

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

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

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

Name of foundation Grace Farms Foundation Inc		A Employer identification number 27-1401401	
% TOM MEDICO			
Number and street (or P O box number if mail is not delivered to street address) PO Box 876	Room/suite	B Telephone number (see instructions) (203) 920-1702	
City or town, state or province, country, and ZIP or foreign postal code New Canaan, CT 068400876		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>130,474,274</u>		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	11,490,167			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18,072	18,072	18,072	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances	477,090			
b Less Cost of goods sold	209,962				
c Gross profit or (loss) (attach schedule)	267,128		267,128		
11 Other income (attach schedule)	105,623		35,090		
12 Total. Add lines 1 through 11	11,880,990	18,072	320,290		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	196,108			196,108
	14 Other employee salaries and wages	4,803,451		405,682	4,531,381
	15 Pension plans, employee benefits	696,097			960,281
	16a Legal fees (attach schedule)	458,331	0	0	475,378
	b Accounting fees (attach schedule)	97,272	0	0	110,905
	c Other professional fees (attach schedule)	1,471,619			1,583,355
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	2,556,137			
	20 Occupancy	890,286			564,881
	21 Travel, conferences, and meetings	169,100			171,171
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,040,944			516,378
	24 Total operating and administrative expenses. Add lines 13 through 23	12,379,345	0	405,682	9,109,838
	25 Contributions, gifts, grants paid	3,499,022			978,179
26 Total expenses and disbursements. Add lines 24 and 25	15,878,367	0	405,682	10,088,017	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-3,997,377				
b Net investment income (if negative, enter -0-)		18,072			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	680,354	619,415	619,415
	2 Savings and temporary cash investments	783,771	1,005,996	1,005,996
	3 Accounts receivable ▶ <u>13,980</u>			
	Less allowance for doubtful accounts ▶ _____	10,211	13,980	13,980
	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 ▶ _____			
	8 Inventories for sale or use	57,027	64,229	64,229
	9 Prepaid expenses and deferred charges	145,527	107,538	107,538
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	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 ▶ <u>136,943,890</u>				
Less accumulated depreciation (attach schedule) ▶ <u>8,401,354</u>	130,620,459	128,542,536	128,542,536	
15 Other assets (describe ▶ _____)	2,657,588	120,580	120,580	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	134,954,937	130,474,274	130,474,274	
Liabilities	17 Accounts payable and accrued expenses	1,047,689	559,198	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,047,689	559,198	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	130,845,214	128,741,768	
	25 Temporarily restricted	3,062,034	1,173,308	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	133,907,248	129,915,076		
31 Total liabilities and net assets/fund balances (see instructions) .	134,954,937	130,474,274		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	133,907,248
2 Enter amount from Part I, line 27a	2	-3,997,377
3 Other increases not included in line 2 (itemize) ▶ _____	3	5,205
4 Add lines 1, 2, and 3	4	129,915,076
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	129,915,076

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	9,675,476	2,658,452	3.639515
2016	16,305,502	4,490,063	3.631464
2015	43,210,445	5,372,145	8.043425
2014	31,127,207	2,976,667	10.457067
2013	12,499,642	15,060,467	0.829964

2 Total of line 1, column (d)	2	26.601435
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	5.320287
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	3,539,738
5 Multiply line 4 by line 3	5	18,832,422
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	181
7 Add lines 5 and 6	7	18,832,603
8 Enter qualifying distributions from Part XII, line 4	8	10,088,017

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

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 277.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address Gracefarms.org
14 The books are in care of TOM MEDICO Telephone no (203) 920-1702

Located at 365 LUKES WOOD ROAD New Canaan CT ZIP+4 068400876

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country

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

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

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official?
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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

