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2020

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2020, or tax year beginning 10-01-	2020	, aı	nd e	nding 09-30-				
SA	NDRA 8	Indation & ARNOLD CHASE FAMILY					entification numbe	r		
FO	UNDAT	ION INC				06-1562152				
		d street (or P.O. box number if mail is not delivered to street addres LUM STFL 29	ss) Roo	m/suite		<b>B</b> Telephone number (see instructions)				
						(860) 549-1674	ŀ			
		n, state or province, country, and ZIP or foreign postal code CT 061031534				C If exemption	application is pendin	g, check here		
= C	neck al	that apply:	a forme	er public charity		D 1 Foreign or	ganizations, check he	ere $\Box$		
	reek ui	☐ Final return ☐ Amended return		or public criarity			ganizations meeting	▶ ⊔		
		Address change Name change					k here and attach co			
1 Ch	neck tv		e found	ation			undation status was t n 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable trust				under sectio	11 307(b)(1)(A), clied	—		
		ket value of all assets at end <b>J</b> Accounting method:	□ c	ash 🗹 Accru	al		ation is in a 60-mont			
		rom Part II, col. (c),  ▶\$ 2,149,216  Other (specify)				under sectio	n 507(b)(1)(B), chec	ck here ▶ □		
		(Part I, column (d) mu	ist be oi	n cash basis.)						
Pa	rt I	Analysis of Revenue and Expenses (The total	(a)	Revenue and	(h)	Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		expenses per books	(5)	income	income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach						(cash basis only)		
	_	schedule)		204,801						
	2	Check $ ightharpoonup$ if the foundation is <b>not</b> required to attach								
	3	Sch. B Interest on savings and temporary cash investments								
	4	Dividends and interest from securities		77,732		77,732				
	5a	Gross rents				,				
	ь	Net rental income or (loss)	_							
ne	6a	Net gain or (loss) from sale of assets not on line 10								
Revenue	ь	Gross sales price for all assets on line 6a								
۳	7	Capital gain net income (from Part IV, line 2)				0				
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less: Cost of goods sold								
	c	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)		202 522		77 722				
	12	Total. Add lines 1 through 11	+	282,533		77,732		0		
	13 14	Compensation of officers, directors, trustees, etc.  Other employee salaries and wages		0		0		0		
s,	15	Pension plans, employee benefits								
Se	16a	Legal fees (attach schedule)								
<u> </u>	Ь	Accounting fees (attach schedule)	9	36,684		18,342		17,901		
Operating and Administrative Expenses	c	Other professional fees (attach schedule)	_	•		•				
ĭVe	17	Interest								
E J	18	Taxes (attach schedule) (see instructions)								
<u> </u>	19	Depreciation (attach schedule) and depletion								
Ē	20	Occupancy								
₹ E	21	Travel, conferences, and meetings								
ang	22	Printing and publications								
<del>D</del> i	23	Other expenses (attach schedule)	ارچ	300		300		0		
rati	24	Total operating and administrative expenses.				· · · · ·				
<u>p</u>		Add lines 13 through 23		36,984		18,642		17,901		
ر	25	Contributions, gifts, grants paid		246,465				246,465		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	1	283,449		18,642		264,366		
	27	Subtract line 26 from line 12:		200,749		10,042		204,300		
	а	Excess of revenue over expenses and		A						
	ь	disbursements  Net investment income (if negative, enter -0-)		-916		E0.000				
	C	Adjusted net income (if negative, enter -0-)				59,090				
		· • · · · · · · · · · · · · · · · · · ·								

Form 990-PF (2020) Page 2 Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year Part II should be for end-of-year amounts only. (See instructions.) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash—non-interest-bearing 2,153 2.688 2,688 628 2 Savings and temporary cash investments . . . . . . 60 3 Accounts receivable Less: allowance for doubtful accounts ▶ Pledges receivable 4 Less: allowance for doubtful accounts ▶ 5 6 Receivables due from officers, directors, trustees, and other

1,062,015

1,064,796

8,249

8,249

1,056,547

1,056,547

1,064,796

1,062,015

1.064.763

9,132

9,132

1,055,631

1,055,631

1,064,763

1,056,547

1,055,631

1,055,631 Form **990-PF** (2020)

-916

0

0

1

2

3

4

5

2,146,468

2.149,216

disqualified persons (attach schedule) (see instructions) . . . . .

Other notes and loans receivable (attach schedule) ▶

Investments—U.S. and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . .

Less: allowance for doubtful accounts

Prepaid expenses and deferred charges . . . .

Investments—land, buildings, and equipment: basis ▶

Less: accumulated depreciation (attach schedule)

Investments—other (attach schedule) . . . .

