Return of Private Foundation

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

DLN: 93491251003539 OMB No 1545-0052

2018

| Form 990-PF |
|----------------------------|
| Department of the Treasury |

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2018, or tax year beginning 01-01-2 | 018 , aı | nd ending 12-31 | -2018 lentification numbe | <u> </u> |
|------------------------------|----------|---|-------------------------|---------------------------------------|--|---|
| | | F BENJAMIN B LEWIS | | 06-6038309 | ientineation numbe | =1 |
| Num | ber and | street (or P O box number if mail is not delivered to street address | S) Room/suite | | | |
| | | N STREET | | (203) 255-188 | umber (see instructio 6 | ns) |
| | | i, state or province, country, and ZIP or foreign postal code CT 06611 | | C If exemption | application is pendin | ng, check here |
| G Cl | neck al | l that apply 🔲 Initial return 🔲 Initial return of a | a former public charity | D 1. Foreign or | rganizations, check h | ere 📘 🗍 |
| | | Final return Amended return | ו | | rganizations meeting | |
| | | Address change Name change | | , | undation status was | · - |
| _ | , | pe of organization Section 501(c)(3) exempt private | | | on 507(b)(1)(A), chec | |
| | | | ole private foundation | | | |
| of ' | year (f | xet value of all assets at end from Part II, col (c), ▶\$ 1,751,162 J Accounting method □ Other (specify) (Part I, column (d) mus | Cash Accru | | ation is in a 60-mont on 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | <u></u> | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | |
| | 2 | Check 🕨 🗹 if the foundation is not required to attach | | | | |
| | 3 | Sch B | | | | |
| | 4 | Dividends and interest from securities | 52,101 | 52,101 | L | |
| | 5a | Gross rents | | | | |
| | ь | Net rental income or (loss) | _ | | | |
| <u>e</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | 100,492 | | | |
| Reverkie | ь | Gross sales price for all assets on line 6a 456,53 | 3 | | | |
| 8 | 7 | Capital gain net income (from Part IV, line 2) | | 100,492 | 2 | |
| | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less Cost of goods sold | <u> </u> | | | |
| | C | Gross profit or (loss) (attach schedule) | 051 2.000 | 2 020 | | |
| | 11 | Other income (attach schedule) | 2,030 | · · · · · · · · · · · · · · · · · · · | | |
| | 12 | Total. Add lines 1 through 11 | 154,623 | · · · · · · · · · · · · · · · · · · · | | 0.500 |
| | 13 | Compensation of officers, directors, trustees, etc Other employee salaries and wages | 24,000 | 15,500 |) | 8,500 |
| | 14 15 | Other employee salaries and wages | | | | |
| Se | 16a | Legal fees (attach schedule) | 1,532 | 858 | 3 | 674 |
| Expenses | | Accounting fees (attach schedule) | 6,995 | | 5 | |
| | c | Other professional fees (attach schedule) | 15,267 | <u> </u> | | |
| Operating and Administrative | 17 | Interest | | | | |
| trai | 18 | Taxes (attach schedule) (see instructions) | 297 | 297 | 7 | |
| III S | 19 | Depreciation (attach schedule) and depletion | | | | |
| Ē | 20 | Occupancy | | | | |
| Ă | 21 | Travel, conferences, and meetings | | | | |
| anc | 22 | Printing and publications | | | | |
| Бu | 23 | Other expenses (attach schedule) | % 828 | 588 | 3 | 240 |
| ratı | 24 | Total operating and administrative expenses. | | | | |
| <u>6</u> | | Add lines 13 through 23 | 48,919 | · | 5 | 9,414 |
| J | 25 | Contributions, gifts, grants paid | 117,300 | | | 117,300 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 $$ | 166,219 | 39,505 | 5 | 126,714 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | a | Excess of revenue over expenses and | -11,596 | | | |
| | ь | disbursements Net investment income (If negative, enter -0-) | -11,596 | 115,118 | 3 | |
| | С | Adjusted net income (if negative, enter -0-) | | 113,110 | | |
| | | | | 1 | 1 | 1 |

1,026,952

1,136,505

1,000,913

1,124,787

3

4

5

6

1,627,288

1,751,162

4,916

5,038

1,129,825

1,124,787 Form **990-PF** (2018)

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other increases not included in line 2 (itemize) -

