990-PF

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.

Department of	f the Treasury
Internal Rever	THE SERVICE

In	temal f	Revenue Service	► Go to	ww.irs.g	gov/Form	990PF for inst				nation.	<u>/ </u>	pen to Public	
/ <u>F</u>	or ca	lendar year 2018 o					2/01 ,201	8, and en	ding				0 , 20 1 9
N		e of foundation O'CONNELL FAMILY FOUNDATION, INC.							fication number	7			
1 _		DANIEL S. O'								13-3	74591	12	
N	umber	and street (or P O box r	number if mail is not i	delivered to	o street add	iress)		Room/su	ıte	B Teleph	one numl	ber (see instruction	ons)
_	247	BYRAM SHORE	ROAD							(21	.2) 3	51-1654	
С	ty or to	own, state or province, co	ountry, and ZIP or for	eign posta	al code								_/
										C If exemple pending	tion applic , check her		. ▶∐(
	GRE	ENWICH, CT 06	830]			
G	Che	ck all that apply	Initial retui	'n		Initial return	of a former	public ch	arıty	D 1 Fores	gn organiza	ations, check here .	. ▶□
			Final return	n		Amended re	eturn			2 Fores	gn organiz	ations meeting the	•
			X Address cl	nange		Name chang	ge					here and attach	. •
H	Che	ck type of organiza	tion X Secti	on 501(c)(3) ex	empt private	foundation	12	T] '			
Γ	$\overline{}$	ection 4947(a)(1) nor			·	her taxable p		lation (人	1	1 '		on status was termii (b)(1)(A), check here	►
ī		market value of				nethod X C		ccrual	•	ì		is in a 60-month ten	
•		of year (from Part			ther (spe					1		b)(1)(B), check here	
			70,230.			d) must be on c	ash basis)						
		Analysis of Reve			<u>`</u>				T			(d) Disbui	
		total of amounts in	columns (b), (c), a	nd (d)		evenue and enses per	1 ', '	vestment		(c) Adjuste		for cha	
		may not necessarily column (a) (see insti		s in		books	Inc	ome		income	=	(cash ba	
_	1	Contributions, gifts, grants,		nedule)		434,997	. ATCH 1		†		-	 	
	2	Chook if the fe	oundation is not requ	uired to	annous comm	s subillite summer	andra accumb.	manner annote i	al min	e fullen i statigistic	limies ,	end dill a colline colline	<u> </u>
1		attach .	Sch B			4	-	4				Campe Camp	<u> 4</u>
X	3	Interest on savings and				627		627					
,	4	Dividends and intere							+				
)	5a	Gross rents			m	Ψ.N,	/ L)	, w		. , ,	67	, ., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+
4	b	Net rental income or (los	·			-364	MH 116 •	11.9	1.	H du .		d dda	<u></u>
Ë	Ca	Not gain or (loss) from or Gross sales price for all	sale of assets not on 1 4 8	ine 10 , 463.		- 1000 ; IIIIIIIII	minino andreso	finante output	1 min	1000000 640040	9000		min didder
Ver		assets on line 6a						86,770	+			Minardi sili	ame eminer }
Revenus	7	Capital gain net inco	11				 	00,770	+			+	
_	8	Net short-term capita	1	· · · ·					+				<u>-</u>
	9 10 a	Income modifications Gross sales less returns		$J \cdots$	7455 MMM	\w w	99% 5/49	M. # / / / / / / / / / / / / / / / / / /				 	-
		and allowances		<u> </u>			n naij	· · · · · ·	h - 1	10 d 10 d	30 , 50	VIII 1961	man ond
	1	Less Cost of goods sold							-				1
		Gross profit or (loss)	•										<u></u>
	11	Other income (attach				435,264.	-	87,401	+				
_	12	Total. Add lines 1 thi				0	_[07,401	+				
ý	13	Compensation of officer					 					-	
Se	14	Other employee sala	•				h			IVED	+		
ě	15	Pension plans, emplo	-				 	HE	<u> </u>	IVLU	70		
X	14 15 16 a b c 17 18 19	Legal fees (attach sch					+ + + + + + + + + + + + + + + + + + + +	=	+		080	+	
e H	b	Accounting fees (atta			<u> </u>		1	30 OC	T 2 () 2029 -			
į.	С	Other professional fe						<u> </u>	+		<u>8</u>	 	
tra	17	Interest				1,025	+	OG		M HI	}	 	1,025.
nis	18	Taxes (attach schedu		•		1,043	 	UUI	<u> </u>	14, U			1,023.
Ē	19	Depreciation (attach	•	•					+			-	
A	20	Occupancy							+-				
2	21	Travel, conferences,	_						 				
and	22	Printing and publicat				210	ļ	210	+				
9	23 24 25	Other expenses (atta	ich schedule) ATC	₩.3		310	<u> </u>	310	+-			ļ	
ati	24	Total operating and	administrative ex	penses.	1	1 225		210					1 005
Jer		Add lines 13 through	23			1,335		310	1			<u> </u>	1,025.
ŏ	25	Contributions, gifts,	grants paid			396,961			_				<u>396,961</u> .
_	26	Total expenses and disbur	sements Add lines 2	4 and 25		398,296	·	310	4_				397,986.
	27	Subtract line 26 from	n line 12			_							
	a	Excess of revenue over	expenses and disbu	rsements		36,968	•			- 			
	b	Net investment inco	ome (if negative, ei	nter -0-)				87,091	·			<u> </u>	
_	С	Adjusted net income	e (if negative, ente	r -0-). •_								1	

