		
		er amount from Fart I, line 27a		3	49,640.		
		I lines 1, 2, and 3			1,899,022.		
		reases not included in line 2 (itemize) SEE STAT		5	3,955.		
		al net assets or fund balances at end of year (line 4 minus li			1,895,067.		
<u>~</u>		2 2223.0 or rang paramood at one or your time 4 million	,,	<u>,, U</u>			

1,895,067. Form **990-PF** (2017)

Par	t IV Capital Gains	s and Losses for Tax on Inve	estment Income			
_	• •	scribe the kind(s) of property sold (for ex	•	(b) How	(c) Date acquired	(d) Date sold
	2-story b	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr.)		
1 a	PUBLICLY TRADED	SECURITIES				
b	OTHER GAINS AND	LOSSES				
c				L		
d						
e						
		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ss)
	(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) min	
a	56,567.		39,352.			17,215.
<u></u> а Ь	000 455		164,413.			64,062.
	***		101,113.			01,002.
_ <u>c</u>						
_ <u>d</u>						
e		Land to the second by the second by				
	Complete only for assets sr	nowing gain in column (h) and owned b	y the foundation on 12/31/69		Gains (Col. (h) ga	
1	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t Losses (from co	
		as of 12/31/69	over col. (j), if any		Losses (Ironi co	
a						17,215.
b						64,062.
С						
d						
e						
		(If ga	ain, also enter in Part I, line 7			
2	Capital gain net income	or thet capital loss)	oss), enter -0- in Part I, line 7	2		81,277.
3	Net short-term capital o	ain or (loss) as defined in sections		-	·	01,277.
•		Part I, line 8, column (c). See ins	_			
		· · · · · · · · · · · · · · · · · · ·				
Par		Jnder Section 4940(e) for Red		3		
					 -	
(Por	optional use by domestic	private foundations subject to the	section 4940(a) tax on net investing	nent inco	me.)	
If se	ction 4940(d)(2) applies,	leave this part blank.				
		the section 4942 tax on the distrib		ase perio	d?	J Yes ☑X No
If "Y	es," the foundation doesn	't qualify under section 4940(e). De	o not complete this part.			
1	Enter the appropriate ai	mount in each column for each yea	r; see the instructions before making	ng any en	tries.	
	(a)	(b)	(c)	I	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2016	104,565.	1,948,338.		(00. (0) 2	0.053669
	2015	96,160.	1,829,961.			0.052548
	2014	77,846.	1,934,905.			0.032348
	2013	89,261.			 	
			1,992,157.			0.044806
	2012	67,364.	1,893,847.			0.035570
2	Total of line 1, column	(d)		2		0.226825
3	Average distribution rat	io for the 5-year base period - divid	e the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existence i	if less than 5 years	3		0.045365
	-		·			
4	Enter the net value of no	oncharitable-use assets for 2017 from	om Part X line 5	4	2.	019,874.
•						02370731
=	Multiply log 4 by log 2			5		91,632.
5	within the 4 by line 3	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	-		71,034.
						0.65
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	6		965.
7	Add lines 5 and 6		• • • • • • • • • • • • • • • • • • • •	7		<u>92,597.</u>
8		tions from Part XII, line 4		8		88,332.
	If line 8 is equal to or	greater than line 7, check the box	in Part VI. line 1b, and complete	that part	tusing a 1% ta	x rate. See the

