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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	dar year 2015 or tax year beginning		, 2015	, and e	ending		, 20
	ne of fou					A Employe	r identification numbe	r
The	Arnol	d M. Albero Charitable Trust					06-1356530	
		d street (or P O, box number if mail is not delivered to street address)	_	Room	/suite	B Telephon	e number (see instructi	ons)
60	Wedae	wood Dr					203 792-4053	
		n, state or province, country, and ZIP or foreign postal code			_	C If exempt	ion application is pendi	ng. check here ▶ □
Dai	hurv (CT 06811						g,
			of a former	public	charity	D 1. Foreign	n organizations, check l	nere ▶ 🗍
		☐ Final return ☐ Amended r		p =		_	-	_
		☐ Address change ☐ Name char	nge				n organizations meeting here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt pi	rivate found	ation		E If private	foundation status was t	erminated under
		in 4947(a)(1) nonexempt charitable trust			lation	section 5	07(b)(1)(A), check here	▶∐
		parket value of all assets at J Accounting method:						
		Every (from Part II col (c)					ndation is in a 60-mont ction 507(b)(1)(B), check	
	line 16		on cash basi					_
	art I	21000 1 1 1					_	(d) Disbursements
	ai C 1	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses (investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books		ır	ncome	ıncome	purposes (cash basis only)
	1			2025				
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ► ☐ if the foundation is not required to attach Sch. B		2925		, ,	* * *	
	3	Interest on savings and temporary cash investments			-			
	4	Dividends and interest from securities				·		
	5a	Gross rents						
		Net rental income or (loss)						
a)	b	* * * * * * * * * * * * * * * * * * * *						
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10		-				
Revenue	_b	Gross sales price for all assets on line 6a	<u> </u>					······································
ě	7	Capital gain net income (from Part IV, line 2)		:				
<u> </u>	8	Net short-term capital gain	<u> </u>					
2	9	Income modifications			-			1
	10a	Gross sales less returns and allowances					,	<u> </u>
\sim	b	Less Cost of goods sold						<u> </u>
()	C	Gross profit or (loss) (attach schedule)						'
=	11	Other income (attach schedule)						
=	12	Total. Add lines 1 through 11		2925		0	0	
(0)	13	Compensation of officers, directors, trustees, etc.				•		
įŠ.	14	Other employee salaries and wages						
ive Expenses WAR	15	Pension plans, employee benefits			-	DEC	EIVED	
Ĭ.	16a	Legal fees (attach schedule)			-		LIVED OF	
છ ે.	j b	Accounting fees (attach schedule)			 			
	1 -	Other professional fees (attach schedule)			-	L FED		
Operating and Administrat	17	Interest		28	100	 -	RS	28
i.	18	Taxes (attach schedule) (see instructions)				OGD	EN, UT	
Ξ	19	Depreciation (attach schedule) and depletion			⊢∟	<u> </u>	LIV, U.	
Ad	20	Occupancy						
Þ	21	Travel, conferences, and meetings						
a	22	Printing and publications						
ng	23 24	Other expenses (attach schedule)						
ati	24	Total operating and administrative expenses. Add lines 13 through 23						
ě	0.5			28		0	0	
Ö	25	Contributions, gifts, grants paid		1500				1500
	26	Total expenses and disbursements. Add lines 24 and 25		1528		0		1528
	27	Subtract line 26 from line 12:				1 .	, , ,	
	а	Excess of revenue over expenses and disbursements		1397	٧		, 1, '* x * 1×,	
	b	Net investment income (if negative, enter -0-) .				. 0		
		Adjusted net income (if negative, enter -0-) .	1		1		0	

