EXTENDED TO MAY 15, 2020 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

2018

For calendar year 2018 or tax year beginning JU Name of foundation	L 1, 2018	, and ending	A Employer identification	
OLIVIERI JOHNSTON FAMILY	ECTIND A M T ON		26-070218	n
Number and street (or P O box number if mail is not delivered to str	·· ·····	Room/suite		<u> </u>
C&L 75 ISHAM RD	set address)	400	B Telephone number (860) 313	-4930
City or town, state or province, country, and ZIP or foreign	nostal code	1 4 0 0	C If exemption application is	
WEST HARTFORD, CT 06107	, postar occo		a il exemption application is	pending, check here
Check all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	ns, check here
Final return	Amended return	•		
Address change	Name change		Foreign organizations in check here and attach in	neeting the 85% test, computation
Check type of organization X Section 501(c)(3)	exempt private foundation	04	E If private foundation st	tatus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(
· —	nting method X Cash	Accrual	F If the foundation is in a	
(from Part II, col (c), line 16)	Other (specify)		under section 507(b)(1)(B), check here 🕨 🖳
>\$ 1,413,512. (Part I, col				(4)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes
	262,320.	**************************************	N/A	(cash basis only)
1 Contributions, gifts, grants, etc., received 2 Check \(\bigcup \) if the foundation is not required to attach Sch. 8	202,320.		LN / FL	
nterest on savings and temporary	1,963.	1,963.		***************************************
cash investments Dividends and interest from securities	28,929.	28,929.		
5a Gross rents				
D Net rental income or (loss)				
63 Net ear as least term as a female at earlier 10	15,904.	,,, ; · · · · · · · · · · · · · · · · ·		
b Gross sales price for all 604,654.				
b Gross sales price for all assets not on line to assets on line 6a 604,654. Capital gain net income (from Part IV, line 2)		238,299.		
8 Net short-term capital gain		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9 Income modifications Gross sales less returns				
1U2 and allowances		······································		···
b Less Cost of goods sold	_			
c Gross profit or (loss)		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	 	
11 Other income 12 Total Add lines 1 through 11	309,116.	269,191.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0
14 Other employee salaries and wages				<u> </u>
15 Pension plans, employee benefits				
% 16a Legal-fees	4,663.	4,663.		0
b Accounting the CEIVED				
c ottperprofessional-fees	<u> </u>		ļ	
17 Interest NOV 27 2019				
2 18 Jaxes			 	
19 pepreciation and depletion 20 occupancy GDEN, UT				
20 Occupancy GDEN, U				
22 Printing and publications			 	
P 23 Other expenses	608.	608.		0
7 24 Total operating and administrative				<u>-</u>
expenses. Add lines 13 through 23	5,271.	5,271.		0
25 Contributions, gifts, grants paid	66,000.			66,000
26 Total expenses and disbursements		-		
Add lines 24 and 25	71,271.	5,271.		66,000
27 Subtract line 26 from line 12	007.01-			
Excess of revenue over expenses and disbursements	237,845.	262 222		
b Net investment income (if negative, enter -0-)		263,920.	NT / N	
C Adjusted net income (if negative, enter -0-)	E B		N/A	E