orm 99	0-PF (2017) 05-6039393				age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see	instru	ctions	s)
1a E	xempt operating foundations described in section 4940(d)(2), check here		•	-	}
C	ate of ruling or determination letter (attach copy of letter if necessary - see instructions)			~	_
b [omestic_foundations that meet the section 4940(e) requirements in Part V, check	_1		1,9	<u> 29.</u>
۲	ere 🕨 🔛 and enter 1% of Part I, line 27b				
c A	II other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 🗸		• -		
F	art I, line 12, col (b)	{			
2 1	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			ONE
3 /	dd lines 1 and 2	3		1,9	
4 5	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			ONE
5 1	ax based on investment income Subtract line 4 from line 3 If zero or less, enter -0	5		1,9	<u> 29.</u>
6 (redits/Payments		,		
a 2	017 estimated tax payments and 2016 overpayment credited to 2017 6a 228 .				,
Ь	xempt foreign organizations - tax withheld at source 6b NONE				
c T	ax paid with application for extension of time to file (Form 8868) 6c NONE	<u> </u> '			
d E	lackup withholding erroneously withheld 6d			_	. •
	otal credits and payments. Add lines 6a through 6d	7	١	2	<u> 28.</u>
	nter any penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is attached	8			
	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,7	01.
10 (Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
1 E	nter the amount of line 10 to be Credited to 2018 estimated tax ► NONE Refunded ►	11			
Part	VII-A Statements Regarding Activities		, ,		
1a (During the tax year, did the foundation attempt to influence any national, state, or local legislatio	n or did it		Yes	No
ı	participate or intervene in any political campaign ⁷		1a		<u> X</u>
ЬI	old it spend more than \$100 during the year (either directly or indirectly) for political purpose	s? See the]		
i	nstructions for the definition		1b		<u>X</u>
ł	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	ny materials			•
ı	sublished or distributed by the foundation in connection with the activities.		1 1	Ì	
c i	old the foundation file Form 1120-POL for this year?		1c		X
d 8	inter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
(1) On the foundation 🕨 \$ (2) On foundation managers 🕨 \$				
e l	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımposed	1	1	
(n foundation managers 🕨 \$,		_	1	
2 !	las the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
ı	"Yes," attach a detailed description of the activities		ΓI	•	
3 I	las the foundation made any changes, not previously reported to the IRS, in its governing instrument	, articles of			
ı	ncorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a (old the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b I	"Yes," has it filed a tax return on Form 990-T for this year?		4b		
	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	"Yes," attach the statement required by General Instruction T				
6 /	are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory dir	ections that	1	Į	
(onflict with the state law remain in the governing instrument?		6	X	
7 (old the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and Part XV	7	Х	
8a 1	inter the states to which the foundation reports or with which it is registered. See instructions] }	[,
	CT				
b 1	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney General	1]	
(or designate) of each state as required by General Instruction G?If "No," attach explanation		8b	X	
	s the foundation claiming status as a private operating foundation within the meaning of section 4			T	
	942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part X	IV. If "Yes,"			
(omplete Part XIV		9		<u>X</u>
10 (one any delsons decome substantial contributors during the lay year? If "Yes" attach a schedule	listing their			
	old any persons become substantial contributors during the tax year? If "Yes," attach a schedule lames and addresses	•	10		X

r onii s	05-6039393			age J
Part	VII-A Statements Regarding Activities (continued)	hest 3 / 24	Vaa	
		接近是	res	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	١.,		 ↓
4.0	meaning of section 512(b)(13)? If "Yes," attach schedule- See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		X
42	person had advisory privileges? If "Yes," attach statement See instructions	13	X	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address $ ightharpoonup N/A$	13		
14	The books are in care of, ► BANK OF AMERICA, N.A Telephone no. ► (860) 244	-487	6	
14	Located at ▶ 99 FOUNDERS PLZ, FL 05, EAST HARTFORD, CT ZIP+4 ▶ 06108-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			. 1
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	3400	2.27	
	the foreign country			The state of the s
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	700	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1	2	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		泛聚	
	the benefit or use of a disqualified person)?			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)		湖 劉	
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			等會
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	9學等	7	13.7
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	11:-2		
	were not corrected before the first day of the tax year beginning in 2017?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	4.27	7	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No			
	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b	22 C 34	red 24
c	all years listed, answer "No" and attach statement - see instructions)	76. T	シガジ	THE REE
·	The provisions of section 4542(a)(2) are being applied to any of the years listed in 2a, list the years liste		1.27	
3a-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	经验	× × ×	
	at any time during the year?	19 P. S.	31.2	
ь	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	2.5	A 163	22
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			170
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1000	1837 2 335	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	£.854	230
	foundation had excess business holdings in 2017)	3Ь		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ZiG-M TOKES	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		37	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	A DE	<u>,X</u>