JSA For Paperwork Reduction Act Notice, see instructions.
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Form **990-PF** (2018) ₹¥GE 1

Б	art II°	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
	ai (ii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Ϊ	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	904.	745.	745.
-		Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
-		Pledges receivable ►	·		
-	1	Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
-		disqualified persons (attach schedule) (see instructions)			
1		Other notes and loans receivable (attach schedule)			
	- 1	Less allowance for doubtful accounts ▶			
ssets	8	Inventories for sale or use	-		
		Prepaid expenses and deferred charges			
4		nvestments - U S and state government obligations (attach schedule)。.		52,710.	CO 405
		nvestments - corporate stock (attach schedule) ATCH 4		52,710.	69,485.
	11	Investments - corporate bonds (attach schedule)			
		(attach schedule)	+		
- 1		Investments - mortgage loans			
•	14	Land, buildings, and ▶			
ı		equipment basis Less accumulated depreciation			
1		(attach schedule) Other assets (describe)			
- 1	-	Total assets (to be completed by all filers - see the			
		nstructions Also, see page 1, item I)	20,128.	53,455.	70,230.
┪		Accounts payable and accrued expenses	,		
- 1		Grants payable			
- 1		Deferred revenue			
Ĕ		Loans from officers, directors, trustees, and other disqualified persons.			
abilities		Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe ▶)			
		· ·			-
┙	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here ▶ 🔲 📗			
ces	;	and complete lines 24 through 26, and lines 30 and 31.			
	24	Unrestricted	<u>-</u>		
<u>ag</u>	25	Temporarily restricted			
P	26	Permanently restricted			
들	- 1	Foundations that do not follow SFAS 117, check here ▶ 🗓			
٦		and complete lines 27 through 31.	00 100	50.455	
S	27	Capital stock, trust principal, or current funds	20,128.	53,455.	
Set	28	Paid-in or capital surplus, or land, bldg , and equipment fund		-	
AS	29/	Retained earnings, accumulated income, endowment, or other funds	20,128.	53,455.	
ᇹ		Total net assets or fund balances (see instructions)	20,120.	53,455.	
Z	4 '///	Total liabilities and net assets/fund balances (see	20 129	53,455.	
		nstructions)	20,128.	55,455.	
		Analysis of Changes in Net Assets or Fund Balar		nunt naroo with	
•		net assets or fund balances at beginning of year - Part I		-	20,128.
2		of-year figure reported on prior year's return)			36,968.
		r amount from Part I, line 27a			30, 300.
		Increases not included in line 2 (itemize)			57,096.
		eases not included in line 2 (itemize) ATCH 5		5	3,641.
		I net assets or fund balances at end of year (line 4 minus	line 5) - Part II column (h		53,455.
<u> </u>	iula	The assets of fund balances at end of year time 4 minus	mic oj - i art ii, columiii (L	7, me 50 0	55, 455.

