

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public Q 2

Go to www.irs gov/Form990PFfor instructions and the latest information.

: A

Open to Public Inspection

<u>ک</u>	or ca	lendar year 2019 or tax year beginning	••	, 2019, and ending		, 20
		foundation			A Employeridenti	fication number
	THE	ROSE FAMILY FOUNDATION		47	-3817241	
N		r and street (or P O box number if mail is not delivered to	o street address)	Room/suite	B Telephone numb	
	ONE	FINANCIAL PLAZA			86	50-278-1150
C		own, state or province, country, and ZIP or foreign posta	l code			20 270 1130
	•	,			C If exemption applica	ation is
	םעם	TFORD, CT 06103			pending, check here	e
		eck all that apply Initial return	Initial return of a	former public charity	1	
u	-	· · · ·		•	D 1 Foreign organiza	
		Final return	Amended return		2 Foreign organiza 85% test, check l	
-	<u> </u>	Address change	Name change	d	computation .	▶ □
_ H	$\overline{}$	eck type of organization. X Section 501		/)띡	E If private foundation	status was terminated
Ţ		Section 4947(a)(1) nonexempt charitable trust	Other taxable private		under section 507(I	o)(1)(A), check here .
ı			unting method X Cash	Accrual	F If the foundation is	in a 60-month termination
		, 	ther (specify)		under section 507(I	o)(1)(B), check here .
			column (d), must be on cash l	basis)	L	T (0.5°)
Ŀ	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	b) Net investment (c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per " books	income	income	purposes
_		column (a) (see instructions))	DOOKS			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .				
	2	Check X if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments.			_	
	4	Dividends and interest from securities	21,365.	20,361.		STMT 1
	5a	Gross rents				
	ь	Net rental income or (loss)				. 1
9	6a	Net gain or (loss) from sale of assets not on line 10	28,745.		f31 == 0.	. 1
Ē	b	Gross sales price for all assets on line 6a 170, 917.			R	CEIVED
Revenue	7	Capital gain net income (from Part IV, line 2) .		28,745.		FOLIVED
æ	8	Net short-term capital gain			6	S
	9	Income modifications			8 NO	V 2 3 2020 Q
	10a	Gross sales less returns and allowances				
	h	Less Cost of goods sold .	'n		00	DEN LIT
	l					CLIV, UI
	11	Other income (attach schedule) Total Add lines 1 through 11 . 10 26:20				1
	12	Total Add lines 1 through 11 . 10 26.20	50,110.	49,106.		Ī
_	13	Compensation of officers, directors, trustees, etc	-			
es	14	Other employee salaries and wages		NONE	NONE	
nses	15	Pension plans, employee benefits		NONE	NONE	
þe	16a	Legal fees (attach schedule)				
ũ	b	Accounting fees (attach schedule)	-			
Ş	16a b c 17 18 19 20 21	Other professional fees (attach schedule)	6,591.	4,944.		1,647
ä	17	Interest				1/01/
str	19	Taxes (attach schedule) (see instructions). 3	930.	305.		
Ξ	10	' ' '				
투	19	Depreciation (attach schedule) and depletion.			· · · ·	 '
ĕ	20	Occupancy		NONE	NONE	
힏	21	Travel, conferences, and meetings		NONE	NONE NONE	
Б	22	Printing and publications	51.	NONE	NONE	
ij	23 24 25	Other expenses (attach schedule) STMT. 4	21.			
rat	24	Total operating and administrative expenses.	7 570	F 300	37037	1 (40
be		Add lines 13 through 23	7,572.	5,300.	NONE	
		Contributions, gifts, grants paid	34,000.			34,000
	26	Total expenses and disbursements Add lines 24 and 25	41,572.	5,300.	NONE	35,647
	27	Subtract line 26 from line 12			*	
		Excess of revenue over expenses and disbursements	8,538.			
		Net investment income (if negative, enter -0-)		43,806.		
I	C	Adjusted net income (if negative, enter -0-).		. ,		1.