orm 9	90-PF (2017)		05-60	39393		P	age 6
	Statements Regarding Activities	or Which Form 4	720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any ame					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public el	ection (see section 4	4955), or to carry or	n, <u> </u>			í
	directly or indirectly, any voter registration drive?			. Yes X No	,		i
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	? . <i></i>	Yes X No	,		1
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions	-	-		,		į
	(5) Provide for any purpose other than religious, c						1
	purposes, or for the prevention of cruelty to children				,	:	1
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				,		Ì
~	Regulations section 53 4945 or in a current notice rega				5b		
	Organizations relying on a current notice regarding disa	-	-				
_	If the answer is "Yes" to question 5a(4), does the				<u> </u>		1
٠	because it maintained expenditure responsibility for the	•	-		,		
	If "Yes," attach the statement required by Regulations se		<i></i>			Ì	
6a	Did the foundation, during the year, receive any fu		ectly to nay premilir	ne			,
U.S	on a personal benefit contract?	•		Yes X No			
h	Did the foundation, during the year, pay premiums, direct				6b		X
	If "Yes" to 6b. file Form 8870	, , , , , , , , , , , , , , , , , , ,	porconal contain contra		' "		 -
7a	At any time during the tax year, was the foundation a pa	erty to a prohibited tax	chalter transaction?	Yes X No			1
ь	If "Yes," did the foundation receive any proceeds or have	•	=	· <u> </u>	~	- •	
	Information About Officers, Directo						
	and Contractors						
1	List all officers, directors, trustees, foundation m		compensation. See	instructions,			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Comme		
	(a) Name and address	hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all		
		hours per week devoted to position					
BANK	OF AMERICA, N.A	hours per week	(if not paid, enter -0-)	employee benefit plans and deferred compensation			
BANK 99 FO	OF AMERICA, N.A NUNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208	hours per wack devoted to position TRUSTEE	(If not paid,	employee benefit plans			
BANK 99 FO JOHN	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR	hours per week devoted to position TRUSTEE 1 CO-TTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-		owance	<u>-0-</u>
BANK 99 FO JOHN 3030	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1	(if not paid, enter -0-)	employee benefit plans and deferred compensation		owance	
BANK 99 FO JOHN 3030 STEPH	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE	(ff not paid, enter -0-) 27,079.	employee benefit plans and deferred compensation - () -		owance	-0- -0-
BANK 99 FO JOHN 3030 STEPH	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2E12, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-		owance	<u>-0-</u>
BANK 99 FO JOHN 3030 STEPH 1 CRA	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2E12, BRIDGEPORT, CT 06604-1150 IANIE LEE IG DR., BARRINGTON, RI 02806-2502 H GILLMAN	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE	(ff not paid, enter -0-) 27,079. 15,000.	employee benefit plans and deferred compensation - () - - () -		owance	-0- -0-
BANK 99 FO JOHN 3030 STEPH 1 CRA JOAN	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE IG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE	(ff not paid, enter -0-) 27,079. 15,000.	employee benefit plans and deferred compensation - () - - () - - () -	other all	owance	-0- -0- -0-
BANK 99 FO JOHN 3030 STEPH 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2E12, BRIDGEPORT, CT 06604-1150 IANIE LEE IG DR., BARRINGTON, RI 02806-2502 H GILLMAN	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE	(ff not paid, enter -0-) 27,079. 15,000.	employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction	other all	owance	-0- -0- -0-
BANK 99 FO JOHN 3030 STEPH 1 CRA JOAN 51 HE	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2E12, BRIDGEPORT, CT 06604-1150 IANIE LEE IG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE."	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than thos	(ff not paid, enter -0-) 27,079. 15,000. -00- se included on line	employee benefit plans and deferred compensation - () - - () - - () -	ons). If no	owance	-0- -0- -0- enter
BANK 99 FO JOHN 3030 STEPH 1 CRA JOAN 51 HE	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than thos	(ff not paid, enter -0-) 27,079. 15,000.	employee benefit plans and deferred compensation -0- -0- -0- 1 - see instruction	otherall	owance	-0- -0- -0- enter
BANK 99 FO JOHN 3030 STEPH 1 CRA JOAN 51 HE	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2E12, BRIDGEPORT, CT 06604-1150 IANIE LEE IG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE."	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -00- se included on line	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If no	owance	-0- -0- -0- enter
BANK 99 FO JOHN 3030 STEPH 1 CRA JOAN 51 HE	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -00- se included on line	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 3030 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 8030 STEPH 1 CRA JOAN 51 HE 2	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than those hours per week	(ff not paid, enter -0-) 27,079. 15,000. -0- e included on line (c) Compensation	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	owance:	-0- -0- -0- enter
BANK 99 FO JOHN 8030 STEPH 1 CRA JOAN 51 HE (a)	OF AMERICA, N.A UNDERS PLZ, FL 05, EAST HARTFORD, CT 06108-3208 W HOGAN JR PARK AVENUE, APT 2812, BRIDGEPORT, CT 06604-1150 IANIE LEE LIG DR., BARRINGTON, RI 02806-2502 H GILLMAN RMIT LN, WESTPORT, CT 06880-1125 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per wack devoted to position TRUSTEE 1 CO-TTEE 1 CO-TTEE 1 CO-TTEE 1 (other than thos (b) Title, and average hours per week devoted to position	(ff not paid, enter-0-) 27,079. 27,079. 15,00000- e included on line (c) Compensation NONE	employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	ONE	-0- -0- -0- enter