Form, **990**

Department of the Treasury

Fo	rm 99	00-PF(2018) OLIVIERI JOHNSTON FAMIL	Y FOUNDATION	26-	0702182 Page 2
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	OI L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	• • • • • • • • • • • • • • • • • • • •			· — — — — — — — — — — — — — — — — — — —
		Savings and temporary cash investments	47,222.	44,222.	44,222.
	3	Accounts receivable ►		,	
	1	Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			+1
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			ý · · · · · · · · · · · · · · · · · · ·
		Less allowance for doubtful accounts			
ß	8	Inventories for sale or use			
Assets	g	Prepaid expenses and deferred charges	<u> </u>		
As	10a	Investments - U.S. and state government obligations			
	}	Investments - corporate stock STMT 6	1,026,214.	1,267,059.	1,369,290.
	1	Investments - corporate bonds	-,,		
		Investments - land, buildings, and equipment basis	11 - MINITOLINI (1) - 1101		
	' '	Less accumulated depreciation		İ	
	12	Investments - mortgage loans			
	13	Investments - other		· · · · · · · · · · · · · · · · · · ·	
	14	Land, buildings, and equipment basis			
	' '	Less accumulated depreciation		İ	
	15	· · · · · · · · · · · · · · · · · · ·			
	J	Other assets (describe			
	ID	Total assets (to be completed by all filers - see the	1 072 426	1 211 291	1 /12 512
_	47	instructions. Also, see page 1, item I)	1,073,430.	1,311,281.	1,413,312.
	1	Accounts payable and accrued expenses			· ····································
	18	Grants payable			······
Liabilities	19	Deferred revenue			······································
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			······································
	22	Other liabilities (describe			
	23	Total lightlyton (add lynn 17 through 22)	0.	0.	
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	<u> </u>		······································
	ĺ	and complete lines 24 through 26, and lines 30 and 31			
es	24	Unrestricted			
auc.	25	Temporarily restricted			***************************************
3al	26	Permanently restricted			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here		-	
Ē		and complete lines 27 through 31			
ō	27		0.	0.	
ets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29		1,073,436.	1,311,281.	
et/	1	Retained earnings, accumulated income, endowment, or other funds	1,073,436.	1,311,281.	
Ž	30	Total net assets or fund balances	1,073,430.	1,311,201.	
	31	Total liabilities and net assets/fund balances	1,073,436.	1,311,281.	
	art	Analysis of Changes in Net Assets of Fund B			
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	1,073,436.
2	Ente	ramount from Part I, line 27a		2	237,845.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,311,281.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		1,311,281.
					Form 990-PF (2018)

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income	<u> </u>			0,0	ZIOZ Tago o
		of property sold (for exar or common stock, 200 shs		te,	`P-F	w acquired Purchase Donation		acquired day, yr)	(d) Date sold (mo , day, yr)
1a SEE ATTACHED -	SHOR	TERM				P			
b SEE ATTACHED -		TERM				P			
c 8,000 SHS BAYE						D		7/86	08/20/18
d 4,000 SHS BAYE						D	03/1	4/86	08/20/18
e CAPITAL GAINS	DIVID	ENDS							
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus	
a 198,257.				198,83					<574.
b 130,461.		<u> </u>		127,59					2,862.
<u>c</u> 174,742.				24,58			<u> </u>		150,158.
_d 87,371.				15,34	1.				72,030.
<u>e</u> 13,823.									13,823.
Complete only for assets showing	ig gain in c	olumn (h) and owned by t	he foundation	on 12/31/69				Col (h) gain	
(1) FMV as of 12/31/69) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any		col		not less tha (from col (
a									<574.
b									2,862.
									150,158.
d									72,030.
е									13,823.
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-			}	2			238,299.
3 Net short-term capital gain or (los	c) ac dafin				1 [
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			u (o)		}	3		N/A	
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inves	stment Inc	ome		
(For optional use by domestic private				"					
(o optional zoo o) tromodio privati					,				
If section 4940(d)(2) applies, leave the	nis part bla	nk							
Was the foundation liable for the sec If "Yes," the foundation doesn't qualif					lod?				Yes X No
1 Enter the appropriate amount in					ntries				
(a)		(b)			(c)			Distrik	(d)
Base period years Calendar year (or tax year beginni	ng in)	Adjusted qualifying dist	ributions	Net value of nor		ble-use assets		(col (b) div	oution ratio rided by col. (c))
2017		5	3,300.		1,	199,658			.044429
2016			0,000.		1,0	70,779			.028017
2015		3	3,873.		Ţ	530,595			.063840
2014		3	1,479.			588,216			.053516
2013		2	0,000.		Ţ	572,756			.034919
2 Total of line 1, column (d)							2		.224721
3 Average distribution ratio for the	5-vear base	e period - divide the total o	n line 2 by 5 (), or by the numbe	er of vea	ırs			
the foundation has been in existe			. , .	, . ,			3		.044944
4 Enter the net value of noncharitat	le-use ass	ets for 2018 from Part X, I	ine 5				4	ļ	1,371,003.
5 Multiply line 4 by line 3							5		61,618.
a Multiply line 4 by line 3							-		01/0101
6 Enter 1% of net investment incon	ne (1% of F	Part I, line 27b)					6		2,639.
7 Add lines 5 and 6							7		64,257.
8 Enter qualifying distributions from	n Part VIII	ine 4					8		66,000.
If line 8 is equal to or greater than			1b, and comp	lete that part using	g a 1% 1	tax rate	<u> </u>		
See the Part VI instructions									