Total assets (to be completed by all filers—see the

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize)

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

Other assets (describe

Other liabilities (describe -\_

Grants payable

Less: accumulated depreciation (attach schedule)

Accounts payable and accrued expenses . . . . . . .

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here ▶ □

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

Analysis of Changes in Net Assets or Fund Balances

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

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

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . . .

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

	•
	5
	6
	7
2	8
Assets	9
As	10a
	b
	c

b

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

30

Part III

2

4

Liabilities

**Fund Balances** 

5

Assets 27

Net 29

			kind(s) of property sold (e.g se; or common stock, 200 s			How acqu P—Purch D—Donat	ase	<b>(c)</b> Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	1					2 20114			
	-								
•									
•									
	(a)		(f)		1 (	(g)		(1	h)
	<b>(e)</b> Gross sales price		Depreciation allowe	d		other basis			r (loss)
			(or allowable)		plus expe	ense of sale		(e) plus (r	) minus (g)
a									
<u>b</u>									
c d									
e e									
	Complete only for assets	showi	ing gain in column (h) and	owned h	v the foundation o	n 12/31/69		,	I)
			(i)			(k)		Gains (Col. (I	h) gain minus
	(i) F.M.V. as of 12/31/69		Adjusted basis			of col. (i)			less than -0-) <b>or</b>
			as of 12/31/69		over col.	. (j), if any		Losses (fro	om col.(h))
a									
b									
<u>d</u>									
е									
				í If gai	in, also enter in Pa	art I. line 7	1		
2	Capital gain net income	or (ne	et capital loss)		ss), enter -0- in P		}	_	
_					->		, ,	2	
3	=		(loss) as defined in section	-					
	in Part I, line 8	rt I, IIr	ne 8, column (c) (see instru	-			. }	3	
							<u> </u>		
Part	t V Qualification U	Jnder	Section 4940(e) for	Reduce	ed Tax on Net	Investme	nt Inc	come	
ECT	ION 4940(e) REPEA	LED (	ON DECEMBER 20, 20	19 - DO	NOT COMPLE	ETE			
1	Reserved								
	(a) Reserved		<b>(b)</b> Reserved		(c) Reserved			<b>(d)</b> Reserved	
							<u> </u>	<b>-</b>	
2	Reserved						2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Reserved						3		
4	Reserved						4		
5	Reserved						5		
6	Reserved						6		
7	Reserved						7		
8	Reserved ,						8		
-				_	- ,				

Form	990-PF (2020)								Page <b>6</b>
Pa	rt VIII-B Statements Rega	rding	<b>Activities for Which</b>	Form 4720 May Be	Required (continue	d)			
5a	During the year did the foundatio	n pay o	r incur any amount to:					Yes	No
	(1) Carry on propaganda, or othe	rwise a	ttempt to influence legisla	tion (section 4945(e))?	□ ves	<b>✓</b>	No.		
	(2) Influence the outcome of any	specifi	c public election (see secti	on 4955); or to carry	□ les	Ľ.	<b>''</b>		
	on, directly or indirectly, any	voter re	egistration drive?	<b>V</b>	No				
	(3) Provide a grant to an individu	al for t	ravel, study, or other simil	lar purposes?	Yes Yes		No.		
	(4) Provide a grant to an organiz in section 4945(d)(4)(A)? See		•	· •			No No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or								
b	If any answer is "Yes" to 5a(1)-(	5), did a	any of the transactions fai	l to qualify under the exc	eptions described in	✓	No		
	Regulations section 53.4945 or in		• •		_	•	5	b	<u> </u>
	Organizations relying on a curren		-		•				
С	If the answer is "Yes" to question			•					
	tax because it maintained expend If "Yes," attach the statement req		·		· · Yes		No		
6a	Did the foundation, during the ye	ar, rece	ive any funds, directly or	indirectly, to pay premiu	ms on				
	a personal benefit contract?					<b>✓</b>	No.		
b	Did the foundation, during the ye If "Yes" to 6b, file Form 8870.	ar, pay	premiums, directly or indi	rectly, on a personal ben	efit contract?		6	ь	No
7a	At any time during the tax year, y	vas the	foundation a party to a pr	ohibited tax shelter tran	saction?	. 🗷			
b	If "Yes", did the foundation receiv				⊔ Yes	⊻	No   7	ь	
8	Is the foundation subject to the s		•						
	excess parachute payment during					. 🖈			
			ers, Directors, Trusto			<u>√</u>			
Pa	and Contractors	Onic	ers, Directors, Trust	ees, I duildation Ma	nagers, mgmy Far	u Liii	іріоўс		
_1_	List all officers, directors, trus						Ι		
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit plan deferred compensat	s and		oense ac r allowan	
ARNO	DLD L CHASE	PRES	/CHAIRMAN OF THE BOARD	0	'	0			0
225 A	ASYLUM ST29TH FL	5.00				_			
HART	FORD, CT 061031534								
	DRA M CHASE	1.00	UTIVE VP/DIRECTOR	0		0			0
	ASYLUM ST29TH FL FORD, CT 061031534	1.00							
	P REDDING	VP/S	ECRETARY/DIRECTOR	0		0			0
	ASYLUM ST29TH FL	1.00				Ū			·
	FORD, CT 061031534								
WILLI	IAM H CHASE		CTOR	0		0			0
	ASYLUM ST29TH FL	1.00							
<b>2</b>	FORD, CT 061031534  Compensation of five highest-	naid en	anlovees (other than th	ose included on line 1	see instructions) 1	fnon	e ente	· "NONE	11
	compensation of five ingliest-	Jaiu en	ipioyees (other than th	ose included on line 1	(d) Contributions t		e, ente	HONE	<u>'</u>
(a)	Name and address of each employed more than \$50,000	ee paid	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation			ense acc allowand	
NON	E				<u>'</u>				
						-+			
						+			
Tata	al number of other employees and	0)/07 #5	0.000		<u> </u>	-			
iota	nl number of other employees paid	over \$5	0,000		<u> </u>				0
							Form S	90-PF	(2020)

Form 990-PF (2020)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

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

1a

1b

2

За 3h

4

5

264,366

264,366

264,366

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

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

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

Amounts set aside for specific charitable projects that satisfy the:

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

b

2

3

4

5

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

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

2020

Page 9

107,312

107,312

Form 990-PF (2020)

Form 990-PF (20	020)
Part XIII	Undistributed Income (see instructions)

a From 2015. . . . .

**b** From 2016. . . . .

e From 2019. . . . .

c From 2017. . . d From 2018. . . . .

1 Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020:

Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

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

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

**b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2015 not

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

- a Enter amount for 2019 only. . . . . .

260.649 110,983

112.284

157.514 164,226

110.983 112,284

157.514

164,226

157,054

(a)

Corpus

805.656

157.054

962,710

260.649

702,061

(b)

Years prior to 2019

(c)

2019

NONE

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	Frivate Operating round	acions (see mise	accions and rare i	vii A, question s)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	scribed in section $\square$	] 4942(j)(3) or □	] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(e) Iotai
	year listed					
b	85% of line 2a					
	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					
е	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:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying					
h	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3					
_	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties) (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					
	Supplementary Information	(Complete this	part only if the	foundation had :	\$5,000 or more i	in
12	assets at any time during th		ructions.)			
1_	Information Regarding Foundation Man		20/			_
а	List any managers of the foundation who have before the close of any tax year (but only if					П
	See Additional Data Table	,	. ,	, ,	. , . , ,	
b	List any managers of the foundation who own	n 10% or more of th	e stock of a corpora	ation (or an equally la	arge portion of the	
	ownership of a partnership or other entity)	of which the foundat	tion has a 10% or g	reater interest.		
2	Information Regarding Contribution, Gr	ant. Gift. Loan. Sc	holarship, etc., Pro	ograms:		
	<u> </u>		• • • • • • • • • • • • • • • • • • • •	-		
	Check here ► ☐ if the foundation only mak unsolicited requests for funds. If the founda	es contributions to   tion makes gifts, gr	oreselected charitab ants etc to individu	le organizations and	does not accept	
	other conditions, complete items 2a, b, c, a			and or organizations	411401	
	The name, address, and telephone number of	or e-mail address of	the person to whom	n applications should	he addressed:	
u	JOHN P REDDING	or e man address or	the person to whom	ir applications should	De addressed.	
	225 ASYLUM ST 29TH FL					
	HARTFORD, CT 061031534					
	(860) 549-1674					
b	The form in which applications should be sul	omitted and informa	tion and materials t	hey should include:		
	NO SPECIFIC FORM					
C	Any submission deadlines:					
	NONE					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable	fields, kinds of institu	utions, or other	

Form 990-PF (2020)				Page <b>11</b>
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	246,465
<b>b</b> Approved for future payment				
Total			▶ 3b	0

