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DLN: 93491156001078

OMB No 1545-0052

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.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>. 2017

Open to Public Inspection

| For                | caler          | ndar year 2017, or tax year beginning 01-01-20   | 17 , aı                            | nd en    | nding 12-31-                          | 2017   |   |  |
|--------------------|----------------|--|------------------------------------|----------|---------------------------------------|--|---|--|
|                    |                | undation   |                                    |          | A Employer identification number      |  |   |  |
| 11                 | IE TRAC        | HSEL FAMILY FOUNDATION   |                                    |          | 20-4927047                            |  |   |  |
|                    |                | d street (or P O box number if mail is not delivered to street address) PINE ROAD                              | Room/suite                         |          | B Telephone number (see instructions) |  |   |  |
|                    |                |  |                                    |          | (508) 945-058:                        | <u> </u>                                       |   |  |
|                    |                | n, state or province, country, and ZIP or foreign postal code<br>NTHAM, MA 026501013                           |                                    |          | <b>C</b> If exemption                 | application is pendin                          | g, check here                             |  |
| <b>G</b> CI        | neck al        | Il that apply $\Box$ Initial return $\Box$ Initial return of a   | former public charity              |          | <b>D 1.</b> Foreign or                | ganızatıons, check he                          | ere 📗                                     |  |
|                    |                | ☐ Final return ☐ Amended return  |                                    |          |                                       | ganizations meeting                            |   |  |
|                    |                | Address change Name change   |                                    |          | ·                                     | k here and attach co                           | · —                                       |  |
| H C                | neck ty        | ablape of organization $ abla$ Section 501(c)(3) exempt private f  | oundation                          |          |                                       | undation status was t<br>n 507(b)(1)(A), chec  |   |  |
|                    | Section        | n 4947(a)(1) nonexempt charitable trust 🔲 Other taxable  | private foundation                 |          |                                       |  |   |  |
| of                 | year <i>(f</i> | xet value of all assets at end from Part II, col (c),  | ✓ Cash ☐ Accru                     | al       |                                       | ation is in a 60-monti<br>n 507(b)(1)(B), chec |   |  |
| Pa                 | rt I           | Analysis of Revenue and Expenses (The total  | (a) Bayanya and                    |          |                                       |  | (d) Disbursements                         |  |
|                    |                | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b)      | Net investment<br>income              | (c) Adjusted net income                        | for charitable purposes (cash basis only) |  |
|                    | 1              | Contributions, gifts, grants, etc , received (attach   | 4,581                              |          |                                       |  | (**************************************   |  |
|                    | 2              | schedule)  Check ▶ ☑ If the foundation is <b>not</b> required to attach  |                                    |          |                                       |  |   |  |
|                    | -              | Sch B  |                                    |          |                                       |  |   |  |
|                    | 3              | Interest on savings and temporary cash investments   | 83                                 |          | 83                                    |  |   |  |
|                    | 4              | Dividends and interest from securities   | 42,830                             |          | 42,830                                |  |   |  |
|                    | 5a             | Gross rents  |                                    |          |                                       |  |   |  |
| σ.                 | b              | Net rental income or (loss)  | 62.420                             |          |                                       |  |   |  |
| Ž                  | 6a<br>  .      | Net gain or (loss) from sale of assets not on line 10  | 62,438                             |          |                                       |  |   |  |
| Reversie           | b              | Gross sales price for all assets on line 6a 232,163  Capital gain net income (from Part IV, line 2)            |                                    |          | 68,397                                |  |   |  |
| ~                  | 7<br>  8       | Net short-term capital gain  |                                    |          | 00,397                                |  |   |  |
|                    | 9              | Income modifications   |                                    |          |                                       |  |   |  |
|                    | 10a            | Gross sales less returns and allowances  |                                    |          |                                       |  |   |  |
|                    | Ь              | Less Cost of goods sold  |                                    |          |                                       |  |   |  |
|                    | C              | Gross profit or (loss) (attach schedule)   |                                    |          |                                       |  |   |  |
|                    | 11             | Other income (attach schedule)   |                                    |          |                                       |  |   |  |
|                    | 12             | Total. Add lines 1 through 11  | 109,932                            |          | 111,310                               |  |   |  |
|                    | 13             | Compensation of officers, directors, trustees, etc   | 0                                  |          | 0                                     |  | 0   |  |
|                    | 14             | Other employee salaries and wages  |                                    |          |                                       |  |   |  |
| 6S                 | 15             | Pension plans, employee benefits   |                                    |          |                                       |  |   |  |
| in S               | 16a            | Legal fees (attach schedule)   |                                    |          |                                       |  |   |  |
| Expenses           | ь              | Accounting fees (attach schedule)  | 2,990                              |          | 2,243                                 |  | 748                                       |  |
| ē                  | C              | Other professional fees (attach schedule)  |                                    |          |                                       |  |   |  |
| and Administrative | 17             | Interest   |                                    |          |                                       |  |   |  |
| Str                | 18             | Taxes (attach schedule) (see instructions)   | 2,815                              |          | 1,224                                 |  | 0   |  |
| <u>=</u>           | 19             | Depreciation (attach schedule) and depletion   |                                    |          |                                       |  |   |  |
| £                  | 20             | Occupancy  |                                    |          |                                       |  |   |  |
| Į pu               | 21             | Travel, conferences, and meetings  |                                    |          |                                       |  |   |  |
|                    | 22             | Printing and publications  |                                    | _        |                                       |  |   |  |
| Ĭ                  | 23             | Other expenses (attach schedule)   |                                    |          |                                       |  |   |  |
| Operating          | 24             | Total operating and administrative expenses.   | E 00F                              |          | 2 467                                 |  | 740                                       |  |
| ă                  | 25             | Add lines 13 through 23  | 5,805<br>258,525                   | -        | 3,467                                 |  | 748<br>258,525                            |  |
|                    | 26             | Total expenses and disbursements. Add lines 24 and   | 230,323                            |          |                                       |  | 230,323                                   |  |
|                    |                | 25   | 264,330                            |          | 3,467                                 |  | 259,273                                   |  |
|                    | 27             | Subtract line 26 from line 12  Excess of revenue over expenses and   | -154,398                           |          |                                       |  |   |  |
|                    | a<br>  .       | disbursements  | -134,398                           |          | 46                                    |  |   |  |
|                    | b              | Net investment income (if negative, enter -0-)   |                                    |          | 107,843                               |  |   |  |
| For                | Paper          | Adjusted net income(If negative, enter -0-)  |                                    | <u> </u> | N- 11200                              | <u> </u>                                       | m <b>990-PF</b> (2017)                    |  |
| . 01               | . upel         | TOTAL REGIGERACE MOLICE, SEE HISH UCHOUS.  |                                    | Ĺ        | Cat No 11289)                         | 、 ror  | JJU-FF (201/)                             |  |

