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2019

OMB No. 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

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.

Open to Public Inspection

							•
or	caler	ndar year 2019, or tax year beginning 01-01-20)19 , ar	nd er	nding 12-31-	2019	
		indation EX FOUNDATION INC			A Employer id	entification numbe	r
DC	JK-A-FLI	EX FOUNDATION INC			27-4360819		
		d street (or P.O. box number if mail is not delivered to street address) WIN STREET	Room/suite		B Telephone nu	mber (see instructio	ns)
		WAR STREET			(860) 528-9838	:	
		n, state or province, country, and ZIP or foreign postal code FORD, CT 06108			C If exemption	application is pendin	g, check here
					-		▶ ∟
G Cł	neck al	l that apply: □ Initial return □ Initial return of a	former public charity			ganizations, check h	▶ ∟
		☐ Final return ☐ Amended return ☐ Address change ☐ Name change				ganizations meeting k here and attach co	
1 Ch	neck tv	pe of organization: ✓ Section 501(c)(3) exempt private	foundation			indation status was	
_	,	_	e private foundation		under sectio	n 507(b)(1)(A), ched	ck nere
		(et value of all assets at end	☑ Cash ☐ Accru	al		ition is in a 60-mont	
		rom Part II, col. (c), ▶\$ 3,273,323 Other (specify)			under section	n 507(b)(1)(B), ched	k here 🕨 🗀
		(Part I, column (d) must	be on cash basis.)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(5)	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach					(Cash basis only)
	_	schedule)	250,000				
	2	Check ► ☐ if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	81,460		81,460		
	5a	Gross rents					
	b	Net rental income or (loss)					
Ξ	6a	Net gain or (loss) from sale of assets not on line 10	4,450				
Revenue	b	Gross sales price for all assets on line 6a 159,271			4.450		
ž	7	Capital gain net income (from Part IV, line 2)			4,450		
	8	Net short-term capital gain					
	10a	Gross sales less returns and allowances					
	ь	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	335,910		85,910		
	13	Compensation of officers, directors, trustees, etc.	0		0		(
	14	Other employee salaries and wages					
ses	15 16a	Pension plans, employee benefits					
E E	b	Accounting fees (attach schedule)					
Ä	°	Other professional fees (attach schedule)	15,037		15,037		
llVe	17	Interest					
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	% 3,677		1,070		(
E S	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
D A	21	Travel, conferences, and meetings					
E E	22	Printing and publications					
<u>5</u>	23	Other expenses (attach schedule)	1,805		1,805		(
era	24	Total operating and administrative expenses. Add lines 13 through 23	20,519		17,912		,
0	25	Contributions, gifts, grants paid	165,000	_	17,312		165,000
	26	Total expenses and disbursements. Add lines 24 and	255,500				255,500
		25	185,519		17,912		165,000
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	150,391				
	ь	Net investment income (if negative, enter -0-)			67,998		
	c	Adjusted net income (if negative, enter -0-)					

Attached schedules and amounts in the description column

Beginning of year

Page 2

End of year

	4	Pledges receivable P			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
LO.	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,142,773	1,141,73	1,557,535
	С	Investments—corporate bonds (attach schedule)	745,263	596,79	615,051
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	499,827	499,56	498,747
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	2.689.687	2.840.07	3,273,323

14	Land, buildings, and equipment: basis ▶	
	Less: accumulated depreciation (attach schedule) ▶	
15	Other assets (describe)	
16	Total assets (to be completed by all filers—see the	
	instructions. Also, see page 1, item I)	2,689,687
17	Accounts payable and accrued expenses	

Foundations that follow FASB ASC 958, check here ▶

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

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.