Decreases not included in line 2 (itemize) ▶

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

Other assets (describe > _

Grants payable

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

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

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

8

9 10a

b

c

11

12

13 14

15 16

17

18

19

20

3

4

Assets

24 25 Temporarily restricted 26 Permanently restricted . . Foundations that do not follow SFAS 117, check here ▶

Liabilities 21 Mortgages and other notes payable (attach schedule). Other liabilities (describe ▶_ 22 Total liabilities(add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶ \Box Balances and complete lines 24 through 26 and lines 30 and 31. Fund ŏ and complete lines 27 through 31. Assets 27 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 1,136,505 1,124,787 30 Total net assets or fund balances (see instructions) 1,136,505 1,124,787 1,136,505 1,124,787 31 Total liabilities and net assets/fund balances (see instructions) . Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 1 1,136,505 2 Enter amount from Part I, line 27a 2 -11,596

| | e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|---|--|---|--|
| 1aSee Additional Data Table | | | | | |
| b | - | | | | |
| С С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain d | h) or (loss) f) minus (g) |
| a See Additional Data Table | e | | | , , , , | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | (I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis | Excess | (k) s of col (ı) | Gains (Col (col (k), but not | h) gain minus less than -0-) or |
| | as of 12/31/69 | over co | l (j), if any | Losses (fr | om col (h)) |
| a See Additional Data Table | e | | | | |
| b | | | | | |
| | | | | | |
| d | | | | | |
| <u>e</u> | | <u> </u> | | | |
| 2 Capital gain net income | or (net capital loss) | If gain, also enter in F If (loss), enter -0- in l | | 2 | 100,492 |
| · | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | |)- · · · } | 3 | -1,612 |
| Part V Qualification l | Jnder Section 4940(e) for Re | educed Tax on Net | Investment In | come | |
| | rivate foundations subject to the sec | | | | |
| If section 4940(d)(2) applies, le | • | | | ··- , | |
| | e section 4942 tax on the distributa ot qualify under section 4940(e) Do | | | ? | es 🔽 No |
| 1 Enter the appropriate an | nount in each column for each year, | see instructions before | e making any entrie | !S | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | ole-use assets | (d) Distribution rat (col (b) divided by o | |
| 2017 | 159,889 | | 2,105,610 | | 0 075935 |
| 2016 | 160,832 | | 2,073,760 | | 0 077556 |
| 2015 | 160,474 | | 2,179,037 | | 0 073644 |
| 2014 | 155,708 | | 2,322,951 | | 0 067030 |
| 2013 | 153,020 | | 2,253,269 | T | 0 067910 |
| | d) | | | | 0 362075 |
| number of years the four | for the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2018 fron | than 5 years | 0, or by the 3 | | 0 072415 1,992,709 |
| 5 Multiply line 4 by line 3 | ncharitable-use assets for 2016 from | • | 5 | | 1,992,709 |
| • • • • • | ent income (1% of Part I, line 27b) | | 6 | | 1,151 |
| | , , | | | | 145,453 |
| | ons from Part VII June 4 | | | | |
| | ons from Part XII, line 4 , eater than line 7, check the box in Pa | | | I ng a 1% tax rate Se | 126,714 le the Part VI |

