Internal Revenue Service

Extended to February 18, 2020 Return of Organization Exempt From Income Tax Section 501(c), 527 or 4947(a)(1) of the Integral Power Code (1997)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

lacktriangle Do not enter social security numbers on this form as it may be made public. ${}^{\downarrow}\mathcal{G}$ ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	or the	2010 Caleridar year, or tax year beginning AFR 1, 2010 and	ending 1	MAK 31, 2013					
В	heck if	C Name of organization		D Employer identifi	cation number				
		CLEMENTINE LOCKWOOD PETERSON FOUNDATIO	ON						
	_Addre	c/o Cummings & Lockwood, (HST III)		_					
	_Name _chang	Doing business as		06-6	377136				
	_lnitial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	· '					
	Final return	P.O. Box 120		(203					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,750,542.				
	Ameno	Stamford, CT 06904-0120		H(a) Is this a group re	eturn				
	Application F Name and address of principal officer. Howard S. Tuthill III for subordinates?								
	pendır	P.O. Box 120, Stamford, CT 06904-0120		H(b) Are all subordinates i	ncluded ² Yes No				
1	Гах-ех	empt status X 501(c)(3)	or 52	If "No," attach a	list (see instructions)				
		te: N/A	1	H(c) Group exemption	on number_				
		organization: Corporation X Trust Association Other ▶	L Year	of formation: 1992	M State of legal domicile PA				
	art I	Summary	1						
_	1	Briefly describe the organization's mission or most significant activities Support	ort o	f the Greenw	ich Library				
ပိုင်		Wing, the construction of which was fund							
ı.		Check this box I if the organization discontinued its operations or dispose			ssets				
Ş	l .			3	3				
ၓ	I .	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line VI)	/\@\	4	1				
ళ	5	Total number of individuals employed in calendar year 2018 (Park) file 23		5	0				
ite	6	Total number of individuals employed in calendar year 2018 (Part of De 21) Total number of volunteers (estimate if necessary)	1050	6	0				
Activities & Governance	1 -	Total unrelated business revenue from Part VIII, column (C) line (2		7 _a	<180.>				
Ă	1			7b	<3,180.>				
_	0	Net differenced business taxable income from 1 om 350-1, line 503-1	5	Prior Year	Current Year				
Revenue	8	Net unrelated business taxable income from Form 990-T, line 883. Contributions and grants (Part VIII, line 1h)	/	0.	0.				
	1	Program convoca revenue (Port VIII, line 2g)	<u> </u>	0.	0.				
	1	Program service revenue (Part VIII, line 2g)	<u> </u>	2,250,379.	1,543,117.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	84,075.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	2,334,454.	 				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,373,968.	1,208,877.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	1,3/3,900.	1,208,877.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	139,438.	160,189.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-						
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	\ \	0.	0.				
쭚	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	272 627	205 046				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	272,637.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	1,786,043.					
		Revenue less expenses Subtract line 18 from line 12		548,411.	<131,010.>				
is or			<u>_ 8</u>	eginning of Current Year	End of Year				
Net Assets or Find Balances	20	Total assets (Part X, line 16)	_	30,531,835.					
E A	21	Total liabilities (Part X, line 26)	-	0.	0.				
		Net assets or fund balances Subtract line 21 from line 20		30,531,835.	28,964,576.				
	art II	Signature Block							
	•	ıllıes ul perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is				
true	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of wi	hich prepari	er has any knowledge.					
		Yoward Student		11/13/19					
Sig	n	Signature of officer		Daté					
He	re	Howard S. Tuthill III, Trustee							
		Type or print name and title							
		Print/Type preparer's name Preparef's signature	ا د	Date Check [PTIN				
Pai	d	Gail Robertino GUUKWCWWW		1///3/19 self-emplo	yed 1200093685				
Pre	parer	Firm's name Cummings & Lockwood LLC		Firm's EIN	06-0312590				
Use Only Firm's address P.O. Box 120									
	•	Stamford, CT 06904-0120		Phone no. (2	203)351-4308				
		DS discuss this raturn with the preparer shown above? (see instructions)			X Ves No				

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Total program service expenses

(Expenses \$

including grants of \$ 1,343,459.