JSA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2019)

Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments			
3	Accounts receivable			area
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			A consideration the constraint angle of the con-
	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 ► NONE			
8 13	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
₹ 10a	Investments - U S and state government obligations (attach schedule).			_
Ь	Investments - corporate stock (attach schedule)			
C	Investments - corporate bonds (attach schedule)			
11	Investments and huldings			
	Less accumulated depreciation			
12	(attach schedule)			
13	Investments - mortgage loans	496,655.	504,670.	554,169
14	Land, buildings, and			
	equipment basis Less accumulated depreciation (attach schedule)	and the second of		The second secon
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	496,655.	504,670.	554,169
17	Accounts payable and accrued expenses			
18	Grants payable			
	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons.			
19 20 21 22 22	Mortgages and other notes payable (attach schedule)			
22 ا	Other liabilities (describe)			
	,			
23	Total liabilities (add lines 17 through 22)		NONE	
<u>"</u>	Foundations that follow FASB ASC 958, check here			
Salances 24 25	and complete lines 24, 25, 29, and 30			
E 24	Net assets without donor restrictions			
e 25	Net assets with donor restrictions • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·
2 23	Foundations that do not follow FASB ASC 958, check here			
<u> </u>	and complete lines 26 through 30			,
26	Capital stock, trust principal, or current funds	496,655.	504,670.	
y 27	Paid-in or capital surplus, or land, bldg, and equipment fund			
27 28 29 30	Retained earnings, accumulated income, endowment, or other funds			
Ž 29	Total net assets or fund balances (see instructions)	496,655.	504,670.	
g 30	Total liabilities and net assets/fund balances (see			
2	instructions)	496,655.	504,670.	İ
Part I	Analysis of Changes in Net Assets or Fund Bala			
	al net assets or fund balances at beginning of year - Part I		must agree with	
	-of-year figure reported on prior year's return)			496,655.
	er amount from Part I, line 27a			8,538.
	er increases not included in line 2 (itemize)			
	d lines 1, 2, and 3			505,193.
	reases not included in line 2 (itemize) > SEE STAT		5	523.
	al net assets or fund balances at end of year (line 4 minus li		o), line 29 6	504,670.
				Form 990-PF (2019)

Pa		and Lacada for Toy an Invi				
	t IV Capital Gains	and Losses for Tax on Inve	estment income			
	(a) List and des	scribe the kind(s) of property sold (for e	xample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story br	rick warehouse, or common stock, 200	shs MLC Co)	acquired P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		- SOMEWON		
b		DECORTIES		 		
				 		· · · · · · · · · · · · · · · · · · ·
<u>c</u>				 		
d				 		
<u>e</u>				 		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a	-		142,172.			28,745.
b				<u> </u>		
С				 		
d					·-··	
е						
	Complete only for assets she	owing gain in column (h) and owned b	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ın mınus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less tl Losses (from col	nan -0-) or
_		· · · · · · · · · · · · · · · · · · ·				28,745.
<u>a</u>				+	<u> </u>	<u> </u>
<u>b</u>				 		
C			·			
d			<u> </u>	 		
е				 _		
2	Capital gain net income	or (not conital loce)	ain, also enter in Part I, line 7			
~	Capital gain het income	of thet capital loss) {	oss), enter -0- ın Part I, line 7	2		<u> 28,745.</u>
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6).	1		
	If gain, also enter in Pa	art I, line 8, column (c). See ins	tructions If (loss), enter -0- in $oldsymbol{1}$			
			•	l _ l		
	ran i ine o			131		
Par		nder Section 4940(e) for Red		3 ncome		
	t V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment I		ma)	
	t V Qualification U	nder Section 4940(e) for Red			ne.)	
For	t V Qualification U optional use by domestic	nder Section 4940(e) for Red private foundations subject to the	uced Tax on Net Investment I		me.)	
or	t V Qualification U	nder Section 4940(e) for Red private foundations subject to the	uced Tax on Net Investment I		me.)	
For se	optional use by domestic ction 4940(d)(2) applies, l	nder Section 4940(e) for Red private foundations subject to the leave this part blank	uced Tax on Net Investment I section 4940(a) tax on net investi	ment incoi		
For se	optional use by domestic ction 4940(d)(2) applies, I the foundation liable for t	nder Section 4940(e) for Red private foundations subject to the leave this part blank the section 4942 tax on the distribution.	uced Tax on Net Investment I section 4940(a) tax on net investion and section 4940(a) tax on net investion.	ment incoi		Yes X No
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Part VI instructions