Page **6**

| 10111 | 730 TT (2010) | | | | | | | | | | age u |
|------------|---|-------------------------|---------------------------------------|-----------------------------|-------------------|--------------|----------|------------|---------|--------------------|--------------|
| Pa | rt VIII-B Statements Regard | ding | Activities for Which | Form 4720 May Be | Required (co | ntınue | d) | | | | |
| 5a | During the year did the foundation | pay o | ncur any amount to | | | | | | | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | | | | | Nο | | | | |
| | (2) Influence the outcome of any s | tion 4955), or to carry | _ | | | | | | | | |
| | on, directly or indirectly, any vo | ter re | gistration drive? | | • • | Yes | ~ | No | | | |
| | (3) Provide a grant to an individual | for tr | avel, study, or other sım | ılar purposes? | Ī | Yes | ~ | No | | | |
| | (4) Provide a grant to an organizat | on ot | her than a charitable, etc | c , organization described | _ | | | | | | |
| | ın section 4945(d)(4)(A)? See ı | nstruc | tions | | | Yes | ~ | No | | | |
| | (5) Provide for any purpose other t | han re | eligious, charitable, scien | itific, literary, or | _ | | _ | | | | |
| | educational purposes, or for the | prev | ention of cruelty to childi | ren or anımals? | [| Yes | ✓ | No | | | |
| b | If any answer is "Yes" to 5a(1)-(5) | , dıd a | ny of the transactions fa | all to qualify under the ex | ceptions describ | | | | | | |
| | Regulations section 53 4945 or in a | curre | nt notice regarding disas | ter assistance? See instr | uctions | | | | 5b | | |
| | Organizations relying on a current i | notice | regarding disaster assist | ance check here | | . ▶ | П | | | | |
| C | If the answer is "Yes" to question 5 | a(4), | does the foundation clain | n exemption from the | | | | | | | |
| | tax because it maintained expendit | ure re | sponsibility for the grant | ? | | Yes | П | No | | | |
| | If "Yes," attach the statement requ | red by | Regulations section 53 | 4945-5(d) | _ | | _ | | | | |
| 6 a | Did the foundation, during the year | , rece | ive any funds, directly or | ındırectly, to pay premiu | ıms on | | | | | | |
| | a personal benefit contract? | | | | | Yes | ✓ | NI. | | | |
| b | Did the foundation, during the year | , pay | premiums, directly or inc | directly, on a personal bei | nefit contract? . | ı res | | NO | 6b | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | | | | | | |
| 7a | At any time during the tax year, wa | s the | foundation a party to a p | prohibited tax shelter tran | nsaction? | ٦ ٧ | ✓ | NI - | | | |
| b | If yes, did the foundation receive a | | | | _ | 」Yes | • | NO | 7b | | |
| 8 | Is the foundation subject to the sec | tion 4 | 960 tax on payment(s) o | of more than \$1,000,000 | in remuneration | or | | | | | |
| | excess parachute payment during t | he yea | ar? | | г | ٦., | ~ | | | | |
| | Information About | Office | are Directors Trust | tees Foundation Ma | nagers High | <u> Yes</u> | | No nnlo | VAAC | | |
| Pa | and Contractors | J | cro, Directors, must | iccs, i candation ind | inagers, mgi | , . a. | u | ρ.σ | ,, | | |
| _ | List all officers, directors, truste | oc fo | undation managers as | nd their compensation | See instruction | ne | | | | | |
| | List all officers, directors, truste | | b) Title, and average | (c) Compensation (If | (d) Contrib | | 0 | Ι., | _ | | |
| | (a) Name and address | ` | hours per week | not paid, enter | employee bene | fit plans | and | | | ise acc Ilowano | |
| | | | devoted to position | -0-) | deferred com | pensati | | _ | | | |
| | LIS W MARSILIUS | TRUS | | 8,000 | | | 0 | 1 | | | 0 |
| | GAILORS LANE GGEPORT, CT 06605 | | | | | | | | | | |
| | ERT G KOEHLER | TRUS | TEE | 8,000 | | | 0 | | | | 0 |
| 86 CI | ROWN STREET | 000 0 | 0 | | | | | | | | |
| TRUM | IBULL, CT 06611 | | | | | | | | | | |
| | RKER SEELEY JR TRUSTEE 8,000 | | | 8,000 | | | 0 | 1 | | | 0 |
| | 1AIN STREET GEPORT, CT 06604 | 0000 | | | | | | | | | |
| 2 | Compensation of five highest-pa | id en | plovees (other than t | hose included on line 1 | _see instruct | ions). I | f no | ne, e | nter " | NONE | |
| | | | · · · · · · · · · · · · · · · · · · · | | (d) Contrib | | | | | | |
| (a) | Name and address of each employee | paid | (b) Title, and average hours per week | (c) Compensation | employee | | | | | se acco | |
| | more than \$50,000 | | devoted to position | (-, | plans and compens | | 1 | ot | her all | owanc | es |
| NON | F | | | | compen | Sacion | | | | | |
| 11011 | <u>-</u> | | | | | | | | | | |
| | | | | | | | - | | | | |
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| | | | | | | | | | | | |
| _ | | | 2 2 2 2 | | | | _ | | | | |
| lota | I number of other employees paid ov | er \$5 | 0,000 | | | | | | 000 | 0-PF | (2015) |
| | | | | | | | | | | | |

| Form 990-PF (2018) | | Page 7 |
|--|--|---------------------------|
| Part VIII Information About Officers, Directors, Trust and Contractors (continued) | ees, Foundation Managers, Highly I | Paid Employees, |
| 3 Five highest-paid independent contractors for professional s | services (see instructions). If none, ente | er "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | de velevent statistical information such as the number | af |
| List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers | s produced, etc | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | • | A |
| Describe the two largest program-related investments made by the foundation du 1 N/A | uring the tax year on lines 1 and 2 | Amount |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | | . • |
| | | Form 990-PF (2018) |

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

2

3a 3b

4

5

126.714

126,714

Form 990-PF (2018)

b Total for prior years

d From 2016. . . .