	_
Page	-7

		estment Income			
	escribe the kind(s) of property sold (for		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
	brick warehouse, or common stock, 200	osns MLC Co)	D - Donation	(mo , day, yr)	(mo , day, yr
<u>-</u>	,DO PE			-	
c		·			
d				· ·	
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
a					
b				-	
<u> </u>		<u> </u>			
<u>d</u>					
Complete only for assets s	showing gain in column (h) and owned	t by the foundation on 12/31/69			
	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less th	
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from col	
<u>а</u> h			 		·
b c		-	 		
d					
е					
Capital gain net income	or (not canital loss)	jain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		86,770.
Net short-term capital () ان ال gain or (loss) as defined in sections	· · · · · · · · · · · · · · · · · · ·			00,770.
	Part I, line 8, column (c) See ins				
			3		0.
		duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distri	butable amount of any year in the b			
	int quamy and a record		ase perio	d?	Yes X N
(a)	mount in each column for each ye	Do not complete this part	·		Yes X N
Base penod years	tmount in each column for each ye (b) Adjusted qualifying distributions		·		
Base penod years	(b) Adjusted qualifying distributions 450,752.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841.	·	itries (d) Distribution rat (col (b) divided by	tio col (c))
Base penod years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions 450,752. 362,547.	Do not complete this part ear, see the instructions before mak (c) Net value of nonchantable-use assets 32,841. 97,221.	·	tries (d) Distribution rat (col (b) divided by (in (c)) 3.725282 3.729102
Base penod years alendar year (or tax year beginning in) 2017 2016 2015	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111.	·	Distribution rat (col (b) divided by	3.725282 3.729102
Base penod years alendar year (or tax year beginning in) 2017 2016 2015 2014	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727.	·	Distribution rat (col (b) divided by	3.725282 3.729102 3.562503 2.572035
Base penod years alendar year (or tax year beginning in) 2017 2016 2015	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111.	·	Distribution rat (col (b) divided by	3.725282 3.729102 3.562503 2.572035
Base penod years alendar year (or tax year beginning in) 2017 2016 2015 2014 2013	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572.	ng any er	Distribution rat (col (b) divided by (3.725282 3.725282 3.729102 3.562503 2.572035 2.209648
Base penod years calendar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (column)	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572.	·	Distribution rat (col (b) divided by (3.725282 3.725282 3.729102 3.562503 2.572035 2.209648
Base penod years (alendar year (or tax year beginning in)) 2017 2016 2015 2014 2013 Total of line 1, column (Average distribution rate)	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153. (d)	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572.	ng any er	Distribution rat (col (b) divided by divided	3.725282 3.725282 3.729102 3.562503 2.572035 2.209648
Base penod years alendar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (Average distribution rat	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153. (d)	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572.	ng any er	Distribution rat (col (b) divided by divided	3.725282 3.725282 3.729102 3.562503 2.572035 2.209648
Base penod years alendar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column of Average distribution rate the number of years the	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153. (d)	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572.	ng any er	Distribution rat (col (b) divided by divided	3.725282 3.725282 3.729102 3.562503 2.572035 2.209648 5.798570
Base penod years alendar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column of Average distribution rat the number of years the Enter the net value of near the number of seconds.	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153. (d)	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572. de the total on line 2 by 5 0, or by of less than 5 years	any er	Distribution rat (col (b) divided by (3.725282 3.725282 3.729102 3.562503 2.572035 2.209648 5.798570
Base penod years alendar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column of Average distribution rate the number of years the Enter the net value of m. Multiply line 4 by line 3	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153. (d) tio for the 5-year base period - divice foundation has been in existence anoncharitable-use assets for 2018	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572. de the total on line 2 by 5 0, or by of less than 5 years from Part X, line 5	2 3 4	Distribution rat (col (b) divided by (3.725282 3.725282 3.729102 3.562503 2.572035 2.209648 5.798570 9.159714 45,379.
Base penod years Calendar year (or tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column of Average distribution rate the number of years the Enter the net value of many street of the second of the Multiply line 4 by line 3 Enter 1% of net investments	(b) Adjusted qualifying distributions 450,752. 362,547. 450,303. 451,976. 1,075,153. (d) tio for the 5-year base period - divide foundation has been in existence noncharitable-use assets for 2018.	Do not complete this part ear, see the instructions before make (c) Net value of nonchantable-use assets 32,841. 97,221. 19,111. 175,727. 486,572. de the total on line 2 by 5 0, or by of less than 5 years	2 3 4	otries (d) Distribution rat (col (b) divided by columns 2.2.3.3.4.4.1.4.4.1.4.4.1.4.4.1.4.4.1.4.4.1.4.4.1.4.4.1.4.4.1.4	col (c)) 3.725282 3.729102 3.562503 2.572035 2.209648 5.798570 9.159714 45,379.

Form **990-PF** (2018)

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	mşu	2000011	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
`	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,	742.
	here ▶ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		1,	742.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	_	1,	742.
6	Credits/Payments			- 1
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 743.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 1,750.			- 1
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		2,4	193.
8	Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			751.
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 751. Refunded ▶ 11			
Par	rt VII-A Statements Regarding Activities	1		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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 either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state 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," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NY,			
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) of each state as required by General Instruction G ² If "No," attach explanation	8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			/
		9	ŀ	x (
	complete Part XIV	-		
10	complete Part XIV	-		

Par	t VII-A Statements Regarding Activities (continued)			
			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		Х
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	Х	
	Website address ▶ N/A			
14	The books are in care of ▶ DANIEL S. O'CONNELL Telephone no ▶ 212-351	-165	4	
• •	Located at ▶247 BYRAM SHORE ROAD GREENWICH, CT ZIP+4 ▶ 06830			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	•		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly)			
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ļ
	(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)			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	<u> </u>		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
·	were not corrected before the first day of the tax year beginning in 2018?	1c		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))	1		
	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		
	all years listed, answer "No" and attach statement - see instructions)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	•			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ou.	at any time during the year? Yes X No			
h	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)	3b		ļ
As	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
_		99	n_DE	

Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Reg	uired (continu	ued)			
5a	During the	e year, did the foundation pay or incur any amo	ount to					Yes	No
•	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes	X No			[
	(2) Influe	nce the outcome of any specific public ele	ection (see section	4955), or to carry or) ,				
	direct	y or indirectly, any voter registration drive?			. Yes	X No			
		le a grant to an individual for travel, study, or o				X No			
		le a grant to an organization other than a							
	• •	n 4945(d)(4)(A)? See instructions	-			X No	ļ		l
		e for any purpose other than religious, ch							1
		ses, or for the prevention of cruelty to children				X No			
b		swer is "Yes" to 5a(1)-(5), did any of the				ibed in	l		
		ns section 53 4945 or in a current notice regar					5b		
	-	ions relying on a current notice regarding disas				. \square			1
С	•	swer is "Yes" to question 5a(4), does the							1
		maintained expenditure responsibility for the				X No			1
		ttach the statement required by Regulations se							
6a		oundation, during the year, receive any fun		ectiv. to pay premiur	ns				
		onal benefit contract?				X No			
b		undation, during the year, pay premiums, dire			ct?		6b		X
-		6b, file Form 8870	,,,						ı
7a		e during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	Yes	X No	_		
b		id the foundation receive any proceeds or have			. — -		7b		X
8	Is the four	ndation subject to the section 4960 tax on pay	ment(s) of more that	ın \$1,000,000 ın					1
_		tion or excess parachute payment(s) during the			. Yes	No			
Par	t VIII	Information About Officers, Directo				Employe	es,		
4	Liet all of	and Contractors ficers, directors, trustees, and foundat	ion managers and	Abaia aanananastian	Saa instructio	ne			
				their combensation					
<u> </u>	List all UI		(b) Title, and average	(c) Compensation	(d) Contributions	5 to (a)	Expens	se accou	ınt,
	List all O	(a) Name and address				oto (e)		e accou	
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	s to otans nsation (e)			s
ATCH			(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit p	oto (e)			
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	s to otans nsation (e)			s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	s to otans nsation (e)			s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	s to otans nsation (e)			s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	s to otans nsation (e)			s
			(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	s to otans nsation (e)			s
ATCF	1 6	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit g and deferred compe	O .	ther all	owance	0.
ATCH	Compens		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit g and deferred compe	O .	ther all	owance	0.
ATCH	1 6	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit p and deferred compe 1 - see ins	O . (e) chans on sation (c) chans on sation (c	If no	one, (0.
ATCH	Compens	(a) Name and address	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	owance	O.
ATCH	Compens	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit and deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	0.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	O.
ATCF	Compens "NONE."	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.	(d) Contributions employee benefit pand deferred compe	O. Ctructions). Is to efit (e) med (e)	If no	one, one, one, one, one, one, one, one,	0.
2 (a)	Compens "NONE." Name and a	(a) Name and address ation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those to position) (b) Title, and average hours per week devoted to position)	(c) Compensation (if not paid, enter -0-) 0 . se included on line (c) Compensation	(d) Contributions employee benefit and deferred compe	O. O. Otructions). Structions (e) of the control	If no	one, one, one, one, one, one, one, one,	0.

Form	990 ₁ FF (2018)	Page 7
Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	rees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
	<u>. </u>	
Tota	I number of others receiving over \$50,000 for professional services	
_	t IX-A Summary of Direct Charitable Activities	
	at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
	ganizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	N/A	
•		
2		
3		
4.		
Pa	t IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
2		
	other program-related investments. See instructions	
3	NONE	
	1 Add lines 1 through 2	
I OT	I. Add lines 1 through 3	

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Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
_	Average monthly fair market value of securities	1a	42,273.
	Average of monthly cash balances		3,797.
	Fair market value of all other assets (see instructions).		
d	Total (add lines 1a, b, and c)		46,070.
u e		-	
-	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d		46,070.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		10,010.
4	, -		691.
_	Instructions)	5	45,379.
5 6	·		2,269.
	Minimum investment return. Enter 5% of line 5		2,203.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	indations	
1	Minimum investment return from Part X, line 6	1	2,269.
2a	1 742		
b		7	
c	Add lines 2a and 2b	2c	1,742.
3	Distributable amount before adjustments Subtract line 2c from line 1		527.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		527.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	1 1	527.
Pa	rt 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	397,986.
b			
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		3a	
b	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		397,986.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		397,986.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when c		the foundation

Form **990-PF** (2018)