) (Revenue \$

Form 990 (2018)

CLEMENTINE LOCKWOOD PETERSON FOUNDATION Form 990 (2018) C/O Cummings & Lockwood, (HST III) Part IV Checklist of Required Schedules

ŧ			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			-
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	!		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," complete Schedule D,			
	Part VI	11a		_X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4</u> a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		\ _V	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(2018)

c/o Cummings & Lockwood, (HST III) 06-6377136 Page 4 Form 990 (2018) Part IV Chacklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2<u>5a</u> Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 4 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Form 990 (2018)

(gambling) winnings to prize winners?

rai	1 V Statements Regarding Other mornings and rax compliance (continued)								
_ '	5 - 4 - 6 - 4 - 5 - 4 - 5 - 4 - 5 - 4 - 4 - 5 - 4 - 4	I	Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0								
		0 L		+					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ξ.					
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	22		x					
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	JOD							
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country.								
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- 5а	•	X.					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		-5.C						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d]	ir Incom						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>							
h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.	.*		_ C.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>,</u>					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12	٠.	١.	, , , ,					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,							
11	Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders 11a	ł	.	١.					
D	Gross income from other sources (Do not net amounts due or paid to other sources against		`	- :					
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	# <i>*</i>	- ·					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza	 	:					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		:					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>					
b	Enter the amount of reserves the organization is required to maintain by the states in which the			.					
J	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand	1.		,					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		l						
	excess parachute payment(s) during the year?	_15		х					
	If "Yes," see instructions and file Form 4720, Schedule N		_						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O								
		Forn	990	(2018)					

c/o Cummings & Lockwood, (HST III) Form 990 (2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI	_					<u>LX</u>			
<u>Sec</u>	tion A. Governing Body and Management									
		1	ı	اہ		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		_3		_				
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						`:			
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_	<u> </u>	_1		•	,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other		-		^			
	officer, director, trustee, or key employee?			}	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision				.,			
	of officers, directors, or trustees, or key employees to a management company or other person?				3 4	-	X			
4	•									
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets7		ł	5		X			
6	Did the organization have members or stockholders?			}	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		_	v				
	more members of the governing body?	طياممغم	-ldo o	ŀ	_7a_	<u>X</u>	 			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockn	olders, or				.			
_	persons other than the governing body?	ar bu th	o follownas		7b	 -	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ai by ti	ie ioliowing.			 -				
a	The governing body?			ŀ	8a	X	 			
b	Each committee with authority to act on behalf of the governing body?	aabad	at tha	ŀ	8b		\vdash			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu	at the		9		-X			
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal F	Povonu	Code)		3 1		1 -A			
Sec	tion B. Foncies (This Section B requests information about policies not required by the internal r	ieveriu	e Code)		<u>-</u>	Yes	No			
100	Did the organization have local chapters, branches, or affiliates?			ſ	10a	163	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hanter	s affiliates	1	IVa	_				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	ларто	o, armatoo,		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv befo	re filing the form	2	11a	х				
ь										
12a										
u										
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			İ	12b	Х				
_	ın Schedule O how this was done	•			12c	Х				
13	Did the organization have a written whistleblower policy?				13		X			
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approx	al by ir	ndependent	j	, i	, t.	2.			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					- 17	المدركية			
а	The organization's CEO, Executive Director, or top management official				15a		X			
b	Other officers or key employees of the organization				15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				. 11					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a		.28°L	٠				
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its į	participation			,	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's			-c				
	exempt status with respect to such arrangements?				16b					
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed None									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	ınd 990)-T (Section 501(c)(3):	s only)	availa	able			
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain		•		_					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy,	and	finan	cıal				
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records -							
	Cummings & Lockwood (HST III) - (203) 351-4308									
	Six Landmark Square, Stamford, CT 06901						10015			
83200	6 12-31-18				Form	990	(2018)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

 $\overline{\mathbf{x}}$

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title Average hours per week (list any hours for related organizations)	(F)		(E)	Í	(D)						ľ	(B)	Check this box if neither the organization n (A)
hours per week (list any hours for related organizations below line) (1) Audrey F. Donohue Trustee (through 12/31/18) (2) D. Mark Gaston Trustee (3) Howard S. Tuthill III Trustee (4) F. Michael Donohue IV Down officer and a director/trustee) Trustee of the corganization (W-2/1099-MISC) Compensation from related organizations (W-2/1099-MISC) Organization (W-2/1099-MISC) Organization organization organization (W-2/1099-MISC) Organization organization organization organization organization (W-2/1099-MISC) Organization organization organization organization organization (W-2/1099-MISC) Organization organization organization organization organization organization organization organization (W-2/1099-MISC) Organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization	stimated	E	Reportable compensation from related	ıble			ition		Posit				
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(3) Howard S. Tuthill III					_							10.00	
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Trustee (as of 1/1/19) X 0. 0.									İ			10.00	(4) F. Michael Donohue IV
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Form 990 (2018)

Form 990 (2018)

c/o Cummings & Lockwood, (HST III)