From 2013.

b From 2014. . . . c From 2015. . .

e From 2017.

2018

Page 9

97,333

97,333

Form **990-PF** (2018)

| Form 990-PF (2 | 018) |
|----------------|------|
| Part XIII | Unc |

distributed Income (see instructions)

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018

42.303 40,770

52 070

58.256 55,904

40.770 52,070

58.256

55.904

29.381

(a) Corpus

249.303

29.381

278,684

42.303

236,381

- (b) Years prior to 2017

(c)

2017

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in

- Part X\ assets at any time during the year-see instructions.) Information Regarding Foundation Managers:
 - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
 - List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
 - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 - Check here 🕨 🗹 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under
 - other conditions, complete items 2a, b, c, and d See instructions
 - a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 - PHYLLIS MARSILIUS 340 SAILORS LANE
- (203) 334-7574 b The form in which applications should be submitted and information and materials they should include DESCRIPTION OF PROGRAM, PROGRAM GOALS & ACCOMPLISHMENTS, AND LATEST FINANCIAL STATMENTS
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors PUBLIC CHARITIES LOCATED IN GREATER BRIDGEPORT AREA

BRIDGEPORT, CT 06605

c Any submission deadlines SEPTEMBER 30



| Enter gross amounts unless otherwise indicated | | Unrelated bus | siness income | Excluded by section | 512, 513, or 514 | (e) Related or exemp |
|--|--|--|---------------|--------------------------------------|--------------------|--------------------------------------|
| Program | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| | rship dues and assessments | | | | | |
| | t on savings and temporary cash ents | | | | | |
| | ds and interest from securities | | | 14 | 52,101 | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property tal income or (loss) from personal property | | | | | |
| | nvestment income | | | 14 | 2,030 | |
| | (loss) from sales of assets other than | | | | 2,000 | |
| ınvento | ry | | | 14 | 100,492 | |
| Net inc | ome or (loss) from special events | | | | · | |
| Gross p | profit or (loss) from sales of inventory | | | | | |
| Other r | evenue a | | | | | |
| | | | | | | |
| с | | | | | | |
| | | | | | | |
| d | | | | | | |
| е | | | | | 154 622 | |
| e | al Add columns (b), (d), and (e). | | | 13 | 154,623 | |
| Subtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu | lations) | | | 154,623 | 154,62 |
| e Subtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the | lations) ie Accomplishr | nent of Exem | pt Purposes | B | |
| Subtota Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo Irt XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo Irt XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo Irt XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo Irt XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo Irt XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
| e Subtota Total. (See wo Irt XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
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| Subtota Total. (See wo rt XV) | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
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| e Subtota Total. (See wo Irt XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
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| Subtota Total. (See wo Int XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcumate to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below. | lations) e Accomplishr income is reported | ment of Exem | pt Purposes If Part XVI-A contribut | ted importantly to | |
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| 11 (2020) | | |
|---|-------------|--|
| Information Regarding Transfers To and Transactions and Relationships With Nor Exempt Organizations | ncharitable | |
| Exempt organizations | | |

