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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
TOWN FAIR TIRE FOUNDATION INC

A Employer identification number
06-1592259

Number and street (or P O box number if mail is not delivered to street address)
460 COE AVE

Room/suite

B Telephone number (see instructions)
(203) 467-8600

City or town, state or province, country, and ZIP or foreign postal code
EAST HAVEN, CT 06512

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), *line 16)* ▶$ 47,404,710

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	6,847,589			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,000,520	1,000,520		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	285,241			
	b	Gross sales price for all assets on line 6a 24,891,533				
	7	Capital gain net income (from Part IV, line 2)		285,241		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	8,133,350	1,285,761		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	60,000	0		60,000
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	36,000	0		36,000
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	143,752	143,752		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	68,204	5,403		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	3,708	0		3,708
	22	Printing and publications				
	23	Other expenses (attach schedule)	13,485	0		13,485
	24	**Total operating and administrative expenses.** Add lines 13 through 23	325,149	149,155		113,193
	25	Contributions, gifts, grants paid	1,253,004			1,253,004
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,578,153	149,155		1,366,197
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	6,555,197			
	b	**Net investment income** (if negative, enter -0-)		1,136,606		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	74,454	331,706	331,706
	2 Savings and temporary cash investments	8,645,069	7,242,368	7,355,307
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	5,000		
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	1,618,441	2,867,574	2,954,683
	b Investments—corporate stock (attach schedule)	6,303,156	8,657,505	11,561,349
	c Investments—corporate bonds (attach schedule)	5,037,450	8,305,181	8,486,739
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	12,070,151	12,857,715	16,644,864
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	23,193	70,062	70,062
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	33,776,914	40,332,111	47,404,710
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	114,751	114,751	
	27 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	33,662,163	40,217,360	
	29 **Total net assets or fund balances** (see instructions)	33,776,914	40,332,111	
	30 **Total liabilities and net assets/fund balances** (see instructions)	33,776,914	40,332,111	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	33,776,914
2	Enter amount from Part I, line 27a	2	6,555,197
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	40,332,111
5	Decreases 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, column (b), line 29	6	40,332,111

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	285,241
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	887,767	28,306,741	0 031362
2017	761,995	20,008,373	0 038084
2016	1,177,208	13,471,160	0 087387
2015	453,600	9,447,566	0 048012
2014	367,400	5,859,652	0 062700

2	**Total** of line 1, column (d)	2	0 267545
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 053509
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	39,060,890
5	Multiply line 4 by line 3	5	2,090,109
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	11,366
7	Add lines 5 and 6	7	2,101,475
8	Enter qualifying distributions from Part XII, line 4	8	2,366,197

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

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 here ▶ ☑ and enter 1% of Part I, line 27b	1	11,366
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-)	2	0
3	Add lines 1 and 2	3	11,366
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	11,366
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 37,200		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	37,200
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	64
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	25,770
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 25,770 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CT			
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? *If "No," attach explanation* .	8b	Yes	
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ NEIL MELLEN Telephone no ▶ (203) 467-8600

Located at ▶ 460 COE AVE EAST HAVEN CT ZIP+4 ▶ 06512

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 ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

Part 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 or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ No			
	(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). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	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 2019?	1c		No
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))			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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)	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 ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 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 2019).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ 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?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	35,311,310
b	Average of monthly cash balances	1b	4,274,354
c	Fair market value of all other assets (see instructions)	1c	70,062
d	**Total** (add lines 1a, b, and c)	1d	39,655,726
e	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	39,655,726
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	594,836
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	39,060,890
6	**Minimum investment return.** Enter 5% of line 5	6	1,953,045

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	1,953,045
2a	Tax on investment income for 2019 from Part VI, line 5	2a	11,366		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	11,366
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,941,679
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,941,679
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	1,941,679

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,366,197
b	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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	1,000,000
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,366,197
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	11,366
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,354,831