Form 990-PF (2018) OLIVIERI JOHNSTON FAMILY FOUN Part VI Excise Tax Based on Investment Income (Section 49)		26-070			Page 4
Land the second		4940 - Set	mstrt	ICHO	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and					
Date of ruling or determination letter (attach copy of letter if no				2 6	30
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► A and enter 1%	1		2,6	39.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4					_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only,	others, enter -0-)	2			0.
3 Add lines 1 and 2		3		2,6	<u>39.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only,	others, enter -0-)	4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		2,6	39.
6 Credits/Payments					
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 8,822.	<u>.</u>			
b Exempt foreign organizations - tax withheld at source	6b O.				
c Tax paid with application for extension of time to file (Form 8868)	6cO.				
d Backup withholding erroneously withheld	6d O.				
7 Total credits and payments. Add lines 6a through 6d		7		8,8	22.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	g			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		6,1	83.
11 Enter the amount of line 10 to be Credited to 2019 estimated tax	6,183. Refunded ▶	11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	islation or did it participate or interven	9 In	T	Yes	No
any political campaign?	,		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses? See the instructions for the defi-	nition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies			, ;;;;,,,		-
distributed by the foundation in connection with the activities	or any materials positioned as				
c Did the foundation file Form 1120-POL for this year?			10		x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	ne vear		1.0		
(1) On the foundation \blacktriangleright \$ O . (2) On foundation manager					
e Enter the reimbursement (if any) paid by the foundation during the year for political expens	·	_			
managers > \$ 0.	undre tax imposed on roundation		-		
2 Has the foundation engaged in any activities that have not previously been reported to the	IDS2		2		x
If "Yes," attach a detailed description of the activities	ino.		,		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	a unatrument, ortigles of incorporation	•			
	g instrument, articles of incorporation,	UI			v
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	0		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year.	:ar >	N/A	4a	-	
b If "Yes," has it filed a tax return on Form 990-T for this year?	-0	IV/ A	4b		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	,,		5		<u></u>
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	eitner				
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with the stat	e law		.,	
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	iplete Part II, col. (c), and Part XV		7	X	
	_				
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ions		.		İ
NY			.		İ
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)				İ
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of s	ection 4942(j)(3) or 4942(j)(5) for cal	endar			1
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," col			9		<u>x</u> 8
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	dule listing their names and addresses	<u>TMT 7</u>	10	X	
		F	orm 990	-PF	(2018)

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P;	art VII-A Statements Regarding Activities (continued)			
		7	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	ĺ	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12	}	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ PAUL L. BOURDEAU, ESQ. Telephone no ▶ (860)	313	-49	30
	Located at ►C & L, 75 ISHAM RD, # 400, W HARTFORD, CT ZIP+4 ►00	<u> 5107</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. •	· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D.	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		L
F				
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	*********	Yes	No
16	During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	16		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?			
	If "Yes," list the years 🚩			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	,	1	
Λa	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		<u>X</u>
	Did the foundation mixest during the year any amount in a mariner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		Α
u	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	1	Х
-		rm 990	-PF	
	···	,	- 1	