2,689,687

2,689,687

2,689,687

2,840,078

2.840.078

2,840,078

1

2

3

4

5

6

2,689,687

2,840,078

2,840,078 Form **990-PF** (2019)

150,391

Fund Balances Assets or 26 27

28

29 30

Part III

Net

2

3

5

18

19

20

21

22

23

Liabilities

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Accounts receivable

Grants payable

Other liabilities (describe ▶_

and complete lines 24, 25, 29 and 30.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Less: allowance for doubtful accounts ▶

3

orm 990-PF	(2019)					Page 3
Part IV	Capital Gains and	Losses for Tax on Invest	ment Income			
(e kind(s) of property sold (e.g., r nuse; or common stock, 200 shs.		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a 100. [DOWDUPONT INC			P	2017-03-21	2019-03-22
		IBEV WORLDWIDE DTD 7/1 6/20)12 2.5000C% 7/15	P	2018-03-14	2019-02-11
		2014 2.20000% 8/1/2019	·	Р	2018-05-17	2019-08-01
d 50000). GENERAL MILLS INC I	DTD 10 /21 /2014 2.20000% 10	/21 /2019	Р	2015-07-09	2019-10-21
e CAPIT	AL GAINS DIVIDENDS			Р		
G	(e) ross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a	5,38	6		6,332	. , ,	-946
b	48,44	3		48,661		-218
С	50,00	0		50,000		0
d	50,00	0		49,828		172
<u>-</u>	5,44			,		5,442
	•	wing gain in column (h) and owr	ned by the foundation	on 12/31/69	,	· · · · · · · · · · · · · · · · · · ·
	(i) I.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) . (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
а						-946
b						-218
С						0
d						172
e						5,442
3 Nets	· -	I		Part I, line 7	3	4,450
	use by domestic privat	er Section 4940(e) for Re te foundations subject to the sec				
as the four		this part blank. ction 4942 tax on the distributab alify under section 4940(e). Do I			,	es 🔽 No
1 Enter	the appropriate amount	t in each column for each year; :	see instructions before	making any entries	5.	
	(a) od years Calendar year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col. (b) divided by c	
	2018	147,700		2,709,775		0.054506
	2017	152,500		2,550,893		0.059783
	2016	164,640		2,315,574		0.071101
	2015	140,931		2,164,750		0.065103
	2014	135,543		2,145,160		0.063185
2 Total	of line 1, column (d)			2		0.313678
numbe	er of years the foundation	the 5-year base period—divide t on has been in existence if less t ritable-use assets for 2019 from	han 5 years . ´.	3		0.06273 <u>6</u> 2,984,904
			•	5		187,261
•		ncome (1% of Part I, line 27b)		6		680
		,				
		from Dort VII line 4				187,941
	8 is equal to or greater	from Part XII, line 4 , than line 7, check the box in Pa			l g a 1% tax rate. Se	165,000 e the Part VI
					Fr	orm 990-PF (2019)