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,941,679
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				
c From 2016. 250,461				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	250,461			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 2,366,197				
a Applied to 2018, but not more than line 2a			0	
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 2019 distributable amount.				1,941,679
e Remaining amount distributed out of corpus	424,518			
5 Excess distributions carryover applied to 2019	0			0
(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	674,979			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
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 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	674,979			
10 Analysis of line 9				
a Excess from 2015. . . .				
b Excess from 2016. . . . 250,461				
c Excess from 2017. . . .				
d Excess from 2018. . . .				
e Excess from 2019. . . . 424,518				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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					
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) 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 organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NEIL MELLEN

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,253,004
b *Approved for future payment* HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVE ROXBURY, MA 02119	NONE	501 (C)(3)	UNRESTRICTED	600,000
ST MARTIN DE PORRES ACADEMY 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	NONE	501 (C)(3)	UNRESTRICTED	400,000
Total . . . . . ▶ **3b**				1,000,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	1,000,520	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	285,241	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		1,285,761	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,285,761

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2020-07-28	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr) ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ROBERT SCHLESS		2020-07-28		P01236203

Firm's name ▶ CIRONEFRIEDBERG LLP	Firm's EIN ▶06-1533315
Firm's address ▶ 6 RESEARCH DRIVE 450 SHELTON, CT 06484	Phone no (203) 366-5876

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
MERRILL LYNCH #04K18	P		
MERRILL LYNCH #04K18	P		
MERRILL LYNCH #02466	P		
MERRILL LYNCH #02466	P		
MERRILL LYNCH #02466	P		
MERRILL LYNCH #02467	P		
MERRILL LYNCH #02467	P		
MERRILL LYNCH #02467	P		
MERRILL LYNCH #02467 SUPPLEMENTAL	P		
MERRILL LYNCH #02467 SUPPLEMENTAL	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
18,371,000		18,371,000	0
1,443,000		1,443,000	0
134,436		144,407	-9,971
781,664		727,610	54,054
29			29
326,077		322,786	3,291
955,964		964,215	-8,251
9,000		9,406	-406
235,754		235,754	0
233,478		220,297	13,181

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			0
			0
			-9,971
			54,054
			29
			3,291
			-8,251
			-406
			0
			13,181

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
MERRILL LYNCH #02545 - SUPPLEMENTAL	P		
MERRILL LYNCH #02545	P		
US TRUST	P		
US TRUST	P		
CHARLES SCHWAB	P		
CHARLES SCHWAB	P		
MORGAN STANLEY	P		
WELLS FARGO	P		
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
89		91	-2
148,264		131,187	17,077
774,193		754,627	19,566
987,536		851,159	136,377
11,899		8,130	3,769
186,592		172,623	13,969
125,000		125,000	0
125,000		125,000	0
42,558			42,558

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-2
			17,077
			19,566
			136,377
			3,769
			13,969
			0
			0
			42,558