Pa	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		Balance Sheets Attached schedules and amounts in the description column 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	2328	2351	2351
	`2	Savings and temporary cash investments			
	3	Accounts receivable ►		Research N	
		Less: allowance for doubtful accounts ▶			- 1.11611 *******************************
	4	Pledges receivable ►	di Californi	ALC: MARKET S	
		Less: allowance for doubtful accounts ▶		- ANY TOTAL OF THE SECOND SECO	
	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 ▶	Miles and a second	Towns =	
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
İ	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment. basis ▶			
		Less. accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)		·	
	14				
		Land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►			****
	15	Other assets (describe ► AIG Annuity)	30301	32537	32537
	16	Total assets (to be completed by all filers—see the	30301	32337	32337
		ınstructions. Also, see page 1, item l)	32629	34888	34888
	17	Accounts payable and accrued expenses	32023	34000	34000 3' 2 4' 19 18
,,	18	Grants payable	7.00		in the second
Liabilities	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
ᆵ	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)			
İ	23	Total liabilities (add lines 17 through 22)	00	0	
,,		Foundations that follow SFAS 117, check here ▶ □			10.1
ĕ		and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted			
ä	25	Temporarily restricted	-,		
und Balances	26	Permanently restricted			rikin. 🐰 🐧
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □			
		and complete lines 27 through 31.			, , , , , ,
Net Assets or F	27	Capital stock, trust principal, or current funds			,, , , ,
şts	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSE	29	Retained earnings, accumulated income, endowment, or other funds	32629	34888	,,,
۲	30	Total net assets or fund balances (see instructions)	32629	34888	
ē	31	Total liabilities and net assets/fund balances (see	32023	34000	
~		instructions)	32629	34888	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	32029	34000	L
		I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with	
	end-	of-year figure reported on prior year's return)		· · · · 1	22620
2					32629
		er increases not included in line 2 (itemize) Deferred Income		3	1397
		lines 1, 2, and 3		4	1237
5	Deci	reases not included in line 2 (itemize) > IRS Penalty		5	35263
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b) In	ne 30 6	375
	·····		., 30.0 (0), 111		34888 - 000 DE

<u></u>		e kind(s) of property sold (e g , real esta se, 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)
<u>1a`</u>						
b						
С			<u></u>			
d_	- 		 			
е_			,			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		n or (loss) (f) minus (g)
a					<u> </u>	
b						
Ç			-			
d			 			
е_			1	10/04/00		
	Complete only for assets show	wing gain in column (h) and owned	1			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) . (j), if any		it less than -0-) or from col (h))
а						
b						
С						
d						
ее						
2	Capital gain net income or	Inat canital loce) (~ ~	, also enter in Pa s), enter -0- in Pa		2	
3	Net short-term capital gair	n or (loss) as defined in section	ns 1222(5) and (6))·		
_		I, line 8, column (c) (see instri				
					3	
Part		er Section 4940(e) for Red			Income	
Vas t		e this part blank. section 4942 tax on the distrib qualify under section 4940(e).			base period?	☐ Yes ☐ No
1		ount in each column for each ye			akıng any entries.	
·	(a)	(b)	1000 110 1101	(c)	anny arry ortanee.	(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributes	ons Net value o	of noncharitable-use a		tribution ratio divided by col. (c))
	2014					
	2013					
	2012					
	2011					
	2010					
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—di			the	
	number of years the found	lation has been in existence if	less than 5 years		. 3	
4	Enter the net value of none	charitable-use assets for 2015	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27	'b)		. 6	
7	Add lines 5 and 6				. 7	
8		ns from Part XII, line 4	· · ·	- · ·		
J	If line 8 is equal to or great Part VI instructions.	ater than line 7, check the box	in Part VI, line 1	b, and complete	that part using a	1% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
h`	Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			
•	here ► □ and enter 1% of Part I, line 27b			
С	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-)			}
3	Add lines 1 and 2			<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			ļ
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			ļ
6	Credits/Payments:			
a b	2015 estimated tax payments and 2014 overpayment credited to 2015 6a Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) . 6c			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
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			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities	,	157	1 51
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?	<u> </u>	Yes	1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a	 	1
-	Instructions for the definition)?	1b		1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			<u> </u>
	published or distributed by the foundation in connection with the activities.	ļ		
C	Did the foundation file Form 1120-POL for this year?	1c		1
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	- <u>-</u> -	ļ	
4a	· · · · · · · · · · · · · · · · · · ·	3		/
b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
	If "Yes," attach the statement required by General Instruction T.	- <u>-</u> -		Ť
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
_	conflict with the state law remain in the governing instrument?	6	/	
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	1	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► Connecticut			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1	:
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Ĭ.	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or	00		
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			- `
	complete Part XIV	9	1	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		✓