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

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Distributable amount for 2018 from Part XI. (a) (b) (c) (d) 2017 2018	Ρā	art XIII Undistributed Income (see instr	uctions)			
Inte 7	1	Distributable amount for 2018 from Part XI	_ ' '			
2 Undestributed income, if any, as of the end of 2016 a Enter amount for 2017 only, b Total for pany says 20_16_20_15_20_14 3 Decess distributions carryover, if any, to 2018 a From 2013 .	•		·		· · · · · · · · · · · · · · · · · · ·	527.
a Enter amount for 2017 only,			······································		-	
b Total for pmcyers 20 1 6 , 20 15 , 20 14 3 Excess distributions carryover, if any, to 2018 a From 2013		· · · · · · · · · · · · · · · · · · ·				
3 Excess distributions carryover, if any, to 2018 a From 2013 1, 0.51, 358. b From 2014 433, 5.87. c From 2015 450, 398. d From 2016 359, 271. c From 2016 359, 271. c From 2017 450, 399. d Ford 2018		20 16 20 15 20 14				
a From 2013		· · · · — · — · — ·				
b From 2014		1 1 051 250				
From 2015		443 507		,		
## From 2016 359, 271. ## From 2017 450, 398. ## Total of lines 3 a through e 2,755,577. ## County of the county		450 062				
## From 2017		250 271				
Total of lines 3a through e 2,755,577.		450 200				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 397,986. a Applied to 2017, but not more than line 2a		: 110III 2017	2.755.577.			
Inne4 ▶ \$ 397,986. a Applied to 2017, but not more than line 2a		_	27,007077		·	····
b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2018 distributions corpus (Election required - see instructions). 5 Excess distributions carryover applied to 2018 (if an amount appears in column (d), the same amount must be shown in column (a) . 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Phor years' undistributed income Subtract line 4b from line 2b. Enter the amount of prior years' undistributed prior years' undistributed income subtract line 4b from line 2b. Enter the amount of prior years' undistributed prior years' undistributed income for 2017 Subtract line 4a from line 2b. d Subtract line 6c from line 6b Taxable amount - see instructions . e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions in line 2a Taxable amount - see instructions of the prior years' undistributed in 2019. A 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) . 9 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . 9 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . 1, 051, 358 . 9 Excess distributions carryover for 2019. Subtract lines 6 a		line 4 ▶ \$397,986.				
(Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions). d Applied to 2018 distributable amount. E Remaining amount distributed out of corpus. E Excess distributions carryover applied to 2018 (ff an amount appears in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be distributed income Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount - see instructions. d Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. I Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. A 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). Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a. 10 Analysis of line 9 Excess from 2014	ā	Applied to 2017, but not more than line 2a				<u> </u>
required - see instructions)	t					
d Applied to 2018 distributable amount, e Remaining amount distributed out of corpus, . 527. Excess distributions carryover applied to 2018 (If an amount appears in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4 from line 2b	c					
6 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	c	Applied to 2018 distributable amount				527.
(If an amount appears in column (a), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b			397,459.			
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b	5	(If an amount appears in column (d), the same				
b Prior years' undistributed income Subtract line 4b from line 2b	6					
line 4b from line 2b	a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,153,036.			
line 4b from line 2b	t	Prior vears' undistributed income Subtract				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount - see instructions. d Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions. f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a. 10 Analysis of line 9 a Excess from 2014 . 443,587. b Excess from 2015 450,963. c Excess from 2017 450,398.		·				
d Subtract line 6c from line 6b Taxable amount - see instructions	c	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions	c	Subtract line 6c from line 6b Taxable				
4d and 5 from line 1 This amount must be distributed in 2019	•	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	f	4d and 5 from line 1 This amount must be				
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	7	Amounts treated as distributions out of corpus				
required - see instructions)		·				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)		170(b)(1)(F) or 4942(g)(3) (Election may be				
applied on line 5 or line 7 (see instructions)		required - see instructions)				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2014	8	•	1,051,358.			
Subtract lines 7 and 8 from line 6a	9					
a Excess from 2014 443,587. b Excess from 2015 450,963. c Excess from 2016 450,398. d Excess from 2017 327,459		· · · · · · · · · · · · · · · · · · ·	2,101,678.			
a Excess from 2014 443,587. b Excess from 2015 450,963. c Excess from 2016 450,398. d Excess from 2017 327,459	10	Analysis of line 9			_ 	
c Excess from 2016	a	1 LACES				
d Excess from 2017 450, 398.	t	JEXCESS HUIII ZUIJ				,
0 Excess 11011 2017	c	EXCESS HOLLIZOID				
307 / 50		Excess from 2017 450, 398.		1		
	_	Excess from 2018 397, 459.				

Рa	rt XIV Private Ope	erating Foundations	s (see instructions an	d Part VII-A, quest	ion 9) 1	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private oper	ating	
•	foundation, and the ruling		_		<u> </u>	
b	Check box to indicate v	vhether the foundation	is a private operating for	oundation described in	n section 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) rotar
	I or the minimum investment					
	return from Part X for each year listed					
h	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					
E	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the			$\overline{}$		
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying	· · · · · · · · · · · · · · · · · · ·				·
	under section					
	4942(j)(3)(B)(i)		-		 	
U	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Da	(4) Gross investment income. rt XV Supplemen	stant Information //	Complete this part	only if the found:	ation had \$5 000 o	r more in assets at
ı a		uring the year - see		only if the round	ation had \$0,000 0	i more in assets at
	Information Regarding					
а	List any managers of					red by the foundation
	before the close of any	tax year (but only if th	iey have contributed m	ore than \$5,000) (S	ee section 507(d)(2))	
	DANIEL S. O					
b	List any managers of					y large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	rinterest	
	NONE					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► X If the	he foundation only i	makes contributions t	o preselected char	itable organizations a	and does not accept
	unsolicited requests for			nts, etc., to individua	als or organizations ur	nder other conditions,
	complete items 2a, b, o					
а	The name, address, ar	nd telephone number	or email address of the	e person to whom app	plications should be add	Iressed
						