Form	990-PF (20:	<u> </u>								F	age 6
Pai	rt VII-B	Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During the	year did the foundation	рау о	r incur any amount to:						Yes	No
	(1) Carry (on propaganda, or other	wise a	ttempt to influence legisla	ation (section 4945(e))?	Yes	✓	No.			
(2) Influence the outcome of any spec			pecific	ecific public election (see section 4955); or to carry							
on, directly or indirectly, any voter				gistration drive?		· · 🔲 Yes	✓	No			
	(3) Provide	e a grant to an individua	l for tr	avel, study, or other simi	ilar purposes?	☐ Yes	✓	No			
		-		her than a charitable, etc ctions	· -			N.			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or										
b			•	ny of the transactions fa		∟ Yes	V	No			
	-			nt notice regarding disas					5b		
	Organizatio	ons relying on a current	notice	regarding disaster assist	ance check here						
С	If the answ	er is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the		ш				
	tax becaus	e it maintained expendit	ure re	sponsibility for the grant?	·	· · □ Yes	П	No			
	If "Yes," at	tach the statement requ	ired b	y Regulations section 53.	4945-5(d).	□ Tes	Ш	NO			
6a	Did the fou	ndation, during the year	, rece	ive any funds, directly or	indirectly, to pay premiu	ims on					
	a personal	benefit contract?				· □ v	✓	N. a			
b		ndation, during the year	, pay	premiums, directly or ind	irectly, on a personal ber	nefit contract?		No	6 b		No
7a		•	as the	foundation a party to a p	rohibited tax shelter tran	nsaction?					
b	•			roceeds or have any net		⊔ Yes	✓	No	7b		
8				.960 tax on payment(s) o							
	excess para	achute payment during t	he ye	ar?		· · □ v	✓	N.			
				ers, Directors, Trust					205.		
Pai		and Contractors	•	0.5, 2000.5, 1	icco, i cumuution i iu				,		
1	List all off	icers, directors, truste		oundation managers an							
	(a) Nar	me and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit plan deferred compensat	s and			se acc lowanc	
ROBE	RT S SMITH		CHAI	RMAN, DIRECTOR	, 0		0				0
95 GC	OODWIN STREE	 ≣T	2.00	·							
	HARTFORD, C	Г 06108	_								
	LEY SMITH		VICE- 2.00	-CHAIRMAN, DIRECTOR	0		0				0
	DODWIN STREE HARTFORD, C										
	STEN SMITH		SECR	ETARY, DIRECTOR	0		0				0
	OODWIN STREE		2.00								
	HARTFORD, C	Г 06108	_								
	ARD CULLEN		TREA 2.00	SURER, DIRECTOR	0		0				0
	DODWIN STREI HARTFORD, C										
2	Compensa	tion of five highest-pa	id en	nployees (other than th	nose included on line 1	-see instructions).	If nor	ne, ent	er "I	NONE.	,"
(a)		ddress of each employee re than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions employee benefi plans and deferre compensation	:	(e) Ex		se acco	
NON	 E					·					
Tota	I number of	other employees paid ov	er \$5/	0,000		· · · · · •					0
			-					Form	990)-PF ((2019)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (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 rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	·	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

1,360

147,885

147.885

147.885

165,000

165,000

165,000

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Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

Part XIII

147,885

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0

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			Corpus	Years prior to 2018	2018	2019
1	Distributable amount for 2019 fr	om Part XI, line 7				147,885
2	Undistributed income, if any, as	of the end of 2019:				
а	Enter amount for 2018 only				0	
b	Total for prior years: 20,	20 , 20		0		_
3	Excess distributions carryover, if	any, to 2019:				
а	From 2014	29,199				
b	From 2015	33,931				
С	From 2016	50,081				
d	From 2017	26,411				
е	From 2018	13,567				
f	Total of lines 3a through e		153,189			
4	Qualifying distributions for 2019 f	from Part				_
	XII, line 4: ▶ \$	165,000				
а	Applied to 2018, but not more th	ian line 2a			0	
b	Applied to undistributed income (Election required—see instructio			0		
С	Treated as distributions out of co		0			

17,115

170,304

29.199

141,105

33.931

50,081

26,411

13,567

17,115

(a)

(b)

(c)

required—see instructions). . .

same amount must be shown in column (a).)

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2019.

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount-see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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 2014 not

applied on line 5 or line 7 (see instructions) . . 9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9:

a Excess from 2015.

b Excess from 2016.

c Excess from 2017.

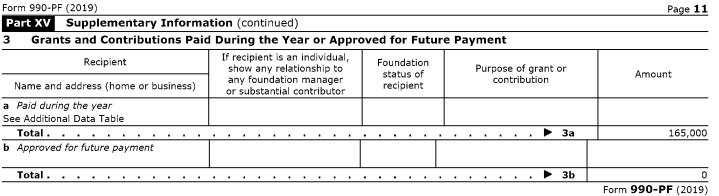
d Excess from 2018. e Excess from 2019.