Part	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		/ _
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		/ _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address ► None			
14		3 792	4053	
	Located at ▶ 60 Wedgewood Dr, Danbury, CT ZIP+4 ▶	0681	1	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	$\overline{}$	Yes	No
	over a bank, securities, or other financial account in a foreign country?	_16	L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
-				L
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T	Vaa	- N-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , ,	, , , , , , , , , , , , , , , , , , ,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No No Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	<u>`</u> `'≵.	100	
		4		1
		**	-5	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ✓ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ✓ No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		1
	the benefit or use of a disqualified person)?	ŀ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ļ		Į
	foundation agreed to make a grant to or to employ the official for a period after			Ϊ.
	termination of government service, if terminating within 90 days.)		,	'
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	١.		1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2015?	1c		1
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)):			;
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?		İ	
	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)	5	3,5,	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1, 1,	
	all years listed, answer "No" and attach statement—see instructions.)	2b	<u> </u>	<u> </u>
С	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			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?]	
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or		1	
	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 2015.)			ئــ ــا
A	foundation had excess business holdings in 2015)	3b	 	
4a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	├	- ✓ -
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 2015?	AL.	}	. ,
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	· /

orm 99	0-PF (2015)										Page 6
		tements Regarding Activities	for W	hich Form	4720 [Mav Be R	eauire	d (continued)			
5a		r did the foundation pay or incur a				,					Γ
	(1) Carry on pr	opaganda, or otherwise attempt to	o influe	nce legislatio	n (sect	on 4945(e))? .	Yes 🗸 No	1	l	İ
•		ne outcome of any specific public		on (see secti	on 495	5); or to ca	irry on,				
	directly or i	ndirectly, any voter registration dr	ıve?					Yes 🗸 No			
	(4) Provide a g	rant to an individual for travel, stu frant to an organization other than I5(d)(4)(A)? (see instructions)	a char	ritable, etc.,	organiza	ation descr	ibed in	☐ Yes ☑ No			
	(5) Provide for	any purpose other than religious, or for the prevention of cruelty to o	charita	able, scientifi	c, litera	ry, or educ	ational				
b		s "Yes" to 5a(1)–(5), did any of the ction 53.4945 or in a current notice							5b		-
	Organizations	relying on a current notice regardii	ng disa	ster assistan	ce ched	k here .		▶□			
С		s "Yes" to question 5a(4), does t ntained expenditure responsibility									
	If "Yes," attach	the statement required by Regula	tions s	ection 53 494	45 – 5(d).						
6a		ition, during the year, receive any		-	•		miums	<u>_</u>			-
	•	benefit contract?						☐ Yes ☑ No			
b		tion, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract? .	6b	ļ	-
_	If "Yes" to 6b,						_				
		ng the tax year, was the foundation						∐ Yes ☑ No			3
		e foundation receive any proceed							7b		<u> </u>
Part		mation About Officers, Direc Contractors	tors, i	rustees, F	ounda	uon mana	igers,	riigniy Paid E	mpioy	ees,	
1		s, directors, trustees, foundation	n mana	ners and th	eir com	nensation	lsee i	nstructions)			
•		Name and address	(b) Title	e, and average rs per week ed to position	(c) Cor (if n	mpensation not paid, ter -0-)	(d) emple	Contributions to byee benefit plans erred compensation	(e) Expe	ense ac allowa	
Theres	a Albero C/O Glo	en Hill Nursing Home				·····		——————————————————————————————————————			
l Glen	Hill Road, Danb	ury, CT 06811	Trustee	e - 0 Hours		0		0	1		0
Donna	Albero-Esposito)									
60 We	gewood Dr, Danb	oury, CT 06811	Trustee	e - 0 Hours		0		0			0
Lucile	Albero-Kocur								İ		
28 Line	dencrest Dr. Dan	bury, CT 06811	Truste	e - 0 Hours	ļ	0		0			0
Elaine	Albero-Moss										
lemlo		ppewell Junction, NY 12533		e - 0 Hours	1	0		0			0
2	Compensatio "NONE."	n of five highest-paid employed	es (oth	er than tho	se incli	uded on li	ne 1—	see instruction	s). If n	one,	enter
	(a) Name and addre	ss of each employee paid more than \$50,00	00	(b) Title, and a hours per of devoted to p	week	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	ense ac allowa	count, nces
NONE	- no paid employ	/ees									
					-						