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
NEIL MELLEN 30 SHADY LANE MONROE, CT 06468	PRESIDENT & TREASURER 2 00	0	0	0
MICHAEL BARBARO 125 NORTH HILL ROAD NORTH HAVEN, CT 06473	DIRECTOR 2 00	0	0	0
MICHAEL MELLEN 23 BLACKBERRY ROAD HUNTINGTON, CT 06484	VICE PRESIDENT AND SECRETA 2 00	0	0	0
KATHRYN TUTINO 25 FENCE CREEK DRIVE MADISON, CT 06443	DIRECTOR 2 00	0	0	0
RALPH S LOEW 20 JADE TREE LANE TRUMBULL, CT 06611	DIRECTOR 2 00	0	0	0
DANIEL D RUBINO 81 MORNINGSIDE DRIVE MILFORD, CT 06460	DIRECTOR 5 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
21 FRIENDS INC1118 DRIFT ROAD WESTPORT, MA 02790	NONE	501 (C)(3)	UNRESTRICTED	500
ACES FOUNDATION350 STATE STREET NORTH HAVEN, CT 06473	NONE	501 (C)(3)	UNRESTRICTED	5,000
ACHILLES INTERNATIONAL 42 WEST 38TH STREET NEW YORK, NY 10018	NONE	501 (C)(3)	UNRESTRICTED	80,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFTER THE FINISH LINE 10153 RIVERSIDE DRIVE STE 397 TOLUCA LAKE, CA 91602	NONE	501 (C)(3)	UNRESTRICTED	12,000
AGAWAM HIGH SCHOOL BAND 760 COOPER STREET AGAWAM, MA 01001	NONE	501 (C)(3)	UNRESTRICTED	500
ALZHEIMER'S ASSOCIATION CT CHAPTER 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	NONE	501 (C)(3)	UNRESTRICTED	1,500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN YOUTH AND FAMILY SERVICE 21 PHEASANT CT AUBURN, MA 01501	NONE	501 (C)(3)	UNRESTRICTED	500
AUTISM SERVICES AND RESOURCES CONNECTICUT 101 NORTH PLAINS INDUSTRIAL ROAD HARVEST PARK BUILDING 1A WALLINGFORD, CT 06492	NONE	501 (C)(3)	UNRESTRICTED	1,500
BAYPATH EDUCATION FOUNDATION 57 OLD MUGGETT HILL ROAD CHARLTON, MA 01507	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENHAVEN INC2 BUENA VISTA ROAD BRANFORD, CT 06405	NONE	501 (C)(3)	UNRESTRICTED	1,000
BOYS & GIRLS CLUB OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105	NONE	501 (C)(3)	UNRESTRICTED	250
BOYS & GIRLS CLUB WORCESTER 65 TAINTER STREET WORCESTER, MA 01610	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIAN DAGLE FOUNDATION 461 MAIN STREET NIANTIC, CT 06357	NONE	501 (C)(3)	UNRESTRICTED	1,000
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVE BRIDGEPORT, CT 06605	NONE	501 (C)(3)	UNRESTRICTED	500
BRIDGEPORT YOUTH LACROSSE PO BOX 55256 BRIDGEPORT, CT 06604	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABRINI MISSION FOUNDATION 222 EAST 19TH STREET NEW YORK, NY 10003	NONE	501 (C)(3)	UNRESTRICTED	10,000
CAMP RISING SUN CHAR FOUNDATION PO BOX 310611 NEWINGTON, CT 06131	NONE	501 (C)(3)	UNRESTRICTED	500
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 02601	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATCH HOUSING 105 LOUDON ROAD UNIT 1 CONCORD, NH 03301	NONE	501 (C)(3)	UNRESTRICTED	500
CATHOLIC CHARITIES 45 WADSWORTH STREET HARTFORD, CT 06106	NONE	501 (C)(3)	UNRESTRICTED	250
CATHOLIC CHARITIES MAINE PO BOX 10660 PORTLAND, ME 04104	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR GREIVING CHILDREN 555 FOREST AVENUE PORTLAND, ME 04073	NONE	501 (C)(3)	UNRESTRICTED	750
CENTER FOR HOSPICE CARE 227 DUNHAM STREET NORWICH, CT 06360	NONE	501 (C)(3)	UNRESTRICTED	1,000
CHANNEL 3 KIDS CAMP 73 TIMES FARM ROAD ANDOVER, CT 06232	NONE	501 (C)(3)	UNRESTRICTED	3,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIFFORD BEERS 5 SCIENCE PARK 2ND FL NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	500
CLOTHING CHILDREN IN NEED 30 SHADY LANE MONROE, CT 06468	NONE	501 (C)(3)	UNRESTRICTED	20,000
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	NONE	501 (C)(3)	UNRESTRICTED	2,500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY DINING ROOM 30 HARRISON AVENUE BRANFORD, CT 06405	NONE	501 (C)(3)	UNRESTRICTED	500
