Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

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

		- GO (O WWW.II's. gov/FO/III 950FF II	or matructions	and the	iatest informati	on. Open	to Labile Inspection		
Fo	r calen	dar year 2018 or tax year beginning (, 2018, a	and ending		, 20		
Nar	me of four	ndation .			A Employe	er Identification number	7		
<u>B</u>	.JBI	EBTRAM FOUNDATION, INC.			06-1	188128			
		street (or P.O. box number if mail is not delivered to street address)		Room/su	ite B Telephoi	ne number (see instructi	ons)		
50) NEW	TOWN ROAD			(203) 929-6371			
		state or province, country, and ZIP or foreign postal code			tion application is pend	ng check here • □			
גח	ANRIIR	Y CT 06810			C il exemp	tion application is pend	ng, check here		
		NBURY CT 06810 Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here							
. –	0110011	Final return Amended		JODIIC CIT	D 1. Foreig	n organizations, check	iere . P		
	2. Foreign organizations meeting the 85% test,								
<u> </u>	Chock	type of organization: , 🗵 Section 501(c)(3) exempt p		tion/		here and attach computed foundation status was			
ä		n 4947(a)(1) nonexempt charitable trust \(\bigcap \) Other ta			III coction t	607(b)(1)(A), check here	▶□		
,			ı: 🔼 Casıı (Accr		ndation is in a 60-month			
	line 16				under se	ction 507(b)(1)(B), checl	nere P		
11.5			e on cash basis	·.)		1			
	art I	,	(a) Revenue		b) Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses p books	er `	income	income	purposes		
. —				PAR 23	1827 MARIAN	District Spice Sa Sesteria (1917)	(cash basis only)		
J_{I}	1	Contributions, gifts, grants, otc., roceived (attach schedule)	10,0	00.	他是和新性的		in the state of th		
14	2	Check ► 🗵 if the foundation is not required to attach Sch. B	建建深建筑		经证明的证据	THE THE PROPERTY.			
1	3	Interest on savings and temporary cash investments	11,0		11,070.	RECEIVED	NCOBBEC		
	4	Dividends and interest from securities	11,6	14.	11,614.	JB8-(Se lie		
	5a	Gross rents			<u> </u>		可能理解的		
	b	Net rental income or (loss)	學是是是	遊門為	拉黎, 英格兰族。	STATE OF THE	0 2010		
တခို	6a	Net gain or (loss) from sale of assets not on line 10		遊	是經濟學的	THE PERSON NAMED IN	A STATE OF THE STA		
0 2019 Revenue	խ	Gross sales price for all assets on line 6a	种风险业分数	節位對		公司的			
e v	7	Capital gain net income (from Papie inciveD	學學學生的	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	417.	OGDEN	1000年100日		
	8	Net short-term capital gair .	3 Familia	学院	學系統語為這	4,773.	经验证证证		
()	9	Income modifications DCT 1 5 2010	819年学	定性量			金剛を大き		
DE	10a	Gross sales less returns and allowances CT 1 5, 2019	表中心探察的	門門到	The Part Steven		拉他认为性能的		
	b	Less: Cost of goods sold				经国际的基础	tspace many		
	C	Gross profit or (loss) (attach schedue) EN, .U.T							
Z	11	Other income (attach schedule)	ļ				さればいい		
SCANNED ses	12	Total. Add lines 1 through 11	32,6	84.	23,101.	4,773.			
(C) (g)	13	Compensation of officers, directors, trustees, etc.							
- 0,	14	Other employee salaries and wages							
ē	15	Pension plans, employee benefits							
Exp	16a	Legal fees (attach schedule)							
е П	b	Accounting fees (attach schedule)	10,0	00.			10,000.		
≥	С	Other professional fees (attach schedule)							
NOV 0 8 2019 I Administrative	17	Interest		22.	22.				
3. is:	18	Taxes (attach schedule) (see instruction \$9e. Stmt.		86.			87.		
9 e	19	Depreciation (attach schedule) and depletion				4			
≥ਙ	20	Occupancy		·					
2 Z	21	Travel, conferences, and meetings							
N and	22	Printing and publications							
-		Other expenses (attach schedule)							
S atir	24	Total operating and administrative expenses.							
s ⊖g perating		Add lines 13 through 23	10,1		22.		10,087.		
S O	1 -0	Contributions, gifts, grants paid	30,7		是不是是	THE STREET	30,700.		
Corres ⊖g Operating	26	Total expenses and disbursements. Add lines 24 and 25	40,8	08.	22.	*	40,787.		
Ö	27	Subtract line 26 from line 12:		3	10000000000000000000000000000000000000	The state of the s	COLLEGE TO THE STATE OF THE STA		
	a	Excess of revenue over expenses and disbursements	-8,1		The State of the Comment	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	北西海南南		
	b	Net investment income (If negative, enter -0-) .		10. 214.4	23,079.	5 m. J. C. J. W. P. S. V.	19 A. Car.		
	1 -	Adjusted not income (if posetive enter 0.)	"3"4 ₁₂ "			4 772	T		