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Part VIII Information About Officers, Directors, Trustees, Fou and Contractors (continued)	indation Managers, Highly Paid Employe	ees,
3 Five highest-paid independent contractors for professional service	es. See instructions. If none, enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
•		
Total number of others receiving over \$50,000 for professional services	<u> </u>	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include r organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1NONE		
2		
3		
4		······································
Part IX-B Summary of Program-Related Investments (see ins	tructions	
Describe the two largest program-related investments made by the foundation during the tax		Amount
1NONE	Cycli on times 7 and 2	
2		1,
All other program-related investments. See instructions 3 NONE		
- Chronia		
Total. Add lines 1 through 3		···

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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,972,982.
b	Average of monthly cash balances	1b	77,651.
C	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	2,050,633.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	2,050,633.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	´ 4	30,759.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,019,874.
6	Minimum investment return. Enter 5% of line 5	6	100,994.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations, check here and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	100,994.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 1,929.		
b	Income tax for 2017 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	1,929.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	99,065.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	99,065.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	99,065.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	88,332.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	NONE
ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	88,332.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	88,332.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years.	culating v	whether the foundation

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Pai	rt XIII	Undistributed Income (see Instr	ructions)			
1	Distributa	ible amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•					·	99,065.
2		ted income, if any, as of the end of 2017			· ·	22/000.
		ount for 2016 only			72,839.	
		rior years 20,20,20		NONE	7 2 7 00 3 0	
		estributions carryover, if any, to 2017				
		NONE				•
		NONE			·	
		NONE				
-		NONE				
		NONE NONE				
		ines 3a through e	NONE			
		distributions for 2017 from Part XII,	2.02.2			·-,",
•	line 4.					
		o 2016, but not more than line 2a			72,839.	
		·		, , , ,	72,055.	
D		to undistributed income of prior years required - see instructions)	•	NONE	ļ	
		·		110112		
C		as distributions out of corpus (Election see instructions)	NONE			
d		o 2017 distributable amount				15,493.
		g amount distributed out of corpus	NONE			
		istributions carryover applied to 2017	NONB			NONE
•		nount appears in column (d), the same	3.03.2			NOINE
_		nust be shown in column (a).) he net total of each column as				
О		d below:				
a		Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior ye	ars' undistributed income Subtract				
		om line 2b		NONE		
C		e amount of prior years' undistributed for which a notice of deficiency has				
		ued, or on which the section 4942(a)			,	
	tax has b	een previously assessed		NONE	·	
d		line 6c from line 6b Taxable				
		see instructions		NONE		
•	4a from	line 2a Taxable amount - see				
	instructio	ns				······································
f		uted income for 2017 Subtract lines			ļ	
		5 from line 1 This amount must be				02 570
_		d in 2018				83,572.
7		treated as distributions out of corpus		+		
		y requirements imposed by section			•	
		(F) or 4942(g)(3) (Election may be see instructions)	NONE			
_	•		HONE			
8		listributions carryover from 2012 not n line 5 or line 7 (see instructions)	NONE			
۵		distributions carryover to 2018.				
3		lines 7 and 8 from line 6a	NONE			
10	Analysis		2,0113			
		om 2013 NONE				
		om 2014 NONE				
		om 2015 NONE				
		om 2016 NONE		ł		
		om 2017 NONE				

