

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

Name of foundation THE AIELLO CHARITABLE FOUNDATION INC		A Employer identification number 30-0069581	
Number and street (or P.O. box number if mail is not delivered to street address) 323 NORTH AVENUE		Room/suite	B Telephone number (see instructions) (203) 333-0206
City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06606		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 22,864,422		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

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)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	15	15		
	4 Dividends and interest from securities	146,930	146,930		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	268			
	b Gross sales price for all assets on line 6a _____				
		4,939,437			
	7 Capital gain net income (from Part IV, line 2)		268		
	8 Net short-term capital gain				
	9 Income modifications				
Operating and Administrative Expenses	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)	599,776	599,776		
	12 Total. Add lines 1 through 11	746,989	746,989		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	10,279	10,279		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	18,520	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	323	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	29,122	10,279		0
	25 Contributions, gifts, grants paid	1,087,000			1,087,000
	26 Total expenses and disbursements. Add lines 24 and 25	1,116,122	10,279		1,087,000
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-369,133			
	b Net investment income (if negative, enter -0-)		736,710		
	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	4,166,975	5,467,897	5,467,897
	2 Savings and temporary cash investments	133,296	4,701,479	4,701,479
	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)			
	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)	6,373,984	0	0
	b Investments—corporate stock (attach schedule)	0	192,883	184,026
	c Investments—corporate bonds (attach schedule)	0	297,603	297,645
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	15,247,904	12,205,763	12,208,409
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	2,437	4,966	4,966	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	25,924,596	22,870,591	22,864,422	
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 ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	25,924,596	22,870,591	
	29 Total net assets or fund balances (see instructions)	25,924,596	22,870,591	
30 Total liabilities and net assets/fund balances (see instructions) .	25,924,596	22,870,591		

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	25,924,596
2 Enter amount from Part I, line 27a	2	-369,133
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	25,555,463
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,684,872
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	22,870,591

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.)
1 a U.S. TREASURY BILLS	P	2018-12-18	2019-06-13
b CAPITAL GAINS DIVIDENDS	P		
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 4,939,169		4,939,169	0
b 268			268
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			0
b			268
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	268
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	329,500	25,755,485	0.012793
2017	190,800	14,180,086	0.013455
2016	98,940	158,819	0.622973
2015	108,575	159,222	0.681910
2014	92,600	156,488	0.591739

2 Total of line 1, column (d)	2	1.922870
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	0.384574
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	22,784,498
5 Multiply line 4 by line 3	5	8,762,326
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	7,367
7 Add lines 5 and 6	7	8,769,693
8 Enter qualifying distributions from Part XII, line 4	8	1,087,000

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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	14,734
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	14,734
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	14,734
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	16,000
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	16,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
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	1,266
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 1,266 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?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="text"/> \$ 0 (2) On foundation managers. <input type="text"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		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?		No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> 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? <i>If "No," attach explanation.</i>	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. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	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? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>PETER DINARDO</u> Telephone no. ▶ <u>(203) 333-0206</u>			

Located at ▶ 323 NORTH AVENUE BRIDGEPORT CTZIP+4 ▶ 06606

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	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	Yes	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/>	1b	
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? <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/>	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)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
DAVID M LEHN 1700 EAST PUTNAM AVENUE GREENWICH, CT 06870	MEMBER OF GOVERNING COUNCIL 2.00	0	0	0
LEONARD DINARDO 323 NORTH AVENUE BRIDGEPORT, CT 06606	PRESIDENT, ASST SECY, ASST 2.00	0	0	0
PETER DINARDO 323 NORTH AVENUE BRIDGEPORT, CT 06606	VP, ASST SECY, TREASURER 2.00	0	0	0
MELISSA DINARDO 323 NORTH AVENUE BRIDGEPORT, CT 06606	EXEC VP, SECRETARY, ASST T 1.00	0	0	0
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.

1	Expenses

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	4,151,193
b	Average of monthly cash balances.	1b	7,234,824
c	Fair market value of all other assets (see instructions).	1c	11,745,453
d	Total (add lines 1a, b, and c).	1d	23,131,470
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	23,131,470
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	346,972
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,784,498
6	Minimum investment return. Enter 5% of line 5.	6	1,139,225

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	1,139,225
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	14,734
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	14,734
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,124,491
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,124,491
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	1,124,491

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	1,087,000
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,087,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,087,000

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				1,124,491
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			1,061,415	
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.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>1,087,000</u>				
a Applied to 2018, but not more than line 2a			1,061,415	
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.				25,585
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract 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.				1,098,906
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.	0			
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.				