Total number of other employees paid over \$50,000

Form **990-PF** (2015)

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	l Employees,
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	e - No paid contractors	
•		
Tota	Il number of others receiving over \$50,000 for professional services	>
Pai	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numb ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	er of Expenses
1	Provide scholarship funds to graduating high school seniors for college or vocational training. The scholarship	
	will recognize academic achievement and promote patriotism and community service.	
		1500
2	·····	
3		
4		
	······	
Pai	TIX-B Summary of Program-Related Investments (see instructions)	<u>_</u>
D	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	None	
2		
	I other program-related investments. See instructions	
_	Interest	
-		
		28
Tota	al. Add lines 1 through 3	
		Form 990-PF (2015)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	gn found	ations,
	see instructions.)		
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	0
b	Average of monthly cash balances	1b	2340
c	Fair market value of all other assets (see instructions)	1c	31419
d	Total (add lines 1a, b, and c)	1d	33759
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	0
3	Subtract line 2 from line 1d	3	33759
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see	<u> </u>	33730
	instructions)	4	506
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33253
6	Minimum investment return. Enter 5% of line 5	6	
Part	XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating f		1663
L Colo	and certain foreign organizations check here ▶ □ and do not complete this part.)	oundano	113
- 1	Minimum investment return from Part X, line 6	1	1003
2a	Tax on investment income for 2015 from Part VI, line 5		1663
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
с 3		2c	
	Distributable amount before adjustments Subtract line 2c from line 1		1663
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1663
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	
	line 1	7	1663
Par	XII Qualifying Distributions (see instructions)		
		.,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	25.00	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1528
b	Program-related investments—total from Part IX-B	1b	
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		
а	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	1528
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1528
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	a whether	
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				1663
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				,
b	From 2011				
С	From 2012 161				
d	From 2013 1086				
е	From 2014				'
f	Total of lines 3a through e	1766			
4	Qualifying distributions for 2015 from Part XII,	1700			
	line 4 ▶ \$ 1528				
а	Applied to 2014, but not more than line 2a .				
b	Applied to undistributed income of prior years		····		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
·	required—see instructions)				¦
	•				1
d	Applied to 2015 distributable amount				1528
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015	135	<u> </u>		135
	(If an amount appears in column (d), the same	1			
•	amount must be shown in column (a))				'
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1631			
b	Prior years' undistributed income. Subtract				1
	line 4b from line 2b				(
С	Enter the amount of prior years' undistributed		*		
	income for which a notice of deficiency has				1
	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				1
е	Undistributed income for 2014. Subtract line				,
•	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2015. Subtract lines			7.%	
•	4d and 5 from line 1. This amount must be		**************************************	4	
	distributed in 2016		* '		
7					0
′	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (Election may be				
0	required—see instructions)			,,	
8	Excess distributions carryover from 2010 not				
•	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	1631			
10	Analysis of line 9:	1031			
а	Excess from 2011	}			
b	Excess from 2012				,
c	Excess from 2013				•
d	Excess from 2014				
e	Excess from 2015				
-					

d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities.				<u> </u>	
	Subtract line 2d from line 2c	1528	2072	2584	2000	8184
3	Subtract line 2d from line 2c . 1528 2072 2584 2000 3 Complete 3a, b, or c for the alternative test releted upon. a "Assets" alternative test — enter (1) Value of all assets (2) Value of all assets					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	"Endowment" alternative test-enter 2/3					
С	"Support" alternative test-enter					
	investment income (interest, dividends, rents, payments on securities loans (section	2925	3100	1500	1500	9025
	organizations as provided in					
		2925	3100	1500	1500	9025
	.,		_			
						0
Part						ore in assets at
	• • • • • • • • • • • • • • • • • • • •	•		ic roundation i	aa 40,000 o	oro in accord at
1						
а	List any managers of the foundation	who have contribu	ited more than 2%	6 of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000) (See s	ection 507(d)(2).)	
None						
b						rge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater inte	erest.	
None						
2						
	unsolicited requests for funds. If the f	foundation makes				
a	The name, address, and telephone no	umber or e-mail ad	Idress of the perso	on to whom applic	ations should be a	addressed
			·			
Colleg	e Career Coordinator, Pelham High Scho	ol, 575 Colonial Av	e, Pelham, NY 1080	3, (914) 738-8101	_	
					uld include:	
	nts must submit: school transcript, 500 w	ord essay and 3 re	commendations fro	om advisors, teache	ers or employers.	
	Any submission deadlines:					
	O application deadline. Award is granted					41
a	Any restrictions or limitations on av factors:	vards, such as b	y geographical ar	eas, charitable fi	elds, kinds of ins	ititutions, or other
None						
						Form 990-PF (2015)