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

Undistributed Income (see instructions)



Enter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempl
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
2 Membe	and contracts from government agencies rship dues and assessments					
investn 4 Divider	ds and interest from securities			14	81,460	
	tal income or (loss) from real estate: financed property					
b Not d	ebt-financed property					
	tal income or (loss) from personal property					
8 Gain or invento	(loss) from sales of assets other than			10	4,450	
	ome or (loss) from special events:			18	4,430	
	profit or (loss) from sales of inventory revenue: a					
b						
d						
d e			0		85,910	
d e .2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)		1	85,910 3	
d e .2 Subtota 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de 2 Subtot. 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	
de	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) ne Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	85,910

Fo	orm 990-PF (2019)		Pa	ge 1 3
	Part XVII Information Regarding Transfers To and Transactions and Relationships With Nonchar Exempt Organizations	itable		
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?		Yes	No
a	a Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		No
	(2) Other accets	12(2)		No

a Transfe	ers from the reporting four	ndation to a noncharif	table exempt organizatio	n of:			
(1) Ca	ash					1a(1)	No
(2) 01	ther assets					. 1a(2)	No
b Other t	ransactions:						
(1) Sa	ales of assets to a nonchar	itable exempt organi	zation			. 1b(1)	No
(2) Pu	ırchases of assets from a ı	noncharitable exempt	t organization			. 1b(2)	No
(3) Re	ental of facilities, equipme	nt, or other assets.				. 1b(3)	No
(4) Re	eimbursement arrangemer	nts				1b(4)	No
	ans or loan guarantees.					. 1b(5)	No
(6) Per	rformance of services or m	nembership or fundra	ising solicitations			1b(6)	No
c Sharing	g of facilities, equipment, r	mailing lists, other as	sets, or paid employees.			1c	No
of the	goods, other assets, or ser transaction or sharing arra	rvices given by the re angement, show in co	porting foundation. If th	e foundation red ne goods, other	Id always show the fair ma ceived less than fair marke assets, or services received on of transfers, transactions, ar	t value d.	nents
(4) 2	(2) / misant mysived	(c) Hame of Hericitan	table exempt organization	(4) 2000pc	on or cranorors, cranoacciono, ar	na channg arranger	
		_					
describ	I foundation directly or indirectly or indir	er than section 501(c)	•	·	_	☑ No	
u it "Yes,	complete the following s.", (a) Name of organizati		(b) Type of organiza	tion I	(c) Description of	relationshin	
	(a) Name of organization	011	(b) Type of organiza	CIOII	(c) pescription of	генанопапір	
					panying schedules and state ther than taxpayer) is base		

which preparer has any knowledge. Sign May the IRS discuss this return with the preparer shown 2020-12-11 Here Signature of officer or trustee Date Title (see instr.) 🗹 Yes 🗆 No

Preparer's Signature Print/Type preparer's name Date Check if selfemployed ightharpoonupGARY J PURPURA 2020-12-11 Paid **Preparer** COHNREZNICK LLP Firm's name ▶ **Use Only** Firm's address ▶ 350 CHURCH STREET 12TH FLOOR

HARTFORD, CT 06103

Firm's EIN ▶22-1478099

P00740369

Phone no. (959) 200-7000

PTIN

(form 990PF Part XV Line 1a - 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 han \$5,000).
	ROBERT S SMITH

ROBERT S SMITH
SHIRLEY SMITH

KIERSTEN SMITH

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

	or substantial continuator			
a Paid during the year				
ALS ASSOCIATION NATIONAL OFFICE 1275 K STREET STE 250 WASHINGTON, DC 20005		PC	GENERAL OPERATIONS	5,000

,			
ANCROFT NEUROHEALTH INGS HIGHWAY NORTH STE 308 HERRY HILL, NJ 08034	PC	GENERAL OPERATIONS	

or substantial contributor

BANCROFT NEUROHEALTH KINGS HIGHWAY NORTH STE 308 CHERRY HILL, NJ 08034	PC	GENERAL OPERATIONS	25,000
CONNECTICUT HOSPICE INC PO BOX 783	PC	GENERAL OPERATIONS	5,000