þ	The form in which appl	ications should be sub	omitted and information	n and materials they	snould include	
_	Any submission deadlii	nes	·			
٠	, my submission deduli					
d	Any restrictions or li	mitations on awards	, such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other
	factors		_			

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3 Grants and Contributions Paid Du	ring the Year or App	roved for	Future Payment	
Grants and Contributions Paid Dur 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
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATCH 7				
			1	
				•
]	
,		i		
		İ	1	
		İ		
Total			▶ 3a	396,961
b Approved for future payment				
			l i	
	1			
			1	
		[
	<u>.l</u>			

JSA 8E1491 1 000

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
-	service revenue	Business code	Amount	Exclusion code		function income (See instructions)
b		_				
c						
d						
e					· · · · · · · · · · · · · · · · · ·	
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments			14	4.	
3 Interest o	on savings and temporary cash investments -			14	627.	
	ds and interest from securities			+	027.	-
5 Net rent	al income or (loss) from real estate			_		
a Debt	-financed property					
b Not o	debt-financed property					
6 Net renta	Il income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	loss) from sales of assets other than inventory			18	-364.	
9 Net inco	me or (loss) from special events					
	rofit or (loss) from sales of inventory		, <u>, , , , , , , , , , , , , , , , , , </u>		,	
	venue a					
			-			
· · · · · · · · · · · · · · · · · · ·						
e						
	Add columns (b), (d), and (e)				267.	
	dd line 12, columns (b), (d), and (e)				13	267.
	heet in line 13 instructions to verify calc					
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No. ▼	Explain below how each activit accomplishment of the foundation	•	· ·			
				<u>.</u>		
		. —			<u> </u>	

					_	
	-					
						-
			_			202 DE

Form 9	90-PF	(2018)	O'CONNEL1	L FAMILY FOU	NDATION,	INC.		13-374	5912	Pa	ge 13
Part	XVII	Information R Exempt Organ		nsfers to and	Transacti	ons and Re	elationship	s With Non	chari	table	•
	ın se	ne organization direct ection 501(c) (other dizations?	-			-	_			Yes	No
а	Trans	fers from the reportin	g foundation to	a noncharitable e	exempt organ	ization of					
	(1) Ca	ash							1a(1)		Х
	(2) O	ther assets							1a(2)		Х
b	Other	transactions									
	(1) Sa	ales of assets to a no	ncharitable exem	npt organization.					1b(1)		Х
	(2) Pi	urchases of assets fro	om a noncharitat	ole exempt organiz	zation				1b(2)		Х
	(3) R	ental of facilities, equi	pment, or other a	assets					1b(3)		Х
	(4) R	eimbursement arrange	ements						1b(4)		Х
	(5) Lo	oans or loan guarantee	es						1b(5)		Х
	(6) Pe	erformance of service	s or membershi	p or fundraising s	olicitations .				1b(6)		Х
		ng of facilities, equipm									X
	value	answer to any of the of the goods, other on any transaction or	assets, or servic	es given by the	reporting for	undation If th	e foundation	received less	than	fair m	arke
(a) Lir	ne no	(b) Amount involved	(c) Name of no	oncharitable exempt or	rganization	'''	on of transfers, tra	insactions, and sha	nng am	angeme	nts
						N/A					
					·						
			<u>. –</u>					_			
							 				
				•	······································						
1	descr	foundation directly of the control o	(other than sec	•	•				Y	es X] No
	13	(a) Name of organization	i i	(b) Type of	organization		(c) Des	cription of relation	ship		
		.,,		(-) -)			1-7 2-4		_ .		
					<u> </u>						
								•			
		er penalties of penjury, I decla ect, and complete Declaration of						pest of my knowled	ge and b	oelief, it	is true

PRESIDENT

Date

10112-0015

Title

Form **990-PF** (2018)

P00840453

May the IRS discuss this return

with the preparer shown below?