		ed for Fut	ture Payment	1
' <u> </u>	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid during the year				
Krista, 350 4th Av 2nd Floor, Pelham, NY 10803	None	N/A	Scholarship for college	1500
	ŧ 			
		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	· · · · ·	► 3a	1500
		l		
Total	<u> </u>	<u> </u>	▶ 31	<u> </u>
	Grants and Contributions Paid During t Recipient Name and address (home or business) Paid during the year Krista, 350 4th Av 2nd Floor, Pelham, NY 10803 Total Approved for future payment	Recipient Name and address (home or business) Paid duning the year Krista, 350 4th Av 2nd Floor, Pelham, NY 10803 None Total Approved for future payment	Recipient Recipient Show any relationship of sharps or substantial combutor of salus of recipient and address (home or business) Paid during the year Rista, 350 4th Av 2nd Floor, Pelham, NY 10803 None Total Approved for future payment	Recipient Reci

nte	gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	{ (e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue.					<u></u>
	a _{None}					
	b					
	<u> </u>					
	d					
	e f					
_	g Fees and contracts from government agencies				-	
	Membership dues and assessments			-		
3 4	Interest on savings and temporary cash investments			 		
	Dividends and interest from securities				 	
J						
	 a Debt-financed property					
6						
	Net rental income or (loss) from personal property Other investment income					<u> </u>
	Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
• •	<u> </u>					
				-		
						
	e	 -				
				ļi		
12	Subtotal Add columns (b) (d) and (e)			1		1
12 13	Subtotal. Add columns (b), (d), and (e)				13	<u> </u>
13	Total. Add line 12, columns (b), (d), and (e)				13	(
13 See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	 s.)			13	<u> </u>
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation tXVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the

• • • •

Form 99	0-PF (2	2015)									Pa	ge 13	
Part	XVII	Information	n Regarding Trans	sfers To and Transaction	ons and I	Relationshi	ps Wi	th Non	chari	table			
		Exempt Or	ganizations										
1	ın se			engage in any of the followir section 501(c)(3) organization							/es	No	
а	Transfers from the reporting foundation to a noncharitable exempt organization of:									- 1			
	(1) Cash								. [1	1a(1)			
	(2)	Other assets .					. [1	1a(2)	\Box	✓_			
b	Other transactions:								}				
	(1) Sales of assets to a noncharitable exempt organization							1b(1)		_			
	(2) Purchases of assets from a noncharitable exempt organization						-	1b(2)		/			
	(3) Rental of facilities, equipment, or other assets						-	1b(3)		<u> </u>			
	(4) Reimbursement arrangements							1b(4)					
	(5) Loans or loan guarantees						•		1b(5)		1		
_	(6) Performance of services or membership or fundraising solicitations							- ⊢	1b(6)		√		
										1c		-V	
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market													
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.													
(a) Line		(b) Amount involved		aritable exempt organization		on of transfers, transactions, and sharing arrangements							
		.,		<u> </u>	1,7,5,5,5						<u> </u>		
					<u> </u>		_						
					1								
	Î												
						 -							
					,.								
					<u> </u>		_						
					1								
				<u> </u>	 								
	la +h	a faundation due	antly or industry off	iliated with, or related to, of									
b	des	cribed in section 5	501(c) of the Code (o	ther than section 501(c)(3))						Yes		No	
(a) Name of organization			ization	(b) Type of organization			(c) Desc	ription of i	relations	hip			
													
					·	L							
													
	T	. <u> </u>											
Cian		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								e and be	elief, it	is true,	
Sign		May the if with the g											
Here	·	(see instr							e instruct				
	7 210	Print/Type preparer			e 	T Date			PT	CIN	_		
Paid			a name	Preparer's signature		Date		Check	j if	IIN			
Prep								self-employed					
Use													
		Firm's address ▶ Phone no											