Form	990-PF (2019) 47-3817241	_		Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see	instruction	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			1
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		138.
	here X and enter 1% of Part I, line 27b			1
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			1
•	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	ı	NONE
3	Add lines 1 and 2	3		138.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5		138.
6	Credits/Payments			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 448 .	,		
	NONE			1
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE	İ		i
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d	7		148.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		
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		10.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax 10. Refunded			
Par	t VII-A Statements Regarding Activities	<u> </u>		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did it	Yes	No
	participate or intervene in any political campaign ⁷		1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose			
	instructions for the definition		1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a			,
	published or distributed by the foundation in connection with the activities	•	1 1	_
c	Did the foundation file Form 1120-POL for this year?		1c	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$			ļ .
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımposed		į.
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
	If "Yes," attach a detailed description of the activities		1 1	,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	ent, articles		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
	If "Yes," attach the statement required by General Instruction T		1 1 '	
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 dir	ections that	w	
	conflict with the state law remain in the governing instrument?		6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and Part XV	7 X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
	<u>CT</u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney General		نسخا
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4	942(j)(3) or		4 _
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part X	IV If "Yes,"		2
	complete Part XIV		9	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule			••
	names and addresses		10	X
			orm 990-PF (2019)

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	L		1
14	The books are in care of ▶ REID AND RIEGE, P.C. Telephone no ▶ (860) 240	-102	2	
	Located at ▶ ONE FINANCIAL PLAZA, HARTFORD, CT ZIP+4 ▶ 06103			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	\Box
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		·	
	the foreign country >			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		h
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ľ	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			ĺ
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ĺ
	foundation agreed to make a grant to or to employ the official for a period after			ĺ
	termination of government service, if terminating within 90 days)			l
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
-	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		ĺ
	Organizations relying on a current notice regarding disaster assistance, check here			i
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			1
•	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
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))			ĺ
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			ĺ
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			'
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			,
	all years listed, answer "No" and attach statement - see instructions)	2b		ĺ
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
ь	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			l
	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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3ь		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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		Х
			∩_DE	(2019)