PTIN

▶86-1065772

212-492-4000

See instructions

Check

Firm's EIN

Phone no

self-employed

Sign

Here

Paid

Preparer

Use Only

Signature of officer or trustee

THOMAS

Firm's name

DANIEL S. O'CONNELL Print/Type preparer's name

ROONEY

DELOITTE TAX LL

NEW YORK,

▶ 30 ROCKEFELLER PLAZA

990-PF O'CONNELL FAMILY FOUNDATION, INC. 13-3745913
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F		INS AND LC		ription	INVEST	P or	Date	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adubasis	D	acquired Gain or (loss)	
expenses of sale	иноттаки	110 TJX COS	INC NEW		,	D	05/02/2014	12/14/2018
5,011.		3,242.					1,769.	
		237 TJX COS PROPERTY TY		TES		D	05/02/2014	12/20/2018
10,422.		6,986.	id. SZSSKII	110			3,436.	
•		420 BAUSCH I				D	03/17/2017	02/07/2019
10,168.		4,759.	DECOME.				5,409.	
		395 BAUSCH I				D	03/17/2017	04/16/2019
9,924.		4,476.					5,448.	
		720 BAUSCH I				D	03/17/2017	05/28/2019
17,063.		8,159.	DECONT.				8,904.	
		270 BAUSCH I				D	03/07/2017	06/19/2019
5,696.		3,060.	D. BEGINET				2,636.	
		125 BAUSCH F		ANIES		D	03/17/2017	07/10/2019
3,068.		1,417.	ornan				1,651.	
		196 APPLE IN		TFS		D	02/21/2012	07/10/2019
38,993.		14,322.	. SEGORIT	100			24,671.	
		52 APPLE INC		TFC		D	02/21/2012	08/07/2019
10,124.		3,800.	FE. SECONII	155			6,324.	
		10 APPLE INC		TFC		D	02/21/2012	08/04/2019
1,939.		731.	FE. SECONII	165			1,208.	
		27 APPLE INC		TFC		D	02/21/2012	10/15/2019
6,077.		1,973.	FE: SECURIT	163			4,104.	
		63 APPLE INC		TFS		D	02/21/2012	10/25/2019
15,189.		4,604.	IL. SECORIT	100			10,585.	
						Ш		

990-PF O'CONNELL FAMILY FOUNDATION, INC. 13-3745912
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

•		NS AND LO				P	D-4-	Date sold
Kind of F				ription		or D	acquired	Date Solu
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		4 APPLE INC PROPERTY TYP	PE: SECURIT	IES		D	02/21/2012	10/31/2019
922.		292.					630.	
		3 APPLE INC PROPERTY TYP	PE: SECURIT	IES		D	02/21/2012	11/08/2019
720.		219.					501.	
		50 APPLE INC		IES		D	02/21/2012	11/15/2019
13,148.		3,654.					9,494.	
OTAL GAIN(LO	1221						86,770.	
JINI GAIN (IK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•••••			
	:							

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

Employer identification number

O'CONNELL FAMILY FO	•	13-3745912					
Organization type (check or		13 3713312					
Miles of	Continue						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated a	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	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
•	s covered by the General Rule or a Special Rule.						
Note: Only a section 501(c) instructions	(7), (8), or (10) organization can check boxes for both the Gene	eral Rule and a Special Rule See					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the y or property) from any one contributor. Complete Parts I and II contributions.	•					
Special Rules							
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedul and that received from any one contributor, during the year, toto of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9	lle A (Form 990 or 990-EZ), Part II, line tal contributions of the greater of (1)					
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or the year, total contributions of more than \$1,000 exclusively to contain the prevention of cruelty to children or an or instead of the contributor name and address), II, and III	for religious, charitable, scientific,					
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or the year, contributions exclusively for religious, charitable, etc ed more than \$1,000. If this box is checked, enter here the tot or an exclusively religious, charitable, etc., purpose. Don't complies to this organization because it received nonexclusively religions more during the year.	c , purposes, but no such tal contributions that were received blete any of the parts unless the lious, charitable, etc , contributions					
_	at isn't covered by the General Rule and/or the Special Rules oust answer "No" on Part IV, line 2, of its Form 990, or check t						

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)

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

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

Employer identification number 13-3745912

	C/O DANIEL S. O CONNELLE
•	C/O DANIEL S. O'CONNELL
name of organization	O CONNELL TARIEST TOONDATION, INC.

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DANIEL S. & GLORIA P. O'CONNELL 247 BYRAM SHORE ROAD GREENWICH, CT 06830	\$ 433,697.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL S. & GLORIA P. O'CONNELL 247 BYRAM SHORE ROAD GREENWICH, CT 06830	\$1,300.	Person Payroli 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 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 Payroll Noncash (Complete Part II for noncash contributions)

Name of organization O'CONNELL FAMILY FOUNDATION, INC. C/O DANIEL S. O'CONNELL

Employer identification number 13-3745912

Part II Noncash Property (see instructions) Use duplicate copies of Part 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	6090 SHARES OF BAUSCH HEALTH COMPANIES	\$ 149,874.	02/07/2019
		\$\$	02/07/2019
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1400 SHARES OF APPLE INC		
		\$\$	07/02/2019
(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 organization O'CONNELL FAMILY FOUNDATION, INC. C/O DANIEL S. O'CONNELL

Employer identification number 13-3745912

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for			
	the following line entry. For organization			
	contributions of \$1,000 or less for the			
	Use duplicate copies of Part III if additi			
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
		` ,	· ·	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I	(b) Furpose of gift	(c) use (n giit	(u) Description of now girt is neit
		(e) Transfe	r of gift	
	Transferee's name, address, an	d ZIP + 4 .	Relatio	nship of transferor to transferee
4-3-50-				
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
			 	
		(a) Tannafa	6 -:6	
		(e) Transfe	er of gift	
	Transferee's name, address, an	.d 710 ± 4	Polatio	nship of transferor to transferee
	Transieree's name, address, an	U ZIF + 4	Kelatio	niship of transferor to transferee
(a) No.		<u></u>		
`from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				
		(e) Transfe	r of gift	
		.,,	-	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee

GIFTS AND GRANTS RECEIVED

- CONTRIBUTIONS,

PART I

O'CONNELL FAMILY FOUNDATION, INC.