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

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KRISHNA R PATEL PO BOX 876 NEW CANAAN, CT 06840	DIRECTOR OF JUSTICE 50 0	269,039	5,630	0
ROD KHATTABI PO BOX 876 NEW CANAAN, CT 06840	DIRECTOR OF SAFETY 50 0	199,625	0	0
WILLIAM J STONEBRIDGE PO BOX 876 NEW CANAAN, CT 06840	DIR OF FACILITIES 50 0	183,385	0	0
ADAM C THATCHER PO BOX 876 NEW CANAAN, CT 06840	DIR OF OPERATIONS 50 0	170,496	10,437	0
THOMAS J MEDICO PO BOX 876 NEW CANAAN, CT 06840	CONTROLLER 50 0	161,731	2,455	0
Total number of other employees paid over \$50,000.			<input type="checkbox"/>	37

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SECURITAS SECURITY SYSTEMS USA INC 30 OAK STREET STE 403 STAMFORD, CT 06905	SAFETY SERVICES	818,989
Geomerty Global 636 11th Avenue NEW YORK, NY 10036	Unchain Consultant	462,484
Robinson and Cole 666 Third Avenue 20th Fl NEW YORK, NY 10017	legal services	408,863
FINN PARTNERS LLC 301 EAST 57TH STREET NEW YORK, NY 10022	COMMUNICATION CNSLT	165,714
Prosek LLC 105 Madison Avenue NEW YORK, NY 10016	Public Relations	122,610
Total number of others receiving over \$50,000 for professional services. ▶		15

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 SEE ATTACHMENT 15	7,050,054
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	3,593,643
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,593,643
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	3,593,643
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	53,905
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,539,738
6	Minimum investment return. Enter 5% of line 5.	6	176,987

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

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

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	10,088,017
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	10,088,017
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	10,088,017

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
a Applied to 2017, 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 required—see instructions).				
d Applied to 2018 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
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—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
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 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	0	0	5,216	6,548	11,764
b 85% of line 2a	0	0	4,434	5,566	10,000
c Qualifying distributions from Part XII, line 4 for each year listed	10,088,017	9,675,476	16,305,502	43,210,510	79,279,505
d Amounts included in line 2c not used directly for active conduct of exempt activities	978,179	50,000	52,500	96,000	1,176,679
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	9,109,838	9,625,476	16,253,002	43,114,510	78,102,826
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	130,474,274	134,954,937	140,682,994	140,200,942	546,313,147
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	128,542,536	133,490,812	136,015,187	132,248,772	530,297,307
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed
- b** The form in which applications should be submitted and information and materials they should include
- c** Any submission deadlines
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> YALE CENTER FOR FAITH & CULTURE 409 PROSPECT STREET NEW HAVEN, CT 06511	NONE	PC	GENERAL SUPPORT	50,000
Unchain Foundation 263 Tresser Blvd Ste 1400 Stamford, CT 06901		PC	general support	928,179
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	18,072	
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			18	267,128	
11 Other revenue					
a SPECIAL EVENTS REVENUE			03	35,090	
b INSURANC CLAIM REIMBURSEMENT			03	69,846	
c OTHER REVENUE			03	687	
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).				390,823	
13 Total. Add line 12, columns (b), (d), and (e).			13		390,823
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	
Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

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

Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
 - a** Transfers from the reporting foundation to a noncharitable exempt organization of
 - (1)** Cash.
 - (2)** Other assets.
 - b** Other transactions
 - (1)** Sales of assets to a noncharitable exempt organization.
 - (2)** Purchases of assets from a noncharitable exempt organization.
 - (3)** Rental of facilities, equipment, or other assets.
 - (4)** Reimbursement arrangements.
 - (5)** Loans or loan guarantees.
 - (6)** Performance of services or membership or fundraising solicitations.
 - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ ***** 2019-11-12 *****
 Signature of officer or trustee Date Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SCOTT THOMPSETT				P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's address ▶ 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013			Firm's EIN ▶