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Forn	n 990-PF (2017)			05-	6039393	Page 10
Pa	rt XIV Private Op	erating Foundations	(see instructions a	ind Part VII-A, quest	ion 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or de	etermination letter tha	it it is a private oper	ating	
	foundation, and the ruling	g is effective for 2017, ent	er the date of the ruling		▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section	4942(j)(3) or 4942(j)(5)
2.	Catan the larger of the ad-	Tax year		Prior 3 years	_	(a) Tatal
24	Enter the lesser of the ad- justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	4 (e) Total
	or the minimum investment	1				
	return from Part X for each year listed					
b	85% of line 2a					
	Qualifying distributions from Part					
·	XII, line 4 for each year listed .				1	
d	Amounts included in line 2c not					
	of exempt activities	}				
e	Qualifying distributions made					
	directly for active conduct of					
	exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the			 	1	
_	alternative test relied upon "Assets" alternative test - enter			/	1	
•	(1) Value of all assets					
	(2) Value of assets qualifying	· -	,			
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test				1	
	enter 2/3 of minimum invest-	ļ				
	ment return shown in Part X, line 6 for each year listed			1		ļ
c	"Support" alternative test - enter				<u> </u>	
	(1) Total support other than					
	gross investment income (interest, dividends, rents,				ŀ	
	payments on securities					
	loans (section 512(a)(5)), or royalties)		/ .			
	(2) Support from general		<i>f</i>			·
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-		· · · · · · · · · · · · · · · · · · ·	-	-	
	port from an exempt organization					
	(4) Gross investment income .					
Pai	rt XV Supplemen	tary Information (C	omplete this part	only if the founda	tion had \$5,0	000 or more in assets at
	any time di	uring the year - see	instructions.)			
1	Information Regarding					
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tota	al contributions	s received by the foundation
		tax year (but only if the	ey have contributed i	more than \$5,000). (S	ee section 507	(d)(2))
	N/A			- · · · <u> · · · · · · · · · · · · ·</u>		
p	List any managers of	the foundation who c	own 10% or more o	f the stock of a corp	oration (or an	equally large portion of the
	ownership of a partner	sinp or other entity) or	which the foundation	i has a 10% or greater	interest.	
	NT / 70					
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholarch	in ata Brancona.		
_				• • •		
	uncollected requests for	he toundation only n	nakes contributions	to preselected chari	itable organiza	ations and does not accept tions under other conditions,
	complete items 2a, b, o	c. and d. See instruction	uon makes yms, yra	ants, etc., to moividua	ais or organizat	nons under other conditions,
	The name, address, and		<u> </u>	nercon to whom ann	vestions should	d bo addragad
-			on an address of the	person to whom appi	10010 SHOULD	i ve audiesseu.
b	The form in which appl	lications should be sub	mitted and information	on and materials they :	should include:	
				·		
_	Any submission dos di			····		
С	Any submission deadli	ies.				
d		mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kın	nds of institutions, or other
	factors:					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual	Foundation		<u> </u>				
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year	or substantial contributor	recipient						
a Talu during the year								
THE MATTATUCK MUSEUM MR. ROBERT BURNS- DIRECT			UNRESTRICTED GENERAL					
144 WEST MAIN ST WATERBURY CT 06702	n/a	PC	SUPPORT	7,000.				
144 WEST MAIN ST WATERBURY CT 00/02	N/A	rc	BUFFORI	,,,,,,,				
WADSWORT ATHENEUM MUSEUM OF AR THOMAS LOUGHMA			UNRESTRICTED GENERAL					
600 MAIN ST HARTFORD CT 06103	N/A	PC	SUPPORT	15,000.				
600 MAIN SI EARIFORD CI 66103	In/A	I.C.	BUTTORI	13,000.				
NEW BRITIAN MUSEUM OF AMERICAN ART			UNRESTRICTED GENERAL					
56 LEXINGTON STREET NEW BRITAIN CT 06052	N/A	PC	SUPPORT	12,000.				
JO BEALINGTON SIREEL MEN EXITAIN CI 00032	II/ II		BUTTOKI	12,000.				
INTERNATIONAL FESTIVAL OF ARTS AND			UNRESTRICTED GENERAL					
195 CHURCH STREET, 12TH FLOOR NEW HAVEN CT 0	N/A	PC	SUPPORT	20,000.				
175 CHORCH STREET, 1214 FROOK NEW INVENTOR OF	11/14	1	DOTT ON T	20,000.				
CENTER FOR CREATIVE YOUTH			UNRESTRICTED GENERAL					
111 CHARTER OAK AVE HARTFORD CT 06106	n/a	PC	SUPPORT	17,000.				
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(a) Business code	/L\			Related or every
	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions
	•			toee matractions
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		14	42,965.	
y		18	81,277.	
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		1	992.	
				