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Par	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Red	uired (cont	inued)			
5a	During the year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes	X No	o		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,					ł		1
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X							
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described	n				
	section 4945(d)(4)(A)? See instructions			. Yes	X No	0		}
	(5) Provide for any purpose other than religious, ch			al				,
	purposes, or for the prevention of cruelty to children	or animals?		. Yes	X No	D		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions des	cribed ii	n		
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ice? See instructions.			5ь	<u></u>	
	Organizations relying on a current notice regarding disas	ter assistance, check	here		▶	· []		
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				
	because it maintained expenditure responsibility for the	grant [?]		. Yes	L No	0		
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)						
6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiui	ms				
	on a personal benefit contract?			Yes	X No	o		
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	act ⁷		. <u>бь</u>	1	X
	If "Yes" to 6b, file Form 8870					ļ		
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	Yes	X No	o	-	
b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transact	on ⁷		. <u>7b</u>	<u> </u>	ļ
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in	C	_	l	1	
	remuneration or excess parachute payment(s) during the	year ⁷	 	. Yes	X No			
Par	VIII Information About Officers, Directo and Contractors	rs, Trustees, Fou	indation Manager	s, Highly P	aid Em	ployees,		
1	List all officers, directors, trustees, and foundation							
1	(a) Name and address	(b) Title, and average hours per week devoted to position	neir compensation. (c) Compensation (If not paid, enter -0-)	(d) Contribute employee bene and deferred com	ons to fit plans	(e) Exper	nse acco	
ougl	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributi employee bene	ons to fit plans			
ougl	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103	(b) Title, and average hours per week devoted to position Trustee	(c) Compensation (If not paid,	(d) Contributi employee bene	ons to fit plans			
ougl One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene	ons to fit plans hpensation -()-			es
Oougl One F Gilbe	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103	(b) Title, and average hours per week devoted to position Trustee Trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene	ons to fit plans opensation			es
Oougl One F Gilbe One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan	(b) Title, and average hours per week devoted to position Trustee	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributi employee bene	ons to fit plans spensation - () -			-0- -0-
Oougl One F Gilbe One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103	(b) Title, and average hours per week devoted to position Trustee Trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene	ons to fit plans hpensation -()-			- 0 -
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Oougl One F Gilbe One F Jancy	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contribute employee beneand deferred com	ons to fit plans npensation - 0 0 -	other a	llowance	-0- -0-
Dougl One F Gilbe One F Jancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contribute employee beneand deferred com	ons to fit plans npensation - 0 0 -	other a	llowance	-0- -0-
Dougl One F Silbe One F Jancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contribute employee beneared com	ons to fit plans npensation - 0 - - 0 - nstruction consto	ons). If r	none,	-0- -0- -0- enter
Dougl One F Silbe One F Jancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0- -0- e included on line	(d) Contribute employee beneared deferred com	ons to fit plans npensation - 0 - - 0 - nstruction consto	ons). If r	none,	-0- -0- -0- enter
Oougl One F Silbe Silbe F Hancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0- -0- (c) Compensation	(d) Contribute employee beneared com and deferred com (d) Contribute employee beneared compensations and decompensations are compensations.	ons to fit plans npensation - 0 - - 0 - nstruction consto enefit fetered stion	ons). If r	none,	-0- -0- -0- enter
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Dougl One F Silbe One F Jancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0- -0- (c) Compensation	(d) Contribute employee beneared com and deferred com (d) Contribute employee beneared compensations and decompensations are compensations.	ons to fit plans npensation - 0 - - 0 - nstruction consto enefit fetered stion	ons). If r	none,	-0- -0- -0- enter
Oougl One F Silbe Silbe F Hancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0- -0- (c) Compensation	(d) Contribute employee beneared com and deferred com (d) Contribute employee beneared compensations and decompensations are compensations.	ons to fit plans npensation - 0 - - 0 - nstruction consto enefit fetered stion	ons). If r	none,	-0- -0- -0- enter
Oougl One F Silbe Silbe F Hancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0- -0- (c) Compensation	(d) Contribute employee beneared com and deferred com (d) Contribute employee beneared compensations and decompensations are compensations.	ons to fit plans npensation - 0 - - 0 - nstruction consto enefit fetered stion	ons). If r	none,	-0- -0- -0- enter
Oougl One F Silbe Silbe F Hancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos	(c) Compensation (lf not paid, enter -0-) -0- -0- (c) Compensation	(d) Contribute employee beneared com and deferred com (d) Contribute employee beneared compensations and decompensations are compensations.	ons to fit plans npensation - 0 - - 0 - nstruction consto enefit fetered stion	ons). If r	none,	-0- -0- -0- enter
Oougl One F Silbe One F Jancy One F	(a) Name and address as B. Rose inancial Plaza, Hartford, CT 06103 rt W. Rose inancial Plaza, Hartford, CT 06103 rose Logan inancial Plaza, Hartford, CT 06103 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Trustee Trustee Trustee (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-) -0- -0- (c) Compensation	(d) Contribute employee beneared com and deferred com (d) Contribute employee beneared compensations and decompensations are compensations.	ons to fit plans npensation - 0 - - 0 - nstruction consto enefit fetered stion	ons). If r	none,	-0- -0- -0- enter

Form **990-PF** (2019)

	ghest-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
0375		27027
ONE		NONE
tal numbe	r of others receiving over \$50,000 for professional services	NON
art IX-A	Summary of Direct Charitable Activities	NOIN
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
		 -
4		
art IX-B	Summary of Program-Related Investments (see instructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
NONE		
2		
All other prog	ram-related investments. See instructions	
NONE		

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	542,937.
b	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	542,937.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	542,937.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	8,144.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	534,793.
6	Minimum investment return. Enter 5% of line 5	6	26,740.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	26,740.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 438.		
_ b	Income tax for 2019 (This does not include the tax from Part VI.) 2b	1 (
	Add lines 2a and 2b	2c	438.
3	Distributable amount before adjustments Subtract line 2c from line 1		26,302.
4	Recoveries of amounts treated as qualifying distributions	1 1	NONE
5	Add lines 3 and 4	5	26,302.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	
Par	t XII Qualifying Distributions (see instructions)	<u></u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 1	
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		35,647.
	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	· · · · · · · · · · · · · · · · · · ·		NONE
•	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		MONTE
	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	35,647.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		420
_	Enter 1% of Part I, line 27b See instructions	*	438.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		35,209.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated for the section 4940(e) reduction of tax in those years.	ilculating v	vhether the foundation