CONCEPTS FOR ADAPTIVE LEARNING 4 SCIENCE PARK SUITE A NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	1,000
CONNECTICUT BURNS FOUNDATION 601 BOSTON POST ROAD MILFORD, CT 06460	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CANCER FOUNDATION 15 NORTH MAIN STREET OLD SAYBROOK, CT 06475	NONE	501 (C)(3)	UNRESTRICTED	7,000
CONNECTICUT COUNCIL FOR PHILANTHROPY 75 CHARTER OAK AVE SUITE 1-205 HARTFORD, CT 06106	NONE	501 (C)(3)	UNRESTRICTED	3,000
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FUND FOR THE ENVIRONMENT 900 CHAPEL STREET SUITE 2202 NEW HAVEN, CT 06510	NONE	501 (C)(3)	UNRESTRICTED	100
CONNECTICUT HOSPICE INC 100 DOUBLE BEACH ROAD BRANFORD, CT 06405	NONE	501 (C)(3)	UNRESTRICTED	1,000
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS 670 CLINTON AVENUE BRIDGEPORT, CT 06605	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT MENTAL HEALTH CENTER 34 PARKK STREET NEW HAVEN, CT 06519	NONE	501 (C)(3)	UNRESTRICTED	500
CONTINUUM OF CARE 109 LEGION AVENUE NEW HAVEN, CT 06519	NONE	501 (C)(3)	UNRESTRICTED	500
COVENANT SOUP KITCHEN 220 VALLEY STREET WILLIMANTIC, CT 06226	NONE	501 (C)(3)	UNRESTRICTED	7,500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRMA60 FOREST STREET HARTFORD, CT 06105	NONE	501 (C)(3)	UNRESTRICTED	5,000
CROSSROADS OF RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	NONE	501 (C)(3)	UNRESTRICTED	500
CT WOMEN'S HALL FAME 320 FITCH STREET NEW HAVEN, CT 06515	NONE	501 (C)(3)	UNRESTRICTED	2,250
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANBURY YOUTH SERVICES 91 WEST STREET DANBURY, CT 06810	NONE	501 (C)(3)	UNRESTRICTED	1,000
DARE TO DREAM RANCH 12 SNAGWOOD ROAD FOSTER, RI 02825	NONE	501 (C)(3)	UNRESTRICTED	500
DAY ONE525 MAIN STREET SOUTH PORTLAND, ME 04106	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMOS80 BROAD STREET 4TH FL NEW YORK, NY 10004	NONE	501 (C)(3)	UNRESTRICTED	1,500
EAST HAVEN FOOD PANTRY 39 PARK PLACE EAST HAVEN, CT 06513	NONE	501 (C)(3)	UNRESTRICTED	500
EASTER SEALS MAINE 125 PRESUMPSCOTT STREET PORTLAND, ME 04103	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALMOUTH SERVICE CENTER 611 GRIFFIN STREET FALMOUTH, MA 02540	NONE	501 (C)(3)	UNRESTRICTED	500
FAMILY AND CHILDRENS AGENCY 9 MOTT AVENUE NORWALK, CT 06850	NONE	501 (C)(3)	UNRESTRICTED	1,000
FEED BRANFORD KIDSPO BOX 651 BRANFORD, CT 06405	NONE	501 (C)(3)	UNRESTRICTED	1,275
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINALLY HOME SENIOR DOG RESCUE 616 NEW GLOUCESTER ROAD NORTH YARMOUTH, ME 04097	NONE	501 (C)(3)	UNRESTRICTED	1,000
FOR GOODNESS SAKE 123 WHITING STREET UNIT A PLAINVILLE, CT 06062	NONE	501 (C)(3)	UNRESTRICTED	1,000
GATEWAY COMMUNITY COLLEGE FOUNDATION 20 CHURCH STREET NEW HAVEN, CT 06510	NONE	501 (C)(3)	UNRESTRICTED	10,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAYLORD HOSPITAL 50 GAYLORD FARM ROAD WALLINGFORD, CT 06492	NONE	501 (C)(3)	UNRESTRICTED	1,000
GNOME SURF THERAPYPO BOX 21 TIVERTON, RI 02878	NONE	501 (C)(3)	UNRESTRICTED	500
GOOD BEGINNINGSPO BOX 5054 WEST LEBANON, NH 03784	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GR JOY MISSION CHURCH 49 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	501 (C)(3)	UNRESTRICTED	250
GREATER BRIDGEPORT SYMPHONY 446 UNIVERSITY AVE BRIDGEPORT, CT 06604	NONE	501 (C)(3)	UNRESTRICTED	500
GREATER PORTLAND FAMILY PROMISE 70 FOREST AVE PORTLAND, ME 04101	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARMONY HOUSEPO BOX 6135 HOLYOKE, MA 01041	NONE	501 (C)(3)	UNRESTRICTED	500
HISPANIC COALITION 135 E LIBERTY ST 5 WATERBURY, CT 06706	NONE	501 (C)(3)	UNRESTRICTED	500
HOLY TRINITY SCHOOL50 CHURCH ST LACONIA, NH 03246	NONE	501 (C)(3)	UNRESTRICTED	250