|             | 1   | Cash—non-interest-bearing  |           |           |           |
|-------------|-----|--|-----------|-----------|-----------|
|             | 2   | Savings and temporary cash investments                                   | 127,677   | 123,263   | 123,263   |
|             | 3   | Accounts receivable ▶  |           |           |           |
|             |     | Less allowance for doubtful accounts ▶                                   |           |           |           |
|             | 4   | Pledges receivable ▶   |           |           |           |
|             |     | Less allowance for doubtful accounts ▶                                   |           |           |           |
|             | 5   | Grants receivable  |           |           |           |
|             | 6   | Receivables due from officers, directors, trustees, and other            |           |           |           |
|             |     | disqualified persons (attach schedule) (see instructions)                |           |           |           |
|             | 7   | Other notes and loans receivable (attach schedule)                       |           |           |           |
|             |     | Less allowance for doubtful accounts ▶                                   |           |           |           |
| ķ           | 8   | Inventories for sale or use  |           |           |           |
| Assets      | 9   | Prepaid expenses and deferred charges                                    |           |           |           |
| As          | 10a | Investments—U S and state government obligations (attach schedule)       |           |           |           |
|             | ь   | Investments—corporate stock (attach schedule)                            | 1,737,953 | 1,586,882 | 2,243,473 |
|             | c   | Investments—corporate bonds (attach schedule)                            |           |           |           |
|             | 11  | Investments—land, buildings, and equipment basis ▶                       |           |           |           |
|             |     | Less accumulated depreciation (attach schedule) ▶                        |           |           |           |
|             | 12  | Investments—mortgage loans   |           |           |           |
|             | 13  | Investments—other (attach schedule)                                      |           |           |           |
|             | 14  | Land, buildings, and equipment basis ▶                                   |           |           |           |
|             |     | Less accumulated depreciation (attach schedule)                          |           |           |           |
|             | 15  | Other assets (describe >)  |           |           |           |
|             | 16  | Total assets (to be completed by all filers—see the                      |           |           |           |
|             |     | instructions Also, see page 1, item I)                                   | 1,865,630 | 1,710,145 | 2,366,736 |
|             | 17  | Accounts payable and accrued expenses                                    |           |           |           |
|             | 18  | Grants payable   |           |           |           |
| es          | 19  | Deferred revenue   |           |           |           |
| 를           | 20  | Loans from officers, directors, trustees, and other disqualified persons |           |           |           |
| Liabilities | 21  | Mortgages and other notes payable (attach schedule)                      |           |           |           |
| コ           |     |  |           |           |           |

| Less accumulated depreciation (attach schedule) ►  15 Other assets (describe ►  16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)  17 Accounts payable and accrued expenses | 1,865,630 | 1,710,145           | 226, 226  |
|---|-----------|---------------------|-----------|
| 15 Other assets (describe ►  16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)  17 Accounts payable and accrued expenses  | 1,865,630 | 1,710,145           | 2 266 776 |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)  17 Accounts payable and accrued expenses   | 1,865,630 | 1,710,145           | 2 266 726 |
| Instructions Also, see page 1, item I)  17 Accounts payable and accrued expenses  | , ,       | 1,710,145           | 2 266 726 |
| 17 Accounts payable and accrued expenses  | , ,       | 1,710,145           | 2 266 726 |
|   |           |                     | 2,366,736 |
| <b>18</b> Grants payable  |           |                     |           |
|   |           |                     |           |
| $ \stackrel{\circ}{\underline{\psi}} $ 19 Deferred revenue  |           |                     |           |
| 20 Loans from officers, directors, trustees, and other disqualified Mortgages and other notes payable (attach schedule)   | persons   |                     |           |
| 21 Mortgages and other notes payable (attach schedule)  |           |                     |           |
| 22 Other liabilities (describe  | )         |                     |           |
| 23 Total liabilities(add lines 17 through 22)   | 0         | 0                   |           |
| Foundations that follow SFAS 117, check here  |           |                     |           |
| and complete lines 24 through 26 and lines 30 and 31.   |           |                     |           |
| and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted  |           |                     |           |
| and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted  |           |                     |           |
| 24 Unrestricted   |           |                     |           |
| 24 Unrestricted   |           | 0                   |           |
| 24 Unrestricted   |           | 0                   |           |
| 24 Unrestricted   |           | 0<br>0<br>1,710,145 |           |