2 Savings and temporary cash investments 2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts ▶ 4 Pledges accevable by Less: allowance for doubtful accounts ▶ 5 Garnts receivable cash for control accounts ▶ 1 Signature to the service of the s	P		Balance Sheets Attached schedules and amounts in the description column		End (of year	
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Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Unrestricted							
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 818,578. 2 Enter amount from Part I, line 27a 2 -8,124. 3 Other increases not included in line 2 (itemize) ► CAPITAL GAINS 3 417. 4 Add lines 1, 2, and 3 4 810,871. 5 Decreases not included in line 2 (itemize) ► FEDERAL TAX 5 400.	~		·	818.578.	810,471.		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 818,578. 2 Enter amount from Part I, line 27a 2 -8,124. 3 Other increases not included in line 2 (itemize) ► CAPITAL GAINS 3 417. 4 Add lines 1, 2, and 3 4 810,871. 5 Decreases not included in line 2 (itemize) ► FEDERAL TAX 5 400.	Рā	all I				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
end-of-year figure reported on prior year's return) 1 818,578. 2 Enter amount from Part I, line 27a 2 -8,124. 3 Other increases not included in line 2 (itemize) ► CAPITAL GAINS 3 417. 4 Add lines 1, 2, and 3 4 810,871. 5 Decreases not included in line 2 (itemize) ► FEDERAL TAX 5 400.				ımn (a), line 30 (mus	st agree with		
2 Enter amount from Part I, line 27a 2 -8,124. 3 Other increases not included in line 2 (itemize) ► CAPITAL GAINS 3 417. 4 Add lines 1, 2, and 3 4 810,871. 5 Decreases not included in line 2 (itemize) ► FEDERAL TAX 5 400.	•	end-	of-year figure reported on prior year's return)	(u), into 00 (mu.	1	818.578.	
3 Other increases not included in line 2 (itemize) ► CAPITAL GAINS 3 417. 4 Add lines 1, 2, and 3	2				f		
4 Add lines 1, 2, and 3	_						
5 Decreases not included in line 2 (itemize) ► FEDERAL TAX 5 400.							
	_						
	_			Part II. column (b)		810,471.	

Part	V Capital Gains and	Losses for Tax on Investme	nt Income			1 age C
,	(a) List and describe the kin	ad(s) of property sold (for example, real esta		(b) How acquired P—Purchase	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
12	APPLE HOSPITALITY	35, 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		D-Donation P	01/01/2010	
	VFINX			P	01/01/2010	
	TOTAL BOND FUND			P	01/01/2010	
	GNMA AND FMCC REDEN	MPTIONS		P	Various	Various
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) is (f) minus (g))
а	107,578.			117,995.		-10,417.
b	38,613.			31,358.		7 <u>,25</u> 5.
C	30,261.			31,455.		-1,194.
d	4,773.			0.		4,773.
e	<u></u>					
	Complete only for assets sho	wing gain in column (h) and owned by	the foundation	on 12/31/69		Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) . (j), if any		not less than -0-) or s (from col. (h))
a						-10,417.
<u>b</u>						7,255.
C				·		
<u>d</u>	0.	0.		0.		4,773.
<u>e</u>					 	
2	Capital gain net income or	THELLAUHAHUSSI (-	so enter in Pa enter -0- in Pa		2	417.
3		n or (loss) as defined in sections 1 I, line 8, column (c). See instruct	222(5) and (6)):		
	Part I, line 8	<u> </u>	<u> </u>	<u> J</u>	3	4,773.
Part	V Qualification Und	er Section 4940(e) for Reduc	ed Tax on N	let Investmen	t Income	
Was t	s," the foundation doesn't q	section 4942 tax on the distributa ualify under section 4940(e). Do n	ot complete t	his part.		☐ Yes ⊠ No
1		unt in each column for each year;	see the instri	uctions before m	aking any entrie	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) If noncharitable-use a		(d) Distribution ratio (b) divided by col (c))
	2017	23,055		811,0		0.028424
	2016	63,41		845,8	371.	0.074972
	2015	31,97		863,8		0.037016
	2014	40,499		747,9		0.054144
	2013	26,498	3.]	304,1	L38.	0.087125
0	Total of line 1 and image (d)					0 201601
2	Total of line 1, column (d)				. 2	0.281681
3		for the 5-year base period—dividoundation has been in existence if			- 1 <u>-</u> 1	0.056336
4	Enter the net value of non-	charitable-use assets for 2018 fro	m Part X, line	5	. 4	792,468.
5	Multiply line 4 by line 3				. 5	44,644.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	231.
7	Add lines 5 and 6				. 7	44,875.
8	· · · · · · · · · · · · · · · · · · ·	ns from Part XII, line 4			. 8	40,787.
	If line 8 is equal to or great	ter than line 7, check the box in f	Part VI, line 18	o, and complete	that part using	a 1% tax rate. See the