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (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
SHARON PRINCE PO Box 876 New Canaan, CT 068400876	CHAIR/PRESIDENT 50 0	0	0	0
MICHAEL CHEN PO Box 876 New Canaan, CT 068400876	VICE CHAIR/SECRETARY 5 0	0	0	0
ROY MEDILE PO Box 876 New Canaan, CT 068400876	TREASURER 5 0	0	0	0
CHELSEA THATCHER PO Box 876 New Canaan, CT 068400876	Dir /Dir of Comm & Marketing 60 0	196,108	0	0
TAYLOR MC-CALL MAZZA PO Box 876 New Canaan, CT 068400876	DIRECTOR 1 0	0	0	0
JAY FIELDEN PO Box 876 New Canaan, CT 068400876	DIRECTOR 1 0	0	0	0
PETER HUNSINGER PO Box 876 New Canaan, CT 068400876	DIRECTOR 1 0	0	0	0
ROBERT PRINCE PO Box 876 New Canaan, CT 068400876	DIRECTOR 1 0	0	0	0
DAVID VERKLIN PO Box 876 New Canaan, CT 068400876	DIRECTOR (thru 12/2018) 1 0	0	0	0
VERONICA VERKLIN PO Box 876 New Canaan, CT 068400876	DIRECTOR (thru 12/2018) 1 0	0	0	0
MIROSLAV VOLF PO Box 876 New Canaan, CT 068400876	DIRECTOR 1 0	0	0	0
GREGORY ZEHNER PO Box 876 New Canaan, CT 068400876	DIRECTOR 1 0	0	0	0
Abigail Bangser PO Box 876 New Canaan, CT 068400876	Director 1 0	0	0	0
Angela Mwanza PO Box 876 New Canaan, CT 068400876	Director 1 0	0	0	0

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 than \$5,000).

SHARON PRINCE

ROBERT PRINCE

TY 2018 Accounting Fees Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GRANT THORNTON LLP	97,272			110,905

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

TY 2018 Depreciation Schedule

Name: Grace Farms Foundation Inc

EIN: 27-1401401

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING		90,752,059	5,661,079						
LAND		39,460,567	0						
LAND IMPROVEMENTS		156,451	10,739						
FURNITURE AND FIXT		4,273,397	1,242,414						
WEBSITE, COMP SOFT		864,792	610,239						
COMPUTER & EQUIPME		1,384,392	874,271						
AUTOMOBILES		52,232	2,612						

**TY 2018 Land, Etc.
Schedule****Name:** Grace Farms Foundation Inc**EIN:** 27-1401401

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING	90,752,059	5,661,079	85,090,980	
LAND	39,460,567	0	39,460,567	
LAND IMPROVEMENTS	156,451	10,739	145,712	
FURNITURE AND FIXT	4,273,397	1,242,414	3,030,983	
WEBSITE, COMP SOFT	864,792	610,239	254,553	
COMPUTER & EQUIPME	1,384,392	874,271	510,121	
AUTOMOBILES	52,232	2,612	49,620	

TY 2018 Legal Fees Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ROBINSON + COLE	313,797			408,863
FRANKFURT KURNIT KKIEN & SELZ	24,745			24,745
OTHER	119,789			41,770

TY 2018 Other Assets Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER INTANGIBLE ASSETS	106,745	114,992	114,992
OTHER ASSETS		5,588	5,588

TY 2018 Other Expenses Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROGRAM SERVICES	332,067			
INSURANCE	176,494			185,883
OFFICE EXPENSES & SUPPLIES	128,126			127,322
FUNDRAISING EXPENSES	127,234			
OTHER PROGRAM EXPENSES	75,557			
MARKETING & COMMUNICATIONS	102,312			101,202
PROCESSING/FILING FEES	36,791			37,204
RECRUITING EXPENSE	31,312			31,312
EMPLOYEE TRAINING	28,038			30,652
TOUR GUIDE FEES	3,013			2,803

TY 2018 Other Income Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SPECIAL EVENTS REVENUE	35,090		35,090
Insurance Claim Reimbursement	69,846		
other income	687		