Form 990-PF (2019)

Pa	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
	line 7				26,302.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			2,550.	,
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019		1,01,2		
	i YOYE				
-	From 2014 NONE NONE				
	NONE				
	From 2016 NONE NONE				
	110111 2010 111111	NONE			-
	Total of lines 3a through e	NONS			
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 35,647.			2,550.	
	Applied to 2018, but not more than line 2a			2,350.	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		· · · · · · · · · · · · · · · · · · ·
C	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
d	Applied to 2019 distributable amount				26,302.
	Remaining amount distributed out of corpus	6,795.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as indicated below:				,
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,795.			···
ь	Prior years' undistributed income Subtract				
-	line 4b from line 2b		NONE_		
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		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount - see Instructions				
	Hadranburg for 2010. Culturat lines				
1	Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be		İ		
	distributed in 2020				NONE
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				1
	required - see instructions)	NONE			
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
-	Subtract lines 7 and 8 from line ba	6,795.			
10	Analysis of line 9				
	Excess from 2015 NONE				1
	Excess from 2016 NONE				•
	Excess from 2017 NONE				
	Excess from 2018 NONE				,
	Excess from 2019 6,795.				1
<u> </u>	<u> </u>	 			5 000 PE (0010)

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 If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year MASONIC CHARITY FDN OF CONNECTICUT PC GRANTS 9,000. PO BOX 70 Wallingford CT 06492 NONE SKY Family YMCA 701 CENTER ROAD Venice FL 34285 NONE PC CHARITABLE 11,500. ST. JACOB'S OF ALASKA ORTHODOX P.O. BOX 353 Northfield Falls VT 05664 NONE PC **GRANTS** 9,000. THE TWIG CARES, INC. 826 PINEBROOK ROAD Venice FL 34285 NONE PC **GRANTS** 4,500. 34,000. **b** Approved for future payment Total

Part XVI	-A Analysis of Income-Produ	ucing Acti	ivities				
Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by	y section 512, 513, or 514	(e)	
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
-				<u> </u>		(See manuchons)	
. —					-		
f							
g Fees	and contracts from government agencies						
2 Member	rship dues and assessments						
3 Interest o	on savings and temporary cash investments						
4 Dividend	ds and interest from securities			14	21,365.	_ _	
5 Net rent	tal income or (loss) from real estate						
a Debt	t-financed property		<u> </u>				
	debt-financed property		<u> </u>				
6 Net renta	al income or (loss) from personal property			 			
7 Other in	vestment income		<u> </u>	10	20.745		
	loss) from sales of assets other than inventory			18	28,745.		
	ome or (loss) from special events · · ·						
	rofit or (loss) from sales of inventory	-		 -			
	evenue a			 			
e							
	Add columns (b), (d), and (e) · · · ·				50,110.		
	dd line 12, columns (b), (d), and (e)					50,110.	
	neet in line 13 instructions to verify calcu						
Part XVI	B Relationship of Activities	to the A	complishment of Ex	empt Pur	poses		
Line No.	Explain below how each activity	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ited importantly to the	
▼	accomplishment of the foundation	n's exemp	t purposes (other than b	y providing	funds for such purposes	s) (See instructions.)	
			_ 				
							
							
	 						
					· · · · · · · · · · · · · · · · · ·		
							
							
					· - · · · · · · · · · · · · · · · · · ·	· · ·	
			NOT APPLICABLE				
						\	
						Form 990-PF (2019)	