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be	Required (contin	ued)		<u>_</u> _
5a Buring the year, did the foundation pay or incur any amount to			<u> </u>	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		1
(2) Influence the outcome of any specific public election (see section 4955), o					
any voter registration drive?		· · ·	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? See instructions		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?	. ,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described				
section 53 4945 or in a current notice regarding disaster assistance? See instri			N/A	5b	1
Organizations relying on a current notice regarding disaster assistance, check t			▶ □		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned			
expenditure responsibility for the grant?		N/A Y	s No		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?	, , , , , , , , , , , , , , , , , , ,	☐ Y _ℓ	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		i	6b	X
If "Yes" to 6b, file Form 8870			-		·
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y _f	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			/- "	7b	1
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		r	- T. T.	-	1
excess parachute payment(s) during the year?			s X No		
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma				
Paid Employees, and Contractors			,		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	accoun	i, omer ances
FRANCES REESE OLIVIERI	TRUSTEE				
CUMMINGS & LOCKWOOD, 75 ISHAM RD. 400					
WEST HARTFORD, CT 06107	0.00	0.	0.		0.
LOWELL D. JOHNSTON	TRUSTEE				
CUMMINGS & LOCKWOOD, 75 ISHAM RD. 400					
WEST HARTFORD, CT 06107	0.00	0.	0.		0.
			;		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Composition	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowa	i, other ances
NONE					
		1	1		
]			
		-			
Total number of other employees paid over \$50,000			▶		0
			Form	990-PF	(2018)

Form **990-PF** (2018)

0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		.,
а	Average monthly fair market value of securities	1a	1,271,207.
b	Average of monthly cash balances	1b	120,674.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,391,881.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,391,881.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	20,878.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,371,003.
6	Minimum investment return. Enter 5% of line 5	6	68,550.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part)	id certain	1
1	Minimum investment return from Part X, line 6	1	68,550.
	Tax on investment income for 2018 from Part VI, line 5 2,639.		
b	Income tax for 2018 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	2,639.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,639. 65,911.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	65,911.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	65,911.
P	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	66,000.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	66,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	2,639.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	2,639. 63,361.
_	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	for the section
	4040(a) and under a filter in these areas		

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				65,911.
line 7 2 Undistributed income, if any, as of the end of 2018	**************************************			
a Enter amount for 2017 only			27,344.	
b Total for prior years			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
L total for prior yours		0.		
3 Excess distributions carryover, if any, to 2018	······································		***************************************	
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 ►\$ 66,000.				
a Applied to 2017, but not more than line 2a			27,344.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				38,656.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2019				27,255.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.	 	<u> </u>	
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	0.	 	} 	
10 Analysis of line 9				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018	<u>L,</u>]		5 000 PE (2018)

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	RI JOHNSTON			26-070	02182 Page 10
Part XIV Private Operating I	Foundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective f	or 2018, enter the date of t	he ruling	▶		
b Check box to indicate whether the four	ndation is a private operatir	ng foundation described	in section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			 	 	-
- •• •• •• ••				+/	
c Qualifying distributions from Part XII,					
line 4 for each year listed			 		
d Amounts included in line 2c not				'	
used directly for active conduct of					
exempt activities				<u> </u>	<u></u>
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets		/			
• •		/			
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed		/	 		
c "Support" alternative test - enter			1	1	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt				İ	
organizations as provided in section 4942(i)(3)(B)(iii)					
W// // // /				1	
(3) Largest amount of support from					
an exempt organization		·-			
(4) Gross investment income	٠		(f A)	1 105 000	
Part XV Supplementary Inf			if the foundation	n nad \$5,000 or mo	re in assets
at any time during	the year-see insti	ructions.)		······	 .
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w			tributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed	more than \$5,000) (See s	ection 507(d)(2))			
NONE					
b List any managers of the foundation w	ho own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a pa	rtnership or
other entity) of which the foundation h					
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		~ .
				not accept unsolicited reque	sete for funde. If
the foundation makes gifts, grants, etc					/3(3 for funds in
					
a The name, address, and telephone nur	nder or email address of tr	e person to wnom appi	cations should be addres	SSE0	
CET CEARDADAM O					
SEE STATEMENT 8					
b The form in which applications should	be submitted and informati	ion and materials they s	hould include		
c Any submission deadlines					
d Any restrictions or limitations on award	ds, such as by geographica	il areas, charitable fields	, kinds of institutions, or	other factors	
,	, 0,	,			
					- 000 DE (0040)