24 Unrestricted 25 Temporarily restricted Permanently restricted . 26 Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund 1,865,630 Retained earnings, accumulated income, endowment, or other funds 1,710,145 Total net assets or fund balances (see instructions) . . . 1,865,630 1,710,145 1,865,630 1,710,145 Total liabilities and net assets/fund balances (see instructions) .

27 28 29 30 31 Part III **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 1,865,630 1 2 -154,398 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) 4 4 1,711,232 Add lines 1, 2, and 3 . . . . 5 5 1,087 Decreases not included in line 2 (itemize) ▶

6

1,710,145 Form **990-PF** (2017)

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Page **3** 

|  | (a)<br>kind(s) of property sold (e g , re<br>ouse, or common stock, 200 shs    | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr )                |  |
|--|--|--|-----------------------------------|--|--|
| <b>1a</b> See Additional Data Table                            |  |  | D Domation                        |  |  |
| b  |  |  |                                   |  |  |
| С  |  |  |                                   |  |  |
| d  |  |  |                                   |  |  |
| e  |  |  |                                   |  |  |
| (a)  | (f)  | 1 (                                    | g)                                | (  | h)   |
| (e)<br>Gross sales price                                       | Depreciation allowed (or allowable)  |  | other basis<br>ense of sale       |  | or (loss)<br>) minus (g)                                 |
| a See Additional Data Table                                    |  |  |                                   |  |  |
| b  |  |  |                                   |  |  |
| с  |  |  |                                   |  |  |
| d  |  |  |                                   |  |  |
| e  |  |  |                                   |  |  |
| Complete only for assets sh                                    | nowing gain in column (h) and ow   | ned by the foundation o                | on 12/31/69                       | _  | (1)  |
| (i)<br>F M V as of 12/31/69                                    | (j)<br>Adjusted basis<br>as of 12/31/69  | Excess                                 | <b>k)</b> of col (ı) (յ), ıf any  | col (k), but not                                   | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |
| a See Additional Data Table                                    |  |  | 377                               |  |  |
| b  |  |  |                                   |  |  |
| С  |  |  |                                   |  |  |
| d  |  |  |                                   |  |  |
| e  |  |  |                                   |  |  |
| · · ·  | n or (loss) as defined in sections 1<br>I, line 8, column (c) (see instruction |  | ·<br>· }                          | 3  |  |
| Part V Qualification Und                                       | der Section 4940(e) for Re   | duced Tax on Net                       | Investment I                      | ncome  |  |
| (For optional use by domestic priva                            |  |  |                                   |  |  |
| If section 4940(d)(2) applies, leav                            | •  | ction 4940(a) tax on he                | t investment inco                 | nie )  |  |
| Was the foundation liable for the s                            | •  | ole amount of any year                 | in the base perior                | +2 □ v   | es 🔽 No  |
| If "Yes," the foundation does not q                            |  |  | in the base perior                |  | cs <u> </u>  |
|  | ant in each column for each year,  |  | making any entri                  | es   |  |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                                | (c)<br>Net value of noncharitable      | e-use assets                      | ( <b>d)</b> Distribution rat (col (b) divided by o |  |
| 2016   | 367,534  |  | 2,305,752                         | · · · · · · · · · · · · · · · · · · ·              | 0 159399   |
| 2015   | 158,644  |  | 2,534,644                         |  | 0 062590   |
| 2014   | 173,852  |  | 2,629,963                         |  | 0 066104   |
| 2013   | 131,839  |  | 2,509,256                         |  | 0 052541   |
| 2012   | 121,469  |  | 2,381,219                         |  | 0 051011   |
| 2 Total of line 1, column (d)                                  |  |  | 2                                 |  | 0 391645   |
| number of years the founda                                     | or the 5-year base period—divide t<br>ition has been in existence if less      | than 5 years                           | <u>3</u>                          |  | 0 078329   |
|  | haritable-use assets for 2017 from   | •                                      | 4                                 |  | 1,999,010  |
|  |  |  |                                   |  | <del></del>  |
| 6 Enter 1% of net investment                                   |  |  | 5                                 |  | 156,580  |
|  | income (1% of Part I, line 27b)  |  | 6                                 |  | 156,580<br>1,078   |
| <b>7</b> Add lines 5 and 6                                     |  |  | <u>6</u>                          |  | 156,580  |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| Form 990-PF (2 | 017)   |
|----------------|--|
| Part VIII      | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors |

| Part VIIII and Contractors   |              | ,   | ,   | <i>3</i> , <i>3</i> ,   |                                       |
|--|--------------|---|---|---|---------------------------------------|
| 1 List all officers, directors, truste   | es, fo       | oundation managers ar   | d their compensation                      | (see instructions).   |                                       |
| (a) Name and address   | (            | Title, and average<br>hours per week<br><b>b)</b> devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| WILLIAM TRACHSEL<br>187 SEAPINE ROAD   | TRUS<br>0 50 |   | 0   | (   | 0                                     |
| NORTH CHATHAM, MA 026501013  |              |   |   |   |                                       |
| NANCY TRACHSEL   | TRUS<br>0 50 | STEE  | 0   | (   | 0                                     |
| 187 SEAPINE ROAD<br>NORTH CHATHAM, MA 026501013  |              |   |   |   |                                       |
| WILLIAM SCOTT TRACHSEL   |              | STEE  | 0   | (   | 0                                     |
| 187 SEAPINE ROAD   | 0 50         |   |   |   |                                       |
| JEFFREY L TRACHSEL   | TDIIG        | STEE  | 0   |   | 0                                     |
| 187 SEAPINE ROAD   | 0 50         |   | 0   |   | ή                                     |
| NORTH CHATHAM, MA 026501013  |              |   |   |   |                                       |
| 2 Compensation of five highest-pa  | id er        | nployees (other than t  | hose included on line 1                   |   | ne, enter "NONE."                     |
| (a) Name and address of each employee pa<br>more than \$50,000   | aid          | Title, and average hours per week (b) devoted to position             | (c) Compensation                          | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE   |              |   |   | (a) compensation  |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| <b>Total</b> number of other employees paid ov   |              |   |   |   | 0                                     |
| 3 Five highest-paid independent of   |              |   |   |   |                                       |
| (a) Name and address of each perso   | n pai        | d more than \$50,000  | <b>(b)</b> Typ                            | e of service  | (c) Compensation                      |
| NONE   |              |   | -   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   | -   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   | -   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   | 1   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   | ]   |   |                                       |
| Total number of others receiving over \$50   | 0,000        | for professional services   |   |   | 0                                     |
| Part IX-A Summary of Direct (  | Char         | itable Activities   |   |   |                                       |
| List the foundation's four largest direct charitable organizations and other beneficiaries served, con | activ        | ities during the tax year. Incl                                       | ude relevant statistical inform           | nation such as the number of  | Expenses                              |
| 1  | ileren       | ces convened, research paper  | s produced, etc                           |   | <u> </u>                              |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| 2  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| 3  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| 4  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| Day IV D   | D            | alatad Turraturanta   | /   |   |                                       |
| Part IX-B Summary of Program   |              |   | *   |   | A                                     |
| Describe the two largest program-related invi  | estme        | nts made by the foundation d  | uring the tax year on lines 1             | and 2   | Amount                                |
| 1  |              |   |   |   |                                       |
| -  |              |   |   |   |                                       |
| 2  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| All other program-related investments  | See          | Instructions  |   |   |                                       |
| 3  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
|  |              |   |   |   |                                       |
| Total. Add lines 1 through 3   |              |   |   |   | 000 85 (2017)                         |

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

2

3a 3h

4

5

259.273

1.078

258,195

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

98,873

98.873

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0

(d)

2017

| )-PF (20 | 017)                 |      |               |  |
|----------|----------------------|------|---------------|--|
| KIII     | Undistributed Income | (see | instructions) |  |

From 2012. . . . .

**b** From 2013. . . . c From 2014. . .

d From 2015. . . . .

e From 2016. . . . .

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

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

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not

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

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

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

**b** Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

3.700 7,191

43 526

33.168 254,628

> 7.191 43,526

> 33.168

254.628

160.400

(a)

Corpus

342.213

160.400

502,613

3.700

498,913

(b)

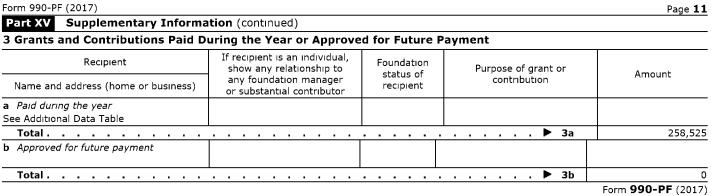
Years prior to 2016

(c)

2016

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|-----------------|--------|
| Part XIII       | Undist |