Part.	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-see	instru	ction	ıs)			
1a、	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			136	200 LAT			
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	المراجع الأستام المدروع المستام		2.30				
b		1	4	62.				
	here ▶ 🔲 and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				£ 154			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.				
3	Add lines 1 and 2	3	4	62.				
4		4		0.				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5	4	62.				
6	Credits/Payments:							
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a			7. Y				
b	Exempt foreign organizations—tax withheld at source 6b							
С	Tax paid with application for extension of time to file (Form 8868) . 6c 500.			21.0	# (4.75°)			
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d	7	5	00.				
8		8						
9		9						
10		10		38.				
11		11						
	VII-A Statements Regarding Activities		12. 6.41					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did it	1	Yes	No			
	participate or intervene in any political campaign?		1a		<u>×</u>			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Sinstructions for the definition	See the	1b		×			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any mapublished or distributed by the foundation in connection with the activities.	aterials		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
C	Did the foundation file Form 1120-POL for this year?		1c	32.00	X State			
ď								
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			18.7	1 15			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	Josea						
2	on foundation managers. ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?		ئىنىنىدۇ 2	79.37.	¥ ₩ZÆ			
2	If "Yes," attach a detailed description of the activities.		(25,354	K 5.72				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		3		×			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		×			
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		×			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		×			
	If "Yes," attach the statement required by General Instruction T.		e sur Edward	3	50 . L. 7			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		.7	医	1 100			
	By language in the governing instrument, or		73.75					
	• By state legislation that effectively amends the governing instrument so that no mandatory direction conflict with the state law remain in the governing instrument?		6	×				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and		7	×				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ CT		14.75		\$1.50 P. 1 \$1.50 P. 1 \$1.50 P. 1			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	Genera	大学 号 8b	×				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942		63.6	£100	200			
5	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If complete Part XIV			د' عند،	×			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listii	 na theii		<u> </u>	 ``			
	names and addresses	_	10		×			

Par	tVII-A Statements Regarding Activities (continued)			
		47.0	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		×
4.4	Website address ► N/A The books are in care of ► FOUAD M. HASSAN, TRUSTEE Telephone no. ► (203)			
14	Located at ▶ 70 PLATT ROAD SHELTON, CT ZIP+4 ▶ 06484	929-	6371	-
15	Located at ► 70 PLATT ROAD SHELTON, CT ZIP+4 ► 06484 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			N
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2018, 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		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	2 4 5 T		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	the foreign country ►	di,		18.
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	F = 73		ı
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Post	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	tes E	alandada Harrana	
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a 	11	邁亞	67
	disqualified person?	1		42
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	. 3		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Net 1		1 924
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	M		
	the benefit or use of a disqualified person)?		1	1. The
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	المرابعة المرابعة		30°
	foundation agreed to make a grant to or to employ the official for a period after	4 . 1	No.	
	termination of government service, if terminating within 90 days.)	10 kg 11		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		in Francis
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □	13. 11.0 4	建筑 自	53.5
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	in mil		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	學學		
	6e, Part XIII) for tax year(s) beginning before 2018?	all the	37.03	
	If "Yes," list the years ▶ 20, 20, 20, 20	17.54	3	域
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15. 12.9
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	Met all	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	27 E 77
_	·	2b	Lange 1	د لازي د
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20	3.5	3,,1003,000 1,200,000 1,200,000	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	13 x 3.		
	at any time during the year?	100	100	12, 2
ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	15 Vy .		4.0-1
-	disqualified persons after May 26, 1969; (2) the lapse of the 5 year period (or longer period approved by the	10.1	in of a	17.8)
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			3, 5,
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1/2/		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	foundation had excess business holdings in 2018.)	3b		×
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	, .	- ' -	1,1
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	I	l x