ATTACHMENT

13-3745912

SUPPORT PUBLIC DIRECT DATE NAME AND ADDRESS FORM 990PF,

VARIOUS VARIOUS DANIEL S. & GLORIA P. O'CONNELL 247 BYRAM SHORE ROAD DANIEL S. & GLORIA P. O'CONNELL 247 BYRAM SHORE ROAD GREENWICH, CT 06830

433,697.

434,997.

TOTAL CONTRIBUTION AMOUNTS

GREENWICH, CT 06830

1,300.

O'CONNELL FAMILY FOUNDATION, INC.

13-3745912

ATTACHMENT 2

- TAXES PART I FORM 990PF,

DESCRIPTION

2017 FEDERAL TAX LIABILITY 2017 NYS FILING FEE

EXPENSES PER BOOKS

1,000. 25.

CHARITABLE PURPOSES

1,025.

1,000.

TOTALS

ATTACHMENT 2

40368N 2706 10/1/2020 12:31:43 PM V 18-8.7F

REVENUE AND

1,025.

O'CONNELL FAMILY FOUNDATION, INC.

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF,

DESCRIPTION
ANNUAL SERVICE FEE
OTHER EXPENSES

150. 160. INVESTMENT INCOME 160. REVENUE AND EXPENSES PER BOOKS

TOTALS

ATTACHMENT 3 PAGE 22

4	
ATTACHMENT	

13-3745912

STOCK
CORPORATE
1
ΙΙ
PART
990PF,
FORM

ENDING <u>FMV</u>	69,485.	69,485.
ENDING BOOK VALUE	52,710.	52,710.
		TOTALS
DESCRIPTION	260 APPLE INC	

13-3745912

ATTACHMENT 5

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS CARRIED

AT MARKET VALUE

3,641.

TOTAL

3,641.

O'CONNELL FAMILY FOUNDATION, INC.

PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990PF,

ATTACHMENT 6

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

VICE PRESIDENT

247 BYRAM SHORE ROAD

GLORIA P O'CONNELL

GREENWICH, CT 06830

10 GREENRIDGE DRIVE CHAPPAQUA, NY 10514

CHRISTINE POMAR

DIRECTOR

PRESIDENT

247 BYRAM SHORE ROAD

DANIEL S O'CONNELL

GREENWICH, CT 06830

TO EMPLOYEE

CONTRIBUTIONS

EXPENSE ACCT AND OTHER

BENEFIT PLANS

COMPENSATION

ALLOWANCES

GRAND TOTALS

等子・ 味る機能にい	AMOUNT AMOUNT 100,152 00 24,943 00 102,532 00
S. TORNOS C. LONGESTON CONTROLL CARRESTON SO CONTROLL DE PARTICIO CONTROLLO DE CONTROLLO CONTROL	PURPOSE OF GRANT OR CONTRIBUTION O AND THE DONEE DREAULATION IN CARRYING OUT THEIR EXEMPT FUNCTIONS TO AND THE DONEE DREAULATION IN CARRYING OUT THEIR EXEMPT FUNCTIONS TO AND THE DONEE ORGANIZATION IN CARRYING OUT THEIR EXEMPT FUNCTIONS TO AND THE DONEE ORGANIZATION IN CARRYING OUT THEIR EXEMPT FUNCTIONS TO AND THE DONEE ORGANIZATION IN CARRYING OUT THEIR EXEMPT FUNCTIONS
XXXX	RELATIONSHIP SUBSTANTIAL CONTRAINTOR CONTRAINTOR RECIPIENT RECIPIENT SOI (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3)
	MEOVIERCE, R. 02912 NEW HAVEN, CT 06521 CHILMARK, MA 02535 BRONX, NY 10466
COMMENT OF STATE OF S	POBOX 1838 POBOX 1838 POBOX 1838 POBOX 655 ONE CARDINAL SPELIMAN PLACE
STOCK CONTRIBUTIONS ************************************	RECTPIENT NAME AND ADDRESS **RECTPIENT NAME AND ADDRESS ***********************************

FOTAL STOCK CONTRIBUTIONS PAID

2018 FORM 990-PF	
O'CONNELL FAMILY FOUNDATION, INC	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

13-3745912

40368N 2706 10/1/2020

V 18-8 7F

TOTAL CONTRIBUTIONS PAID PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE CONTRIBUTION

396, 961

396, 961

AMOUNT

ATTACHMENT 7

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SEE ATTACHMENT STATEMENT

GREENWICH, CT 06831

VARIOUS

ATTACHMENT 7 PAGE 26