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME VOUNSELORS INC115 MAIN ST 2 DAMARISCOTTA, ME 04543	NONE	501 (C)(3)	UNRESTRICTED	1,000
HOMELESS ANIMAL RESCUEPO BOX 351 CUMBERLAND, ME 04021	NONE	501 (C)(3)	UNRESTRICTED	1,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVE ROXBURY, MA 02119	NONE	501 (C)(3)	UNRESTRICTED	200,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FESTIVAL OF ARTS & IDEAS 195 CHURCH STREET NEW HAVEN, CT 06510	NONE	501 (C)(3)	UNRESTRICTED	10,000
JOHNNYCAKE CENTER OF WESTERLY 25 INDUSTRIAL DRIVE WESTERLY, RI 02891	NONE	501 (C)(3)	UNRESTRICTED	500
KENNEBEC VALLEY HUMANE SOCIETY 10 PETHAVEN LANE AUGUSTA, ME 04330	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEVS FOUNATION INCPO BOX 27 SOUTHAMPTON, MA 01073	NONE	501 (C)(3)	UNRESTRICTED	500
LEADERSHIP GREATER HARTFORD 30 LAUREL STREET 3D HARTFORD, CT 06106	NONE	501 (C)(3)	UNRESTRICTED	250
LEAP31 JEFFERSON STREET NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVENUE BRIDGEPORT, CT 06605	NONE	501 (C)(3)	UNRESTRICTED	500
LIFEPATH INC 101 MUNSON STREET SUITE 201 GREENFIELD, MA 01301	NONE	501 (C)(3)	UNRESTRICTED	250
LOUIS D BROWN PEACE INSTITUTE 15 CHRISTOPHER ST DORCHESTER, MA 02122	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE RECOVERY FUND 494 FOREST AVE PORTLAND, ME 04101	NONE	501 (C)(3)	UNRESTRICTED	1,250
MASTERS MANNA428 S CHERRY STREET WALLINGFORD, CT 06492	NONE	501 (C)(3)	UNRESTRICTED	1,000
MIDCOAST HUMANE 190 PLEASANT STREET BRUNSWICK, ME 04011	NONE	501 (C)(3)	UNRESTRICTED	750
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDCOAST HUNGER PREVENTION 12 TENNEY WAY BRUNSWICK, ME 04011	NONE	501 (C)(3)	UNRESTRICTED	2,000
MIDDLESEX COMMUNITY COLLEGE 100 TRAINING HILL ROAD MIDDLETOWN, CT 06457	NONE	501 (C)(3)	UNRESTRICTED	6,000
MUSCULAR DYSTROPHY ASSOCIATION 1952 WHITNEY AVENUE HAMDEN, CT 06517	NONE	501 (C)(3)	UNRESTRICTED	1,500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHUA CENTER18 SIMON STREET NASHUA, NH 03060	NONE	501 (C)(3)	UNRESTRICTED	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	501 (C)(3)	UNRESTRICTED	3,000
NEW ENGLAND INNOCENCE PROJECT 120 TREMONT STREET STE 735 BOSTON, MA 02108	NONE	501 (C)(3)	UNRESTRICTED	35,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAVEN GRIDIRON CLUB INC PO BOX 32 NEW HAVEN, CT 06501	NONE	501 (C)(3)	UNRESTRICTED	5,000
NEW HAVEN HEAT BASKETBALL ORG 631 DIXWELL AVENUE NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	500
NEW HAVEN SYMPHONY ORCHESTRA INC PO BOX 9718 NEW HAVEN, CT 06536	NONE	501 (C)(3)	UNRESTRICTED	5,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW REACH153 EAST STREET NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	17,500
NH READS COMMUNITY BOOK BANK 45 BRISTOL STREET NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	500
NO BOWL EMPTY FOOD PANTRY 238 OLD AIKEN ROAD EAST WATERFORD, ME 04030	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME KNIGHTS OF HONOR ONE NOTRE DAME WAY WEST HAVEN, CT 06516	NONE	501 (C)(3)	UNRESTRICTED	500
OLM PREPARTORY ACADEMY 503 OLD TOLL RD MADISON, CT 06443	NONE	501 (C)(3)	UNRESTRICTED	500
OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 06954	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIMUS HEALTH CARE 982 EAST MAIN STREET BRIDGEPORT, CT 06608	NONE	501 (C)(3)	UNRESTRICTED	10,000
OUR LADY OF VICTORY CHURCH 600 JONES HILL ROAD WEST HAVEN, CT 06516	NONE	501 (C)(3)	UNRESTRICTED	4,000
PARTNERS FOR WORLD HEALTH 40 WALCH DRIVE PORTLAND, ME 04103	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS FOR VETS135 DOUGHTY ROAD NORTH YARMOUTH, ME 04097	NONE	501 (C)(3)	UNRESTRICTED	1,500
PLAINFIELD COMMUNITY FOOD PANTRY 54 S CANAL STREET PLAINVILLE, CT 06062	NONE	501 (C)(3)	UNRESTRICTED	500