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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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).)

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	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,087,000
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 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.		
	*****	2020-11-16	*****
	_____ 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 <input type="checkbox"/>	PTIN
	ROBERT SCHLESS		2020-11-12		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 XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ALPHA COMMUNITY SERVICES YMCA 387 CLINTON AVE BRIDGEPORT, CT 06605		501(C)3	UNRESTRICTED	1,500
ALZHEIMER'S ASSOCIATION 2900 WESTCHESTER AVENUE STE 306 PURCHASE, NY 10577		501(C)3	UNRESTRICTED	2,000
ABILITY BEYOND DISABILITY INC 4 BERKSHIRE BLVD BETHEL, CT 06801		501(C)3	UNRESTRICTED	10,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BACIO INC19 OLD SPORT HILL ROAD EASTON, CT 06612		501(C)3	UNRESTRICTED	5,000
BJ RYAN'S FOUNDATION INC 48 UNION STREET STE 1C STAMFORD, CT 06906		501(C)3	UNRESTRICTED	1,500
BARNUM SCHOOL495 WATERVIEW AVE BRIDGEPORT, CT 06608		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BULLARD-HAVENS TECHNICAL HIGH SCHOOL 500 PALISADE AVE BRIDGEPORT, CT 06610		501(C)3	UNRESTRICTED	1,000
CHILD & FAMILY GUIDANCE CENTER 180 FAIRFIELD AVE BRIDGEPORT, CT 06604		501(C)3	UNRESTRICTED	1,500
BRIDGEPORT ANIMAL RESCUE CREW INC 1790 FAIRFIELD BEACH ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	2,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRIDGEPORT FIELD OF DREAMS FOUNDATION 379 SZOST DRIVE FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	500
COMPANIONS IN COURAGE 23 SALEM ROAD TRUMBULL, CT 06611		501(C)3	UNRESTRICTED	5,000
COURAGE TO SPEAK FOUNDATION 71 EAST AVENUE SUITE M NORWALK, CT 06851		501(C)3	UNRESTRICTED	2,000
Total ► 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONNECTICUT YANKEE COUNCIL PO BOX 32 MILFORD, CT 06460		501(C)3	UNRESTRICTED	1,500
CEREBRAL PALSY OF WESTCHESTER 1186 KING STREET RYE BROOK, NY 10573		501(C)3	UNRESTRICTED	10,000
MENTOR 16 EAST 40TH STREET 10TH FLOOR NEW YORK, NY 10016		501(C)3	UNRESTRICTED	2,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY SOLUTIONS INC 4 GRIFFIN ROAD NORTH WINDSOR, CT 06095		501(C)3	UNRESTRICTED	9,000
CONNECTICUT BURNS CARE FOUNDATION INC 601 BOSTON POST ROAD MILFORD, CT 06460		501(C)3	UNRESTRICTED	1,500
CONNECTICUT CERTIFICATION BOARD INC 98 SOUTH TURNPIKE STE D WALLINGFORD, CT 06492		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONNECTICUT COLLEGE 270 MOHEGAN AVE NEW LONDON, CT 06320		501(C)3	UNRESTRICTED	10,000
NOTRE DAME CATHOLIC HIGH SCHOOL 220 JEFFERSON STREET FAIRFIELD, CT 06825		501(C)3	UNRESTRICTED	10,000
COUNCIL OF ITALIAN-AMERICAN SOCIETIES OF GREATER BRIDGEPORT PO BOX 5087 BRIDGEPORT, CT 06610		501(C)3	UNRESTRICTED	2,500
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORWALK GRASSROOTS TENNIS & EDUCATION 11 INGALLS AVENUE NORWALK, CT 06854		501(C)3	UNRESTRICTED	2,500
NEW HOPE MISSIONARY BAPTIST CHURCH 1100 PARK AVE BRIDGEPORT, CT 06604		501(C)3	UNRESTRICTED	5,000
NATIONAL TUBEROUS SCLEROSIS ASSOCIATION 801 ROEDER RD SUITE 750 SILVER SPRINGS, MD 09210		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAIRFIELD CHRISTMAS TREE FESTIVAL PO BOX 844 SOUTHPORT, CT 06890		501(C)3	UNRESTRICTED	3,000
FAIRFIELD COUNTRY DAY SCHOOL 2970 BRONSON ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	2,000
OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 06854		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418		501(C)3	UNRESTRICTED	5,000
HABITAT FOR HUMANITY COASTAL FAIRFIELD COUNTY 1542 BARNUM AVENUE BRIDGEPORT, CT 06610		501(C)3	UNRESTRICTED	3,500
HELP OUR MILITARY HEROES 15 PHEASANT LANE EASTON, CT 06612		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPERATION HOPEOF FAIRFIELD INC 636 OLD POST ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	1,000
HOLY FAMILY CHURCH 700 OLD STRATFIELD ROAD FAIRFIELD, CT 06825		501(C)3	UNRESTRICTED	1,000
HUMAN SERVICES COUNCIL INC 1 PARK STREET NORWALK, CT 06851		501(C)3	UNRESTRICTED	1,500
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KNIGHTS OF COLUMBUS PO BOX 371492 PITTSBURGH, PA 15250		501(C)3	UNRESTRICTED	2,500
LAMBDA LEGAL 120 WALL STREET 19TH FLOOR NEW YORK, NY 10005		501(C)3	UNRESTRICTED	2,500