| Pa | rt XVII | Exempt Organia | zations | | | | | | • | | | | |
|--|-----------------|--|------------------|--------|--------------------|---------------------------|------------|--------------------------|-------------------------|----------------------|--|---------|---------|
| Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | | ion 501 | | Yes | No | |
| аΤ | ransfers | from the reporting foun | dation to a no | oncha | rıtable exe | empt organizatio | n of | | | | 寸 | | |
| (| 1) Cash | | | | | | | | | . 1a | (1) | | No |
| (| 2) Othe | er assets | | | | | | | | 1a | (2) | | No |
| b 0 | ther tran | nsactions | | | | | | | | | | | |
| - | - | s of assets to a nonchari | • | _ | | | | | | 1b | | | No |
| (| 2) Purcl | hases of assets from a n | oncharitable | exem | pt organiz | zation | | | | 1b | + | | No |
| • | • | al of facilities, equipmer | • | | | | | | | 1b | + | | No |
| • | • | nbursement arrangemen | | | | | | | | . 1b | $\overline{}$ | | No |
| | | s or loan guarantees. | | | | | | | | . 1b | ` | | No |
| • | - | rmance of services or m | • | | - | | | | | . 1b | | | No |
| | _ | f facilities, equipment, n | | | - | | | | | | _ | | No |
| O | f the goo | wer to any of the above ods, other assets, or ser nsaction or sharing arra | vices given by | the | reporting | foundation If th | e fou | ndation receive | d less than fair ma | rket value | • | | |
| 'a \ L | ine No | (b) Amount involved | (c) Namo of | onch: | aritable ever | mpt organization | , | (d) Description of | transfers, transactions | and charing | arrar | aomon | tc |
| الم | ille No | (b) Amount involved | (C) Name on | IOHEHA | antable exe | ilipt organization | | a) Description of | cransiers, cransaccions | s, and snaring | ıııaıı | gemen | LS |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2a Is | the fou | ndation directly or indire | ectly affiliated | with | , or relate | d to, one or mor | e tax | -exempt organi | zations | | | | |
| d | escribed | ın section 501(c) (other | than section | 501(| c)(3)) or ı | ın section 527? . | | | 🗆 \ | es 🗹 No |) | | |
| b If | "Yes," c | complete the following so | chedule | | | | | | | | | | |
| | | (a) Name of organization | n | | (E |) Type of organiza | ition | | (c) Descriptio | n of relationshi | р | | |
| | | | | | | | | | | | | | |
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| | Lind | ler penalties of perjury, | T doctore that | The | /O. O./ D. PO./ D. | ad this vations in | المراد الم | | na sebadulas and s | +-+ | nd 6 | a +ba l | h a a t |
| | of n | ny knowledge and belief ch preparer has any kno | , it is true, co | | | | | | | | | | |
| Sig | - 1 | ***** | | | | 2019-09-02 | | ***** | | May the IR return | S dis | cuss th | 115 |
| Her | .e | | | | | | | _ | | with the pr | epar | er show | vn |
| | | Signature of officer or ti | rustee | | | Date | | Title | | below | _ | 21 r | _ |
| | | | | | | | | | | (see instr | ? ⊻ | ∐ Yes □ | ⊔ No |
| | | Print/Type preparer's | name | Prep | arer's Sıgr | nature | D: | ate | | PTIN | | | |
| | | | | • | _ | | | | Check if self- | | 268 | 925 | |
| | | ROBERT A VANCE | CPA | | | | | 2019-09-02 | employed ▶ 📙 | F 0 1 | 200 | 023 | |
| Pai | d | | | | | | | 2019-09-02 | | | | | |
| | parer | THE ROD | ERT A VANCE | СРА | LLC | | | | | Eirmic FIN N | 16 | 16104 | 00 |
| Js€ | Only | | | | | | | | | Fırm's EIN ▶ | .10- | 10184 | .00 |
| | | Firm's address ► 56 | 5 KINGS HIG | HWA | Y EAST | | | | | | | | |
| | | FA | IRFIELD, CT | 0682 | 54816 | | | | | Phone no (| 203) | 384-1 | 1040 |
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Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 2018-02-21 2018-06-15 1 25,000 ENERGY TRANSFER 25,000 GENERAL MOTORS Ρ 2017-12-26 2018-10-02 25,000 PPL CAP FUNDS Р 2018-02-21 2018-06-01 25,000 ROGERS COMM Р 2018-03-01 2018-04-13 1,051 WINTERGREEN Ρ 2017-12-21 2018-08-03 Ρ 3,000 FORD MOTOR 2015-10-25 2018-08-03 Р 2,600 GENERAL ELECT 2012-05-22 2018-08-03 Р 175 JOHNSON & JOHNSON 2012-02-15 2018-01-17 333 MATTHEWS PACIFIC TIGER Ρ 2012-02-15 2018-01-17 **60 WALT DISNEY** Р 2016-03-30 2018-11-13 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 25,000 25,000 25,000 25,000 25,000 25,000 25,385 25,391 -6 13,640 15,246 -1,606 30,073 44,916 -14,84334,115 49,846 -15,731 25,811 11,327 14,484 11,000 7,505 3,495 7,017 5.910 1,108 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -1,606 -14,843 -15,731 14,484 3,495 1,108