Part XV	I-A Analysis of Income-Producing					(e)
Enter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income (b)	Excluded by section	(d)	Related or exempt function income
_	n service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	and contracts from government agencies					
	ership dues and assessments					
3 Intere	st on savings and temporary cash ments					
	nds and interest from securities			14	77,732	
	ntal income or (loss) from real estate: -financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
invent						
	come or (loss) from special events:					
10 Gross	profit or (loss) from sales of inventory revenue: <b>a</b>					
b	revenue. u					
12 Subto	tal. Add columns (b), (d), and (e)		0		77,732	
	Add line 12, columns (b), (d), and (e)			1	3	77,732
Part XV	orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the		hment of Exem	pt Purposes		
	<u> </u>	-				
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
	,					

Form 9	990-PF	(2020)							Pa	ge <b>13</b>
Par	t XVI	Information Re Exempt Organiz		ansfers To a	nd Transaction	ns and Relatio	nships With Nonchar	itable		
		organization directly or inc er than section 501(c)(3)					on described in section 501 ss?		Yes	No
a Tr	ansfer:	s from the reporting found	dation to a no	Incharitable exe	empt organization	of:				
		sh						1a(1)		No
(2	) Oth	er assets						1a(2)		No
<b>b</b> Ot	her tra	ansactions:								
(1	) Sale	es of assets to a nonchari	table exempt	organization.				1b(1)		No
(2	) Pur	chases of assets from a n	oncharitable e	exempt organiz	ation			1b(2)		No
(3	) Ren	ntal of facilities, equipmen	t, or other as:	sets				1b(3)		No
(4	) Rei	mbursement arrangement	ts					1b(4)		No
(5	) Loa	ns or loan guarantees.						1b(5)		No
(6	) Perf	ormance of services or me	embership or	fundraising soli	icitations			1b(6)		No
c Sh	aring	of facilities, equipment, m	nailing lists, ot	ther assets, or	paid employees.			1c		No
of	the go		vices given by	the reporting f	foundation. If the f	oundation receive	ways show the fair market d less than fair market va ts, or services received.			
(a) Lir	e No.	(b) Amount involved	(c) Name of n	oncharitable exer	npt organization	(d) Description of	transfers, transactions, and sh	aring arra	ngemen	ts
de	scribe	undation directly or indire d in section 501(c) (other complete the following so (a) Name of organizatio	than section	501(c)(3)) or i	n section 527? .		□Yes	✓ No		
		(a) Name or organizatio	n	(6	) Type of organization	n e	(c) Description of rela	Jonship		
Sigr	of wh		, it is true, cor				ing schedules and stateme than taxpayer) is based o		rmatior	n of
Her		*****			2022-08-15		retu	n the prepa		
		Signature of officer or tr	rustee		Date	' Title	(see	instr.)	Yes [	No
Paid		Print/Type preparer's	name	Preparer's Sign	ature	Date	Check if self- employed ▶ □			
	oare						Firm's	EIN ▶		
use	Onl	Y Firm's address ►								
							Phone	no.		

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ARNOLD L CHASE

SANDRA M CHASE

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

	or substantial contributor			
a Paid during the year				
AMERICAN LIVER FOUNDATION	N/A	PC	2021 LIVER LIFE WALK -	1,500

127 WASHINGTON AVENUE NORTH HAVEN, CT 06473			HARTFORD	
ARC OF CONNECTICUT 200 RESEARCH PARKWAY MERIDEN CT 06450	N/A	PC	GOLD SPONSORSHIP - 6TH HARVEST OF HOPE COCKTAIL PARTY AND SILENT ALICTION	2,000

,				
ARC OF CONNECTICUT 200 RESEARCH PARKWAY MERIDEN, CT 06450	N/A	PC	GOLD SPONSORSHIP - 6TH HARVEST OF HOPE COCKTAIL PARTY AND SILENT AUCTION	2,000
AUTISM SPEAKS	N/A	PC	UNRESTRICTED PURPOSE	1,000

200 RESEARCH PARKWAY MERIDEN, CT 06450	,		HARVEST OF HOPE COCKTAIL PARTY AND SILENT AUCTION	,
AUTISM SPEAKS 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 08540	N/A	PC	UNRESTRICTED PURPOSE	1,000

MERIDEN,CT 06450			PARTY AND SILENT AUCTION	
AUTISM SPEAKS 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 08540	N/A	PC	UNRESTRICTED PURPOSE	1,000
Total			▶ 3a	246,465

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

recipient

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

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year				
BETH EL TEMPLE2626 ALBANY AVENUE WEST HARTFORD, CT 06117	N/A	PC	TEMPLE FUND	250
BUSHNELL CENTER FOR THE	N/A	PC	UNRESTRICTED PURPOSE	4,000

PERFORMING ARTS 166 CAPITOL AVENUE HARTFORD, CT 06106	N/A	2	GARLSTRICTED FORFOSE	, r
CONGREGATION BETH ISRAEL	N/A	PC	MUSIC FUND	1,

166 CAPITOL AVENUE HARTFORD, CT 06106				
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE	N/A	PC	MUSIC FUND	1,0

HARTFORD, CT 06106				
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	MUSIC FUND	1,000

CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	MUSIC FUND	1,000
Total			▶ 3a	246,465

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CONGREGATION BETH ISRAEL	N/A	PC	PURIM PROJECT	360

701 FARMINGTON AVENUE WEST HARTFORD, CT 06119				
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT, 06119	N/A	PC	CARING TEAM FUND	200

CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	CARING TEAM FUND	200
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE	N/A	PC	UNRESTRICTED PURPOSE	500

701 FARMINGTON AVENUE WEST HARTFORD, CT 06119				
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	UNRESTRICTED PURPOSE	500

CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	UNRESTRICTED PURPOSE	500
Total			▶ 3a	246,465

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CONGREGATION BETH ISRAEL	N/A	PC	UNRESTRICTED PURPOSE	180

701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	IN/A	FC	UNKESTRICTED FORFOSE	160
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE	N/A	PC	CAMP FUND	200

WEST HARTIOND, CT 00113				
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	CAMP FUND	200
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE	N/A	PC	CARING TEAM FUND	500

701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	IN/A	FC	CAMP FOND	200
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	CARING TEAM FUND	500

Total			▶ 3a	246,465
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	N/A	PC	CARING TEAM FUND	500
WEST HARTFORD, CT 06119				

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

DIABED DANK OF CONNECTION	8178		LINID FOTDIOTED DUDDOGE	500
1049 ASYLUM AVENUE HARTFORD, CT 06105				
CONNECTICUT PUBLIC BROADCASTING INC	N/A	PC	UNRESTRICTED PURPOSE	11,000

HARTFORD, CT 06105				
DIAPER BANK OF CONNECTICUT 370 STATE ST NORTH HAVEN, CT 06473	N/A	PC	UNRESTRICTED PURPOSE	500
DRESS EOD SUCCESS HARTEORD	N/A	DC.	SPONSOR FOR 16TH ANNITAL	2 000

370 STATE ST NORTH HAVEN, CT 06473	N/A	,,	UNKESTRICTED FORFOSE	500
DRESS FOR SUCCESS HARTFORD PO BOX 2343 HARTFORD, CT 06146	N/A	PC	SPONSOR FOR 16TH ANNUAL CAPITAL CATWALK FUNDRAISER	2,000

246,465

NORTH HAVEN, CT 06473			
DRESS FOR SUCCESS HARTFORD PO BOX 2343 HARTFORD, CT 06146	N/A	 SPONSOR FOR 16TH ANNUAL CAPITAL CATWALK FUNDRAISER	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ELIZABETH PARK CONSERVANCY N/A PC UNRESTRICTED PURPOSE 100

1561 ASYLLIM AVENUE

HARTFORD, CT 06106

Total . .

GRACE ACADEMY457 MAIN STREET

N/A

WEST HARTFORD, CT 06117				
FENWICK IMPROVEMENT FUND INC 580 MAPLE AVENUE OLD SAYBROOK, CT 06475	N/A	PC	UNRESTRICTED PURPOSE	1,000

PC

GUIDING STAR STUDENT

SPONSORSHIP PROGRAM

■ 3a

5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GREATER MIAMI JEWISH FEDERATION N/A PC SURFSIDE BUILDING COLLAPSE 500 4200 BISCAYNE BOULEVARD

MIAMI, FL 33137				
HARTFORD ART SCHOOL - UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	N/A	PC	HARTFORD ART SCHOOL SPECIAL PROJECTS FUND	500
HARTFORD HOSPITAL 80 SEYMOUR STREET	N/A	PC	SUPPORT OF THE BETTER THAN NORMAL BROADCAST EVENT	10,000

WEST HARTFORD, CT 06117				
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102	N/A	PC	SUPPORT OF THE BETTER THAN NORMAL BROADCAST EVENT	10,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102	N/A	PC	SUPPORT OF WORK TO ENSURE EFFECTIVE DISTRIBUTION OF COVID-19 VACCINE	25,000
HARTFORD SYMPHONY ORCHESTRA 166 CAPITOL AVENUE	N/A	PC	SUPPORT OF ANNUAL GALA, BRAVO 2020	2,500

, , , , , , , , , , , , , , , , , , ,				
HARTFORD SYMPHONY ORCHESTRA 166 CAPITOL AVENUE HARTFORD, CT 06106	N/A	PC	SUPPORT OF ANNUAL GALA, BRAVO 2020	2,500
JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE C WEST HARTFORD, CT 06117	N/A	PC	UNRESTRICTED PURPOSE	1,500