**b** Total for prior years



| Part XVI-A                                     | analysis of Income-Producing   | Activities                |               | Т                     |                          | T                                      |
|--|--|---------------------------|---------------|-----------------------|--------------------------|--|
| Enter gross amounts unless otherwise indicated |  | Unrelated business income |               | Excluded by section   | (e)<br>Related or exempt |  |
| 1 Program service                              |  | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code | (d)<br>Amount            | function income<br>(See instructions ) |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
| _  | racts from government agencies es and assessments.                                 |                           |               |                       |                          |  |
| ınvestments                                    | vings and temporary cash   |                           |               | 14                    | 83                       |  |
|  | nterest from securities<br>ne or (loss) from real estate                           |                           |               | 14                    | 42,830                   |  |
|  | property   |                           |               |                       |                          |  |
|  | nced property  |                           |               |                       |                          |  |
|  | nt income  |                           |               |                       |                          |  |
| 8 Gain or (loss)                               | from sales of assets other than  |                           |               | 18                    | 62,438                   |  |
| 9 Net income or (                              | loss) from special events  |                           |               |                       | ·                        |  |
|  | (loss) from sales of inventory a   |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
| 13 Subtatal Add a                              | columns (h) (d) and (a)  |                           | 0             |                       | 105,351                  | 0                                      |
| 13 Total. Add line                             | 12, columns (b), (d), and (e)  |                           |               | 1                     | 3                        | 105,351                                |
|  | in line 13 instructions to verify calcu<br>Relationship of Activities to th        |                           | ment of Exem  | pt Purposes           |                          |  |
| the a  | in below how each activity for which ccomplishment of the foundation's exictions ) |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
| +  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
|  |  |                           |               |                       |                          |  |
| L  |  |                           |               |                       | Fo                       | rm <b>990-PF</b> (2017)                |

| orm 990-PF (          | <u> </u>  |                                   |                                |                    |  |                                |                          | Pa           | ge <b>13</b>    |
|-----------------------|---|-----------------------------------|--------------------------------|--------------------|--|--------------------------------|--------------------------|--------------|-----------------|
| Part XVII             | Information Re<br>Exempt Organia  |                                   | nsfers To a                    | ınd Transacti      | ons and Relat                            | ionships With Non              | charitable               |              |                 |
|                       | ganization directly or in<br>Code (other than sectio  |                                   |                                |                    |  |                                | n 501                    | Yes          | No              |
| a Transfers           | from the reporting foun   | dation to a non                   | ncharitable exe                | empt organizatio   | n of                                     |                                |                          |              |                 |
| <b>(1)</b> Cash.      |   |                                   |                                |                    |  |                                | . 1a(1)                  |              | No              |
| <b>(2)</b> Other      | rassets   |                                   |                                |                    |  |                                | . 1a(2)                  |              | No              |
| <b>b</b> Other tran   |   |                                   |                                |                    |  |                                |                          |              |                 |
| ` `                   | of assets to a nonchari   | •                                 | -                              |                    |  |                                | . 1b(1)                  |              | No              |
|                       | nases of assets from a n  |                                   |                                |                    |  |                                | 1b(2)                    |              | No              |
|                       | al of facilities, equipmen<br>bursement arrangemen  | •                                 |                                |                    |  |                                | . 1b(3)                  |              | No<br>No        |
|                       | s or loan guarantees.   |                                   |                                |                    |  |                                | . 1b(5)                  |              | No              |
|                       | mance of services or m  |                                   |                                |                    |  |                                | . 1b(6)                  |              | No              |
| c Sharing of          | facilities, equipment, n  | nailing lists, oth                | ner assets, or                 | paid employees.    |  |                                | . 1c                     |              | No              |
| of the goo            | wer to any of the above ds, other assets, or servinsaction or sharing arra  (b) Amount involved | vices given by t<br>ngement, show | the reporting to the column (d | foundation If the  | e foundation recei<br>le goods, other as | ived less than fair mark       | et value<br>ed           | ngemen       | nts             |
| (4) 2                 | (b) / infodite in / office  | (c) Harris of His                 | Trendintable exer              | inpe organization  | (2) Bescription                          | er cransrersy cransactions,    | and onlaring arra        | gee          |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
| <b>2a</b> Is the four | ndation directly or indire  | ectly affiliated v                | with, or related               | d to, one or more  | e tax-exempt orga                        | anızatıons                     |                          |              |                 |
|                       | in section 501(c) of the  | •                                 | nan section 50                 | 1(c)(3)) or in se  | ction 527?                               |                                | · · Ll Yes               | ✓            | No              |
| <b>b</b> If "Yes," c  | omplete the following so  |                                   | 1 4                            | <b>&gt; T</b> 6    | I  | (-) D                          | - <b>6</b>               |              |                 |
|                       | (a) Name of organization  | on                                | (6                             | ) Type of organiza | tion                                     | (c) Description                | of relationship          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
|                       |   |                                   |                                |                    |  |                                |                          |              |                 |
| of m<br>whice         | er penalties of perjury,<br>ny knowledge and belief<br>ch preparer has any kno                  | , it is true, corr                |                                |                    |  |                                | sed on all infor         | rmation      | n of            |
| Sign<br>Here <b>L</b> | *****   |                                   |                                | 2018-05-18         | *****                                    |                                | May the IRS di<br>return |              |                 |
|                       |   |                                   |                                | l                  | <b>)</b>                                 |                                | with the prepa<br>below  | rer shov     | ٧n              |
| '                     | Signature of officer or ti  | rustee                            |                                | Date               | , Title                                  |                                | (see instr )?            | <b>✓</b> Yes | □ <sub>No</sub> |
|                       | Print/Type preparer's   | name P                            | reparer's Sign                 | aature             | Date                                     | Check if self-<br>employed ▶ □ | PTIN P00358              | 3544         |                 |
| Paid                  | THOMAS J FILOME<br>CPA  | NO                                |                                |                    |  | Jp.3734 2                      |                          |              |                 |
| raid<br>Preparer      |   | MENO 8 COM                        | ANIV DC CDAIC                  |                    |  |                                |                          |              |                 |
| Use Only              |   | MENO & COMP.                      | ANY PC CPA'S                   |                    |  | F                              | irm's EIN ▶06            | -09347       | <sup>7</sup> 73 |
| ,                     | Firm's address ► 80 SOUTH MAIN STREET   |                                   |                                |                    |  |                                |                          |              |                 |