TY 2018 Other Increases Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401

Description	Amount
DONATED SERVICES	5,205

TY 2018 Other Professional Fees Schedule**Name:** Grace Farms Foundation Inc**EIN:** 27-1401401

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTSIDE CONSULTANTS	376,948			477,543
SECURITY SERVICES	804,901			816,263
PUBLIC RELATIONS	289,770			289,549

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
Grace Farms Foundation Inc

Employer identification number
27-1401401

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization Grace Farms Foundation Inc	Employer identification number 27-1401401
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization Grace Farms Foundation Inc	Employer identification number 27-1401401
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Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
37	Ethically Sourced Grace Farms Coffee Heavenly Roast	\$ 22,000	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$	_____

Name of organization Grace Farms Foundation Inc	Employer identification number 27-1401401
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

Additional Data

Software ID:

Software Version:

EIN: 27-1401401

Name: Grace Farms Foundation Inc

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JP Morgan Charitable Giving Fund 165 Township Line Road Suite 1200 JENKINTOWN, PA 19046	 \$ 5,137,770	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	Fidelity Charitable PO Box 770001 CINCINNATI, OH 45277	 \$ 4,714,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	TisBest Philanthropy 13751 Lke City Way Suite 122 Seattle, WA 98125	 \$ 50,167	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	UBS Optimus Foundation Bahnhofstrasse 45 Zurich, SZ	 \$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	The Vranos Family Foundation 53 Forest Ave 2nd Fl Old Greenwich, CT 06870	 \$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	Grace Community Church 365 LUKES WOOD ROAD NEW CANAAN, CT 06840	 \$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	J Allen Lamb Edward S Pocock III	\$ 30,000	Person <input checked="" type="checkbox"/>
	PO Box 306		Payroll <input type="checkbox"/>
	Southington, CT 06849		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	Fairfield County's Community Fdn	\$ 30,000	Person <input checked="" type="checkbox"/>
	40 Richards Avenue		Payroll <input type="checkbox"/>
	Norwalk, CT 06854		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	Dede and James Bartlett	\$ 25,000	Person <input checked="" type="checkbox"/>
	C/O Foundation Source 501 Silvers		Payroll <input type="checkbox"/>
	Wilmington, DE 19809		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	Lizabeth Furman and Randal Sandler	\$ 25,000	Person <input checked="" type="checkbox"/>
	1 Glendinning Pl		Payroll <input type="checkbox"/>
	Westport, CT 06880		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	John Barker	\$ 20,000	Person <input checked="" type="checkbox"/>
	73 Elm Street		Payroll <input type="checkbox"/>
	New Canaan, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	Vanguard Charitable	\$ 15,000	Person <input checked="" type="checkbox"/>
	po box 9509		Payroll <input type="checkbox"/>
	Warwick, RI 02889		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Greg H Zehner	\$ 15,000	Person <input checked="" type="checkbox"/>
	77 WATER ST 9TH FL		Payroll <input type="checkbox"/>
	NEW YORK, NY 10005		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	Aris Patrica Anne Kekedijan	\$ 10,000	Person <input checked="" type="checkbox"/>
	Lukes Wood Road		Payroll <input type="checkbox"/>
	New Canaan, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	Katherine Kladopoulos-Megdanis	\$ 10,000	Person <input checked="" type="checkbox"/>
	SOS CHILDRENS VILLAGES USA 1620 I		Payroll <input type="checkbox"/>
	Washington, DC 20006		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	Kathi Mike Colby	\$ 10,000	Person <input checked="" type="checkbox"/>
	Chestnut Woods Road		Payroll <input type="checkbox"/>
	Redding, CT 06875		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
17	Peter and Jane Hunsinger	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO Box 876		Payroll <input type="checkbox"/>