166 CAPITOL AVENUE HARTFORD, CT 06106			BRAVO 2020	
JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE C WEST HARTFORD, CT 06117	N/A	PC	UNRESTRICTED PURPOSE	1,500

HARTFORD, CT 06106				
JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE C WEST HARTFORD, CT 06117	N/A	PC	UNRESTRICTED PURPOSE	1,500
Total			▶ 3a	246,465

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FEDERATION OF GREATER N/A PC UNRESTRICTED PURPOSE 5,000 HARTFORD 333 BLOOMFIELD AVENUE SUITE C

WEST HARTFORD, CT 06117				
JOURNEY HOME 255 MAIN STREET 2ND FLOOR HARTFORD, CT 06106	N/A	PC	VIRTUAL GALA	2,000
JUVENILE DIABETES RESEARCH FOUNDATION	N/A	PC	PROMISE BALL	3,333

HARTFORD, CT 06106				
JUVENILE DIABETES RESEARCH FOUNDATION 20 BATTERSON PARK ROAD FARMINGTON CT 06032	N/A	PC	PROMISE BALL	3,3.

JUVENILE DIABETES RESEARCH FOUNDATION	N/A	PC	PROMISE BALL	3,3
20 BATTERSON PARK ROAD				
FARMINGTON, CT 06032				

Total .

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KATHERINE HEPBURN CULTURAL ARTS l n/a PC SUPPORT OF THE MUSEUM 2,500

CENTER 300 MAIN STREET OLD SAYBROOK, CT 06475			PROJECT	·
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET	N/A	PC	UNRESTRICED PURPOSE	5,000

LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET HARTFORD, CT 06106	N/A	PC	UNRESTRICED PURPOSE	5,000
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET	N/A	PC	UNRESTRICTED PURPOSE	3,000

HARTFORD, CT 06106				
LITERACY VOLUNTEERS OF GREATER N/A HARTFORD 30 ARBOR STREET HARTFORD, CT 06106	'A	PC	UNRESTRICTED PURPOSE	3,000

246,465

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LOAVES AND FISHES MINISTRIES INC N/A PC CHRISTMAS AND HANUKKAH 375

646 PROSPECT AVENUE HARTFORD, CT 06105			CERTIFICATES	
LYNDE POINT LAND TRUST 44 SEQUASSEN AVE OLD SAYBROOK, CT 06475	N/A	PC	UNRESTRICTED PURPOSE	1,000
MANDELL JEWISH COMMUNITY CENTER GREATER HARTFORD	N/A	PC	UNRESTRICTED PURPOSE	10,000

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246,465

44 SEQUASSEN AVE OLD SAYBROOK, CT 06475	,			,
MANDELL JEWISH COMMUNITY CENTER GREATER HARTFORD 335 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	N/A	PC	UNRESTRICTED PURPOSE	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEMORIAL SLOAN KETTERING CANCER N/A PC UNRESTRICTED PURPOSE 200 CENTER

NEW YORK, NY 10065				
MY SISTER'S PLACE INC 211 WETHERSFIELD AVENUE HARTFORD, CT 06114	N/A	PC	UNRESTRICTED PURPOSE	2,000
NATIONAL ALLIANCE ON MENTAL	N/A	PC	UNRESTRICTED PURPOSE	100

211 WETHERSFIELD AVENUE HARTFORD, CT 06114				
NATIONAL ALLIANCE ON MENTAL ILLNESS OF MAINE 52 WATER STREET	N/A	PC	UNRESTRICTED PURPOSE	10

HARTFORD, CT 06114				
NATIONAL ALLIANCE ON MENTAL ILLNESS OF MAINE	N/A	PC	UNRESTRICTED PURPOSE	1
52 WATER STREET				

NATIONAL ALLIANCE ON MENTAL N/A PC UNRESTRICTED PURPOSE ILLNESS OF MAINE 52 WATER STREET	10

NATIONAL ALLIANCE ON MENTAL N/ ILLNESS OF MAINE	I/A	PC	UNRESTRICTED PURPOSE	100
52 WATER STREET HALLOWELL, ME 04347				

HALLOWELL, ME 04347	!		
52 WATER STREET	!		
LLNESS OF MAINE	!	l	

HALLOWELL, ME 04347		
Total	 ▶ 3a	246,465

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL ALLIANCE ON MENTAL N/A PC SUPPORT OF NAMIWALKS 500 ILLNESS OF MASSACHUSETTS MASSACHUSETTS 2021 **529 MAIN STREET** ROSTON MA 02120