· ui			tees, Key Emi	DiOY	ces			gile	3 L C	Compensated Employed				/E\	
•	(A)		(B) (C) Average Position					,		(D) Reportable	(E)	(F) Estimat			
	Name an	a title	hours per (do not check more than one box, unless person is both an compensation							' 1			ount o		
			week					or/trus						ther	•
			(list any	cto						the	organizations	s	comp	ensati	on
			hours for	die	١.,			Eg		organization	(W-2/1099-MIS	iC)	fro	m the	
			related	stee o	ustee			eusa		(W-2/1099-MISC)			orga	nızatıc	n
			organizations	al tru	ag t		loyee	8 8						relate	
			below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nızatıo	ns
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	Sub-total									0.		0.			0.
		ation sheets to Part V	II, Section A							106,792.		0.			0.
d							.			received more than \$100	000 of reportab				0.
2			ioi iimitea to ti	iose	, iiSte	eu a	DOV	e) w	10 7	eceived more than \$100	,000 or reportable	-			0
	compensation from	the organization												Yes	No
_	Did the eventuration	liet any farmar officer	director or to	into	م ا د	01	mole	21/00	٥r	highest compensated e	molovee on	Г		*>,.	
3	-	mplete Schedule J for s			e, ne	sy ei	пріс	Jyee	, 01	riigilest compensated e	inployee on		3		X
					omo	one	atioi	n an	4.0+	ther compensation from	the organization	ŀ	<u> </u>		<u>.</u>
4		ations greater than \$15									tric organization		۱ ۵		X.
_										ted organization or indiv	dual for services	Ì			<u> </u>
5	, ,	anization? If "Yes," con	•					-	CIA	ted organization or indiv	dual for services		5		X
Sec	tion B. Independent		ipiete Scriedui	e 	101_3	ucn	per.	3011	_						
			mnensated in	den	ende	ent c	ont	racti	ors.	that received more than	\$100,000 of com	nens:	ation fr	om	
1										n the organization's tax		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	the organization re	(A)	the calchdar y	cui	Cild	nig ,	771611	<u> </u>		(B)	your.		(C	1	
		Name and business	address							Description of s	ervices	C	ompen		1
<u></u>	mmings & Lo	ckwood LLC													
		uare, Stamf	ord, CT	O	69	0 1				Legal & Acco	unting		5.5	5,58	30.
	mmings & Lo		ora, cr		<u> </u>	<u> </u>				H.S. Tuthill					
		uare, Stamf	ord, CT	n	69	n 1				Trustee fee			5	3,39	97.
<u> </u>	Januara DO	care, beams	JIW, CI	_ _	<u>, , , , , , , , , , , , , , , , , , , </u>			_							• •
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2	Total number of ind	ependent contractors (including but r	not I	ımıte	ed to	the	ose li	ste	d above) who received r	nore than				-
_		nsation from the organ	_	• •				2		,					•

Form **990** (2018)

c/o Cummings & Lockwood, (HST III) 06-6377136 Page 9 Form 990 (2018) Part VIII Statement of Revenue

	`	Check if Schedule O cont	ains a response	or note to any lin		75		(5)
, ,	· .				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>v</u> v	1 2	Federated campaigns	1a					012 014
in an	b		1b		1			
هِ قِ		Fundraising events	1c					
irts ar A	d		1d	-				
9,5			 					
Sign		All other contributions, gifts, gran						
her	•	similar amounts not included abor	1 1			1		
ĒŽ	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		>				
				Business Code		-		
မွ	2 a				··· ·			
ě Ži	b							
Sco	С							
ev ev	d							<u> </u>
Program Service Revenue	е							
٩	f	All other program service reve	enue					-
\rightarrow	g	Total. Add lines 2a-2f		>				-
	3	Investment income (including	dividends, inter	rest, and				
		other similar amounts)			766,79 <u>0</u> ,			766,790.
	4	Income from investment of ta	x-exempt bond	proceeds -	·			
	5	Royalties		_				
	_		(i) Real	(ii) Personal		·		5
		Gross rents						•
		Less rental expenses Rental income or (loss)						
		Net rental income or (loss)				•		• • •
		Gross amount from sales of	(i) Securities	(II) Other				, n
	, .	assets other than inventory	7 923 950					
	h	Less, cost or other basis	7,525,550	1 33,027		,		
	_	and sales expenses	7,207,440	. 0.	,			, A .
	С	Gain or (loss)	716,510					
		Net gain or (loss)			776.327.			776,327.
a,		Gross income from fundraisin	g events (not		· · · · · ·			•
une		including \$						
eve		contributions reported on line						·
Other Rever		Part IV, line 18	•	a				:
Ę	b	Less direct expenses	1	o		1		
	С	Net income or (loss) from fund	draising events				. —	
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	•	a				·
		Less: direct expenses		b			•	1
		Net income or (loss) from gan		<u> </u>		-		
	10 a	Gross sales of inventory, less	returns					
		and allowances		9				
		Less cost of goods sold		b	•		•	
	c	Net income or (loss) from sale						
	44	Miscellaneous Revenu		Business Code		-	1.00	. 165
	11 a b	Partnerships, per Sch.		523000	<15.		<180	165.
	C							
	d						-	
		Total. Add lines 11a-11d		•	<15			
	12	Total revenue See instructions			1 543 102		<180	1 543 282.