	New Canaan, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	Alice Mahoney	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO Box 1104		Payroll <input type="checkbox"/>
	NEW CANAAN, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Eric Yarboi	\$ 7,000	Person <input checked="" type="checkbox"/>
	Stillview Road		Payroll <input type="checkbox"/>
	Stamford, CT 06902		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
20	Bank of America Charitable Gift Fun	\$ 6,750	Person <input checked="" type="checkbox"/>
	100 Federal Street		Payroll <input type="checkbox"/>
	Boston, MA 02110		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	Claude and Jennifer Amadeo	\$ 5,000	Person <input checked="" type="checkbox"/>
	Silver Spring Road		Payroll <input type="checkbox"/>
	Wilton, CT 06897		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	Charles Schwab	\$ 5,000	Person <input checked="" type="checkbox"/>
	300 Atlantic Street		Payroll <input type="checkbox"/>
	Stamford, CT 06901		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	Gerard Pasciucco Kelly O'Connor	\$ 5,000	Person <input checked="" type="checkbox"/>
	Flager Drive		Payroll <input type="checkbox"/>
	Greenwich, CT 06830		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
24	hasbro Inc	\$ 5,000	Person <input checked="" type="checkbox"/>
	po box 200		Payroll <input type="checkbox"/>
	pawtucket, RI 02862		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Joseph Apuzzo Jr	\$ 5,000	Person <input checked="" type="checkbox"/>
	721 UNION BOULEVARD		Payroll <input type="checkbox"/>
	TOTOWA, NJ 07512		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
26	UBS	\$ 5,000	Person <input checked="" type="checkbox"/>
	UBS Business Solution PO Box 120		Payroll <input type="checkbox"/>
	Stamford, CT 06912		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
27	Indian River Community Foundation	\$ 5,000	Person <input checked="" type="checkbox"/>
	po box 643968		Payroll <input type="checkbox"/>
	Vero Beach, FL 32964		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
28	Taylor McCall-Mazza and David Mazza	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO Box 876		Payroll <input type="checkbox"/>
	NEW CANAAN, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
29	Joseph Mizzi	\$ 5,000	Person <input checked="" type="checkbox"/>
	14 Wall street 2nd fl		Payroll <input type="checkbox"/>
	New York, NY 10005		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
30	Robert Minicucci	\$ 5,000	Person <input checked="" type="checkbox"/>
	Long Neck Point Rd		Payroll <input type="checkbox"/>
	Darien, CT 06820		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Robyn Shepherd	\$ 5,000	Person <input checked="" type="checkbox"/>
	1 glendinning pl		Payroll <input type="checkbox"/>
	westport, CT 06880		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
32	Sharon Bruce Bottomley	\$ 5,000	Person <input checked="" type="checkbox"/>
	Lost District Drive		Payroll <input type="checkbox"/>
	New Canaan, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
33	Thomas Kallish	\$ 5,000	Person <input checked="" type="checkbox"/>
	Overlook Road		Payroll <input type="checkbox"/>
	Ossining, NY 10562		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
34	Virginia Robert Zink	\$ 5,000	Person <input checked="" type="checkbox"/>
	77 LUDLOWE ROAD		Payroll <input type="checkbox"/>
	NEW CANAAN, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
35	Perelson Weiner LLP	\$ 5,000	Person <input checked="" type="checkbox"/>
	1 Dag Hammarskjold Plaza 42 Fl		Payroll <input type="checkbox"/>
	New York, NY 10017		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
36	Veronica David Verklin	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO Box 876		Payroll <input type="checkbox"/>
	New Canaan, CT 06840		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<p style="text-align: center;"><u>37</u></p>	<p style="text-align: center;">Regal Commodities</p>	<p style="text-align: right;">\$ 22,000</p>	<p>Person <input type="checkbox"/></p>
	<p style="text-align: center;">721 Union Boulevard</p>		<p>Payroll <input type="checkbox"/></p>
	<p style="text-align: center;">Totowa, NJ 07521</p>		<p>Noncash <input checked="" type="checkbox"/></p> <p style="text-align: center;">(Complete Part II for noncash contributions)</p>