Pari	VII-B Statements Regarding Activitie	s for W	hich Form	4720	May Be R	equire	d (conti	nued)				
5ą	During the year, did the foundation pay or incur	any am	ount to.		-				- 1	Yes	No	
	(1) Carry on propaganda, or otherwise attempt						TYes	⊠ No		2 P. C.		
	(2) Influence the outcome of any specific publi		•		•	•			12.1325		1 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	directly or indirectly, any voter registration d	rive?					☐ Yes	⊠ No	1	(1) (TA)		
	(3) Provide a grant to an individual for travel, stu						☐ Yes	⋉ No				
	(4) Provide a grant to an organization other tha					ibed in			45.72	134	Water of	
	section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No	3.00			
	(5) Provide for any purpose other than religious										Elisabeth Historia	
	purposes, or for the prevention of cruelty to						Yes	⊠ No	7.15			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							scribed	247.537	77.7.	30.10.7	
	in Regulations section 53.4945 or in a current no	_				e instru	uctions	• • -	5b	193054 AE	X	
Organizations relying on a current notice regarding disaster assistance, check here									南高沙			
С								53	20 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100		
	because it maintained expenditure responsibility					• •	Yes	⊠ No		11 To 12 To	23.3	
٥-	If "Yes," attach the statement required by Regul											
6a	Did the foundation, during the year, receive any on a personal benefit contract?		•	-		emiums	_	67	LU			
L	•						∐ Yes	∑ No		I SE		
b	Did the foundation, during the year, pay premiur	ns, aire	ctly or indired	ctly, on	a personal	benefit	contract		6b	Edige Vic	X 1573 1	
70	If "Yes" to 6b, file Form 8870.	a namu i		عام برمة ا	-14 4		□v	© Na			Mir. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
7a b	At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed						☐ Yes		7b	,s:#.*		
8	Is the foundation subject to the section 4960 ta							117 .	133	42)ma	お食がす	
Ü	remuneration or excess parachute payment(s) d	urina th	e vear?				☐ Yes	□No		\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Par	VIII Information About Officers, Direct									ees.	est de la fait	
	and Contractors	,				-5,	J			,		
1	List all officers, directors, trustees, and found	dation r	nanagers an	1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.								
	(b) Title, and average (c) Compensation (d) Contributions to											
		(b) Title	e, and average	(c) Co	mpensation	(d) (Contribution	is to	(e) Expe			
	(a) Name and address	(b) Title hou devote	e, and average rs per week ed to position	(c) Cor (lf r		(d) (emplo		ns to plans	(e) Expe	ense acc allowan		
BAR		(b) Title hou devote	e, and average rs per week ed to position	(c) Cor (lf r	mpensation not paid, ter -0-)	(d) (emplo	Contribution	ns to plans ensation	(e) Expe		nces	
в в	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752	(b) Title hou devote PRES	e, and average rs per week ed to position . / DIR. 2.00	(c) Cor (lf r	mpensation not paid,	(d) (emplo	Contribution	ns to plans	(e) Expe			
B BI FOU	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN	(b) Title hou devote	e, and average rs per week ed to position ./DIR. 2.00	(c) Cor (lf r	mpensation not paid, ter -0-)	(d) (emplo	Contribution	plans plans ensation	(e) Expe		0.	
B B FOU 111	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437	(b) Title hour devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00	(c) Cor (lf r	mpensation not paid, ter -0-)	(d) (emplo	Contribution	ns to plans ensation	(e) Expe		nces	
B BI FOUL 111 REX	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON	(b) Title hour devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR.	(c) Cor (lf r	on pensation not paid, ter -0-)	(d) (emplo	Contribution	os to plans ensation 0.	(e) Expe		0.	
B BI FOUL 111 REX	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437	(b) Title hour devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00	(c) Cor (lf r	mpensation not paid, ter -0-)	(d) (emplo	Contribution	plans plans ensation	(e) Expe		0.	