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2011-08-22 1.200 WELLS FARGO Ρ 2018-08-03 3,874 WINTERGREEN FUND Р 500 DTE ENERGY Р 2000-04-26 2018-08-03 1000 INTEL CORP Р 2010-08-19 2018-01-17 125 VERIZON Ρ 1980-01-01 2018-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (q) 70,596 27,609 42,987 50,539 -5,644 56,183 54.933 17,207 37,726 44,249 18,959 25,290 5,956 6.899 943 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) Losses (from col (h)) **(I)** (j) as of 12/31/69 (k) over col (j), if any 42.987 -5,644 37,726

25,290 5,956

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRIDGEPORT HOSPITAL ORG AID FOR GREATER BRIDGEPORT 10,000 WILLIAM M JENNINGS PRESIDENT/CEO CHARITY CHARITY 267 GRANT STREET BRIDGEPORT, CT 06610

| CENTER FOR FAMILY JUSTICE DEBRA GREENWOOD PRESIDENT/CEO 753 FAIRFIELD AVENUE BRIDGEPORT, CT 06604 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 5,100 |
|--|----------------|---------------------------------------|-------|
| VISITING NURSES SERVICES OF CT WILLIAM F SULLIVAN PRESIDENT/CEO 765 FAIRFIELD AVE | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 8,000 |

117,300

BRIDGEPORT, CT 06604

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRIDGEPORT CITADEL CORP ORG AID FOR GREATER BRIDGEPORT 8,000 CALL/ATTON A CHARITY CHARTTY

| MAJOR LYDIA PEARSON30 ELM STREET BRIDGEPORT, CT 06604 | CHARITY | CHARITY | |
|--|----------------|---------------------------------------|--------|
| BRIDGEPORT YMCA TIMOTHY BARTLETT EXEC DIRECTOR 850 PARK AVENUE BRIDGEPORT, CT 06604 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 10,000 |
| GOODWILL INDUSTRIES OF WESTERN | ORG CHARITY | AID FOR GREATER BRIDGEPORT | 1,100 |

| BRIDGEPORT YMCA TIMOTHY BARTLETT EXEC DIRECTOR 850 PARK AVENUE BRIDGEPORT, CT 06604 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 10,000 |
|--|----------------|---------------------------------------|--------|
| GOODWILL INDUSTRIES OF WESTERN CT VICKI L VOLPANO PRESIDENT/CEO 165 OCEAN TERRACE BRIDGEPORT, CT 06605 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 1,100 |

117,300

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIFEBRIDGE COMMUNITY SERVICES ORG AID FOR GREATER BRIDGEPORT 5,000 (FSW CHARITY CHARITY WILLIAM J HASS PRESIDENT/CEO 475 CLINTON AVENUE BRIDGEPORT, CT 06605 SUMMERFIELD UNITED METHODIST ORG AID FOR GREATER BRIDGEPORT 7,100 CHURCH CHARITY CHARITY 000

| THE REV HERRON KEYON GASTON PASTOR 110 CLEMENT AVENUE BRIDGEPORT, CT 06610 | | | |
|---|----------------|---------------------------------------|------|
| WAKEMAN BOYS & GIRLS CLUB KAIT TREMAGLIO DIRECTOR OF DEVELOP | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 5,00 |

. . . ▶ 3a

117,300

2414 FAIRFIELD AVENUE BRIDGEPORT, CT 06605

Total . .

