

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation WOMAN'S SEAMEN'S FRIEND SOC OF CT INC C/O		<b>A Employer identification number</b> 06-0655133
Number and street (or P O box number if mail is not delivered to street address) LEVITSKY BERNEY PC 100 BRADLEY RD	Room/suite	<b>B Telephone number (see instructions)</b> (203) 777-2165
City or town, state or province, country, and ZIP or foreign postal code WOODBIDGE, CT 06525		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>6,169,358</u>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	3,400			
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	194,474	194,474		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	159,434			
	<b>b</b> Gross sales price for all assets on line 6a	263,255			
	<b>7</b> Capital gain net income (from Part IV, line 2)		159,434		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	357,308	353,908			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	33,727	0		33,727
	<b>14</b> Other employee salaries and wages	10,664	0		10,664
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	2,525	0		2,525
	<b>c</b> Other professional fees (attach schedule)	41,645	41,645		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	8,976	0		8,976
	<b>19</b> Depreciation (attach schedule) and depletion	45	0		
	<b>20</b> Occupancy	8,320	0		8,320
	<b>21</b> Travel, conferences, and meetings	1,620	0		1,620
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	7,088	0		7,088
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	114,610	41,645		72,920
	<b>25</b> Contributions, gifts, grants paid	250,750			250,750
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	365,360	41,645		323,670	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-8,052				
<b>b Net investment income</b> (if negative, enter -0-)		312,263			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	70,401	166,217	166,217
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,231,319	1,127,496	6,001,997
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 20,865 Less accumulated depreciation (attach schedule) ▶ _____ 19,721	1,189	1,144	1,144
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,302,909	1,294,857	6,169,358	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,302,909	1,294,857	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	0	0		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,302,909	1,294,857		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	1,302,909	1,294,857		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	1,302,909
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-8,052
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,294,857
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	1,294,857

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr )	(d) Date sold (mo , day , yr )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	159,434
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	279,739	6,379,762	0 043848
2016	208,131	5,550,144	0 037500
2015	445,709	5,960,625	0 074776
2014	300,900	6,181,599	0 048677
2013	203,535	5,736,399	0 035481

<b>2</b> Total of line 1, column (d)	2	0 240282
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 048056
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	6,516,120
<b>5</b> Multiply line 4 by line 3	5	313,139
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	3,123
<b>7</b> Add lines 5 and 6	7	316,262
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	323,670

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for 2018 estimated tax payments. Total amount owed is 28, and amount overpaid is 769.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, tax returns, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt charitable trusts and foreign country interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

<b>5a</b> During the year did the foundation pay or incur any amount to				<b>Yes</b>	<b>No</b>
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.			<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			<b>7b</b>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000. ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b> . . . . . ▶		<b>0</b>

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	6,528,708
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	86,642
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	6,615,350
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	6,615,350
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	99,230
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	6,516,120
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	325,806

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	325,806
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	3,123
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	3,123
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	322,683
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	322,683
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	322,683

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	323,670
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	323,670
<b>5</b>	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.	<b>5</b>	3,123
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	320,547

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				322,683
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			178,145	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>323,670</u>				
<b>a</b> Applied to 2017, but not more than line 2a			178,145	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				145,525
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				177,158
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

WOMAN'S SEAMEN'S FRIEND SOCIETY OF C  
291 WHITNEY AVENUE  
NEW HAVEN, CT 06511  
(203) 777-2165  
WSFSOC@GMAIL.COM

**b** The form in which applications should be submitted and information and materials they should include

SCHOLARSHIP NOTICE AND APPLICATION AVAILABLE FROM SOCIETY

**c** Any submission deadlines

FOR SUMMER SCHOOL - APRIL 1ST FOR ACADEMIC YEAR-MAY 15TH

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

(1) CT RESIDENTS WHO ARE MERCHANT SEAFARERS AND/OR THEIR DEPENDENTS (2) CT RESIDENTS STUDYING AT STATE MARITIME ACADEMIES (3) CT RESIDENTS MAJORING IN MARINE SCIENCES (4) LEGAL RESIDENT OF OTHER STATES MAJORING IN MARINE SCIENCES AT A COLLEGE, UNIVERSITY OR OTHER APPROVED INSTITUTION IN CT

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, 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, and Other revenue. Totals are shown at the bottom.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explanatory text. The first two rows contain the text 'AID TO MERCHANT SEAMEN AND THEIR DEPENDENTS' for lines 4 and 8. The rest of the rows are blank.

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

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
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.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule
(a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here
\*\*\*\*\* 2019-07-22 \*\*\*\*\*
Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: LAURENCE F SCHIFFRES
Preparer's Signature
Date
Check if self-employed
PTIN: P00163423
Firm's name: LEVITSKY & BERNEY P C
Firm's EIN: 06-1012254
Firm's address: 100 BRADLEY ROAD WOODBRIDGE, CT 06525
Phone no: (203) 389-5371

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
1 4704 SHS GOLDMAN SACHS STR INC	P		2018-03-21
1 200 SHS ABBOTT LABS	P		2018-03-22
2200 SHS GENERAL ELECTRIC	P		2018-03-22
4703 SHS GOLDMAN SACHS	P		2018-09-20
500 SHS ABBOTT LABS	P		2018-09-21
460 SHS 3M CO	P		2018-09-21

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
45,064		50,004	-4,940
12,444		114	12,330
30,052		274	29,778
43,835		49,996	-6,161
34,194		285	33,909
97,666		3,148	94,518

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			-4,940
			12,330
			29,778
			-6,161
			33,909
			94,518

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
CARL GOTTSCHALK 8 BEACHWOOD LANE NEW HAVEN, CT 06511	BOARD MANAGER 1 00	0	0	0
MARY ESTABROOK 88 NOTCH HILL ROAD 273 NORTH BRANFORD, CT 06471	HONORARY MANAGER 1 00	0	0	0
MARCIA CAVANAUGH 51 HEPBURN ROAD HAMDEN, CT 06517	PRESIDENT 1 00	0	0	0
SALLY TYLER 45 LINCOLN STREET NEW HAVEN, CT 06511	FIRST VICE PRESIDENT 1 00	0	0	0
DAVID TOTMAN 291 WHITNEY AVENUE NEW HAVEN, CT 06511	EXECUTIVE DIRECTOR 30 00	33,727	0	0
ELIZABETH BERNARDO 70 MORRIS COVE ROAD NEW HAVEN, CT 06512	BOARD MANAGER 1 00	0	0	0
MARGARET OTTENBREIT 84 FORT HALE ROAD NEW HAVEN, CT 06512	TREASURER 1 00	0	0	0
JANE ANN MILLER 337 RACE HILL ROAD MADISON, CT 06443	BOARD MANAGER 1 00	0	0	0
TIMOTHY GRIMES 71 SWATHMORE STREET HAMDEN, CT 06517	BOARD MANAGER 1 00	0	0	0
CAROL CLAY WISKE 58 HUNTINGTON STREET NEW HAVEN, CT 06511	BOARD MANAGER 1 00	10,664	0	0
NANCY AHERN 295 WEST ROCK AVENUE NEW HAVEN, CT 06515	IMMEDIATE PAST PRESIDENT 1 00	0	0	0
LOUISE FITZSIMONS P O BOX 6661 HAMDEN, CT 06517	BOARD MANAGER 1 00	0	0	0
SUSAN BLANCHARD 25 WOODSTOCK ROAD HAMDEN, CT 06517	BOARD MANAGER 1 00	0	0	0
MARIANNE MAZAN 613 CHAPEL STREET NEW HAVEN, CT 06511	BOARD MANAGER 1 00	0	0	0
AMY ESTABROOK 1625 RIDGE ROAD NO HAVEN, CT 06473	SECOND VICE PRESIDENT 1 00	0	0	0

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
THERESA MESTER  21 PECK LANE HAMDEN, CT 06518	SECRETARY 15 00	0	0	0



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AID TO MERCHANT SEAMEN AND THEIR DEPENDENTS 635 BOSTON POST ROAD WESTBROOK, CT 06498	NONE	NONE	GENERAL ASSISTANCE	10,500
AMERICAN RED CROSS 703 WHITNEY AVENUE NEW HAVEN, CT 06511	NONE	NONE	OPERATIONS	500
FIRST CONGREGATIONAL CHURCH I WEST ST WEST HAVEN, CT 06516	NONE	NONE	OPERATIONS	27,500
<b>Total . . . . .</b> ▶ <b>3a</b>				250,750

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GNHCC FOUNDATION 70 AUDUBON STREET NEW HAVEN, CT 06511	NONE	NONE	OPERATIONS	250
INTERNATIONAL FESTIVAL OF ARTS & IDEAS 195 CHURCH STREET NEW HAVEN, CT 06510	NONE	NONE	OPERATIONS	10,000
MAINE MARITIME ACADEMY 1 PLEASANT ST CASTINE, ME 04420	NONE	NONE	SCHOLARSHIPS AND OPERATIONS	17,300
<b>Total . . . . .</b> ▶ <b>3a</b>				250,750

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MASS MARITIME ACADEMY 101 ACADEMY DRIVE BUZZARDS BAY, MA 02532	NONE	NONE	SCHOLARSHIPS AND OPERATIONS	48,800
NEW HAVEN LAND TRUST 817 GRAND AVE NEW HAVEN, CT 06511	NONE	NONE	OPERATIONS	10,000
NEW HAVEN READS 45 BRISTOL STREET NEW HAVEN, CT 06511	NONE	NONE	SCHOLARSHIPS AND OPERATIONS	6,500
<b>Total . . . . .</b>				250,750



**3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RIVER ADVOCATE 1253 WHITNEY AVE HAMDEN, CT 06517	NONE	NONE	OPERATIONS	5,000
SAIL CONNECTICUT 635 BOSTON POST ROAD WESTBROOK, CT 06498	NONE	NONE	OPERATIONS	25,000
SALVATION ARMY 450 GEORGE STREET NEW HAVEN, CT 06511	NONE	NONE	OPERATIONS	2,000
<b>Total . . . . . ▶ 3a</b>				250,750

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEA RESEARCH FOUNDATION 55 COOGAN BLVD MYSTIC, CT 06355	NONE	NONE	OPERATIONS	5,000
SEAFARERS & INTERNATIONAL HOUSE 123 EAST 15TH STREEY NEW YORK, NY 10003	NONE	NONE	OPERATIONS	36,500
SUNY MARITIME COLLEGE 6 PENNFIELD AVE BRONX, NY 10465	NONE	NONE	OPERATIONS	29,400
<b>Total . . . . .</b> ▶ <b>3a</b>				250,750

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA SEAMEN'S HOUSE 50 HOWE STREET NEW HAVEN, CT 06511	NONE	NONE	OPERATIONS	1,500
MILFORD MARINE INSTITUTE 141-159 SHADYSIDE LANE MILFORD, CT 06460	NONE	NONE	OPERATIONS	10,000
CT FUND FOR THE ENVIRONMENT 900 CHAPEL STREET NEW HAVEN, CT 06510	NONE	NONE	OPERATIONSOPERATIONSOPERATIONS	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				250,750

**TY 2018 Accounting Fees Schedule**

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC  
C/O

**EIN:** 06-0655133

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	2,525	0		2,525

**TY 2018 Cash Deemed Charitable Explanation Statement**

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC  
C/O

**EIN:** 06-0655133

**Explanation:** THE CASH DEEMED HELD FOR CHARITABLE PURPOSES EXCEEDS 1 1/2% BECAUSE THE OPERATING BUDGET AND REQUIRED DISTRIBUTIONS ARE FAR IN EXCESS OF THAT AMOUNT.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Depreciation Schedule

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC

C/O

**EIN:** 06-0655133

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE CONSTRUCTION	2005-07-01	1,750	561	SL	39 0000000000000	45	0		
COMPUTER EQUIPMENT	1995-06-09	1,825	1,825	SL	5 0000000000000	0	0		
FAX	1997-08-01	732	732	SL	7 0000000000000	0	0		
COPY MACHINE	2000-12-15	1,395	1,395	SL	7 0000000000000	0	0		
COMPUTER EQUIPMENT	2000-08-29	2,357	2,357	SL	5 0000000000000	0	0		
OFFICE ART	2000-11-15	3,156	3,156	SL	7 0000000000000	0	0		
OFFICE FURNITURE & FIXTURES	2000-11-15	7,267	7,267	SL	7 0000000000000	0	0		
OFFICE ART, ETC	2001-06-15	871	871	SL	7 0000000000000	0	0		
COMPUTER EQUIPMENT	2003-11-15	1,512	1,512	SL	5 0000000000000	0	0		

**TY 2018 Investments Corporate Stock Schedule**

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC  
C/O

**EIN:** 06-0655133

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
	1,127,496	6,001,997

**TY 2018 Land, Etc.  
Schedule****Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC

C/O

**EIN:** 06-0655133

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
OFFICE CONSTRUCTION	1,750	606	1,144	
COMPUTER EQUIPMENT	1,825	1,825	0	
FAX	732	732	0	
COPY MACHINE	1,395	1,395	0	
COMPUTER EQUIPMENT	2,357	2,357	0	
OFFICE ART	3,156	3,156	0	
OFFICE FURNITURE & FIXTURES	7,267	7,267	0	
OFFICE ART, ETC.	871	871	0	
COMPUTER EQUIPMENT	1,512	1,512	0	

**TY 2018 Other Expenses Schedule**

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC  
C/O

**EIN:** 06-0655133

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE AND OFFICE EXPENSE	1,444	0		1,444
INSURANCE	2,490	0		2,490
UTILITIES	1,999	0		1,999
PAYROLL SERVICE FEES	1,155	0		1,155

**TY 2018 Other Professional Fees Schedule**

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC  
C/O

**EIN:** 06-0655133

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	41,645	41,645		0

**TY 2018 Taxes Schedule**

**Name:** WOMAN'S SEAMEN'S FRIEND SOC OF CT INC  
C/O

**EIN:** 06-0655133

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAXES	3,884	0		3,884
OTHER TAXES	5,092	0		5,092