B BI FOUL 111 REX	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON	(b) Title hour devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR.	(c) Cor (lf r	on pensation not paid, ter -0-)	(d) (emplo	Contribution	os to plans ensation 0.	(e) Expe		0.	
B BI FOUL 111 REX ST I	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877	(b) Title hou devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00	(c) Coi (if r en	0.	(d) (emplo and def	Contributior tyee benefit erred comp	os to plans ensation o.	(e) Expe other	allowan	0. 0.	
B BI FOUL 111 REX	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON	(b) Title hou devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00	(c) Coi (if r en	0.	(d) (emplo and def	Contributior tyee benefit erred comp	os to plans ensation o.	(e) Expe other	allowan	0. 0.	
B BI FOUL 111 REX ST I	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe	(b) Title hou devote PRES	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than thos	(c) Cor (lif r en	0.	(d) (emplo and def	Contribution typee benefit erred comp	o. O. O. ruction	(e) Experother	allowan	0. 0.	
B BI FOUL 111 REX ST I	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position	(c) Col (lif r en	0.	(d) (emplo and defe	Contribution yee benefit erred comp see insti	o. O. O. outions to be benefit	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST I	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than thos	(c) Col (lif r en	0. 0. 0. uded on li	(d) (emplo and defe	Contribution yee benefit erred comp see inst	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position	(c) Col (lif r en	0. 0. 0. uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST I	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position	(c) Col (lif r en	0. 0. 0. uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position ./DIR. 2.00	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position ./DIR. 2.00	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position ./DIR. 2.00	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position ./DIR. 2.00	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST 1	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position ./DIR. 2.00	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	
B BI FOUL 111 REX ST I	(a) Name and address RY J. BERTRAM RIDGEWATER CT 06752 AD M. HASSAN DEEPWOOD DRIVE GUILFORD CT 06437 E. GUSTAFSON RIDGEFIELD CT 06877 Compensation of five highest-paid employe "NONE."	(b) Title hou devote PRES V.P., TREAS	e, and average rs per week ed to position ./DIR. 2.00 /DIR. 2.00 S./DIR. 2.00 er than those thouse the per week ed to position (b) Title, and a hours per week ed to position ./DIR. 2.00	(c) Col (lif r en	0 . 0 . uded on li	(d) (emplo and defe	Contribution typee benefit erred comp see insti (d) Contrib employee plans and	o. O. O. ruction	(e) Experience other	one,	0. 0. center	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	aid Emp	loyees,
3 Five	highest-paid independent contractors for professional services. 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			
Total numb	er of others receiving over \$50,000 for professional services	. ▶ 0)
Part IX-A			′
List the fou	ndation's four largest direct charitable activities during the tax year Include relevant statistical information such as the nur is and other beneficiaries served, conferences convened, research papers produced, etc.	mber of	Expenses
	is and other deficitations served, conferences convened, research papers produced, etc.		
1			
2			
2			
3		-	
	•••••••••••••••••••••••••••••••••••••••		
4			
Part IX-B			
Describe th	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1			
2			
All other pro	ogram-related investments. See instructions,	-	
3			
Total. Add	lines 1 through 3	. ▶	
		F ₁	orm 990-PF (2018

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	ions,
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	211,041.
b	Average of monthly cash balances	1b	343,495.
С	Fair market value of all other assets (see instructions)	1c	250,000.
d	Total (add lines 1a, b, and c)	1d	804,536.
е	Reduction claimed for blockage or other factors reported on lines 1a and	Y20.7	
	1c (attach detailed explanation)	1000 1000 1000 1000	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	804,536.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	12,068.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	792,468.
6	Minimum investment return. Enter 5% of line 5	6	39,623.
Part		oundations	}
1	Minimum investment return from Part X, line 6	1	39,623.
2a	-		39,023.
b	Income tax for 2018. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b		462.
3	Distributable amount before adjustments. Subtract line 2c from line 1	2c 3	39,161.
4	Recoveries of amounts treated as qualifying distributions	4	39,101.
5	Add lines 3 and 4	5	39,161.
6	Deduction from distributable amount (see instructions)	6	39,101.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	39,161.
Part	XII Qualifying Distributions (see instructions)	<u> </u>	39,101.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Garage Lie Zell	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	40,787.
b	Program-related investments—total from Part IX-B	1b	40,707.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	13 m	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	40,787.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,787.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whether t	he foundation

Part XIII Undistributed Income (see instructions)								
,		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018			
1.	Distributable amount for 2018 from Part XI, line 7				39,161.			
2	Undistributed income, if any, as of the end of 2018:	有解析的	THE PERSON NAMED IN					
a	Enter amount for 2017 only		多加热的	0.				
b	Total for prior years. 20, 20, 20	The state of the s	the combinement and some in the con-					
3 .	Excess distributions carryover, if any, to 2018: From 2013							
a h	5 0011							
C	From 2014							
d	From 2016 63,650.							
е	From 2017							
f	Total of lines 3a through e	92,240.	新地區的	ははいいないがある。	是自己的主义的			
4	Qualifying distributions for 2018 from Part XII,							
	line 4: ► \$ 40,787.			_				
a	Applied to 2017, but not more than line 2a.	20 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	科·特别的	0.				
b	Applied to undistributed income of prior years (Election required—see instructions)		State of the state					
С	Treated as distributions out of corpus (Election required see instructions)							
d	Applied to 2018 distributable amount			心影響。亦是是	0.			
e	Remaining amount distributed out of corpus	40,787.			STATE OF THE STATE OF			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	20, 161			20.161			
6	Enter the net total of each column as indicated below:	39,161.			39,161.			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	93,866.						
b	Prior years' undistributed income. Subtract	35,000.	dir Van Caranania di a Caranania	<u> </u>				
~	line 4b from line 2b		0.					
С	Enter the amount of prior years' undistributed				CANAL PROPERTY OF THE PARTY OF			
	income for which a notice of deficiency has							
	been issued, or on which the section 4942(a)							
	tax has been previously assessed	THE PARTY OF THE P		M. Markey and Markey and Comment	等等的表示等更多的。 2014年1月1日 - 1884年1月			
u	Subtract line 6c from line 6b. Taxable amount—see instructions		0.					
е	Undistributed income for 2017. Subtract line	是的作为。在他们		•				
	4a from line 2a. Taxable amount—see instructions			•				
	Undistributed income for 2018. Subtract lines		CONTRACTOR CONTRACTOR	0. The same that he	Control of the second			
•	4d and 5 from line 1. This amount must be				,			
•	distributed in 2019				0.			
7	Amounts treated as distributions out of corpus		Charles and the second	CALLERY THE REAL PROPERTY.				
	to satisfy requirements imposed by section							
	170(b)(1)(F) or 4942(g)(3) (Election may be							
	required—see instructions)		A THE STATE OF THE	AND AND THE PARTY OF THE PARTY				
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).							
9	Excess distributions carryover to 2019.	0.	中国2000年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	militarian da de la composición del composición de la composición del composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composic	THE THINK TO PUTTING METALON			
•	Subtract lines 7 and 8 from line 6a	93,866.						
10	Analysis of line 9.	ALCO CHARACTE	MONTH AND AND A		THE PERSON NAMED IN			
а	Excess from 2014							
b	Excess from 2015 0.	(高) 表达 (1) 1						
c	Excess from 2016	经现代的						
ď	Excess from 2017	Strain Control of the Strain	《李德李子》		and the second			
е	Excess from 2018	ローがいはつとうかきだく	1999 さいたいどうぶ	Paralle and the Paralle and th	I managed to the second			

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Form 990-PF (2018)

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation		
	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ST JUDE				
262 Danny Thomas Place				
Memphis TN 38105	A\N	501 (C) (3)	EDUCATIONAL	200
JUDICIAL WATCH		1		
425 THIRD STREET				
WASHINGTON DC 20024	N/A	501 (C) (3)	EDUCATIONAL	5,000
MARINE CORPS FOUNDATION				
715 Broadway Street				
QUANTICO VA 22134	N/A	501 (C) (3)	EDUCATIONAL	150
COLBY COLLEGE		İ		
4000 MAYFLOWER HILL				
WATERVILLE ME 04901	N/A	501 (C) (3)	EDUCATIONAL	10,000
REGIONAL YMCA OF WESTERN CT				
293 MAIN STREET				
DANBURY CT 06810	N/A	501 (C) (3)	EDUCATIONAL	3,000
LITERACY VOLUNTEERS				
267 GRAND STREET				
WATERBURY CT 06702	N/A	501 (C) (3)	EDUCATIONAL	1,100
ARTHRITIS FOUNDATION				
1355 PEACHTREE STREET		ļ		
ATLANTA GA 30309	N/A	501 (C) (3)	EDUCATIONAL	500
AMERICAN CANCER SOCIETY				
250 WILLIAMS STREET NW				
ATLANTA GA 30303	N/A	501 (C) (3)	EDUCATIONAL	500
VFW				Ì
TINKERFIELD RD				
NEWTOWN CT 06470	N/A	501 (C) (3)	EDUCATIONAL	150
See Statement	1			
	Ţ			
		!		10,100
Total			▶ 3a	30,700
b Approved for future payment				
	-		ļ	
		1	Ì	
				<u> </u>
Total			▶ 3Ł	