PORTLAND RECOVER COMMUNITY CENTER 94 AUBURN STREET SUITE 110 PORTLAND, ME 04103	NONE	501 (C)(3)	UNRESTRICTED	515
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT FEED202 WOODFORD STREET PORTLAND, ME 04103	NONE	501 (C)(3)	UNRESTRICTED	2,000
QUINNIPIAC UNIVERSITY 275 MT CARMEL AVE HAMDEN, CT 06518	NONE	501 (C)(3)	UNRESTRICTED	300,000
READ TO GROW 53 SCHOOL GROUND ROAD 3 BRANFORD, CT 06405	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RMH CHARITIES OF NEW ENGLAND 45 GAY STREET PROVIDENCE, RI 02905	NONE	501 (C)(3)	UNRESTRICTED	5,000
RONALD MCDONALD HOUSE OF CONNECTICUT 860 HOWARD AVE NEW HAVEN, CT 06519	NONE	501 (C)(3)	UNRESTRICTED	2,000
SARAH FOUNDATION 246 GOOSE LANE STE 104 GUILFORD, CT 06437	NONE	501 (C)(3)	UNRESTRICTED	2,500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE DOG STRONG10 STACYS WAY DENMARK, ME 04022	NONE	501 (C)(3)	UNRESTRICTED	2,000
SHARE1 COLUMBUS AVENUE MILFORD, NH 03055	NONE	501 (C)(3)	UNRESTRICTED	1,000
SOLAR YOUTH53 WAYFARER STREET NEW HAVEN, CT 06515	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND 550 POWER ROAD PAWTUCKET, RI 02860	NONE	501 (C)(3)	UNRESTRICTED	1,000
ST JOHN'S UNIVERSITY 8000 UTOPIA PKWY JAMAICA, NY 11439	NONE	501 (C)(3)	UNRESTRICTED	5,000
ST MARTIN DE PORRES ACADEMY 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	NONE	501 (C)(3)	UNRESTRICTED	288,664
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT'S MEDICAL CENTER FOUNDATION 2800 MAIN STREET BRIDGEPORT, CT 06606	NONE	501 (C)(3)	UNRESTRICTED	1,500
ST THOMAS MORE CHAPEL AND CENTER AT YALE 268 PARK STREET NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	500
STOP TRAFFICKING US 24 HEREWEARE ROAD STANDISH, ME 04084	NONE	501 (C)(3)	UNRESTRICTED	1,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRIKE THREEPO BOX 191 MONROE, CT 06468	NONE	501 (C)(3)	UNRESTRICTED	1,000
SUSAN G KOMEN CHICAGO 213 W INSTITUTE PL STE 302 CHICAGO, IL 60610	NONE	501 (C)(3)	UNRESTRICTED	1,000
TEMPLE BETH EL350 ROXBURY ROAD STAMFORD, CT 06902	NONE	501 (C)(3)	UNRESTRICTED	5,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY KITCHEN 37 MECHANIC STREET KEENE, NH 03431	NONE	501 (C)(3)	UNRESTRICTED	500
THE HOLE IN THE WALL GANG 555 LONG WARF DRIVE NEW HAVEN, CT 06511	NONE	501 (C)(3)	UNRESTRICTED	500
THE SISTERS WISH10 SABRINA LANE SPRINGVALE, ME 04083	NONE	501 (C)(3)	UNRESTRICTED	2,000
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOUCHABLE STORIES INC 1151 MASSACHUSETTS AVE CAMBRIDGE, MA 02141	NONE	501 (C)(3)	UNRESTRICTED	1,000
THE WAY HOME214 SPRUCE STREET MANCHESTER, NH 03103	NONE	501 (C)(3)	UNRESTRICTED	500
THE WORTHWHILE LIFE FOUNDATION 65A INDUSTRIAL PARK ROAD HINGHAM, MA 02043	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TISCH MS RESEARCH CENTER OF NEW YORK 521 WEST 7TH ST 4TH FLOOR NEW YORK, NY 10019	NONE	501 (C)(3)	UNRESTRICTED	70,000
TOWN OF NORTH HAVEN CT FIRE DEPARTMENT 11 BROADWAY NORTH HAVEN, CT 06473	NONE	501 (C)(3)	UNRESTRICTED	12,500
TRAVIS MILLS FOUNDATION 1002 WATSON POND ROAD ROME, ME 04963	NONE	501 (C)(3)	UNRESTRICTED	2,500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET 4TH FLOOR SUITE 403 NEW HAVEN, CT 06513	NONE	501 (C)(3)	UNRESTRICTED	10,000
UPPER VALLEY HAVEN 713 HARTFORD AVE WHITE RIVER JUNCTION, VT 05001	NONE	501 (C)(3)	UNRESTRICTED	1,000
VIN BAKER FOUNDATION 1444 LITTLE MEADOW RD GUILFORD, CT 06437	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARM CENTER56 SPRUCE STREET WESTERLY, RI 02891	NONE	501 (C)(3)	UNRESTRICTED	500
WAYSIDE135 WALTON STREET PORTLAND, ME 04103	NONE	501 (C)(3)	UNRESTRICTED	2,000
WEST HAVEN COMMUNITY HOUSE 227 ELM STREET WEST HAVEN, CT 06516	NONE	501 (C)(3)	UNRESTRICTED	500
Total . . . . . ▶ **3a**				1,253,004