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
AMSTERDAM CONTINUING CARE HEALTH	NONE	PUBLIC	CURRENT USE FOR	
SYSTEM INC			GENERAL CHARITABLE	
1060 AMESTERDAM AVENUE			PURPOSES	
NEW YORK, NY 10025				2,000
BEST BUDDIES INTERNATIONAL INC	NONE	PUBLIC	CURRENT USE FOR	
100 SOUTHEAST 2ND ST, STE 2200			GENERAL CHARITABLE	
MIAMI, FL 33131			PURPOSES	1,000
CENTER FOR ECONOMIC RESEARCH & SOCIAL	NONE	PRIVATE	CURRENT USE FOR	
CHANGE INC			GENERAL CHARITABLE	
4015 N. ROCKWELL STREET CHICAGO, IL 60618			PURPOSES	4,500
GUUDGU OR GUZ BRODVIDARYOV	L CONTRACTOR OF THE CONTRACTOR	DUDI TO	CURRENT HOE FOR	
CHURCH OF THE REGENERATION PO BOX 321	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE	
PINE PLAINS, NY 12567			PURPOSES	6,000
COLUMBIA LAND CONSERVANCY INC	NONE	PUBLIC	CURRENT USE FOR	
49 MAIN STREET			GENERAL CHARITABLE	
CHATHAM, NY 12037	AMENIAMION CHE	2m (C)	PURPOSES	2,000
Total SEE COI b Approved for future payment	NTINUATION SHE		▶ 3a	66,000
NONE				
NONE				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		T		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
COLUMBIA UNIVERSITY (CELIAC DISEASE	NONE	PUBLIC	CURRENT HER FOR	
CENTER)	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE	
622 WEST 113TH ST MAIL CODE 4524			PURPOSES	
NEW YORK, NY 10024				3,000.
DOCTORS WITHOUT BORDERS USA INC.	NONE	PUBLIC	CURRENT USE FOR	
40 RECTOR STREET, 16TH FLOOR	NONE	FUBLIC	GENERAL CHARITABLE	
NEW YORK, NY 10006		1	PURPOSES	4,500.
71/0				
EXCELLENCE PLUS INCORPORATED	NONE	PUBLIC	CURRENT USE FOR	
1022 LEXINGTON AVE., APT 3R NEW YORK, NY 10021			GENERAL CHARITABLE PURPOSES	1,000.
TONK, NI TOOLI			OMIOSES	1,000.
GO PROJECT INC	NONE	PUBLIC	CURRENT USE FOR	
50 COOPER SQUARE 3RD FLOOR NEW YORK, NY 10003			GENERAL CHARITABLE PURPOSES	2,000.
1000 min 100			10110000	2,000.
Weller on Bur banning]
HOUSE OF THE REDEEMER 7 E 95TH ST	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE	
NEW YORK, NY 10128			PURPOSES	2,000.
MONDOMBIES	NONE	PUBLIC	CIDDENT HER EOD	
MONDOWEISS P.O. BOX 442380	NONE	POBLIC	CURRENT USE FOR GENERAL CHARITABLE	
DETROIT, MI 48244			PURPOSES	10,000.
NAACP LEGAL DEFENSE & EDUCATIONAL	NONE	PUBLIC	CURRENT USE FOR	
FUND INC. 40 RECTOR STREET, 5TH FLOOR			GENERAL CHARITABLE PURPOSES	
NEW YORK, NY 10006			FORFOSES	2,000.
				,
W			CHRRANE HAS SEE	
NATIONAL AUDUBON SOCIETY, INC.	NONE	PUBLIC	CURRENT USE FOR GENERAL CHARITABLE	
225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014			PURPOSES	2,000.
				2,000.
NATIONAL PARTNERSHIP FOR WOMEN &	NONE	PUBLIC	CURRENT USE FOR	
FAMILIES INC	,		GENERAL CHARITABLE	
1875 CONNECTICUT AVE NW STE 650			PURPOSES	
WASHINGTON, DC 20009			 	2,000.
NATURAL RESOURCES DEFENSE COUNCIL,	NONE	PUBLIC	CURRENT USE FOR	
INC			GENERAL CHARITABLE	
40 WEST 20TH STREET			PURPOSES	
NEW YORK, NY 10011		<u> </u>		1,000.
Total from continuation sheets				50,500.