Pa	rt XVI	-A Analysis of Income-Producing Ac	ctivities				
Ente	Enter gross amounts unless otherwise indicated.		Unrelated bu	isiness income	Excluded by sect	4 (e)	
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	_	ram service revenue:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	a . –						
	b _						
	ر د –		ļ				
	d _		}		<u> </u>		
	e _				·		
	, <u>-</u>	ees and contracts from government agencies	<u> </u>				
^	-		ļ				
2		bership dues and assessments	000001	11 070			
3 4		lends and interest from securities	900001	11,070.			
5		rental income or (loss) from real estate:	300001	11,614.	なったとかに気がつをない	7685474-24469 44457	Section of the section
J		and the second of the second o	19812 11A.17	<u> </u>	क्षा होते हैं। जिस्सार विश्व होते	A BRIGHT TO IN THE	1 3 4 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6
		Debt-financed property		,			
6		rental income or (loss) from personal property				<u> </u>	
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events	<u> </u>				
10		s profit or (loss) from sales of inventory					
11				<u> </u>			
''	b	r revenue: a					
	С _						
	q –						<u></u>
	е _					 -	
12		otal. Add columns (b), (d), and (e)	16 miles 11 a 25 1 5	22 684	19. 大张 (19.18 \$1.20)。		
							22,684.
		sheet in line 13 instructions to verify calculation			• • • •		22,001.
	rt XVI			ent of Exemp	t Purnoses		
_	e No.					I-A contributed i	mportantly to the
	▼	Explain below how each activity for which accomplishment of the foundation's exempt put	rposes (other tha	n by providing fun	ds for such purp	oses). (See instru	ctions.)
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					-		
					-		

Part	XVII	Information Organization		nsfers to and Trans	actions and F	Relationship	s With Ñ	lonchari	table	Exempt
1	in se	he organization of ection 501(c) (onizations?	directly or indirectly ther than section	engage in any of the fo 501(c)(3) organization	ollowing with an	y other orgar ion 527, rel	iization de ating to	nolitical	25.70	Yes No
а	Trans	sfers from the rep		o a noncharitable exen	npt organization	of:				
								<u>-</u>	1a(1)	×
h		ther assets . r transactions:							1a(2)	X 55 6 850
ь			a noncharitable av	empt organization .				i	~ (%) 4 b /4 \	
	(1) D	urchases of asse	ets from a noncharit	able exempt organizati				-	1b(1) 1b(2)	×
				er assets					1b(3)	 ^
									1b(4)	×
									1b(5)	×
	(6) P	erformance of se	ervices or members	hip or fundraising solic	ıtations			[1b(6)	×
				ists, other assets, or pa					1c	×
d	If the	answer to any	of the above is "Ye	es," complete the follow	wing schedule.	Column (b) s	hould alw	ays show	the fa	air market
	value	of the goods, or	ther assets, or serv	ices given by the report	rting foundation	i. If the found	ation rece	ived less	than fa	air market
(a) Line		b) Amount involved		gement, show in colum		ription of transfe				
(a) Line	110.	D) Amount moored	(c) Name of none	mantable exempt organization	(d) Desc	ription of transfer	s, transaction	ns, and shan	ng arrai	ngements
										-
						 				
		 -								
										
	_									
										
	desc	ribed in section 5	ectly or indirectly a 601(c) (other than se following schedule	affiliated with, or relate	ed to, one or mection 527?	nore tax-exer	npt organi	izations] Ye:	s 🗵 No
		(a) Name of organi		(b) Type of orga	nization		(c) Descriptio	on of relations	ship	
							<u> </u>			