CHERRY HILL, NJ 08034			
CONNECTICUT HOSPICE INC PO BOX 783 RRANFORD CT 06405	PC	GENERAL OPERATIONS	5,0

CHERRI HILL, NJ 08034			
CONNECTICUT HOSPICE INC PO BOX 783	PC	GENERAL OPERATIONS	5,000
BRANFORD, CT 06405			

165,000

▶ 3a

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

a Paid during the year			
FIDELCO GUIDE DOG FOUNDATION 103 OLD IRON ORE ROAD BLOOMFIELD, CT 06002	PC	GENERAL OPERATIONS	5,000

BLOOMFIELD, CT 00002			
FRIENDS OF ACADIAPO BOX 45 BAR HARBOR, ME 04609	PC	GENERAL OPERATIONS	5,000

BAR HARBOR, ME 04609	PC	GENERAL OPERATIONS	5,000
GAYLORD HOSPITALPO BOX 400	PC	GENERAL OPERATIONS	10,000

BAR HARBOR, ME U4609			
GAYLORD HOSPITALPO BOX 400 WALLINGFORD, CT 06492	PC	GENERAL OPERATIONS	10,

GAYLORD HOSPITALPO BOX 400 WALLINGFORD, CT 06492	PC	GENERAL OPERATIONS	10,000

WALLINGFORD, CT 00492			
Total	 	▶ 3a	165.000

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

or substantial contributor

	or substantial contributor			
a Paid during the year				
HOCKANUM VALLEY COMMUNITY COUNCIL INC 29 NAEK ROAD SUITE 5A VERNON, CT 06066		PC	GENERAL OPERATIONS	25,000

VERNON, CT 06066			
JAFCOJEWISH CHILDREN VILLIAGE 215 N PRESIDENTIAL BLVD 2ND FLOOR	PC	GENERAL OPERATIONS	5
BALA CYNWYD, PA 19004			

JAFCOJEWISH CHILDREN VILLIAGE 215 N PRESIDENTIAL BLVD 2ND FLOOR BALA CYNWYD, PA 19004	PC	GENERAL OPERATIONS	500
MACC CHARITIES466 MAIN STREET	PC	GENERAL OPERATIONS	15,000

215 N PRESIDENTIAL BLVD 2ND FLOOR BALA CYNWYD, PA 19004			
MACC CHARITIES466 MAIN STREET	PC	GENERAL OPERATIONS	15,000

MANCHESTER, CT 06045	PC	GENERAL OPERATIONS	15,000
Total	 	▶ 3a	165,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
MATH - MEDICAL AID TO HAITI 80 SOUTH MAIN STREET WEST HARTFORD, CT 06107	PC	GENERAL OPERATIONS	25,000

WEST THRETT ONE, CT 00107			
SALVATION ARMY 217 WASHINGTON STREET HARTFORD, CT 06106	PC	GENERAL OPERATIONS	10,000

217 WASHINGTON STREET HARTFORD, CT 06106			
UNITY OF GREATER HARTFORD 919 ELLINGTON ROAD	PC	GENERAL OPERATIONS	10,000

HARTFORD, CT 06106			
UNITY OF GREATER HARTFORD 919 ELLINGTON ROAD SOUTH WINDSOR, CT 06074	PC	GENERAL OPERATIONS	10,000

165,000

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

WICKHAM PARK 1329 WEST MIDDLE TURNPIKE MANCHESTER, CT 06040	PC	GENERAL OPERATIONS	5,000
CT CHILDREN'S MEDICAL CENTER	PC	GENERAL OPERATIONS	2,500

CT CHILDREN'S MEDICAL CENTER FOUNDATION 282 WASHINGTON STREET HARTFORD, CT 06106	PC	GENERAL OPERATIONS	

PC	GENERAL OPERATIONS	2,500
	PC PC	PC GENERAL OPERATIONS

HARTFORD, CT 06106			
PROSTATE CANCER FOUNDATION 1250 4TH STREET SANTA MONICA. CA 90401	PC	GENERAL OPERATIONS	2,500

PROSTATE CANCER FOUNDATION	PC	GENERAL OPERATIONS	2,50
1250 4TH STREET			
SANTA MONICA, CA 90401			

165,000

Total .