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER STATE FOUNDATION 21 FOREST STREET OXFORD, MA 01540	NONE	501 (C)(3)	UNRESTRICTED	250
WSHU PUBLIC RADIO 5151 PARK AVENUE FAIRFIELD, CT 06825	NONE	501 (C)(3)	UNRESTRICTED	200
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	501 (C)(3)	UNRESTRICTED	10,000
Total . . . . . ▶ **3a**				1,253,004

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Cash Distribution Explanation Statement

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Explanation: TOWN FAIR TIRE FOUNDATION HAS COMMITTED AND SET ASIDE THE FOLLOWING DISTRIBUTIONS TO BE DISTRIBUTED AS FOLLOWS:1 - HORIZONS FOR HOMELESS CHILDREN - TAXPAYER HAS COMMITTED FUNDS TO AID IN FUNDING NEW BUILDING FOR HOMELESS CHILDREN'S SUPPORT AND EDUCATION. THE FUNDS ARE COMMITTED FOR THE FOLLOWING YEARS:$200,000 IN DECEMBER 2021, $200,000 DECEMBER 2022, AND $200,000 DECEMBER 2023.2 - ST MARTIN DE PORRES ACADEMY - THE FOUNDATION HAS COMMITTED FUNDS TO AID IN PROMOTING EDUCATION AND GRADUATE SUPPORT FOR LOW-INCOME FAMILIES. THE FUNDS ARE COMMITTED FOR THE FOLLOWING PERIODS: $200,000 FOR THE 2020-2021 ACADEMIC YEAR AND $200,000 FOR THE 2021-2022 ACADEMIC YEAR.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Investments Corporate Bonds Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME SECURITIES	8,305,181	8,486,739