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

| SCHOOL VOLUNTEER ASSOCIATION OF BRI ANNE GRIBBON EXECUTIVE DIRECTOR 900 BOSTON AVENUE BRIDGEPORT, CT 06610 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 10,000 |
|--|----------------|---------------------------------------|--------|
| BRIDGEPORT LADIES CHARITABLE | ORG | AID FOR GREATER BRIDGEPORT | 3,000 |

| BRIDGEPORT, CT 06610 | | | |
|---|----------------|---------------------------------------|-------|
| BRIDGEPORT LADIES CHARITABLE SOCIET JUDY URQUHART PRESIDENT PO BOX 320132 FAIRFIELD, CT 06825 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 3,000 |
| MERCY LERNING CENTER | ORG | AID FOR GREATER BRIDGEPORT | 2,000 |

| SOCIET JUDY URQUHART PRESIDENT PO BOX 320132 FAIRFIELD, CT 06825 | CHARITY | CHARITY | |
|--|----------------|---------------------------------------|-------|
| MERCY LERNING CENTER JANE E FERREIRA PRESIDENT 637 PARK AVENUE BRIDGEPORT, CT 06604 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 2,000 |

| FAIRFIELD, CT 06825 | | | |
|--|----------------|---------------------------------------|---------|
| MERCY LERNING CENTER JANE E FERREIRA PRESIDENT 637 PARK AVENUE BRIDGEPORT, CT 06604 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 2,000 |
| Total | | ▶ 3a | 117,300 |

If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRIDGEPORT RESCUE MISSION ORG AID FOR GREATER BRIDGEPORT 5,000

CHARITY

CHARITY

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

1088 FAIRFIELD AVENUE
BRIDGEPORT, CT 06605

BRIDGEPORT PUBLIC EDUCATION FUND
MARGARET HILLER EXECUTIVE
DIRECTOR

ORG
CHARITY
CHARITY
CHARITY

THE REV TERRY WILCOX EXEC

446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604

2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605

Total . . .

BURROUGHS COMMUNITY CENTER

MICHAEL QUAN EXECUTIVE DIRECTOR

DIRECTOR

ORG AID FOR GREATER BRIDGEPORT CHARITY

ORG AID FOR GREATER BRIDGEPORT

5,000

5.000

117,300

CHARITY

CHARITY

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JAMES J CURIALE SCHOOL ORG AID FOR GREATER BRIDGEPORT 6.000 BRETT A GUSTAFSON PRINCIPAL CHARITY CHARITY

| 300 LAUREL AVENUE BRIDGEPORT, CT 06605 | | | |
|---|----------------|---------------------------------------|-------|
| JUNIOR ACHIEVEMENT OF WESTERN CT BERNADINE VENDITTO PRESIDENT 835 MAIN STREET BRIDGEPORT, CT 06604 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 1,000 |
| COUNCIL OF CHURCHES OF GREATER BRID | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 2,000 |

| 835 MAIN STREET BRIDGEPORT, CT 06604 | CHARITT | CHARITY | |
|---|----------------|---------------------------------------|------|
| COUNCIL OF CHURCHES OF GREATER BRID THE REV CASS L SHAW PRESIDENT/CEO 1100 BOSTON AVENUE | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 2,00 |

117,300

| ı | BRIDGEPORT, CT 06604 | | | |
|---|---|----------------|---------------------------------------|-----|
| | COUNCIL OF CHURCHES OF GREATER BRID THE REV CASS L SHAW PRESIDENT/CEO 1100 BOSTON AVENUE BRIDGEPORT, CT 06610 | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 2,0 |

Total .

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

NOURISH BRIDGEPORT INC

Total . .

| REV SARA SMITH EXEC DIRECTOR PO BOX 1859 BRIDGEPORT, CT 06601 | CHARITY | CHARITY | |
|---|----------------|---------------------------------------|-------|
| YMCA - CAMP HI-ROCK JESSICA SPEER-HOLMES EXEC | ORG CHARITY | AID FOR GREATER BRIDGEPORT CHARITY | 5,000 |

ORG

AID FOR GREATER BRIDGEPORT

14,000

117,300

| | | | <u> </u> |
|---------------------------|---------|----------------------------|----------|
| YMCA - CAMP HI-ROCK | ORG | AID FOR GREATER BRIDGEPORT | 5,000 |
| JESSICA SPEER-HOLMES EXEC | CHARITY | CHARITY | 1 |
| DIRECTOR | | | 1 |
| 162 EAST STREET | | | 1 |
| MT WASHINGTON, MA 01258 | | | |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934912 | | | | | DLN: 93491251003539 | |
|--|---------|---------------------|-----|----------------------|------------------------|---|
| TY 2018 Accounting Fe | es Sche | dule | | | | |
| | | | | | | |
| | | STATE (06-60383 | | ENJAMIN B LEV | VIS | |
| Category | Amou | ınt | Net | Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| H G KOEHLER & CO | | 4,495 | | 4,495 | | |
| ROBERT A VANCE CPA, LLC | | 2,500 | | 2,500 | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491251003539 TY 2018 Explanation of Non-Filing with Attorney General Statement Name: ESTATE OF BENJAMIN B LEWIS **EIN:** 06-6038309 Statement:

Statement:
CONNECTICUT ATTORNEY GENERAL ONLY ACCEPTS REPORTS FROM CHARITIES THAT SOLICIT FUNDS,
WHICH IS NOT THE CASE WITH THE LEWIS TRUST.

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491251003539 | | | | | |
|--|-----------------|--------------|---------------------|--|--|--|--|--|
| TY 2018 Investments Corporate Stock Schedule | | | | | | | | |
| · | | | | | | | | |
| Name: E | STATE OF BENJA | AMIN B LEWIS | | | | | | |

1,000,913

1,627,288

| Investments Corporation Stock Schedule | | |
|--|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |

ETN: 06 6020200

FIXED INCOME & EQUITY HOLDINGS

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data | - | DLI | N: 93491251003539 |
|-------------------------------------|----------------------|--------------------------|------------------------|---|
| TY 2018 Legal Fees Schedul | le | | | _ |
| _ | | | | |
| | N: 06-6038309 | BENJAMIN B LEWI | S | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

858

674

1,532

W PARKER SEELEY JR & ASSOC PC

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491251003539 | | | |
|--------------------------------------|-----------------|-----------------|---------------------|--|--|--|
| TY 2018 Other Decreases Schedule | | | | | | |
| | | | | | | |
| Name: | ESTATE OF BE | ENJAMIN B LEWIS | | | | |
| EIN: | 06-6038309 | | | | | |
| | | | | | | |
| | escription | | Amount | | | |
| INTEREST & DIVIDENDS | escription | | 1,383 | | | |
| | escription | | | | | |
| INTEREST & DIVIDENDS | escription | | 1,383 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491251003539 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Schedule | | | | | |
| | | | | | |
| Name: ESTATE OF BENJAMIN B LEWIS | | | | | |
| EIN: | : 06-6038309 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| EXPENSES | | | | | |
| INVESTMENT FEE | | | | | |
| SURETY BOND | 125 | 125 | | | |
| PROBATE COURT FEE | 601 | 361 | | 240 | |
| BLACKSTONE GROUP | 102 | 102 | | | |

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| | | |

TY 2018 Other Income Schedule

Name: ESTATE OF BENJAMIN B LEWIS

EIN: 06-6038309

| Other Income Schedule | | | |
|------------------------------|-----------------------------------|--------------------------|---------------------|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
| K-1 ENT ORD BUS INCOME | 1,709 | 1,709 | |
| K-1 ENT OTHER INCOME | 6 | 6 | |
| K-1 BLACKSTONE ORD BUS INCOM | 43 | 43 | |
| K-1 BLACKSTONE OTHER INCOME | 271 | 271 | |
| K-1 BLACKSTONE OTHER INCOME | -7 | -7 | |
| K-1 BLACKSTONE OTHER INCOME | 11 | 11 | |
| K-1 BLACKSTONE OTHER INCOME | -3 | -3 | |

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|--------------------------------------|-----------------|----------------|---------------------|--|--|--|
| TY 2018 Other Increases Schedule | | | | | | |
| | | | | | | |
| Name: | ESTATE OF BE | NJAMIN B LEWIS | | | | |
| EIN: | 06-6038309 | | | | | |
| | | | | | | |
| De | escription | | Amount | | | |
| PARTNERSHIP DISTRIBUTIONS | escription | | Amount 4,518 | | | |
| | escription | | + | | | |

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| TY 2018 Other Professional Fees Schedule | | | | | |
| | | | | | |
| Name: ESTATE OF BENJAMIN B LEWIS EIN: 06-6038309 | | | | | |
| Category | Amoun | nt I | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| CHARLES SCHWAB ADVISORY FEES | | | | | |

15,267

15,267

CHARTER RESEARCH & INVESTMENT GR

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| TY 2018 Taxes Schedule | | | | | |
| | | | | | |
| Name: ESTATE OF BENJAMIN B LEWIS | | | | | |
| EIN: 06-6038309 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| FOREIGN TAX ON DIVIDENDS | 297 | 297 | | | |