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

or substantial contributor

Total .

a Paid during the year			
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123	PC	GENERAL OPERATIONS	1,000
AIDS CONNECTICUT (ACT)	PC	GENERAL OPERATIONS	1,000

AIDS CONNECTICUT (ACT) 110 BARTHOLOMEW AVENUE HARTFORD, CT 06106	PC	GENERAL OPERATIONS	1
GARRIDO STRAY RESCUE FOUNDATION	PC	GENERAL OPERATIONS	

110 BARTHOLOMEW ÀVENUE HARTFORD, CT 06106			
GARRIDO STRAY RESCUE FOUNDATION 5310 N HARLEM AVENUE SUITE 210 CHICAGO IL 60656	PC	GENERAL OPERATIONS	50

HARTFORD, CT 06106			
GARRIDO STRAY RESCUE FOUNDATION 5310 N HARLEM AVENUE SUITE 210 CHICAGO, IL 60656	PC	GENERAL OPERATIONS	500

165,000

▶ 3a

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

24 HOURS IN THE CANYONCANCER SURVIVORSHIP 6600 KILLGORE DRIVE 100 AMARILLO, TX 79106	PC	GENERAL OPERATIONS	500
SHRINER'S HOSPITALS FOR CHILDREN	 PC	GENERAL OPERATIONS	500

AMARILLO, TX 79106			
SHRINER'S HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 33631	PC	GENERAL OPERATIONS	500
ST JUDE CHILDRENS RESEARCH	PC	GENERAL OPERATIONS	500

PO BOX 31356 TAMPA, FL 33631		GENERAL OFERATIONS	300
ST JUDE CHILDRENS RESEARCH HOSPITAL	PC	GENERAL OPERATIONS	500

TAMPA, FL 33631			
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 E 42ND STREET	PC	GENERAL OPERATIONS	500

13 (11) (7) 2 33332			
ST JUDE CHILDRENS RESEARCH HOSPITAL	PC	GENERAL OPERATIONS	500
220 E 42ND STREET			
NEW YORK, NY 10017			

165,000

220 E 42ND STREET NEW YORK, NY 10017		
HOSFITAL		

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
FRESH START PALLET PRODUCTS LLC		PC	GENERAL OPERATIONS	500

HARTFORD, CT 06105			
FRESH START PALLET PRODUCTS LLC 46 WOODLAND STREET	PC	GENERAL OPERATIONS	

(11 01(5) 01 00203			
INSON STATE COLLEGE ' COLLEGE HILL ROAD	PC	GENERAL OPERATIONS	
INSON, VT 05656			

JOHNSON STATE COLLEGE 337 COLLEGE HILL ROAD JOHNSON, VT 05656	PC	GENERAL OPERATIONS	500
MELANOMA RESEARCH FOUNDATION	PC	GENERAL OPERATIONS	500

JOHNSON, VT 05656			
MELANOMA RESEARCH FOUNDATION 1420 K STREET NW 7TH FLOOR WASHINGTON, DC 20005	PC	GENERAL OPERATIONS	500

165,000

MELANOMA RESEARCH FOUNDATION	PC	GENERAL OPERATIONS	5
1420 K STREET NW 7TH FLOOR WASHINGTON, DC 20005			
		-	

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
STOKE FOR LIFE FOUNDATION		PC	GENERAL OPERATIONS	500

1834 KENT PLACE VISTA, CA 92084	PC	GENERAL OPERATIONS	500
PROJECT SWEET PEAS FOUNDATION 45 BOYLSTON AVE	PC	GENERAL OPERATIONS	5,000

PROJECT SWEET PEAS FOUNDATION 45 BOYLSTON AVE WARWICK, RI 02889	PC	GENERAL OPERATIONS	5
CORNERSTONE FOUNDATION INC	PC	GENERAL OPERATIONS	2