WEST HARTFORD, CT 06107

Phone no (860) 561-0020

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) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation AMERICAN EUROPACIFIC-ST COVERED-SUMMARY Р 2017-10-16 AMERICAN EUROPACIFIC-LT COVERED-SUMMARY Ρ 2017-10-16 AMERICAN EUROPACIFIC-LT NON-COV D 2017-10-04 D AMERICAN EUROPACIFIC-LT NON-COV 2017-10-04 Р 2017-03-31 PIMCO LT NON-COV PIMCO LT NON-COV Ρ 2017-11-27 2017-12-22 PIMCO LT NON-COV Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 11,293 9,923 1,370 13,357 10,728 2,629 8.784 5,532 3,252 4,080 2.570 1,510 10,473 6,468 4,005 9,185 5,672 3,513 2,829 1,747 1,082 10,000 10,555 -555 35,000 36,851 -1,851 15,000 15,829 -829 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 1,370 2,629 3,252 1,510 4,005 3,513 1,082 -555 -1,851 -829

List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo , day, yr ) (mo, day, yr) D-Donation S&P 500 INDEX FUND Ρ 2017-11-29 CAPITAL GAINS DIVIDENDS Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (h) (e) plus (f) minus (g) (f) (q) plus expense of sale

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

| 100,194                       |                                      | 57,891   | 42,303  |
|-------------------------------|--------------------------------------|--|---|
| 11,968                        |                                      |  | 11,968  |
| Form 990PF Part IV - Capital  | Gains and Losses for Tax on          | Investment Income - Colum                          | ns i - I  |
| Complete only for assets show | ying gain in column (h) and owned b  | y the foundation on 12/31/69                       | Gains (Col (h) gain minus   |
| (i) F M V as of 12/31/69      | Adjusted basis<br>(j) as of 12/31/69 | Excess of col(ı)<br><b>(k)</b> over col(յ), ıf any | col (k), but not less than -0-) <b>or</b> (I) Losses (from col (h)) |

42,303 11,968

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

WILLIAM TRACHSEL

NANCY TRACHSEL

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BUILDING CONSERVATION TRUST** NONE PUBLIC GENERAL SUPPORT 1,000 6919 PORTWEST DR SUITE 100 CHARITY HOUSTON, TX 770248010 OCEAN COMMUNITY VMCAGE LICH CT NONE DUBLIC CENERAL CURRORT 1,000 2,500 1,000 STREET SQUASH NONE PUBLIC GENERAL SUPPORT 41 WEST 115TH STREET CHARITY

PUBLIC

CHARITY

GENERAL SUPPORT

1,000

258,525

| YOUNG WOMENS LEADERSHIP<br>NETWORK<br>322 8TH AVENUE 4TH FLOOR<br>NEW YORK, NY 10001 | NONE   | PUBLIC<br>CHARITY | GENERAL SUPPORT | 2, |
|--|--------|-------------------|-----------------|----|
| WESTERLY, RI 02891   | INOINE | CHARITY           | GENERAL SUPPORT | 1, |

NEW YORK, NY 10026

163 EAST 81ST STREET

NEW YORK, NY 10028

Total .

3a

THE NARNIA CATECHETICAL & CULT

NONE

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

| ASPHALT GREEN555 EAST 90TH STREET<br>NEW YORK, NY 10128                        | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 40,000 |
|--|------|-------------------|-----------------|--------|
| CHURCH OF ST IGNATIUS LOYOLA<br>28 COMMONWEALTH AVE<br>CHESTNUT HILL, MA 02467 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 500    |

| CHESTNUT HILL, MA 02467   |      | CHARITY           |                 |       |
|---|------|-------------------|-----------------|-------|
| ALL SOULS SCHOOL<br>1157 LEXINGTON AVENUE<br>NEW YORK, NY 10021 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 1,000 |
|   |      |                   |                 |       |

| 1157 LEXINGTON AVENUE<br>NEW YORK, NY 10021                      | NONE | CHARITY           | GENERAL SUPPORT | 1,000                                 |
|--|------|-------------------|-----------------|---------------------------------------|
| THE BUCKLEY SCHOOL<br>113 EAST 73RD STREET<br>NEW YORK, NY 10021 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 7,500                                 |
| 1  | ·    |                   | l               | · · · · · · · · · · · · · · · · · · · |

| 113 EAST 73RD STREET<br>NEW YORK, NY 10021 | NONE | CHARITY           | GENERAL SUPPORT | 7,500 |
|--|------|-------------------|-----------------|-------|
| LESLEY ELLIS SCHOOL<br>41 FOATER STREET    | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 5,000 |