				
			125 234	·····
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ity for which ion's exempt	income is reported purposes (other that	i in column (e n by providing) of Part XVI-A contribution funds for such purposes	ted importantly to). (See instruction
	-			<u> </u>
		 		
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	culations) es to the Ac	culations) es to the Accomplishment of ity for which income is reported ion's exempt purposes (other that	14 18 1 19	1 992. 1 992. 1 1 992. 1 1 992. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

orm 99	0-PF (20	017)				<u>05-6039393</u>				e 73
Part	XVII_	Information R Exempt Organ	nizations	sfers to and Trans				harita	able	
1 [Old the	organization directl	ly or indirectly en	gage in any of the follow	owing with	any other organiza	ition described	-	Yes	No
		tion 501(c) (other rations?	than section 5	01(c)(3) organizations	or in se	ection 527, relatin	g to political			
			g foundation to a	noncharitable exempt o	rganization	of:		.	İ	
(1) Cas	sh				<i></i>		1a(1)		<u>X</u>
	•							1a(2)		<u>X</u>
		ransactions	-1				[16(1)		Х
				organization exempt organization				1b(2)		X
7	(2) Per	tal of facilities, equir	oment, or other as	sets				1b(3)		X
ì	(4) Rei	mbursement arrange	ements	· · · · · · · · · · · · · · · · · · ·		. .		15(4)		<u>X</u>
((5) Loa	ans or loan guarantee	es					1b(5)		<u>X</u>
			•	or fundraising solicitatio						$-\frac{X}{X}$
				other assets, or paid er complete the following						
				s given by the reporting						
				ment, show in column						
(a) Lir	ie no	(b) Amount involved	(c) Name of non	charitable exempt organizatio	n (d)	Description of transfers, I	ransactions, and share	ing arrai	ngeme	nts
										
				_ 						
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							· · · · · · · · · · · · · · · · · · ·			
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	descrit	oed in section 501(c)	(other than section	ated with, or related to on 501(c)(3)) or in secti				Ye	s 📝	No
b	It "Yes	complete the follow, ", complete the follow,",		(b) Type of organiza	tion	(c) D	Description of relations	hip		
				to, type of digamen		(6) 6	escription of relations	עווו		
								· · · · · ·		
						 				
	Unde	r penalties of perjury, I decla	are that I have examined	f this return, including accompan	ying schedules	and statements, and to th	e best of my knowledg	e and b	elief, It	is tru
Sign	correc	ct, and complete Declaration o	t preparer tother than text	rayer) is based on all information of	which preparer	has any knowledge				
Here		xvan Hoge	an yuun	1013.1.1	1 10	rynaanon	May the IRS with the pre			
	So	nature of officer or trustige	$\langle I \rangle$	Date	Title	navager	See Instruction	s	Yos	N
	ــــــــــــــــــــــــــــــــــــــ	Print/Type preparer's na	ıme	Preparer's signature		Date	Check if P	TIN		
Paid							self-employed			
	arer	Firm's name				Fir	m's EIN			
100	Only	Euro's address	-	_ · - 						

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	181.	5,498.	23,380.	4,560.	332.	1,097.	1,246.	6,206.	42,500.	11 11 H H H H H H H H H H H H H H H H H
REVENUE AND EXPENSES PER BOOKS	181.	5,498.	23,380.	4,560.	332.	1,097.	1,246.	6,206.	42,965.	
DESCRIPTION	USGI-REPORTED AS NONQUALIFIED DIVIDENDS	FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS	DOMESTIC DIVIDENDS	OTHER INTEREST	FOREIGN INTEREST	U S. GOVERNMENT INTEREST(FEDERAL TAXABLE NON-TAXABLE FOREIGN INCOME	NONQUALIFIED FOREIGN DIVIDENDS	NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL .	

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NET	INVESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			474.	1 1 1 1 1 1 1 1 1 1 1	474.	
AND	EXPENSES	PER BOOKS	1 1 1 1		992.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 266	
								TOTALS	
		DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EXCISE TAX REFUND	PARTNERSHIP INCOME			

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	CHARITABLE PURPOSES	500.	
	ADJUSTED NET INCOME	NONE	
	NET INVESTMENT INCOME	750.	
	REVENUE AND EXPENSES PER BOOKS	1,250.	
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	TAX PREPARATION FEE - BOA TOTALS	

FORM 990PF, PART I - TAXES

05-6039393

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NET INVESTMENT INCOME	, ! ! !	533.	222.	45.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	800.	
REVENUE AND EXPENSES PER BOOKS	t t t t t t t t t t t t t t t t t t t	533.	222.	. 45.	1	800.	H H H H H H H H H H H H H H H H H H H
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN TAXES	FOREIGN TAXES ON QUALIFIED FOR	Z		TOTALS	

FORM 990PF, PART I - OTHER EXPENSES

NET INVESTMENT INCOME	251 251 492	994
REVENUE AND EXPENSES PER BOOKS	251.	502.
DESCRIPTION	OTHER ALLOCABLE EXPENSE-PRINCI OTHER ALLOCABLE EXPENSE-INCOME PARTNERSHIP EXPENSES	TOTALS

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05-6039393

DESCRIPTION	
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ENDING FMV	124, 28 46, 948 68, 526 61, 690 61, 718 80, 769 80, 769 80, 769 80, 769 81, 602 132, 613 84, 302 160, 298 1, 858, 632 1, 858, 632	
ENDING BOOK VALUE	133,400. 39,347. 55,894. 55,894. 62,044. 83,898. 87,111. 40,924. 64,716. 27,617. 42,613. 143,473. 143,473. 143,473. 170,963.	

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DESCRIPTION	FORM 990PF,	PART	III	- OTHE	R DECREASES	IN NE	r worth	OR F	'UND	BALANCES	
DECCDIETON	=========	=====	=====	=====		=====	======	====	====	=======	
	DESCRIPTION									AMOUN'	יי

PARTNERSHIP ADJ
CARRYING VALUE ADJ

TOTAL

2,679.
1,276.