Part XV · Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PLANNED PARENTHOOD FEDERATION OF NONE PUBLIC CURRENT USE FOR AMERICA INC GENERAL CHARITABLE 123 WILLIAM STREET PURPOSES NEW YORK, NY 10038 1,000. RISING GROUND (LEAKE & WATTS NONE PUBLIC CURRENT USE FOR SERVICES) GENERAL CHARITABLE 463 HAWTHORNE AVE PURPOSES YONKERS, NY 10705 4,000. SAVE THE CHILDREN FEDERATION, INC NONE PUBLIC CURRENT USE FOR 501 KINGS HIGHWAY EAST, STE, 400 GENERAL CHARITABLE PAIRFIELD CT 06825 PURPOSES 4,500. SCENIC HUDSON, INC. NONE PUBLIC CURRENT USE FOR 1 CIVIC CENTER PLZ, STE 200 GENERAL CHARITABLE POUGHKEEPSIE, NY 12601 PURPOSES 2,000. CURRENT USE FOR THE OPPORTUNITY NETWORK, INC NONE PUBLIC 85 BROAD STREET, 6TH FLOOR GENERAL CHARITABLE NEW YORK, NY 10004 PURPOSES 1,000. CURRENT USE FOR UNITED STATES ASSOCIATION FOR UNHCR. NONE PUBLIC THE UN REFUGEE AGENCY GENERAL CHARITABLE 1310 L ST NW STE 450 PURPOSES WASHINGTON, DC 20005 4,500. WEST SIDE CENTER FOR COMMUNITY LIFE NONE PUBLIC CURRENT USE FOR INC GENERAL CHARITABLE 263 W 86TH ST PURPOSES NEW YORK, NY 10024 1,000. WOMEN IN NEED INC NONE PUBLIC CURRENT USE FOR GENERAL CHARITABLE 1 STATE ST. PLAZA, 18TH FLOOR NEW YORK, NY 10004 PURPOSES 1,000. WORLD WILDLIFE FUND, INC. NONE PUBLIC CURRENT USE FOR GENERAL CHARITABLE 1250 24TH ST NW WASHINGTON, DC 20037 PURPOSES 2,000. Total from continuation sheets

nter gross amounts unless otherwise indicated	Unrelated b	usiness income		section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	1				
d		•			
е					
1					
g Fees and contracts from government agencies ,					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	1,963. 28,929.	
Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	28,929.	
Net rental income or (loss) from real estate					-3-2-7
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	15,904.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b	_				
C					
	[
d	_ 				
d					<u> </u>
e Subtotal Add columns (b), (d), and (e)			0.	46,796.	46.50
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.	46,796.	46,79
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.		46,79
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations)			13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom	plishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities INE No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities IND Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities The No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities The No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities The No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations Total Relationship of Activities Total Relationship of Activities Total Relationship of Activities	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities line No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	46,79
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities INDEROR Explain below how each activity for which in	s to the Accom	nplishment of	Exempt Pu	13	