	X V II	Organizations	adatoma i tan:	siers to and Ira	nsactions at	ild Neialionsin	he sam	HOUGHAN	IMDIE	EXE	mp
1	Did th	he organization direct	lly or indirectly e	ngage in any of the	following wit	h any other oros	enization	described		Yes	No
		ection 501(c) (other							İ		
		nizations?		0 0 1 (0) (0)	,	,		P C		j	
а	_	fers from the reportin	o foundation to a	noncharitable exen	not organizatio	n of:					
-		ash	-						18(1)		<u> X</u>
		ther assets							18(2)		X
		transactions:									
		ales of assets to a nor	charitable exem	nt organization					16(1)	1	Х
		urchases of assets fro							16(2)	\neg	X
		ental of facilities, equi									X
		eimbursement arrang									X
		oans or loan guarante								一	X
		erformance of service									X
		ng of facilities, equipn								$\neg \neg$	X
		answer to any of the								air m	
		of the goods, other		•	_			-			
		in any transaction o									
(a) Li		(b) Amount involved		ncharitable exempt organ) Description of trans					
						·		·		<u> </u>	
			1								
			-								
											
				· · · · · · · · · · · · · · · · · · ·							
		······································									
		<u> </u>	 								
			 								
	\neg		 	——————————————————————————————————————							
			1	 							
							· *- ·				
		-									
	descri	foundation directly bed in section 501(c)	(other than secti			•	_		Ye	s X	No
	T Yes	s," complete the follow (a) Name of organization		(b) Type of org	nelization		Int Decoring	on of relations			
		(a) rearing or organizatio	"	(b) type of org	BINZBION		(e) Descript	011 01 10101101131	р		
								··· ···			
		or penalties of perjury, I decis					to the best o	f my knowledge	and be	fief, it is	s true.
	4	ect, and complete, Declaration of	f preparer (other than tax)	payer) is based on all informer	tion of which preparer	r has any knowledge.		,			
Sign		Dougla	K (Cose	1 9/3/3				May the IRS with the prep			
łere	Sig	meture of officer or trustee	-0 101	Date	Title			See Instructions		Yes T	No
		, y						<u> </u>			
		Print/Type preparer's na	me	Preparer's signature		Date	Che	ck X if P1	7N		
Paid		JEFFREY E KU		7.11	- EXIL			··· (AL) "		300	1
rep	arer		ICEWATERHOU			100/20/	Firm's EIN	► 13-4	_		
_	Only			AL AVE., STE			COVIG 8 EUN	<u> </u>	0000	64	
- 36	~····7		OENIX, AZ	AL AVE., SIE	85004		Phoes	412-35	5_61	ነሰበ	
	·	PH	UENIA, AZ		03004		Phone no.			-PF (2	0191

STATEMENT

SECURITIES	
FROM	
INTEREST	
AND	
DIVIDENDS	
1	
PART I	
990PF,	
FORM	

NET INVESTMENT INCOME	20,361.
REVENUE AND EXPENSES PER BOOKS	21,365. 21,365. ====================================
	TOTAL
DESCRIPTION	DIVIDEND AND INTEREST INCOME

XX2360

XX2360

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	595. 595. 457. 1,647.
NET INVESTMENT INCOME	1,786. 1,786. 1,372. 4,944.
REVENUE AND EXPENSES PER BOOKS	2,381. 2,381. 1,829. 6,591.
DESCRIPTION	TRUSTEE/EXECUTOR FEES-PRINCIPA TRUSTEE/EXECUTOR FEES-INCOME (INVESTMNT MNGMNT FEES (NON-DED

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STATEMENT

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47-3817241

TAXES
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PART
990PF,
FORM

NET INVESTMENT INCOME	 	305.	1 1 1 1 1 1 1 1 1	305.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	305. 177. 448.	1 1 1 1 1 1 1 1	930.
DESCRIPTION		FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - INCOME		TOTALS

XX2360

4

47-3817241

EXPENSES
OTHER
1
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PART
990PF,
FORM

ENCE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51. 51.
REV	AN	EXPEN	PER BOOKS		
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADR FEES

51.

TOTALS

25

FORM 990PF, PART III - OTHER	DECREASES IN NET V	WORTH OR FUND BALANCES
DEGGE THE OW		A MOLTAUR
DESCRIPTION		AMOUNT
POAI C/O FROM PY		36. 440.
COST BASIS ADJUSTMENT TIMING ADJUSTMENT		47.
	TOTAL	523.
		===============