				<u></u>						
			- W	<u>L</u>						
Sign	corre	ct, and complete-Declar	declare that I have examin aration of prepares (other th	ed this return, including accomp nan taxpayer) is based on all info	panying schedules an primation of which pre	d statements, and parer has any knov	to the best of wledge	my knowledg	e and b	eliet, it is true
Here		ature of officer or trus	modern of the steel	10-9-19 Date	DIRECTOR Title			with the pre	parer sh	s this return nown below? ☑Yes ☐ No
<u></u>	1	Print/Type preparer		Preparer's/signature	1.	Date	——————————————————————————————————————	P	TIN	
Paid		MICHAEL HA		Vita Him DIA	Halina	08/08/2	Chec	k [] if [employed p		0236
Prepa		Firm's name	" "" - " - " - " - " - " - " - " - " - 	BERG AND HASSAN	1 jusister	100/00/2	Firm's EIN			
Use (July	Firm's address ▶	70 PLATT RD-		 .			(203) 92		
BAA		<u> </u>	SHELTON		CT 06484	1-0466)-PF (2018)

B.J. BERTRAM FOUNDATION, INC.

Form 990-PF: Return of Private Foundation

Continuation Statement Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

NO RESTRICTIONS IF GOVERNMENT REQUIREMENTS ARE MET. Restrictions Submission Information NO DEADLINES Form Information NO SPECIAL FORMS Name and Address Information BARRY J. BERTRAM FOUNDATION, INC. 50 NEWTOWN ROAD DANBURY, CT 06810 203-748-5100 Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year				
MAKE A WISH 126 MONROE TURNPIKE TRUMBULL, CT 06611	N/A	501 (C) (3)	EDUCATIONAL	100.
MOUNT ST MARY 330 POWELL AVE NEWBURGH, NY 12550	N/A	501(C)(3)	EDUCATIONAL	10,000.
				10,100.

Name B.J. BERTRAM FOUNDATION, INC.					Employer Identification No	
		T - · · · · · · · · · · · · · ·	Γ	l		
	End o	f Year		End o	f Year	
Line 10a - Investments - State and Local State and Local			US Gover		US Government	
			į.		1	
US and State Government Obligations Obligations			Obligations		Obligations	
Obligations:	Book Value	FMV	Book Va	alue	FMV	
					i	
			1	_		
		· · · · · · · · · · · · · · · · · · ·				
					·	
Tot to Fm 990-PF, Pt II, Ln 10a						
<u> </u>			i			
			<u> </u>		1	
				End o	of Year	
Line 10b - Investme	ents - Cornorate	Stock:	Book		Fair Market	
Emic for mivesting	one - oorporate	Otock.				
			Value	9	Value	
						
APPLE HOSPITALITY			88	418.	71,300.	
BRE HOTELS				453.	0.	
FEDERAL HOME LOAN MTGE	CORP		39,	785.	32,353.	
See L-10b Stmt				471.	17,900.	
Totals to Form 990-PF, Part II, L	.ine 10b		148,	127.	121,553.	
					·	
			, 		·	
				F 4	 *	
					f Year	
Line 10c - Investme	nts - Corporate I	3onds:	Book	(Fair Market	
			Value	9	Value	
					1	
			-			
						
		·				
Totals to Form 990-PF, Part II, L	ine 10c					
					T	
			End of Year			
Line 12 - Investme	nts - Mortgage le	oans:	Book	,	Fair Market	
	mortgago .	Julio:	l			
			Value	3	Value	
					 	
	 -					
					<u> </u>	
Totals to Form 990-PF, Part II, L	ine 12					
Totals to Form 350-FT, Fait II, L						
			•		1	
					-	
				End o	f Year	
1140					1	
Line 13 - Investments - Other:			Book	(Fair Market	
			Value	9	Value	
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Totals to Form 990-PF, Part II, L	ine 13					

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF Part II Line 10, 12 and 13 Investments

L-10b Stmt

Continuation Statement

Line 10b Description	Line 10b Book	Line 10b FMV
GOV. NAT. MTGE ASS. 2010-062	961.	338.
GOV. NAT. MTGE ASS. 2003-58	3,971.	4,207.
FEDERAL HOME LOAN MTGE CORP SER. 2868	2,534.	755.
GOV. NAT. MTGE ASS. 2004-34	11,005.	12,600.
Total	18,471.	17,900.