| 113 EAST 73RD STREET<br>NEW YORK, NY 10021 | NONE | CHARITY           | CENTERVIE SOLI OIN | , r |
|--|------|-------------------|--------------------|-----|
| LESLEY ELLIS SCHOOL<br>41 FOATER STREET    | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT    | 5,  |

| NEW YORK, NY 10021                      |      | CHARITY           |                 |    |
|---|------|-------------------|-----------------|----|
| LESLEY ELLIS SCHOOL<br>41 FOATER STREET | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 5, |

| NEW TORK, NT 10021   |      |                   |                 |       |
|--|------|-------------------|-----------------|-------|
| LESLEY ELLIS SCHOOL<br>41 FOATER STREET<br>ARLINGTON, MA 02474 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 5,000 |

| 41 FOATER STREET<br>ARLINGTON, MA 02474 | CHARITY |             |
|---|---------|-------------|
| Total                                   | <br>    | <br>258,525 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIESPO BOX 17066 NONE PUBLIC GENERAL SUPPORT 1,000 BALTIMORE, MD 21297 CHARITY

| LAW SCHOOL FOUNDATION<br>45 ELIZABETH ST<br>HARTFORD, CT 06105             | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 10,000 |
|--|------|-------------------|-----------------|--------|
| HOLY REDEEMER CHURCH<br>57 HIGHLAND AVE<br>CHATHAM, MA 02633               | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 500    |
| CAPE COD FOUNDATION259 WILLOW ST<br>YARMOUTH PORT, MA 02675                | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 10,000 |
| CATHOLIC CHARITIES OF THE ARCH<br>134 FARMINGTON AVE<br>HARTFORD, CT 06105 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 7,500  |

258,525

Total.

За

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LESI EV ELLIS SCHOOL NONE DUBLIC CENEDAL SUDDODT 12,500

| 41 FOATER STREET<br>ARLINGTON, MA 02474   | NONE | CHARITY           | GENERAL SOFFORT |
|---|------|-------------------|-----------------|
| MAB COMMUNITY SERVICES<br>267 HIGH STREET | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT |

3a

|   | 267 HIGH STREET<br>HOLYOKE, MA 01040                     | NONE | CHARITY           | GENERAL SUPPORT |   |
|---|--|------|-------------------|-----------------|---|
|   | GIRLS ON THE RUN546 SOUTH AVENUE<br>NEW CANAAN, CT 06840 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT |   |
| 4 |  | İ    |                   |                 | _ |

| GIRLS ON THE RUN546 SOUTH AVENUE<br>NEW CANAAN, CT 06840                     | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 3,000 |
|--|------|-------------------|-----------------|-------|
| MERRIMACK VALLEY YMCA<br>101 AMESBURY STREET 4TH FLOOR<br>LAWRENCE, MA 01840 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 2,500 |

| MERRIMACK VALLEY YMCA<br>101 AMESBURY STREET 4TH FLOOR<br>LAWRENCE, MA 01840 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 2,500  |
|--|------|-------------------|-----------------|--------|
| AMERICAN CANCER SOCIETY  | NONE | PUBLIC            | GENERAL SUPPORT | 15,000 |

5,000

| LAWRENCE, MA 01840   |      | CHARITY           |                 |  |
|--|------|-------------------|-----------------|--|
| AMERICAN CANCER SOCIETY 250 WILLIAN ST NW ATI ANTA: GA 30303 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT |  |

| MERRIMACK VALLEY YMCA<br>101 AMESBURY STREET 4TH FLOOR<br>LAWRENCE, MA 01840 | NONE | CHARITY           | GENERAL SUPPORT |   |
|--|------|-------------------|-----------------|---|
| AMERICAN CANCER SOCIETY<br>250 WILLIAN ST NW                                 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 1 |

| 101 AMESBURY STREET 4TH FLOOR<br>LAWRENCE, MA 01840 |      | CHARITY           |                 | ,   |
|---|------|-------------------|-----------------|-----|
| AMERICAN CANCER SOCIETY 250 WILLIAN ST NW           | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 15, |

| AMERICAN CANCER SOCIETY<br>250 WILLIAN ST NW<br>ATLANTA, GA 30303 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 15,000  |
|---|------|-------------------|-----------------|---------|
| Total   |      |                   |                 | 258,525 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WINCHESTER ABC2 DIX STREET NONE PUBLIC GENERAL SUPPORT 4,000 WINCHESTER, MA 01890 CHARITY COLGATE UNIVERSITY GIFT RECORDS NONE **GENERAL SUPPORT** 4,000 PUBLIC 13 OAK DRIVE CHARITY

| HAMILTON, NY 13346   |      | CHARTT            |                 |       |
|--|------|-------------------|-----------------|-------|
| INTREPID FALLEN HEROES FUND<br>ONE INTREPID SQUARE<br>NEW YORK, NY 10036 | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 6,000 |
| AHIMSA HAVEN ANIMAL RESCUE<br>287 SPRING STREET                          | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 1,500 |

| NEW YORK, NY 10036  |         |                   |                 |       |
|---|---------|-------------------|-----------------|-------|
| AHIMSA HAVEN ANIMAL RESCUE<br>287 SPRING STREET<br>VINCHENDON, MA 01475 | NONE    | PUBLIC<br>CHARITY | GENERAL SUPPORT | 1,500 |
| SEA EDUCATION ASSOCIATION<br>PO BOX 6<br>WOODS HOLE, MA 02543           | NONE    | PUBLIC<br>CHARITY | GENERAL SUPPORT | 1,500 |
| Total   | 258,525 |                   |                 |       |