Form 990 (2018)

06-6377136 Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Observation October 1 to October 1				
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			•	
	and domestic governments. See Part IV, line 21	1,208,877.	1,208,877.		
2	Grants and other assistance to domestic	, ,			
-	individuals See Part IV, line 22				,
3	Grants and other assistance to foreign				
3					٠,
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			•	
5	Compensation of current officers, directors,				
	trustees, and key employees	160,189.	106,792.	53,397.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (non-employees)				_
	Management				
b	Legal	55,580.	27,790.	27,790.	
С.	Accounting	33,300.	21,130.	21,190.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	176 007		176 007	
f	Investment management fees	176,987.		176,987.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	_			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			·	
24	Other expenses. Itemize expenses not covered				* * * *
24	above. (List miscellaneous expenses in line 24e. If line l	•		,	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	ا .	-	ý s	
а	Partnership port. ded.	36,267.		36,267.	
	Foreign Taxes & Fees	26,807.		26,807.	
b	Partnership Investment	9,405.		9,405.	
C	raithership investment	3,403.		9,403.	
d	All other evenes				
	All other expensesAdd lines 1 through 24s	1 674 110	1 242 450	220 652	
<u>25</u>	Total functional expenses Add lines 1 through 24e	1,674,112.	1,343,459.	330,653.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 1,218,393 2 1,181,645. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 26,152,520 24,518,284. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 3,160,922. 12 3,264,647. <u>13</u> 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 30,531,835. 28,964,576. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 27,445,053. 27,445,053. 30 Capital stock or trust principal, or current funds 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 3,086,782. 1,519,523. 32 32 Retained earnings, endowment, accumulated income, or other funds 30,531,835. 28,964,576. Total net assets or fund balances 33 30,531,835. 28,964,576. Total liabilities and net assets/fund balances

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)

Other changes in net assets or fund balances (explain in Schedule O)

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments Donated services and use of facilities

Investment expenses Prior period adjustments

2

3

06	-6377136 Page 12
	<u> </u>
	1,543,102.
2	1,674,112.
3	<131,010.>
4	30,531,835.
5	
6	
7_	<u></u>
8	
9	<1,436,249.>
10	28,964,576.
	Yes No

Form 990 (2018)

Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization CLEMENTINE LOCKWOOD PETERSON FOUNDATION c/o Cummings & Lockwood, (HST III) 06-6377136 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Let Type II, Type III Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (III) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 06-6002281 Greenwich Library X 208,877 208,877

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Sch Pa	edule A (Form 990 or 990-EZ) 2018 C	<u>/o Cummin</u> Organizations	gs & Lock Described in	wood, (HS	ST_III) (b)(1)(A)(iv) and		7136 Page'2 /
<u> </u>	(Complete only if you checked	\ -					•
	fails to qualify under the tests	listed below, plea	se complete Part	III)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						/
	membership fees received (Do not	\				/	1
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		\				
3	The value of services or facilities						
	furnished by a governmental unit to					<i>{</i>	
	the organization without charge				 		
4	Total. Add lines 1 through 3		 		 	 	
5	The portion of total contributions by each person (other than a				'/		
	governmental unit or publicly	•	\	J			
	supported organization) included		,	\			
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			X			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest,		/	\ \ \ \	· ·		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				\		_
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		/		 		
טו	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)						
44	Total support. Add lines 7 through 10				 		
11	Gross receipts from related activities,	etc (see instructi	ons)	J	1	12	<u> </u>
	First five years. If the Form 990 is for	,		rd. fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stop	/ -	,,	, ,	,	1,4,4,4	ightharpoonup
Se	ction C. Computation of Pub		rcentage			1	
14	Public support percentage for 2018 (I	ine 6, column (f) d	ivided by line 11,	column (f))	•	14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies						▶□
t	9.33 1/3% support test $\mathbf{\cancel{-}2017}$. If the 0				d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The ofganization qual						▶ ـ
17a	10% -facts-and-ofrcumstances test						1
	and if the organization meets the "fac			•		π vi now the orga	nization
	meets the "facts-and-circumstances"	-	•		_	17a and line 15 :-	10% or
ľ	10% -facts-and-circumstances test						\
	more, and if the organization meets the organization meets the "facts-and-circ						ັ \ ⊾⊓
12	Private foundation. If the organization						
<u></u>	/	Glo flot offoot a	227 37 1110 10, 10				O or 990-EZ) 2018
					23	- 4- 5	7.20.0

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	A. All Supporting Organizations	
	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)	
	and B. If you checked 120 of Part 1, complete Sections A and C. If you checked 120 of Part 1, complete	=

	ton , to to to to to to to to to to to to to			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	.		-
	organization was described in section 509(a)(1) or (2).	2		<u>X</u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below.	3a		_X_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	- '		
	organization made the determination.	_ 3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	_4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	5/	
С	Did the organization support any foreign supported organization that does not have an IRS determination	٠	y.	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			٠,
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.	-	-
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"]	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		•	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a	-	Х
L	was accomplished (such as by amendment to the organizing document)	Sa \	,	*
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	3 .	
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<u> </u>		
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			-
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	,		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7] -	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			,
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		Х
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			_
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		х
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	X	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	•		
	determine whether the organization had excess business holdings)	10b		_X_

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

06-6377136 Page 6 Schedule A (Form 990 or 990-EZ) 2018 c/o Cummings & Lockwood, (HST III) Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions, All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 254,623 4,788. 1 Net short-term capital gain 0. Ω. Recoveries of prior-year distributions 2 717,597. 677,724. 3 Other gross income (see instructions) Add lines 1 through 3 4 972,220 682,512. 5 0 0. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 278,701 330,632. maintenance of property held for production of income (see instructions) 6 0 Other expenses (see instructions) 7 693,519 880. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 29,428,754 28,169,581. a Average monthly value of securities 1a 890,7<u>47.</u> 1b 1,177,426 b Average monthly cash balances 0. 0. c Fair market value of other non-exempt-use assets 1c 30,606,180 060,328. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other 0 factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 0 0. 30,606,180 29,060,328. Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 459,093 435,905. 30,147,087. 28,624,423. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 ,055,148 6 1,001,855. Multiply line 5 by 035 0. 0. 7 Recoveries of prior-year distributions 055.148 001.855. Minimum Asset Amount (add line 7 to line 6) Я ۲. Current Year Section C - Distributable Amount 693,519. Adjusted net income for prior year (from Section A, line 8, Column A) 1 589,491. Enter 85% of line 1 2 1,055,148. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 1,055,148. Enter greater of line 2 or line 3 4 0. Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 1,055,148. emergency temporary reduction (see instructions) Leeck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990 EZ) 2018 c/o Cummings & Lockwood, (HST III) 06-6377136 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1,208,877. Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 1,208,877. Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive 1,208,877. (provide details in Part VI) See instructions 1,055,148. Distributable amount for 2018 from Section C, line 6 100% Line 8 amount divided by line 9 amount (iii) (1) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 1,055,148. Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 309,857. d From 2016 Ct. 1,373,968. e From 2017 1,683,825 f Total of lines 3a through e g Applied to underdistributions of prior years 1,055, h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) 628,677. Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D, 1,208,877 a Applied to underdistributions of prior years b Applied to 2018 distributable amount 1,208,877 c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j 1,837,554. and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 628,677. d Excess from 2017 1,208,877 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 C/O Cummings & Lockwood, (HST III) 06-6377136 Page 8

Part VI . Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

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

Clementine Lockwood Peterson Foundation (the Trust) satisfies the

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

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

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

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

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

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

grants and the use of its income and assets.

The Trust was established under Article EIGHTH of the Will of

Clementine Lockwood Peterson for the benefit of The Greenwich Library,

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

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

their sole discretion determine will best promote and advance the

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

testatrix's preference that trust distributions be used for the

Business Section and the Recorded Music Department to the extent that

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

Working with the Library, the Trustees adopted as the Trust's

mission the creation and support of a new wing of the Greenwich Library

to house the Library's Business Section and Recorded Music Department.

The Trust funded the purchase of land and the construction of a new

wing of the Library in the 1990's to house the Library's Business

Section and Recorded Music Department. The Trustees make annual

distributions that fund all of the wing's maintenance and operating

expenses. Traditionally, the Trustees have made annual distributions

in an amount equal to 4.5% of the average annual fair market value of

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 c/o Cummings & Lockwood, (HST III) 06-6377136 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

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

The Trustees send monthly investment statements to the Library for review and communicate with Library officials in person or by telephone.

as needs arise for a distribution from the sinking fund and whenever representatives of the Library wish to speak with a representative of the Trust.

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

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

wing. The Trustees report on the Trust's investment policy and
Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 C/O Cummings & Lockwood, (HST III) 06-6377136 Page 8

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

performance, and the Trust's investment managers make presentations and respond to questions from the Library's Board of Trustee regarding asset allocation strategy and investments. The Library's director presents the Town's budget for the Library and the budget proposed for the wing, and the Trustees vote on the wing's budget. Minutes are kept of the annual meetings.

The Greenwich Library is the supported organization listed in Part

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

attentive to the Trust.

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

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

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

operations satisfy the "responsiveness test."

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

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Schedule R (Form 990) 2018 c/o Cummings & Lockwood, (HST III)

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				٦	Yes No	힞
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	transactions with one or more related organizations listed in Parts II-IV?	ın Parts Iŀ·IV?		-	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	£			1 9	\dashv	×
b Gift, grant, or capital contribution to related organization(s)				P	×	
c Gift, grant, or capital contribution from related organization(s)				t		×
d Loans or loan guarantees to or for related organization(s)				1		×
e Loans or loan guarantees by related organization(s)				1		×
f Dividends from related organization(s)				=		×
						,
				19	1	∢ :
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				;=		×
 Lease of facilities, equipment, or other assets to related organization(s) 				;=		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s) Deformance of services or membership or fundraising solicitations by related organization(s)	janization(s)			= £		××
	tion(s)			1u		×
				9	+	×
 P Reimbursement paid to related organization(s) for expenses A Reimbursement paid by related organization(s) for expenses 				1 ₀		××
r Other transfer of cash or property to related organization(s)				+		×
				1\$		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Involved		1
(1)	!					
ō						
2)						
3)						
(4)	-					
(9)						
(5)	39		- Forton	Schodulo B (Form 990) 2018	2000	6
32.163 10-02-18)		330:00	,,	1 122	<u> </u>

SCHEDULE D

(Form 990).

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CLEMENTINE LOCKWOOD PETERSON FOUNDATION c/o Cummings & Lockwood, (HST III)

Employer identification number 06-6377136

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			·
4	Aggregate value at end of year			_
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	· -
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		e used onl	V
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	, , ,		Yes No
Pa		ganization answered "Yes" on Form 990,	Part IV, Iır	ne 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	 1	torically in	portant land area
	Protection of natural habitat	Preservation of a cer	rtified histo	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a cons	ervation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2	2c
d	Number of conservation easements included in (c) acquired	· ·	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organiza	ation during the tax
	year >		-	_
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per		ţ	
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation	easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ease	ments during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)	ı
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	se stateme	nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organ	nization's accounting for
	conservation easements			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and	balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of pu	blic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pa	ublic servi	ce, provide the following amounts
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		1	\$
	(ii) Assets included in Form 990, Part X		1	> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	ıal gaın, pr	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1	<u>-</u>		\$
	Assets included in Form 990, Part X			> \$

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

Schedule D (Form 990) 2018

Scher Par		mings & Lo				oor Si			Page 2
3	Using the organization's acquisition, accessi	on, and other record	ds, cneck any	or the	rollowing that are a	signitic	ant use of its	collection	items
	(check all that apply)								
а	Public exhibition				nange programs				
b	Scholarly research	•	e Other						
С	Preservation for future generations						_		
4	Provide a description of the organization's co							rt XIII	
5	During the year, did the organization solicit of					ar asse	ts	٦	<u> </u>
Do	to be sold to raise funds rather than to be ma							Yes	No_
Par	reported an amount on Form 990, Pa		ete if the orga	nizatioi	n answered "Yes" (on Form	990, Part IV	, line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contr	ibution	s or other assets n	ot includ	ded _		
	on Form 990, Part X?						L.	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table			_			
								Amount	
С	Beginning balance						lc		
d	Additions during the year					<u> </u>	ld		
е	e Distributions during the year								
f									
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII								
Par	t V Endowment Funds. Complete	f the organization ai	nswered "Yes	on Fo	rm 990, Part IV, line	e 10			
		(a) Current year	(b) Prior y	ear _	(c) Two years back	(d) Th	ree years back	(e) Four	years back_
1a	Beginning of year balance					ļ		ļ	
	Contributions		<u> </u>			ļ. <u>-</u>			
С	Net investment earnings, gains, and losses					┦			
d	Grants or scholarships					↓			
е	Other expenditures for facilities			ļ		1			
	and programs					<u> </u>			
f	Administrative expenses					<u> </u>		ļ	
g	End of year balance							<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, co	umn (a	i)) held as				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held a	nd administered foi	the org	janization	_	
	by.								Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	·						3 <u>b</u>	
4	Describe in Part XIII the intended uses of the		owment funds	<u> </u>					
Par	t VI _ Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99				X, line 1	0		
	Description of property	(a) Cost or o	,	•	1 ' '	Accum		(d) Book	value
		basis (invest	ment)	basis ((other) d	eprecia	tion		
1a	Land							-	
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	, Add lines 1a through 1e (Column (d) must e	gual Form 990. Pari	t X. column (B), line 1	0c)		🕨 [0.

Schedule D (Form 990) 2018

c/o Cummings & Lockwood, (HST III)
Other Securities

(a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			l-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A) TIFF Multi Asset Fund	2,937,568.	End-of-Yea	ar Market	Value
(B) Trilantic Capital				
(C) Partners IV	94,830.	End-of-Yea		
(D) TIFF Short Term Fund	1,210.	End-of-Yea		
(E) Tailwind Capital Partners	231,039.	<u>End-of-Yea</u>	<u>ar Market</u>	<u> Value</u>
(F)		_		
(G)				
(H)	2 264 645			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,264,647.	·		
Part VIII Investments - Program Related.	5 B			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value			d-of-year market value
· · · · · · · · · · · · · · · · · · ·	(b) DOOK Value	- (C) WELFIOL OF VAIL	ation Cost of End	or year market value
(1) (2)		 		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			,	Î9
Complete if the organization answered "Yes" (a) [Description	11d See Form 990, Pa	nt X, line 15.	(b) Book value
(2)				
(3)				
(4)			·-·	
(5)				
(6)				
(7)				
(8)				
(9)	_			
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15.)		00 Deat V has 05	
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990. Part IV line	11e or 11f See Form 9	90. Part X. line 25	
Complete if the organization answered "Yes" (11e or 11f See Form 9 (b) Book value	90, Paπ X, line 25	<u> </u>
Complete if the organization answered "Yes" (1. (a) Description of liability			90, Part X, line 25	<u> </u>
Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes			90, Part X, line 25	· ·
Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2)			90, Part X, line 25	
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			90, Part X, line 25	
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			90, Part X, line 25	
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered organization and the organization and the organization answered organization answered organization and the organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization and answered organization a			90, Part X, line 25	ř
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			90, Part X, line 25	
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organization and the organization and the organization and the organization and organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the orga			90, Part X, line 25	
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			90, Part X, line 25	
Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			9U, Part X, line 25	

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

CLEMENTINE LOCK	MOOD DEM	EDCON EO	ATINTO A TIT ON		Employer racina	noution number
c/o Cummings &					06-63771	3.6
			tside the United States. Comple	te if the organ		
Form 990, Part IV			tolde tile ellited etates. Comple	te ii the organ	ization answered	res on
	•	maintain record	ds to substantiate the amount of its gra	nts and other	assistance.	
	_		the selection criteria used to award the			Yes No
2 For grantmakers. Descr United States	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
3 Activities per Region (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
Central America and						
the Caribbean -						i
Bermuda, Cayman						
Islands, Bahamas			Investments			197,192.
	,					
	:					
						<u> </u>
	_					
						_
3 a Subtotal	0	0				197,192.
b Total from continuation sheets to Part I	0	0		٠,		0.
c Totals (add lines 3a		 			,	•
and 3b)	٥	0	, ,		•	197 192
LHA For Paperwork Reduct			tions for Form 990.		Schedule F	(Form 990) 2018

832071 10-31-18

06-6377136

Page 2

c/o Cummings & Lockwood, (HST III)

Schedule F (Form 990) 2018

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ı					
,								
	· ·							
 2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has a 3 Enter total number of other organizations or entities 	recipient organization ch the grantee or coul other organizations o	ns listed above that are rinsel has provided a sector entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	empt		
1							Sched	Schedule F (Form 990) 2018

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28

c/o Cummings & Lockwood, (HST III)

Page 3

Part III) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed 06-6377136 Schedule F (Form 990) 2018

(h) Method of	valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(g) Description of	noncash assistance						Schedu
(f) Amount of	noncash assistance					,	
(e) Manner of	cash disbursement					<u>;</u>	
(d) Amount of	cash grant					,	
(c) Number of	recipients						
3	поівэн (а)						
<u>-</u>	(a) Type of grant of assistance			·			

06-6377136 c/o Cummings & Lockwood, (HST III) Schedule F (Form 990) 2018 Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Yes X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Yes X No Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No. (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain X Yes No Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2018

Yes X No

Part V	Supplemental Information	00-03//130	Page 5
Fait			
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting		
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)	, and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information	tion See instructions	
	,		
		· · · · · · · · · · · · · · · · · · ·	
			
	,		
	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

OMB No 1545-004/	2018	Open to Public	Inspection

Schedule I (Form 990) (2018) Ž Employer identification number Support of the Greenwich 06-6377136 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ibrary Wing 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed CLEMENTINE LOCKWOOD PETERSON FOUNDATION 501(c)(3)/509(a)(1) 1,208,877 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table c/o Cummings & Lockwood, (HST III) (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 06-6002281 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government The Greenwich Library 101 West Putnam Ave. Name of the organization Greenwich, CT 06830 Part I Part II

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

Schedule (Form 990) (2018) C/o Cummings &	& Lockwood,	(HST III)	(06-6377136 Page 2
r Assistance to Domestic Individ plicated if additional space is need	s. Complete if the c	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		,			
,		1			
Part IV Supplemental Information. Provide the information required in		2; Part III, column	Part I, line 2; Part III, column (b), and any other additional information	dittonal information	
Schedule I, Line 2				:	-
See Schedule A, Part VI					
				•	,
		,	•		
-					
832102 11-02-18		33			Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

CLEMENTINE LOCKWOOD PETERSON FOUNDATION c/o Cummings & Lockwood, (HST III)

Employer identification number 06-6377136

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

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

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

The return was prepared under the supervision and direction of Howard S.

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization CLEMENTINE LOCKWOOD PETERSON FOUNDATION c/o Cummings & Lockwood, (HST III)	Employer identification number 06-6377136
proposed investment and any action to be taken in connect	ion with such an
existing investment to confirm that it was reasonable and	l fair to the Trust
and in its best interest and would not constitute an exce	ss benefit
transaction.	
Form 990, Part VI, Section C, Line 19:	
The Trust's governing document is available to the public	as part of its
Form 1023 exemption application package, and is also a ma	tter of public
record in the Commonwealth of Pennsylvania, County of Che	ster Orphan's
Court Division of the Court of Common Pleas. The other of	locuments listed
are not available to the general public.	
Form 990, Part VII, Line 1a(B)	
The Trust supports The Greenwich Library, which is a rela	ıted
organization to the Trust. Some of the time spent by the	Trustees in
administering the Trust benefits the Library, but none of	the Trustees
devotes any time to the Library, except as it is benefite	ed as the named
beneficiary of the Trust, by their services to the Trust	(e.g., holding
meetings with the Library's Board to review the Trust's	nvestment
performance, income, expenses and distributions to the Li	brary and the
Library's budgeted needssee Schedule A, Part VI).	· · · · · · · · · · · · · · · · ·
Form 990, Part XI, line 9, Changes in Net Assets:	
Reconcile calendar year Partnership Sch. K-1s to fiscal	
year transactions	45,686.
Unrealized gains/losses on assets marked to market	-1,481,937.

Rounding adjustment

Schedule	<u>O (Forn</u>	n <u>990 or 9</u>	90-EZ) (2	018)										Page 2
Name of the	ne orga	inization	CLEM	ENTIN:	E LO	CKWOO!	O PETE	RSON	FOUND	MOITA	E	Employer i	dentificati	ion number
٠,			c/o	Cumm i	nas	& Loci	wood.	(HST	III)			06-6	<u> </u>	16
			<u> </u>	Cumun.	190	<u>ш 100.</u>	<u> </u>				- 4 -		, , , , , ,	
		_					•						4 40	
<u>Total</u>	<u>to</u>	Form	990,	Part	XI,	Line	9						-1,43	6,249.
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SCHEDULE R (Form 990) Name of the organization

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

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2018	Open to Public	Inspection

OMB No 1545-0047

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

Employer identification number 06-6377136

Part 1. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (HST III) c/o Cummings & Lockwood,

Direct controlling entity End-of-year assets **e** Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(e)	(q)	(၁)	(p)	(e)	(J)	(<u>6</u>)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire	Section 512(b)(13)	Z(D)(J3) led
of related organization		foreign country)	section	status (if section	entity	entity?	<i>u</i>
				501(c)(3))		Yes	No
The Greenwich Library - 06-6002281							
101 West Putnam Ave,							
Greenwich, CT 06830	Public Library	Connecticut	501(c)(3)	Line 7	N/A		×
	ſ						

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

Schedule R (Form 990) 2018

18 11

Page 2

06-6377136

Schedule R (Form 990) 2018 _ C/o Cummings & Lockwood, (HST III)

| partill identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related partnership during the tax year

General or Percentage managing ownership 3 Yes 3 Code V.UBI amount in box n 20 of Schedule LY.1 (Form 1065) Oisproportionate Yes No allocations? Ξ Share of end-of-year assets 6 Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) e Direct controlling entity Ð (c)
Legat
domicite
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related as a corporation or trust during the tax year

(a)	(a)	(0)	(p)	(e)	Œ	(6)	(h)	(E)
Name, address, and EIN of related organization	Primary activity	- S	Direct controlling entity	Type (C co	Shar	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
								
				•				
	·							
	•							
	T							
	T							
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			•					
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Schedule R (Form 990) 2018 c/o Cummings & Lockwood, (HST III)

[Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

tage				
(k) Percent owners				
(J) General or managing partner? Yes No			 -	
Gen Gen 1 Paa				
(h) (i) (j) (k) Dispitopor-bination boate bonate allocations? Code V-UBI ceneral or Percentage among the partner? Percentage ownership partner? Ves No (Form 1065) Yes No				
(h) Disproportionate allocations?				= -
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all 501(c)(3) 008.7				
(d) Predominant income particle (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)			`	•
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2018