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Investments Corporate Stock Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	8,657,505	11,561,349

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Investments Government Obligations Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

US Government Securities - End of Year Book Value:	2,802,085
US Government Securities - End of Year Fair Market Value:	2,888,116
State & Local Government Securities - End of Year Book Value:	65,489
State & Local Government Securities - End of Year Fair Market Value:	66,567

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Investments - Other Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	7,419,249	11,129,449
REIT	AT COST	556,294	606,703
PREFERRED STOCKS	AT COST	966,172	985,018
CERTIFICATES OF DEPOSIT	AT COST	3,916,000	3,923,694

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Legal Fees Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	36,000	0		36,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Other Assets Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM BROKER	14,919	56,183	56,183
PREPAID INTEREST INCOME	3,274	8,879	8,879
PREPAID EXPENSES	5,000	5,000	5,000

TY 2019 Other Expenses Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOOKKEEPING	7,347	0		7,347
LICENSE AND DUES	5,050	0		5,050
OFFICE EXPENSES	838	0		838
MEMBERSHIP FEES	250	0		250

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491210001080

TY 2019 Other Professional Fees Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUSTODIAN FEES	1,219	1,219		0
ADVISORY FEES	142,533	142,533		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491210001080

TY 2019 Substantial Contributors Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Name	Address
NEIL MELLEN	460 COE AVE EAST HAVEN, CT 06512

TY 2019 Taxes Schedule

Name: TOWN FAIR TIRE FOUNDATION INC

EIN: 06-1592259

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	62,801	0		0
FOREIGN TAXES WITHHELD	5,403	5,403		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491210001080

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2019

Name of the organization
TOWN FAIR TIRE FOUNDATION INC

Employer identification number
06-1592259

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	☑ 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

☑ 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 other 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
TOWN FAIR TIRE FOUNDATION INC

Employer identification number
06-1592259

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIL MELLEN 30 SHADY LANE MONROE, CT 06468	$ 115,734	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
2	NEIL MELLEN 30 SHADY LANE MONROE, CT 06468	$ 6,883,726	☐ Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
TOWN FAIR TIRE FOUNDATION INC

Employer identification number
06-1592259

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
2	UNITED STATES TREASURY BILLS	$ 6 883,726	2019-12-24
(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 organization	**Employer identification number**
TOWN FAIR TIRE FOUNDATION INC	06-1592259

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee