efile GRAPHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN:	93393137001671
Form 990-T	Exen	npt Orgai	nization Bus	iness Inc	ome Tax Retu	r n	OMB No. 1545-0047
Form 990-			proxy tax und				2020
	For calend	-	other tax year beginnir		_ and ending12-31-20	20	2020
Department of the Treasury Internal Revenue Service					the latest information f your organization is a 50		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	The E	of organization dith S Wheeler hn Chiota Esq	(□ Check box if na Trust	me changed and	see instructions.)	D Emp 06-638	oloyer identification number 6858
B Exempt under section ✓ 501(c3) ☐ 408(e) ☐ 220(e)	_or Numb	<u> </u>	room or suite no. If a d	P.O. box, see in	structions.		up exemption number instructions)
☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A	Trumb	oull, CT 06611	province, and ZIP or				Check box if an amended return.
C Chack arganization t			end of year				
G Check organization t	= = = = = = = = = = = = = = = = = =	(c) corporation		` ,	•	plicable re	einsurance entity
H Check if filing only to			orm 8941 L Claim				
					g corporation		▶ ⊔
J Enter the number of			· · · · · · · · · · · · · · · · · · ·		<u> ▶</u>	1	
= : :	•		=	· · · · · · · · · · · · · · · · · · ·	ubsidiary controlled gro	up?	. ► Yes ✓ No
			the parent corporati	on ▶	Talanh		(202) 269 77EE
L The books are in car		HIOTA ESQ ITE PLAINS ROA	/D		Teleph	one numb	per ► (203) 268-7755
		JLL, CT 06611					
Part I Total Ur	related Bus	iness Taxabl	e Income				
1 Total of unrelated instructions) .		ole income com	puted from all unrela	ted trades or bus	sinesses (see	1	
2 Reserved .						2	
3 Add lines 1 and 2						3	
4 Charitable contrib	outions (see ins	tructions for lim	itation rules) .			4	
5 Total unrelated b	usiness taxable	income before	net operating losses.	Subtract line 4 f	rom line 3	5	
6 Deduction for net	operating loss.	. See instruction	15			6	
		ole income befo	re specific deduction	and section 199	A deduction.		
Subtract line 6 fr						7	
8 Specific deduction	n (generally \$1,	.000, but see in	structions for excepti	ons)		8	
9 Trusts. Section 1	l99A deduction.	See instruction	ns			9	_
10 Total deduction						10	
				_	iter than line 7, enter		
		<u> </u>				11	
	nputation					т. г	
=	-		iply Part I, line 11 by			1	0
Part I, line 11 fro	m: 🗹 Tax rat		s for tax computation Schedule D (Forn		the amount on	2	0
3 Proxy tax. See i	nstructions					3	
4 Other tax amoun	ts. See instructi	ions .				4	
5 Alternative minim	•	• •				5	
			structions			6	
						7	0
For Paperwork Reduction	n Act Notice, see	instructions.	Cat. No	11291J			Form 990-T (2020)

orm	990-T (2	020)								F	Page 2
Part	3000 7	ax and Payments									
1a	Foreign	tax credit (corporations attach Form 1118	3; trusts attach Fo	rm 1116)	1a						
b	Other cr	edits (see instructions)			1 b						
С	General	business credit. Attach Form 3800 (see in	nstructions)		1c						
d	Credit fo	er prior year minimum tax (attach Form 8	801 or 8827) .		1 d						
е		edits. Add lines 1a through 1d						1e			
2		: line 1e from Part II, line 7	<u>.</u>					2			0
3	Other ta	xes. Check if from:		Form 869	7 ∟ •••	Form 8866		3			
4	Total ta	x. Add lines 2 and 3 (see instructions). [1294. Enter the tax amount here	Check if include	es tax previ	ously o	leferred under	.	4			0
5	2020 ne	t 965 tax liability paid from Form 965-A o	or Form 965-B, Pa	rt II, colum	n (k),	line 4		5			
6a	Payment	ts: A 2019 overpayment credited to 2020			6a						
b	2020 es	timated tax payments. Check if section 64	43(g) election app	lies ▶ 🗌	6b						
c	Tax dep	osited with Form 8868			6c						
d	Foreign	organizations: Tax paid or withheld at sou	urce (see instructi	ons) .	6d						
е	Backup	withholding (see instructions)			6e						
f	Credit fo	r small employer health insurance premiu	ums (attach Form	8941) .	6f						
g		edits, adjustments, and payments:	orm 2439	 Total ▶	6g						
7	Total pa	ayments. Add lines 6a through 6g						7			
8		ed tax penalty (see instructions). Check if					. ▶□	8			
9	Tax due	. If line 7 is smaller than the total of lines	s 4, 5, and 8, ente	er amount o	wed		•	9			0
10	Overpa	yment. If line 7 is larger than the total of	f lines 4, 5, and 8,	enter amo	unt ov	erpaid	>	10			
11	Enter th	e amount of line 10 you want: Credited t	to 2021 estimate	ed tax▶		Re	funded▶	11			
Par	t IV S	Statements Regarding Certain Ac	tivities and Ot	her Info	rmati	on (see insti	ructions)				
1	financial	me during the 2020 calendar year, did th account (bank, securities, or other) in a f Foreign Bank and Financial Accounts. If	foreign country? I	f "Yes," the	organ	ization may ha	ave to file Fi			Yes	No
											No
2	_	he tax year, did the organization receive		· ·	the gr	antor of, or tra	ansferor to,	a foreig	in trust?		No
_		see instructions for other forms the orga	·								
3		e amount of tax-exempt interest received organization change its method of accoun		-			▶ \$				N.
		brganization change its method of accoun Yes," has the organization described the	5 (,					· · ·		No
		Supplemental Information	change on Form s	790, 990-62	-, 990-	PF, OF FORM 1.	120: 11 110,	ехріа	II III Fait V		
		• •		1.101							
rovio	de the ex	planation required by Part IV, line 4b. Also	o provide any oth	er addtiona	Inforr	nation. See in	structions.				
Sig He	helie	er penalties of perjury, I declare that I have examples in the second of						eparer h	as any knowled	lge. nis retur	n l
			┴						e preparer show structions)? 🗹		ั๊ _{No} [
		Signature of officer	Date	Title		15.					<u> </u>
Paid	t	Print/Type preparer's name James S Rollinson Jr CPA	Preparer's signature	•		Date 2021-05-10	Check its	1.000	I 335371		
Prei	parer	Firm's name PKF O'Connor Davies LLP					Firm's EIN 🟲	27-172	8945		
	Only	Firm's address ► Four Corporate Dr Suite 4	488				Phone no. (2	U3) 020	-3535		
	,	·	. = =				, none no. (2	03/ 323	5555		
		Shelton, CT 06484							Form 9	90-T /	(2020)

TY 2020 IncomeLossPartnershipSCorpSch

Name: The Edith S Wheeler Trust

c/o John Chiota Esq

EIN: 06-6386858

Total gross receipts

ta: g:			
Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
ENERGY TRANSFER PARTNERS	3,646		3,646
NUSTAR ENERGY LP	5,567		5,567

Total share of gross income: 9,213

Total share of deductions:

Total gain or loss: 9,213

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TY 2020 OtherDeductionSchedule

Name: The Edith S Wheeler Trust

c/o John Chiota Esq

EIN: 06-6386858

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
ENERGY TRANSFER PARTNERS	6,834
NUSTAR ENERGY, L.P.	6,714
ENERGY TRANSFER PARTNERS C/Y DISALLOWED	-3,188
NUSTAR ENERGY, L.P. C/Y DISALLOWED	-1,147

efil	e GRAPHIC print	t - DO NOT PROCESS As Filed D	ata -			DLN: 93393137001671				
SC	HEDULE A	Unrelated Bus	ines	S	Taxable I	nco	me			OMB No. 1545-0047
	rm 990-T)	90-T) From an Unrelated Trade or Business								2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990 ► Do not enter SSN numbers on this form a)(3).	Open to Public Inspection fo 501(c)(3) Organizations Only
The	Name of the organiza Edith S Wheeler Trus ohn Chiota Esq						mployei 386858	identifi	cation	number
c (Jnrelated business a	ctivity code (see instructions) ▶ 221110	D Sequ	uer	nce:	1		of		1
E [Describe the unrelate	d trade or business ▶ PRIVATE FOUNDAT	ON HOL	.DS	S INTERST IN PTP	WITH	H UNRELA	ATED TRA	DE/BU:	SINESS
Pa	rt I Unrelated	Trade or Business Income			(A) Income	e	(B)	Expens	es	(C) Net
1a	Gross receipts or sa	ales								
b	Less returns and allow	vances c Balance	• ▶ 1 0	2						
2	Cost of goods sold	(Part III, line 8)	. 2							
3	Gross Profit. Subtra	act line 2 from line 1c	. 3							
4a		come (attach Sch D (Form 1041 or Form								
		tions)	-	+						
	• , , ,	rm 4797) (attach Form 4797) (see instructio	′ 	\rightarrow						
	Capital loss deduct		40	+						
5	• •	a partnership or an S corporation (attach	. 5	ŀ	% J	9,213	3			9,21
6	,	IV)	_	-						,
7	Unrelated debt-fina	inced income (Part V)	. 7	T						
8		royalties, and rents from a controlled /I)	. 8							
9	organizations (Part	of section 501(c)(7), (9), or (17) VII)		\rightarrow						
10		ctivity income (Part VIII)		-						
11		(Part IX)		-						
12	•	instructions; attach statement)		\rightarrow						
13		es 3 through 12				9,213			0	9,21
Pai		ns Not Taken Elsewhere (See instr with the unrelated business income	uctions	fo	or limitations on	dedi	uctions)	Deduct	ions m	ust be directly
1	Compensation of o	fficers, directors, and trustees (Part X) .							1	
2	Salaries and wages								2	
3	Repairs and mainte	enance				•			3	
4						•			4	
5	,	etement) (see instructions)				•			5	
6				•					6	
7 8		h Form 4562) (see instructions)		٠	7	+			- 8b	
9	•	laimed in Part III and elsewhere on return	•	•	<u>8a</u>				9	
10		ferred compensation plans				• !			10	
11		rograms							11	
12		enses (Part VIII)							12	
13		costs (Part IX)							13	
14		attach statement) 🥞 · · · · ·							14	9,21
15	•								15	9,21
16		income before net operating loss deduction							16	, –
17		perating loss (see instructions)							17	

Deduction for net operating loss (see instructions) 17 Unrelated business taxable income. Subtract line 17 from line 16 . 18

	ıle A (Form 990-T) 2020									Page 3
Part	VI Interest, Annui	ties, Roya	Ities, and Re	ents from	n Control			•		
							•	ed Organizations		T
1	1. Name of controlled organization		identification inco		3. Net unrelated income (loss) (see instructions)		of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization	s			
	7. Taxable income	inco	et unrelated ome (loss) instructions)	I .	Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		L. Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Fotals Part			Section 501(2. Amount of		3. Deduction	7) Organ tions direc nected statement	nization (s	column (A) ee instructions I. Set-asides ach statement))	5. Total deductions and set-asides add columns 3 and 4)
(1)					(attacri	Statement	.)		+	add columns 3 and 4)
(2)										
(3)										
(4)										
-			Add amounts in o Enter here and o line 9, colum	on Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
otals			tu. Incomo (Athan Th	 	tining To		inchurchione)		
			ty Income, (Juier II	iaii Auver	using Ir	icome (see	= mistructions)		
	Description of exploited ac	· —				B			_	
3	Gross unrelated business in Expenses directly connecte	d with produ	action of unrela	ted busine	ess income.	Enter here	and on Part	I, line 10,	2	
4	column (B)	elated trade	or business. Si	ubtract lin	e 3 from line	e 2. If a ga	ain, complete	F	3	
									4	
	Gross income from activity								5	
	Expenses attributable to in								6	
	Excess exempt expenses. S here and on Part II. line 12								7	