WARWICK, RI 02889			
CORNERSTONE FOUNDATION INC 15 PROSPECT STREET VERNON, CT 06066	PC	GENERAL OPERATIONS	2,500

,			
CORNERSTONE FOUNDATION INC 15 PROSPECT STREET VERNON, CT 06066	PC	GENERAL OPERATIONS	2,500
Total	 	> 3a	165,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of

recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
RAY OF LIGHT FARM INC		PC	GENERAL OPERATIONS	1,000

any foundation manager

RAY OF LIGHT FARM INC 232 TOWN STREET EAST HADDAM, CT 06423	PC	GENERAL OPERATIONS	1,0
Total	 	▶ 3a	165,000

Y 2019 Inv	estments Corpora	te Bonds Sche	dule

Name: DUR-A-FLEX FOUNDATION INC.

EIN: 27-4360819

CORPORATE BONDS

NON-US CORPORATE BONDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Investments Corporate Bonds Schedule

Name of Bond

End of Year Fair

End of Year Book

Value

546,643

50,147

Market Value

562,886

52,165

DLN: 93491346007010

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491346007010
TY 2019 Investments Corporat	e Stock Sche	dule
Name: [DUR-A-FLEX FOU	NDATION INC

809,933

664,472

Mariner	DON A TELATOONDATION	1110	
EIN:	27-4360819		
Investments Corporation Stock Schedule			

MUTUAL FUNDS

22.11 27 1500015		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	477,260	747,602

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491346007010
TY 2019 Investments - Other S	Schedule		
No we are 1	NID A FLEV FOLI	NDATION INC	

417,280

81,467

415,879

83,687

Name:	DUR-A-FLEX FOUNDATION INC	

EIN: 27-4360819

MUTUAL FUNDS - BONDS

MUTUAL FUNDS - OTHER

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491346007010		
TY 2019 Other Expenses Schedule						
Name: DUR-A-FLEX FOUNDATION INC						
EIN: 27-4360819						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

1,805

1,805

•	Other Expenses Schedule		
	Description	Revenue and	Net Investment

MISCELLANEOUS EXPENSE

EIN: 27-4360819 Category Amount Net Investment Adjusted Net Disbursements							
TY 2019 Other Professional Fees Schedule Name: DUR-A-FLEX FOUNDATION INC							
TV 2010 Other Professional	TV 2010 Other Professional Food Schodule						
efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DL	N: 93491346007010			

15,037

15,037

Purposes

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DI	N: 93491346007010	
TY 2019 Taxes Schedule					
Nam	e: DUR-A-FLEX	FOUNDATION IN	С		
			_		
	N: 27-4360819				
Category	Amount	Net Investment	Adjusted Net	Disbursements	
		Income	Income	for Charitable	
				Purposes	
FEDERAL INCOME TAXES PAID	2,607	0		0	
FOREIGN INCOME TAX WITHHELD	1,070	1,070		0	

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491346007010		
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2019		
Name of the organization DUR-A-FLEX FOUNDATION	INC		Employer i	dentification number		
Organization type (chec	k one):		27-4360819	,		
	,					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt ch	naritable trust not treated as a p	private foundation			
	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private	foundation				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private	501(c)(3) taxable private foundation				
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (tal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,			
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions tot le year for an <i>exclusively</i> r ganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i	2, of its Form 990; or check th	e box on line H of its Form			
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)		

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number DUR-A-FLEX FOUNDATION INC 27-4360819 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 **DUR-A-FLEX INC** Person 95 GOODWIN STREET Payroll \$ 250,000 Noncash EAST HARTFORD, CT 06108 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
	rganization EX FOUNDATION INC		Employer identification number 27-4360819
Part III	than \$1,000 for the year from any one contributo	r. Complete columns (a) thr of exclusively religious, cha actions.) ► \$	red in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For writable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship 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		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Re	elationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)