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Part XVII	Information Regarding Tra Exempt Organizations	nsfers to a	nd Transactions a	nd Relationsh	ips With Nonc	haritable	
1 Did the e-		of the fellows		an danashad in anati	on 501/a)		s No
	ganization directly or indirectly engage in an	-	· · · · · · · · · · · · · · · · · · ·		on 501(c)	1	5 110
-	n section 501(c)(3) organizations) or in sect	_					
	from the reporting foundation to a nonchari	table exempt org	janization of			1-(1)	l v
(1) Cash						1a(1)	$\frac{X}{X}$
(2) Other						1a(2)	<u> </u>
b Other tran		-4-					v
• •	of assets to a noncharitable exempt organiz					1b(1)	$\frac{X}{X}$
٠.	nases of assets from a noncharitable exemple	corganization				1b(2)	
	of facilities, equipment, or other assets					1b(3)	X
• •	bursement arrangements					1b(4)	$\frac{X}{X}$
• •	s or loan guarantees					1b(5)	$\frac{X}{X}$
٠.	rmance of services or membership or fundr	•				1b(6)	$\frac{\Lambda}{X}$
•	f facilities, equipment, mailing lists, other as:		•			10	
	ver to any of the above is "Yes," complete the						
	s given by the reporting foundation. If the fo) the value of the goods, other assets, or se		iu iess triair iair market vait	de ili aliy transaction	or snaring arrangeme	nt, snow in	
(a) Line no	-		exempt organization	(d) Description	of transfers, transactions,	and shadan arrange	mente
(a) Line no	(a) Name	N/A	CXCTIPE OTGATIZATION	(u) Description	or transfers, transactions,	and sharing arrange	arrients
		N/A				 -	
				 -			
_				 			
							
					· · · · · · · · · · · · · · · · · · ·		
							·—-
····					· 		
				<u> </u>		·····	
							
							
				<u> </u>			
							
				 			
							
ın section	ndation directly or indirectly affiliated with, o 501(c) (other than section 501(c)(3)) or in s implete the following schedule						X No
	(a) Name of organization		(b) Type of organization		c) Description of relat	ionship	
	N/A						
							
Sign Here	penalties of penury, I declare that I have examined to titlef, it is true, correct, and complete. Declaration of the state of the state of officer or trustee.		taxpayer) is based on all inform		has any knowledge	May the IRS discureturn with the preshown below? See	parer
Sigi	Print/Type preparer's name	Preparer's sig	Date	Date	Check If P1	TIN	
	Litting type biebater a name	Lighaigi 2 21	1		self- employed	1119	
Paid	ALISON A. SANKNER	$ f _{L^{\infty}(\Omega)}$	ALKN	11/20/19		20160843	5
Preparer		LOCKWOOL	DILC	<u> </u>	Firm's EIN ► 06-		
Use Only	Firm's name COPPLINGS & .	TOCVMOOI	טדדר ח		FIRM'S EIN P 00-	-0312330	
USE OILLY	Firm's address > 75 TCIIAM #	400			 		
	Firm's address ► 75 ISHAM #		107		060	212 400	^
	W HARTFORD	, CT 06.	T O 1		Phone no 860-	-313-490	
						Form 990-P	r (2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

OLIVIERI JOHNSTON FAMILY FOUNDATION 26-0702182 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1. Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

Employer identification number

OLIVIERI JOHNSTON FAMILY FOUNDATION

26-0702182

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANCIS REESE OLIVIERI 36 EAST 72ND STREET NEW YORK, NY 10021	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payrol! Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

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OLIVIERI JOHNSTON FAMILY FOUNDATION

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art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
1	12,000 SHS BAYER AG STOCK		
,		\$ 262,320.	08/16/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	ganization			Employer identification number
OLIVIE	ERI JOHNSTON FAMILY FOU	NDATION		26-0702182
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional.	ons to organizations described in s through (e) and the following line en hantable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer of gif	ft	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of git		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	et e e e e e e e e e e e e e e e e e e	
	Transferee's name, address, an			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
}		(e) Transfer of gif	it	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee

FORM 990-PF	G	AIN OR (LOSS)	FROM SALE	OF	ASSETS		STA	TEMENT	1
(A) DESCRIPTION (į	MANNER ACQUIRED	DA' ACQU	TE IRED	DATE S	OLD
SEE ATTACHED	- SHORT TE	 RM		P	URCHASED				
	(B) GROSS ES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F)	S
	198,257.	198,831.		0	•	0.	_	<5	74.>
(A) DESCRIPTION (MANNER ACQUIRED	DA' ACQU		DATE S	OLD
SEE ATTACHED	- LONG TER	- M		P	URCHASED				
	(B)	(C)	(D)	~~	(E)			(F)	
	ROSS ES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF.	DEPRE	c.	GAIN	OR LOS	s
	130,461.	127,599.		0	•	0.		2,8	62.
(A)				j	MANNER ACQUIRED	DA' ACQU		DATE S	OLD
8,000 SHS BAY	ER AG	_			DONATED	02/0	7/86	08/20	/18
	(B) GROSS ES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F)	s
	174,742.	174,880.		0	•	0.		<1	38.>

. (A) DESCRIPTION OF PROP	ERTY				MANN ACQUI		DA' ACQU		DATE S	OLD
4,000 SHS BAYER AG					DONAT	ED	03/1	4/86	08/20	/18
(B) GROSS SALES PRIC	(C VALUI E TIME OI	E AT	EXPE)) NSE O ALE		(E) EPRE	с.	GAIN	(F) N OR LOS	S
87,3	71.	87,440.			0.		0.		<(69.>
CAPITAL GAINS DIVID	ENDS FROM PA	ART IV							13,8	23.
TOTAL TO FORM 990-P	F, PART I,	LINE 6A					:	==	15,9	04.
FORM 990-PF INTERE	ST ON SAVING	GS AND I	EMPOR	ARY C	ASH IN	VEST.	MENTS	STA	ATEMENT	2
SOURCE			(A) EVENUE BOOKS		NET IN IN	(B) VEST COME	MENT		(C) ADJUSTED ET INCOM	E
THRU PERSHING ACCT	#Q2M-300032		1,96	53.		1,	963.			
TOTAL TO PART I, LI	NE 3		1,90	53.		1,	963.			
FORM 990-PF	DIVIDENDS	AND INT	PEREST	FROM	SECUR	ITIE	S	ST	ATEMENT	3
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1S	REV	A) ENUE BOOKS		(B) INVE T INC		(C) ADJUST NET INC	
THRU PERSHING ACCT #Q2M-300032	42,752.	13,	823.	2	8,929.		28,9	29.		
TO PART I, LINE 4	42,752.	13,	823.	2	8,929.		28,9	29.		

FORM 990-PF	LEGAL	FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
CUMMINGS & LOCKWOOD LLC - LEGAL FEES	4,663.	4,663.		0.	
TO FM 990-PF, PG 1, LN 16A 4,6		4,663.		0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
LAZARD CAPITAL MARKETS LLC - MANAGEMENT FEES NEW YORK STATE DEPARTMENT OF LAW - FILING FEE	358. 250.	358. 250.		0.	
TO FORM 990-PF, PG 1, LN 23	608.	608.		0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		ВС	OOK VALUE	FAIR MARKET VALUE	
THRU PERSHING ACCT #Q2M-30003 PER ATTACHED			294,333.	293,163.	
THRU PERSHING ACCT #Q2M-30003 ATTACHED	2 - SECURITIES PER		972,726.	1,076,127.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B		1,267,059.	1,369,290.	

	SUBSTANTIAL CONTRIBUTORS ART VII-A, LINE 10	STATEMENT	7
NAME OF CONTRIBUTOR	ADDRESS		
FRANCES REESE OLIVIERI	36 EAST 72ND STREET NEW YORK, NY 10021		
LOWELL D. JOHNSTON	36 EAST 72ND STREET NEW YORK, NY 10021		

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PAUL L. BOURDEAU, ESQ. CUMMINGS & LOCKWOOD, 75 ISHAM RD. #400 WEST HARTFORD, CT 06107

TELEPHONE NUMBER

(860) 313-4930

FORM AND CONTENT OF APPLICATIONS

LETTER

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE