Form 990-T"	Extended to F Exempt Organization B	usine:	ss Income T	ax Return	OMB No 1545-0047	
	(and proxy tax u	ınder se	ction 6033(e))		2040	
	For calendar year 2019 or other tax year beginning APR				2019	
Department of the Treasury Internal Revenue Service	▶ Go to www irs.gov/Form990T f ▶ Do not enter SSN numbers on this form as it				Open to Public Inspection 501(c)(3) Organizations Or	
Check box if address changed		ne changed	and see instructions.)	, D	Employer identification number (Employees' trust, see instructions)	
B Exempt under section	Print c/o Cummings & Lockw				06-6377136	
X 501(c() 3)	or Number, street, and room or suite no. If a P.O				Unrelated business activity coo See instructions)	
408(e) 220(e)	P.O. Box 120				ooo manaanana ,	
408A 530(a)	City or town, state or province, country, and Z		n postal code	l_	0000	
529(a)	Stamford, CT 06904-		· -		23000	
Book value of all assets at end of year	F Group exemption number (See instructions 16. G Check organization type ► 501(c)	corporation	X 501(c) trust	401(a) tru	ust Other trus	
	organization's unrelated trades or businesses.	1		the only (or first) unrela		
	Partnerships			complete Parts I-V. If n		
	ank space at the end of the previous sentence, complete	te Parts I and		•		
business, then complete						
During the tax year, was	the corporation a subsidiary in an affiliated group or a p	arent-subsi	diary controlled group?	▶ □	Yes X No	
If "Yes," enter the name a	nd identifying number of the parent corporation.				-	
J The books are in care of		<u>HST I</u>			03) 351-430	
	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sale	~					
b Less returns and allow		1c 2	·		 	
2 Cost of goods sold (S3 Gross profit. Subtract	•	3			+	
4a Capital gain net incom		4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction		4c	-3,000.		-3,00	
-	partnership or an S corporation (attach statement)	5				
6 Rent income (Schedu		6				
7 Unrelated debt-financ	ed income (Schedule E)	سمجسر بر	49,107.	9,94	39,16	
8 Interest, annuities, roy	ralties, and rents from a controlled organization (Schedul	(F) 8				
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedul	e G) 9				
10 Exploited exempt active	vity income (Schedule I)	10				
11 Advertising income (S	· · · · · · · · · · · · · · · · · · ·	11				
	structions; attach schedule)	12	46 107	0.04	2 26 16	
13 Total. Combine lines Part II Deductio	3 through 12 ns Not Taken Elsewhere (See instruction	13	46,107.	9,94	36,16	
	must be directly connected with the unrelated b					
	cers, directors, and trustees (Schedule K)				14	
15 Salaries and wages	RECEIVED			 -	15	
16 Repairs and mainten	· · · · · · · · · · · · · · · · · · ·				16	
17 Bad debts	41	RS-OS(17	
18 Interest (attach sche	gdile) (see instructions)	S		<u>.</u>	18	
19 Taxes and licenses	DODEN I			<u> </u>	19	
20 Depreciation (attach]		20			
• /	aimed on Schedule A and elsewhere on return		21a		11b	
22 Depletion					22	
,	erred compensation plans				23	
24 Employee benefit pro					24	
25 Excess exempt expe					25 26	
26 Excess readership of				<u> </u>	27	
27 Öther deductions (at 28 Total deductions A	tach schedule) dd lines 14 through 27				28	
1	axable income before net operating loss deduction. Sul	htract line 28	3 from line 13		29 36,16	
/	erating loss arising in tax years beginning on or after Ja			<u> </u>	30,10	
20. Definition or nerva-			•		1	
30 ⁷ Deduction for net op (see instructions)					30 18	

		OCLEMENTINE LOCKWOOD PETERSON FOUNDATION	<u>c/o</u>	Cummi	ngs 8	<u> 206-</u>	<u> 63771</u>	36 F	Page 2
Part		Total Unrelated Business Taxable Income							
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruc	tions)	1	32	35	<u>, 98</u>	<u>34.</u>
33	Amou	nts paid for disallowed fringes				33			
34	Charif	able contributions (see instructions for limitation rules)			y	34			<u>35.</u>
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract life	ne 34 from	the sum of lines	32 and 33	35			<u>99.</u>
36	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)		الج	36	1	, 61	<u>L4.</u>
37	Total	of unrelated business taxable income before specific deduction. Subtract line 36 from line 3	5		ŧ	37	17	, 68	<u> 35.</u>
38	Speci	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)			8	38	1	, 00	00.
39	-	ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3	37,		- 11	\Box			
11		the smaller of zero or line 37			9	39	16	, 68	35.
Part	JV	Tax Computation				ļ			
40	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)				40			
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 39	9 from:					
	_	Fax rate schedule or Schedule D (Form 1041)			}	330	4	. 53	31.
42		tax See instructions			•	42			
43	-	ative minimum tax (trusts only)			_	43			
44		n Noncompliant Facility Income. See Instructions			_	44			
A5 (Add lines 42, 43, and 44 to line 40 or 41, whichever applies			1	.45	4	53	31.
Part		Tax and Payments			-	ا قامراا			
	4	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a						
		credits (see instructions)	46b			1			
b		al business credit. Attach Form 3800	46c			1			
ا		for prior year minimum tax (attach Form 8801 or 8827)	46d			1			
		credits. Add lines 46a through 46d	400			46e			
		act line 46e from line 45				47	1	5:	31.
47		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	966 [Other (attach		48	*	, , ,	<u>, , , , , , , , , , , , , , , , , , , </u>
48				Ottilei (attach	schedule)	49	1	5 3	31.
49		tax. Add lines 47 and 48 (see instructions)			٦	50	**	, , , .	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 540			30			<u> </u>
	-	ents: A 2018 overpayment credited to 2019	51a	-		┤ '│			
		estimated tax payments	51b	+		1			
		eposited with Form 8868	51c			1			
	-	n organizations: Tax paid or withheld at source (see instructions)	51d			-			
е		p withholding (see instructions)	51e			-			
1		for small employer health insurance premiums (attach Form 8941)	51f			-			
g		credits, adjustments, and payments: Form 2439	١						
		Form 4136 Other Total ▶	51g	<u> </u>		I			
		payments. Add lines 51a through 51g			~	52		1 /	
53		ated tax penalty (see instructions). Check if Form 2220 is attached			, X	53/			53.
54		ie. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed				/54	4_	. 69	14.
55	-	ayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			•	55			
56		the amount of line 55 you want: Credited to 2020 estimated tax		Refunde		56			
Part		Statements Regarding Certain Activities and Other Information			s)		Т		
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature					<u> Y</u>	es	No_
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization							
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	ountry					
	here	<u> </u>				_		_	<u>X</u>
58	Durin	the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	to, a foreign tri	ıst?		<u> </u>	\dashv	<u>X</u>
	If "Yes	,° see instructions for other forms the organization may have to file.							
59		the amount of tax-exempt interest received or accrued during the tax year 🕨 💲							
0:		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules ani correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	d statemen oarer has a	nts, and to the be iny knowledge	st of my kno	wledge and	d belief, it is trui	€,	
Sign		11. 1 0 100 101			M	lay the IRS	discuss this ret	urn w	ıth
Here		1/0Ward S/v/hully 11/8/2020 Truste	е		th	e preparer	shown below (s		. 1
		Signature of officer Date Title			ın	structions)	Yes Yes		No
		Print/Type preparer's name Preparer's signature C	ate	Chec	k 🔲	ıf PTIN			
Paid	i		. 1,	self-	employed				
	barei	Gail Robertino (QU PAULIN) /	16/6/c	dU			00936		
•	Only	Firm's name ► Cummings & Lockwood LLC	17	Firn	n's EIN 🕨	0.6	-0312	59()
-55	~!!! <u>}</u>	P.O. Box 120							
		Firm's address ► Stamford, CT 06904-0120		Pho	ne no. ((203)	351-43	<u> 308</u>	3
923711	01-27-2	0					Form 990	-T (2	2019)

CLEMENTINE LOCKWOOD PETERSON FOUNDATION Form 990-T (2019) C/O Cummings & Lockwood, (HST III)

06-6377136

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inventor	ory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold Su	btract lii	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4 a Additional section 263A costs			line 2			7	<u></u>	
(attach schedule)	4a		8 Do the rules of section	263A (w	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?				<u></u>	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property I	Lease	ed With Real Pro	pert	y)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for per	d personal property (if the percenta sonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly columns 2(a) a		cted with the income ((attach schedule)	ın
(1)	•							
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		nter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		I Income (see in	structions)					
			2 Gross income from		3 Deductions directly cor to debt-finan-			
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a) :	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1) Tailwinds Capita	1 Partne	arg				+		
(2) III-Cayman	<u> </u>	02.0	58,846.				11,9	15.
(3)			00,0201					
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to unced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%		•			
(2) 236,765.		283,718.	83.45%		49,107	•	9,9	43.
(3)			%			1_		
(4)			%			4_		
					iter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			>		49,107		9,9	43.
Total dividends received deductions in	aludad in aalumi	. Ω	•					0

Schedule F - Interest,	Annuitie	s, Royal	ties, an	d Rent	s From C	ontrolle	ed Organiz	zatioi	1S (see ins	tructio	ns)	
				Exempt (Controlled O	rganızatı	ons					
1 Name of controlled organiza	tion	2 Emp Identific numb	cation		related income instructions)		al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5	
(1)												_
(2)												_
(3)												_
(4)											-	_
Nonexempt Controlled Organi	zations		-		-							_
7. Taxable Income	8 Net u	nrelated incom lee instructions		9 Total	of specified pay made	ments	10. Part of column the controll gross				Peductions directly connecte th income in column 10	d
(1)				***								_
(2)												
(3)												
(4)												
							Add colur Enter here and line 8, a		a 1, Part I, A)		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals									0.		0	•
Schedule G - Investme (see inst		me of a S	Section	501(c)(7), (9), or	(17) Or	ganizatior	1				
1. Desc	ription of inco	me			2. Amount of	ıncome	 Deduction directly connected (attach schedule) 	ected	4. Set-	asides chedule)	 Total deductions and set-asides (col 3 plus col 4) 	
(1)												
(2)										_		
(3)												
(4)												
		_			Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B	
Totals						0.					0	•
Schedule I - Exploited (see instru	•	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•				
1 Description of exploited activity	unrelated incom	Gross business e from business		elated	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cots 5	5 Gross inco from activity is not unrelat business inco	that ted	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												_
(3)												
(4)		re and on , Part I, col (A)	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 25	-
Totals ► Schedule J - Advertisi	na Inco		astruction		<u> </u>							÷
Part I Income From					solidated	Basis						_
1. Name of periodical		2. Gross advertising income		3 Direct artising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput arough 7	5 Circula income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)					7					_		
(4)											7	
Totals (carry to Part II, line (5))	•	(0.	0								
											Form 990-T (201	a۱

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

Form 990-T (2019) c/o Cummi	ngs & Loc	kwood	, (H	ST III)			637713	6 Page 5
Part II Income From Perio columns 2 through 7 on a	dicals Report	ed on a	Sepa	rate Basis (For each	ch period	lical listed in Pa	art II, fill in	-
1 Name of periodical	2 Gross advertising income	3. Dire advertising		4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circ		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.		0.		•			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here a page 1, P line 11, co	art I,					Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensatio	n of Officers,	Director	s, and	Trustees (see in	struction	s)		
1 Name				2 Title		3 Percent of time devoted to business		ensation attributable related business
(1)						%		
(2)						%		
(3)						%		

Form **990-T** (2019)

0.

%

(4)

Total Enter here and on page 1, Part II, line 14

Form 990-T	Net	Operating Loss D	eduction	Statement	1		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year			
03/31/19	180.	0.	180.	180			
NOL Carryov	er Available This	Year	180.	18	0.		
Form 990-T	Net	Operating Loss D	eduction	Statement	2		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year			
03/31/17 03/31/18	794. 820.	0.	794. 820.	79 82			
NOL Carryov	er Available This	Year	1,614.	1,61	4.		
Form 990-T		Contributions		Statement	3		
Description	/Kind of Property	Method Used t	o Determine FMV				
Greenwich I	ibrary	N/A		1,497,053			
Total to Fo	orm 990-T, Page 2,	line 34		1,497,0	53		

Form 990-T	Contributions Summary		Statement	4
Carryover of Prior Year	s Unused Contributions -	60% Limit		
For Tax Year 2018				
Total Carryover Total Current Year 60%	Contributions			
Total Contributions Ava Taxable Income Limitati		20,022		
Excess 60% Contribution Total Excess Contributi		0		
Allowable Contributions	Deduction			0
Taxable Income for limi	tation after 60% contribu	ntions	33,	370
Carryover of Prior Year	s Unused Contributions -	50% Limit		
For Tax Year 2014 For Tax Year 2015 For Tax Year 2016 For Tax Year 2017 For Tax Year 2018	2,380,260 3,967,055 1,434,477 1,373,968 1,208,877			
Total Carryover Total Current Year 50%	Contributions	10,364,637 1,497,053		
Total Contributions Ava Taxable Income Limitati		11,861,690 16,685		
Excess 50% Contribution Fotal Excess Contributi		11,845,005		
Allowable Contributions	Deduction		16,0	685
Total Contribution Dedu	action		16,0	685

Form 990-T	Schedule E - Other	Deductions		Statement	5
Description		Activity Number	Amount	Total	
Tailwind Capital E	Partners - investment - Subtotal -	1	11,915.	11,9	15.
Total of Form 990-	-T, Schedule E, Column	3(b)		11,9	15.
Form 990-T	Average Acquisition Allocable to Debt-Fin			Statement	6
Description		Activity Number	Amount	Total	
Tailwind Capital F adjusted indebtedr	Partners – average ness		236,765.	026 5	6
adjusted indebted	- Subtotal -	1		236,7	05,

	Average Adjusted Basis of or Allocable to Debt-Financed Property						
Description	Activity Number	Amount	Total				
Tailwind Capital Partners - average adjusted basis - Subtotal		283,718.	283,71	18.			
Total of Form 990-T, Schedule E, Colum	nn 5		283,71	18.			

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2019

X No

Department of the Treasury Internal Revenue Service Name of estate or trust

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

c/o Cummings & Lockwood, (HST III)

Note: Form 5227 filers need to complete only Parts I and II

06-6377136

Yes

Employer identification number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Pa	rt I Short-Term Capital Gains and Losses-Gen	erally Assets H	leld One Year o	r Less (see	instr	uctions)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	ts from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 1b		ļ			
1 ь	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with	•				
	Box B checked			_		
3	Totals for all transactions reported on Form(s) 8949 with					
	Box C checked			<u> </u>		
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts			5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of	the 2018 Capital Loss				
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here an	d on line 17,			
	column (3) on page 2				7	<u> </u>
Pa	rt II Long-Term Capital Gains and Losses-Gen	erally Assets H	eld More Than	One Year(s	ee ir	
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmento gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for					
	which basis was reported to the IRS and for which you have no					
	adjustments (see instructions). However, if you choose to report all					
	these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	Totals for all transactions reported on Form(s) 8949 with	-				
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
-	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
••	Box F checked		_			
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, an	d 8824	-		_11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other				12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 o	f the 2018 Capital Los	S			
	Carryover Worksheet				15	(4,587.)

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a,

Schedule D (Form 1041) 2019

-4,587.

column (3) on page 2

16

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

Schedule D (Form 1041) 2019 C/O Cummings		TI	II)		06-	6377	7136 Page 2
Part III Summary of Parts I and II			(1) Beneficiaries'		Estate		(3) Total
Caution: Read the instructions before con	npleting this part			or	trust's		
17 Net short-term gain or (loss)		17					
18 Net long-term gain or (loss):							
a Total for year		18a		_	4,5	87.	-4,587.
b Unrecaptured section 1250 gain (see line 18 of the world	ksheet)	18b					
c 28% rate gain		18c					
19 Total net gain or (loss) Combine lines 17 and 18a	>	19		_	4,5	87.	<u>-4,587.</u>
Note: If line 19, column (3), is a net gain, enter the gain	on Form 1041, line 4 (or Form	990-T,	Part I, line 4a) If line	es 18a a	nd 19,	colum	ı (2), are net gaıns,
go to Part V, and don't complete Part IV. If line 19, colu	mn (3), is a net loss, complete	Part IV	and the Capital Loss (Carryove	r Works	heet, a	s necessary
Part IV Capital Loss Limitation							
20 Enter here and enter as a (loss) on Form 1041, line 4 (d	r Form 990-T, Part I, line 4c, if a tr	ust), the	smaller of:				
a The loss on line 19, column (3) or b \$3,000					20_	(3,000.)
Note: If the loss on line 19, column (3), is more than \$3, Loss Carryover Worksheet in the instructions to figure yo		ne 23 (d	or Form 990-T, line 3	39), is a	loss, c	omplete	e theCapital
Part V Tax Computation Using Maxi		es		-			
Form 1041 filers. Complete this part only if both lines 18a ar	nd 19 in column (2) are gains, or ai	n amoun	t is entered in Part I or	Part II a	nd ther	e is an e	ntry on Form 1041,
line 2b(2), and Form 1041, line 23, is more than zero.	, , -						
Caution: Skip this part and complete the Schedule D Tax	: Worksheet in the instructions if	f:					
• Either line 18b, col. (2) or line 18c, col. (2) is more the	nan zero, or						
 Both Form 1041, line 2b(1), and Form 4952, line 4g 	are more than zero						
Form 990-T trusts Complete this part only if both lines 18a a							
39, is more than zero. Skip this part and complete the Sched	ule D Tax Worksheet in the instru	ctions if	either line 18b, col. (2)	or line	18c, col	. (2) is n	nore than zero.
21 Enter taxable income from Form 1041, line 23 (or Form 9	390-T, line 39)	21					
22 Enter the smaller of line 18a or 19 in column (2)	1 1						
but not less than zero	22	4					
23 Enter the estate's or trust's qualified dividends from							
Form 1041, line 2b(2) (or enter the qualified dividends							
included in income in Part I of Form 990-T)	23	4					
24 Add lines 22 and 23	24	_					
25 If the estate or trust is filing Form 4952, enter the							
amount from line 4g; otherwise, enter -0-	25	┥					
26 Subtract line 25 from line 24. If zero or less, enter -0-		26			}		
27 Subtract line 26 from line 21. If zero or less, enter -0-		27	+				
28 Enter the smaller of the amount on line 21 or \$2,650		28	+				
29 Enter the smaller of the amount on line 27 or line 28	are amount to toyod at 00/	29	I		۱ ۵۰		
30 Subtract line 29 from line 28. If zero or less, enter -0 Th	ns amount is taxed at 0%	04	1		30		
31 Enter the smaller of line 21 or line 2632 Subtract line 30 from line 26		31 32	1				
33 Enter the smaller of line 21 or \$12,950		33			1		
34 Add lines 27 and 30		34					
35 Subtract line 34 from line 33. If zero or less, enter -0-		35			1		
36 Enter the smaller of line 32 or line 35		36	<u> </u>		1		
37 Multiply line 36 by 15% (0.15)			.l		37		
38 Enter the amount from line 31		38			<u> </u>		
39 Add lines 30 and 36		39			1		
40 Subtract line 39 from line 38. If zero or less, enter -0-		40			1		
41 Multiply line 40 by 20% (0.20)		<u> </u>	•		41		
42 Figure the tax on the amount on line 27. Use the 2019 Ta	ax Rate Schedule for Estates			•			
and Trusts (see the Schedule G instructions in the instru		42	<u> </u>]		
43 Add lines 37, 41, and 42	- /	43]		
44 Figure the tax on the amount on line 21. Use the 2019 Ta	ax Rate Schedule for Estates]		
and Trusts (see the Schedule G instructions in the instru		44]		
45 Tax on all taxable income. Enter the smaller of line 43			e]		
G, Part I, line 1a (or Form 990-T, line 41)					45		

SCHEDULE D (Form 1041)

Alternative Minimum Tax Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

OMB No. 1545-0092 *2*019

Department of the Treasury Internal Revenue Service Name of estate or trust

CLEMENTINE LOCKWOOD PETERSON FOUNDATION

► Go to www.irs.gov/F1041 for instructions and the latest information.

Employer identification number

c/o Cummings & Lockwood, (HST III) 06-6377136 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions) (h) Gain or (loss) See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments (d) (e) Subtract column (e) Proceeds Cost from column (d) and to gain or loss from (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. combine the result Form(s) 8949, Part I, with column (a) line 2, column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (e) Subtract column (e) from column (d) and Adjustments Proceeds Cost to gain or loss from (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part II. combine the result with column (g) line 2, column (a) 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with 10 Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 12 13 13 Capital gain distributions 14 14 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss 15 4,427.) 15 Carryover Worksheet Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, -4,427. column (3) on page 2