efile	GRAPHIC	orint - DO NOT PROCESS As I	Filed Data -		D	LN:	93393137001671
SCH	EDULE D	Canit	al Caina an	d Lagger			OMB No. 1545-0092
(Form	1041)	Саріт	al Gains an	a Losses			
<u>نو</u>	,	Attach to Fe	orm 1041 Form 5	227, or Form 990-T.			2020
Departn	ent of the Treasury	▶ Use Form 8949 to list y			and 10.		ZUZU
-	Revenue Service	► Go to www.irs.gov/F1	041 for instruction	ns and the lastest infor	mation.		
Name	of estate or tr	ust			Employer	iden	tification number
					06-638685	8	
Not	e: Form 523	27 filers need to complete only	Parts I and II		1 00 030003		
		any investment(s) in a qualified opport		e tay year?			
	'	n 8949 and see its instructions for addi	,	′ ⊔ Yes.			
		Term Capital Gains and Loss				ructi	ions)
		how to figure the amounts to enter on	ASSEESTIC	la Gile Fear Gi Ees	(g)	· ucc	(h) Gain or (loss)
	nes below.	now to rigate the amounts to enter on	(d)	(e)	Adjustments to	gain	Subtract column (e)
Thic f	orm may be ea	ciar to complete if you round off cents	Proceeds (sales price)	Cost (or other basis)	or loss from Foi 8949, Part I, lii		from column (d) and combine the result
	ole dollars.	sier to complete if you round off cents		, ,	column (g)		with column (g)
					(3)		
1a		hort-term transactions reported					
		-B for which basis was reported I for which vou have no					
	,	see instructions). However, if					
		report all these transactions					
	to line 1b	, leave this line blank and go					
	Tatala for all t						
1b 	with Box A ch	ransactions reported on Form(s) 8949 lecked					
2	Totals for all t with Box B ch	ransactions reported on Form(s) 8949 lecked					
3	Totals for all t with Box C ch	ransactions reported on Form(s) 8949 ecked					
4	Short-term ca	pital gain or (loss) from Forms 4684, 62	252, 6781, and 8824	4		4	
5	Net short-tern	n gain or (loss) from partnerships, S coi	porations, and othe	er estates or trusts		5	
6	Short-term ca Carryover Wo	pital loss carryover. Enter the amount, rksheet	if any, from line 9 o	f the 2019 Capital Loss		6	()
7		rm capital gain or (loss). Combine lin) on the back			d on line ▶	7	
Part	Long-T	erm Capital Gains and Losse	es—Assets Hel	d More Than One	Year (see ir	ıstrı	ictions)
	_	how to figure the amounts to enter on			(g)		(h) Gain or (loss)
the li	nes below.		(d) Proceeds	(e) Cost	Adjustments to		
	orm may be ea ole dollars.	sier to complete if you round off cents	(sales price)	(or other basis)	or loss from Foi 8949, Part II, li column (g)	ne 2,	from column (d) and combine the result with column (g)
	Totals for all l	ong-term transactions reported					
Od		ong-term transactions reported -B for which basis was reported					
	to the IRS and	d for which you have no					
		see instructions). However, if report all these transactions					
		, leave this line blank and go					
	to line 8b						
8b	Totals for all t	ransactions reported on Form(s) 8949 necked					
9	Totals for all t with Box E ch	ransactions reported on Form(s) 8949 ecked					
10	Totals for all t with Box F ch	ransactions reported on Form(s) 8949 ecked					
11	Long-term cap	oital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	d 8824		11	
12		gain or (loss) from partnerships, S corp				12	3
13	Capital gain di					13	13,352
14	Gain from For					14	
15		pital loss carryover. Enter the amount, i					
	Carryover Wo	ksheet				15	()
16	Net long-teri 18a, column (m capital gain or (loss). Combine line 3) on the back	es 8a through 15 in	column (h). Enter here an	d on line	16	13,355
For Da		, tion Act Notice, see the Instructions for F		Cat. No. 11376V		Schad	ule D (Form 1041) 2020

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Department of the

Internal Revenue Service

Treasury

As Filed Data -

DLN: 93393137001671

OMB No. 1545-0074

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

•							•
lame(s) shown on return he Edith S Wheeler Trust				Social security nu	ımber or t	axpayer identifi	ication number
o John Chiota Esq					06-	6386858	
lefore you check Box A, B, or C belo tatement will have the same inform roker and may even tell you which l	ation as Form 1						
Part I Short-Term. Transact		capital asset	s you held 1 ye	ear or less are ger	nerally sh	ort term (see in	structions). Fo
long-term transactions			:	Faura (a) 1000 F	ما ما ما ما	basis was reas	utad ta tha IDG
Note: You may aggreg and for which no adjus							
to report these transac				otalo all'ectiy on o	circuaic i	, iii 14, you c	ar err e r equir eu
ou must check Box A, B, or C be orm 8949, page 1, for each applicat omplete as many forms with the sar	ole box. If you h	nave more shor	more than one b t-term transactio	ox applies for your s ns than will fit on thi	hort-term is page for	transactions, com one or more of th	plete a separate ne boxes,
(A) Short-term transactions rep						ove)	
☐ (B) Short-term transactions rep				t reported to the IRS	5		
(C) Short-term transactions not	reported to you	u on Form 1099	9-B	_			,
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter a	, if any, to gain or loss. in amount in column (g), code in column (f). eparate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the resul with column (g)
				_			
Totals Add the amounts in colum	ns (d) (e) (a)	and (h)					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

(subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

Form 8949 (2020) Attachment Sequence No. 12A Page 2 Social security number or taxpayer identification number Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side The Edith S Wheeler Trust 06-6386858 c/o John Chiota Esq Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. (h) 1 If you enter an amount in column (g), Gain or (loss). (e) enter a code in column (f). (c) (d) Cost or other basis. Subtract column (a) (b) See the senarate instructions

Description of property	Date acquired	disposed of	(sales price)	and see Column (e)		parate morraemono.	from column (d)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	and combine the result with column (g)	
UBS AC#1080			86,160	(74,014)			12,146	
AMERICAN ENT			115,745	(70,499)			45,246	
2 Totals. Add the amounts in column (subtract negative amounts). Ente include on your Schedule D, line 8 checked), line 9 (if Box E above i Box F above is checked)	r each total her Bb (if Box D ab s checked), or l	re and ove is line 10 (if	201,905	(144,513)			57,392	
·								

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.