DOSTON, MA 02129				
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE 820A PROSPECT HILL ROAD WINDSOR, CT 06095	N/A	PC	SUPPORT OF HUMAN RELATIONS AWARDS EVENT	1,667
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 06052	N/A	PC	UNRESTRICTED PURPOSE	1,500

▶ 3a

246,465

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

NEW BRITAIN MUSEUM OF AMERICAN

NI/A

ART 56 LEXINGTON STREET NEW BRITAIN, CT 06052	IN/A	rc .	UNRESTRICTED FURFUSE	3,000
NEW BRITAIN MUSEUM OF AMERICAN ART	N/A	PC	UNRESTRICTED PURPOSE	200

DC.

LINDESTRICTED DUDDOSE

3 000

NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 06052	N/A	PC	UNRESTRICTED PURPOSE	200
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 06052	N/A	PC	UNRESTRICTED PURPOSE	2,500

Total			▶ 3a	246,465
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 06052	N/A	PC	UNRESTRICTED PURPOSE	2,500
NEW BRITAIN, CT 06052				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NOAH WEBSTER HOUSE & WEST N/A PC SUPPORT OF THE WITNESS 4,000 HARTFORD HISTORICAL SOCIETY STONES PROJECT WEST

WEST HARTFORD, CT 06107			HARTFORD	
OUR COMPANIONS ANIMAL RESCUE & SANCTUARY PO BOX 956 MANCHESTER, CT 06042	N/A	PC	UNRESTRICTED PURPOSE	500
PAN-MASS CHALLENGE DANA-FARBER CANCER INSTITUTE	N/A	PC	PAN-MASS CHALLENGE	1,000

PO BOX 956 MANCHESTER, CT 06042				
PAN-MASS CHALLENGE DANA-FARBER CANCER INSTITUTE	N/A	PC	PAN-MASS CHALLENGE	1,0

MANCHESTER, CT 06042				
PAN-MASS CHALLENGE DANA-FARBER CANCER INSTITUTE 77 4TH AVENUE	N/A	PC	PAN-MASS CHALLENGE	1

Total .

,				
PAN-MASS CHALLENGE DANA-FARBER CANCER INSTITUTE 77 4TH AVENUE NEEDHAM, MA 02494	N/A	PC	PAN-MASS CHALLENGE	1,000
	•	•		

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

PANTRIES PO BOX 804 ESSEX, CT 06426				
SHORELINE SOUP KITCHENS & PANTRIES	N/A	PC	UNRESTRICTED PURPOSE	500

ESSEX, CT 06426				
SMILE TRAIN 633 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10017	N/A	PC	UNRESTRICTED PURPOSE	500
SOLOMON SCHECHTER DAY SCHOOL	N/A	PC	UNRESTRICTED PURPOSE	250

SMILE TRAIN 633 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10017	N/A	PC	UNRESTRICTED PURPOSE	50
SOLOMON SCHECHTER DAY SCHOOL 26 BUENA VISTA ROAD	N/A	PC	UNRESTRICTED PURPOSE	25

Total .

NEW YORK, NY 10017				
SOLOMON SCHECHTER DAY SCHOOL 26 BUENA VISTA ROAD WEST HARTFORD, CT 06107	N/A	PC	UNRESTRICTED PURPOSE	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TALCOTT MOUNTAIN SCIENCE CENTER N/A PC SUPPORT OF STUDENT 100,000 & ACADEMY **SCHOLARSHIPS** 324 MONTEVIDEO ROAD AVON CT 06001 000

717017, 61 00001	_			
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT 30 LAUREL STREET HARTFORD, CT 06106	N/A	PC	UNRESTRICTED PURPOSE	10,0
VILLAGE FOR FAMILIES & CUILBREN	N1 / A	DC	DACKBACK & LINTEODM DDTVE	2.0

NORTHEASTERN CONNECTICUT 30 LAUREL STREET HARTFORD, CT 06106			OWNEST METER FOR OSE	10,000
VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVENUE	N/A	PC	BACKPACK & UNIFORM DRIVE	3,000

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246,465

HARTFORD, CT 06105

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

1				
WEST HARTFORD ART LEAGUE 37 BUENA VISTA ROAD WEST HARTFORD, CT 06107	N/A	PC	FOR THE REMOVAL OF ASH TREES	3,050
WEST HARTFORD ART LEAGUE	N/A	PC	SPONSOR FOR FINE ARTS	3,500

WEST HARTFORD ART LEAGUE 37 BUENA VISTA ROAD WEST HARTFORD, CT 06107	N/A	PC	SPONSOR FOR FINE ARTS FESTIVAL	3,500
WORLD AFFAIRS COUNCIL OF	N/A	PC	UNRESTRICTED PURPOSE	5,000

WEST HARTFORD, CT 06107				
WORLD AFFAIRS COUNCIL OF CONNECTICUT 1049 ASYLUM AVE HARTFORD, CT 06105	N/A	PC	UNRESTRICTED PURPOSE	5,000

За

246,465

WEST HARTTORD, CT 00107				
WORLD AFFAIRS COUNCIL OF CONNECTICUT 1049 ASYLUM AVE HARTFORD, CT 06105	N/A	PC	UNRESTRICTED PURPOSE	5,0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491227007192  TY 2020 Accounting Fees Schedule					
		RA & ARNOLD CHASE DATION INC 62152	FAMILY		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

18,342

17,901

36,684

COST SHARING REIMBURSEMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491227007192			
TY 2020 Investments Corporate Stock Schedule					
•					
Name:	SANDRA & ARNOLD CHA	ASE FAMILY			
	FOUNDATION INC				
EIN:	06-1562152				

<b>EII.</b> 00 1302132				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		

AVANGRID, INC.

2,146,468

1,062,015

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491227007192	
TY 2020 Other Expenses Schedule					
		0.5 0.465 544	•••		
Name:	SANDRA & ARN	OLD CHASE FAM:	lLY		
	FOUNDATION INC				
EIN:	: 06-1562152				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT RELATED FEES	300	300		0	

efile GRAPHIC print - D	O NOT PROCESS As Filed Data	-		DLN: 93491227007192	
Schedule B	Sched	dule of Contributors		OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest inform	ation.	2020	
Name of the organization SANDRA & ARNOLD CHAS FOUNDATION INC	E FAMILY		<b>Employer</b> id	dentification number	
Organization type (che	ck one):		00-1302132	·	
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt ch	aritable trust <b>not</b> treated as a pi	rivate foundation		
	☐ 527 political organization				
Form 990-PF	<b>✓</b> 501(c)(3) exempt private	foundation			
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private	foundation			
	tion filing Form 990, 990-EZ, or 990 property) from any one contributor.				
Special Rules					
under sections 50 received from an	on described in section 501(c)(3) fili 09(a)(1) and 170(b)(1)(A)(vi), that cl y one contributor, during the year, to e 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 cotal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that	
during the year, t	on described in section 501(c)(7), (8 otal contributions of more than \$1,0 he prevention of cruelty to children	00 <i>exclusively</i> for religious, cha	ritable, scientific, literary, o		
during the year, of If this box is check purpose. Don't co	on described in section 501(c)(7), (8 contributions exclusively for religious eked, enter here the total contribution mplete any of the parts unless the ble, etc., contributions totaling \$5,000 contributions \$5,000 contributions \$5,000 contributions \$5,000 contributions \$5,000 contributions \$5,000 contrib	s, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org	no such contributions total eyear for an <i>exclusively</i> re ganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	n that isn't covered by the General F it <b>must</b> answer "No" on Part IV, line art I, line 2, to certify that it doesn't n	2, of its Form 990; or check the	box on line H of its Form	rm 990, ⊧990-EZ	
For Paperwork Reduction A for Form 990, 990-EZ, or 990	ct Notice, see the Instructions I-PF.	Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2020)	

**Employer identification number** 06-1562152

OUNDAT:	ON INC	
Part I		C a maturi
	•	Contri

ontributors	Contributors (see instructions). Use auplicate copies of Part III addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARNOLD L CHASE  225 ASYLUM ST 29TH FL	\$ 204,801	<ul><li>✓ Person</li><li>☐ Payroll</li><li>☐ Noncash</li></ul>
	HARTFORD, CT 061031534		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ Schedule B (F	Person Payroll Noncash (Complete Part II for noncash contributions.) prm 990, 990-EZ, or 990-PF) (2020)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page <b>4</b>
	rganization ARNOLD CHASE FAMILY ON INC			Employer identification number 06-1562152
Part III	than \$1,000 for the year from any one contrib	utor. Complete o tal of exclusivel structions.) ►	columns <mark>(a)</mark> throug y religious, charital	n section 501(c)(7), (8), or (10) that total more the (e) and the following line entry. For ble, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	(e) Transfer of game, address, and ZIP 4		•	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIF		nsfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and ZIF		nnsfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
<u>-</u>  -  -	Transferee's name, address, and ZIF		nsfer of gift Relatio	onship of transferor to transferee
			Sci	hedule B (Form 990, 990-EZ, or 990-PF) (2020)