| 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 | Foundation<br>status of | Purpose of grant or contribution | Amount  |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |  |
| a Paid during the year   |   |                         |                                  |         |  |
| THE HUMANE SOCIETY OF THE UNIT<br>1255 23RD STREET NW SUITE 450<br>WASHINGTON, DC 20037                  | NONE  | PUBLIC<br>CHARITY       | GENERAL SUPPORT                  | 2,500   |  |
| CHATHAM MARCONI MARTIIME<br>P O BOX 421<br>NORTH CHATHAM, MA 02650                                       | NONE  | PUBLIC<br>CHARITY       | GENERAL SUPPORT                  | 500     |  |
| UNITED WAY30 LAUREL STREET<br>HARTFORD, CT 06106   | NONE  | PUBLIC<br>CHARITY       | GENERAL SUPPORT                  | 25      |  |
| HARTFORD HOSPITAL<br>80 SEYMOUR STREET<br>HARTFORD, CT 06102   | NONE  | PUBLIC<br>CHARITY       | GENERAL SUPPORT                  | 10,000  |  |
| LICONN FOUNDATIONS 300 ALLIMNI DR  | NONE  | DUBLIC                  | GENERAL SUPPORT                  | 100,000 |  |

NONE PUBLIC | GENERAL SUPPORT

100,000

UCONN FOUNDATION2390 ALUMNI DR STORRS, CT 06269 CHARITY

Total . .

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

| a Paid during the year             |      |                   |                 |       |
|------------------------------------|------|-------------------|-----------------|-------|
| THE NEW YORK CONSERVATORY OF MUSIC | NONE | PUBLIC<br>CHARITY | GENERAL SUPPORT | 1,000 |

or substantial contributor

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

| NEW YORK, NY 10021 |      |             |
|--------------------|------|-------------|
| Total              | <br> | <br>258,525 |

| efile GRAPHIC print - DO NOT P   | ROCESS                               | As Filed D | ata -                   |                      | DL | N: 93491156001078                           |  |
|----------------------------------|--------------------------------------|------------|-------------------------|----------------------|----|---|--|
| TY 2017 Accounting Fees Schedule |                                      |            |                         |                      |    |   |  |
|                                  |                                      |            |                         |                      |    |   |  |
|                                  | Name: THE TRACHSEL FAMILY FOUNDATION |            |                         |                      |    |   |  |
| <b>EIN:</b> 20-4927047           |                                      |            |                         |                      |    |   |  |
| Accounting Fees Schedule         |                                      |            |                         |                      |    |   |  |
| Category                         | Amo                                  | ount       | Net Investmen<br>Income | t Adjusted<br>Income |    | Disbursements<br>for Charitable<br>Purposes |  |
| FILOMENO & CO , P C              |                                      | 2,990      | 2,2                     | 43                   |    | 748   |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491156001078 |
|--------------------------------------|-----------------|---------------------|
| TY 2017 Investments Corporat         | e Stock Sche    | dule                |

Name: THE TRACHSEL FAMILY FOUNDATION

| <b>EIN:</b> 20-4927047                 |                           |                                  |  |
|--|---------------------------|----------------------------------|--|
| Name of Stock                          | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |
| EUROPACIFIC GROWTH FUND                | 173,993                   | 298,331                          |  |
| S&P 500 INDEX FUND                     | 700,921                   | 1,201,760                        |  |
| VANGUARD INTERNATIONAL EQUITY INDEX FD | 386,000                   | 432,288                          |  |
| PIMCO LOW DURATION FUND                | 325,968                   | 311,094                          |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                     | DLN: 934911560 | 001078 |  |  |
|--------------------------------------|-----------------|---------------------|----------------|--------|--|--|
| TY 2017 Other Decreases Schedule     |                 |                     |                |        |  |  |
|                                      |                 |                     |                |        |  |  |
| Name:                                | THE TRACHSE     | L FAMILY FOUNDATION |                |        |  |  |
| EIN:                                 | 20-4927047      |                     |                |        |  |  |
| De                                   | escription      |                     | Amount         |        |  |  |
| DIFFERENCES IN INVESTMENT INCOME     | TIMING          |                     |                | 1,087  |  |  |

| efile GRAPHIC print - DO NOT I                        | PROCESS | As Filed Data | Filed Data - DLN: 934911560010 |                        |   |  |  |  |  |
|---|---------|---------------|--------------------------------|------------------------|---|--|--|--|--|
| TY 2017 Taxes Schedule                                |         |               |                                |                        |   |  |  |  |  |
| Name: THE TRACHSEL FAMILY FOUNDATION  EIN: 20-4927047 |         |               |                                |                        |   |  |  |  |  |
| Category  | Amount  |               | Net Investment<br>Income       | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |  |
| FEDERAL TAX   |         | 1,591         | 0                              |                        | 0   |  |  |  |  |
| FOREIGN TAX   |         | 1,224         | 1,224                          |                        | 0   |  |  |  |  |