LAURALTON HALL200 HIGH STREET MILFORD, CT 06460		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PALLIATIVE CARE FOR UGANDA INC 128 EAST AVE NORWALK, CT 06851		501(C)3	UNRESTRICTED	5,000
PUPPIES BEHIND BARS 263 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018		501(C)3	UNRESTRICTED	10,000
PARK CITY INITIATIVE CORPORATION PO BOX 915 BRIDGEPORT, CT 06601		501(C)3	UNRESTRICTED	5,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST RITA'S SCHOOL1601 WHITNEY AVE HAMDEN, CT 06517		501(C)3	UNRESTRICTED	250
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	1,000
NATIONAL SOCIETY OF DAR 176 SASAPEQUAN ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NEAR & FAR AID ASSOCIATION PO BOX 717 SOUTHPORT, CT 06890		501(C)3	UNRESTRICTED	1,500
NEW YORK STEM CELL FOUNDATION INC 1995 BORADWAY STE 600 NEW YORK, NY 10023		501(C)3	UNRESTRICTED	13,000
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012		501(C)3	UNRESTRICTED	10,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORWALK 20 INCPO BOX 783 NORWALK, CT 06852		501(C)3	UNRESTRICTED	1,000
FOOD RESCUE US27 ANN STREET NORWALK, CT 06854		501(C)3	UNRESTRICTED	1,000
NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06856		501(C)3	UNRESTRICTED	110,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOLDEN STATE OPPORTUNITY 553 S CLARENCE STREET LOS ANGELES, CA 90033		501(C)3	UNRESTRICTED	1,000
ORCUTT BOYS CLUB AND GIRLS CLUB 102 PARK STREET BRIDGEPORT, CT 06608		501(C)3	UNRESTRICTED	1,000
QUINNIPIAC SCHOOL OF LAW 275 MOUNT CARMEL AVE HAMDEN, CT 06518		501(C)3	UNRESTRICTED	1,500
Total ▶ 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAVE OUR BABIES INC 35 DIXON STREET BRIDGEPORT, CT 06604		501(C)3	UNRESTRICTED	1,000
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607		501(C)3	UNRESTRICTED	2,500
SOROPTIMIST 485 GREENFIELD HILL ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICS CONNECTICUT PO BOX 4000 HAMDEN, CT 06514		501(C)3	UNRESTRICTED	1,000
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		501(C)3	UNRESTRICTED	5,000
ST LUKE'S SCHOOL 377 NORTH WILTON ROAD NEW CANAAN, CT 06840		501(C)3	UNRESTRICTED	5,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
INTERVAL HOUSEPO BOX 340207 HARTFORD, CT 06134		501(C)3	UNRESTRICTED	500
ST THOMAS AQUINAS CATHOLIC SCHOOL 1719 POST ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	1,000
STEPPING STONES MUSEUM FOR CHILDREN 303 WEST AVENUE NORWALK, CT 06850		501(C)3	UNRESTRICTED	20,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SWIM ACROSS THE SOUND 2800 MAIN STREET BRIDGEPORT, CT 06606		501(C)3	UNRESTRICTED	2,500
LUDLOWE GLAX545 ROWLAND ROAD FAIRFIELD, CT 06824		501(C)3	UNRESTRICTED	500
THE HOLE IN THE WALL GANG CAMP 555 LONG WHARF DRIVE NEW HAVEN, CT 06511		501(C)3	UNRESTRICTED	3,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE MARITIME AQUARIUM 10 N WATER STREET NORWALK, CT 06854		501(C)3	UNRESTRICTED	10,000
THE MIGHTY QUINN FOUNDATION 320 SHORE ROAD STRATFORD, CT 06615		501(C)3	UNRESTRICTED	3,500
MCGIVNEY COMMUNITY CENTER 338 STILLMAN STREET BRIDGEPORT, CT 06610		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF BRIDGEPORT 126 PARK AVENUE BRIDGEPORT, CT 06604		501(C)3	UNRESTRICTED	10,000
MONROE FIRST FOUNDATION 540 BARN HILL ROAD MONROE, CT 06468		501(C)3	UNRESTRICTED	2,500
WOMEN'S CAMPAIGN SCHOOL INC PO BOX 1194 NEW CANAAN, CT 06840		501(C)3	UNRESTRICTED	2,500
Total ▶ 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YALE EYE CENTER 40 TEMPLE STREET NEW HAVEN, CT 06510		501(C)3	UNRESTRICTED	1,000
SAINT LUKE RC CHURCH 49 TURKEY HILL RD N WESTPORT, CT 06880		501(C)3	UNRESTRICTED	1,500
ST MARGARET'S SHRINE 2523 PARK AVENUE BRIDGEPORT, CT 06604		501(C)3	UNRESTRICTED	250
Total ▶ 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THOMAS MERTON CENTER 43 MADISON AVENUE BRIDGEPORT, CT 06604		501(C)3	UNRESTRICTED	1,000
TINY MIRACLES FOUNDATION 381 POST ROAD 2ND FLOOR DARIEN, CT 06820		501(C)3	UNRESTRICTED	1,000
MARINE TOYS FOR TOTS FOUNDATION PO BOX 4002036 DES MOINES, IA 50340		501(C)3	UNRESTRICTED	1,000
Total ► 3a				1,087,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880		501(C)3	UNRESTRICTED	1,000
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508		501(C)3	UNRESTRICTED	10,000
ST JOSEPH'S CHURCH 50 FAIRMONT PLACE SHELTON, CT 06484		501(C)3	UNRESTRICTED	1,000
Total ▶ 3a				1,087,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH'S SOUP KITCHEN 371 SIXTH AVENUE NEW YORK, NY 10014		501(C)3	UNRESTRICTED	500
FIDELITY CHARITABLE GIVING ACCOUNT PO BOX 770001 CINCINNATI, OH 45277		501(C)3	DONOR ADVISED FUND	720,000
Total ▶ 3a				1,087,000

TY 2019 Investments Corporate Bonds Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	297,603	297,645

TY 2019 Investments Corporate Stock Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	192,883	184,026

TY 2019 Investments - Other Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS	AT COST	10,616,085	10,616,085
CERTIFICATES OF DEPOSIT	AT COST	1,249,997	1,250,000
OTHER INVESTMENTS	AT COST	339,681	342,324

TY 2019 Other Assets Schedule

Name: THE AIELLO CHARITABLE FOUNDATION INC

EIN: 30-0069581

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	2,437	4,966	4,966

TY 2019 Other Decreases Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581

Description	Amount
NON DEDUCTIBLE EXPENSES	151,682
PRIOR PERIOD ADJUSTMENT	2,533,190

TY 2019 Other Expenses Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	323	0		0

TY 2019 Other Income Schedule

Name: THE AIELLO CHARITABLE FOUNDATION INC

EIN: 30-0069581

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INTEREST INCOME	599,776	599,776	599,776

TY 2019 Other Professional Fees Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	10,279	10,279		0

**TY 2019 Substantial Contributors
Schedule****Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581**Name****Address**

ESTATE OF RICHARD AIELLO

323 NORTH AVENUE
BRIDGEPORT, CT 06606

TY 2019 Taxes Schedule**Name:** THE AIELLO CHARITABLE FOUNDATION INC**EIN:** 30-0069581

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	18,020	0		0
BUSINESS ENTITY TAX	500	0		0