Alternative Minimum Tax

Schedule D (Form 1041) 2019 CLEMENTINE LC	CKWOOD PETERSON	FOU	JNDATION c	/o C	0	6-6	377136 Page 2
Part III Summary of Parts I and II			(1) Beneficiaries'		Estate'	's	(3) Total
Caution: Read the instructions before con	npleting this part			or	trust's	;	
17 Net short-term gain or (loss)		17					
18 Net long-term gain or (loss):							
a Total for year		18a		_	4, 4	27.	-4,427.
b Unrecaptured section 1250 gain (see line 18 of the work	ksheet)	18b					
c 28% rate gain		18c					
19 Total net gain or (loss) Combine lines 17 and 18a	>	19			4,4		4,427.
Note: If line 19, column (3), is a net gain, enter the gain	on Form 1041, line 4 (or Form	990-T,	Part I, line 4a) If line	es 18a a	nd 19,	colum	ın (2), are net gaıns,
go to Part V, and don't complete Part IV If line 19, colu	mn (3), is a net loss, complete i	Part IV a	and the Capital Loss (Carryove	r Work	sheet,	as necessary.
Part IV Capital Loss Limitation					ı	1	
20 Enter here and enter as a (loss) on Form 1041, line 4 (o	r Form 990-T, Part I, line 4c, if a tri	ust), the	smaller of:				2 222
a The loss on line 19, column (3) or b \$3,000					20	<u> </u>	3,000.)
Note: If the loss on line 19, column (3), is more than \$3, Loss Carryover Worksheet in the instructions to figure yo	.000, or if Form 1041, page 1, lii	ne 23 (d	or Form 990-T, line 3	39), is a	loss, c	omple	te theCapital
Part V Tax Computation Using Maxi		es					
Form 1041 filers. Complete this part only if both lines 18a an			t is entered in Part I or	r Part II a	nd the	re is an	entry on Form 1041,
line 2b(2), and Form 1041, line 23, is more than zero.	()						
Caution: Skip this part and complete the Schedule D Tax	Worksheet in the instructions if	f					
Either line 18b, col (2) or line 18c, col (2) is more the							
 Both Form 1041, line 2b(1), and Form 4952, line 4g 				5 (т	15 000 T h
Form 990-T trusts. Complete this part only if both lines 18a a 39, is more than zero. Skip this part and complete the Sched							
	<u> </u>	21	entier mie 100, con (2) Or IIIIO	100,00	. (2) 13	more man zero:
21 Enter taxable income from Form 1041, line 23 (or Form 9) 22 Enter the smaller of line 18a or 19 in column (2)	190-1, iiile 39)	21	-		İ		
but not less than zero	22						
23 Enter the estate's or trust's qualified dividends from	22	_					
Form 1041, line 2b(2) (or enter the qualified dividends							
included in income in Part I of Form 990-T)	23						
24 Add lines 22 and 23	24	\exists					
25 If the estate or trust is filing Form 4952, enter the							
amount from line 4g; otherwise, enter -0-	25						
26 Subtract line 25 from line 24. If zero or less, enter -0-		26					
27 Subtract line 26 from line 21. If zero or less, enter -0-		27					
28 Enter the smaller of the amount on line 21 or \$2,650		28					
29 Enter the smaller of the amount on line 27 or line 28		29					
30 Subtract line 29 from line 28. If zero or less, enter -0 Th	nis amount is taxed at 0%			>	30		
31 Enter the smaller of line 21 or line 26		31		_	1		
32 Subtract line 30 from line 26		32					
33 Enter the smaller of line 21 or \$12,950		33			ļ		
34 Add lines 27 and 30		34			ļ		
35 Subtract line 34 from line 33. If zero or less, enter -0-		35					
36 Enter the smaller of line 32 or line 35		36	<u> </u>		ł		
37 Multiply line 36 by 15% (0.15)		1	1		37		
38 Enter the amount from line 31		38	-		-		
39 Add lines 30 and 36		39	-		-		
40 Subtract line 39 from line 38. If zero or less, enter -0-		40	<u> </u>				
41 Multiply line 40 by 20% (0.20)		i	I		41	<u> </u>	
42 Figure the tax on the amount on line 27. Use the 2019 Ta							
and Trusts (see the Schedule G instructions in the instru	ctions for Form 1041)	42	 	-	1		
43 Add lines 37, 41, and 42		43	 		1		
44 Figure the tax on the amount on line 21. Use the 2019 Ta							
and Trusts (see the Schedule G instructions in the instru		Cabadul	<u> </u>		1		
45 Tax on all taxable income. Enter the smaller of line 43	or line 44 here and on Form 1041,	ocnedul	e	_	45		