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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	calend	dar year 2020 or tax year beginning , a	and ending				
N	ame of for	undation			A Emplo	oyer identification number	
_	11 TT T	CULTURE E MOCED HOLDS			0.0	1050115	
		STINE E. MOSER FOUNDATION d street (or P.O. box number if mail is not delivered to street address)	l Po	om/suite		-1353117 none number (see instructions	2)
		SCALISE, 35 PEARL ST. SUITE		OH/Suite		0-229-0369	5)
		n, state or province, country, and ZIP or foreign postal code					ah a ala h a aa
1	IEW_	BRITAIN CT 06051			C II exe	mption application is pending,	check here ,,
G	Check	all that apply: Initial return Initial retur	n of a former public ch	narity	D 1. Fo	reign organizations, check he	ere,
		Final return Amended	return		2. Fo	oreign organizations meeting t	he
		Address change Name cha	inge		85	% test, check here and attach	computation ,,,
Н	Check	type of organization: $\overline{\mathbf{X}}$ Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was term	ninated under
Ш	Section	n 4947(a)(1) nonexempt charitable trust Other taxabl			section	n 507(b)(1)(A), check here	
		rket value of all assets at J Accounting method:				foundation is in a 60-month te	
	-	rear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere,
	ne 16)		be on cash basis.)				(d) Dishurasmanta
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	incon	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check u X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	44		44		
	4	Dividends and interest from securities	16,404	-	L6,404		
	5a	Gross rents					
ā	b	Net rental income or (loss)	10.4=1				
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	40,674				
	_b	Gross sales price for all assets on line 6a 544,573			10 674		
2	7	Capital gain net income (from Part IV, line 2)		4	40,674	0	
	8	Net short-term capital gain				0	
	10a	Income modifications Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 1	1,239		1,239		
	12	Total. Add lines 1 through 11	58,361	Ţ	58,361	0	
S	13	Compensation of officers, directors, trustees, etc.	0				
seuses	14	Other employee salaries and wages					
en Sen	15	Pension plans, employee benefits					
Ä	16a	Legal fees (attach schedule) SEE STMT 2	556		278		278
	b	Accounting fees (attach schedule)					
Administrative		Other professional fees (attach schedule) STMT 3	629				629
stra	17	Interest	402		102		
<u>ii</u>	18	Taxes (attach schedule) (see instructions) STMT 4	483		183		
	19 20	Depreciation (attach schedule) and depletion					
ĕ	21	Occupancy Travel, conferences, and meetings					
and	22	Printing and publications					
	1	Printing and publications Other expenses (att. sch.) STMT 5	8,742		6,971		1,771
Operating	24	Total operating and administrative expenses.	-		-		-
rat		Add lines 13 through 23	10,410		7,432	0	2,678
) De	25	Contributions, gifts, grants paid	22,000				22,000
_	26	Total expenses and disbursements. Add lines 24 and 25	32,410		7,432	0	24,678
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	25,951				
	b	Net investment income (if negative, enter -0-)			50,929		
	C	Adjusted net income (if negative, enter -0-)				0	

	Part I	Palanco Shoots Attached schedules and amounts in the description column	Beginning of year	End of	year
	raiti	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash – non-interest-bearing	6,419	1,398	1,398
	2	Savings and temporary cash investments	42,049	20,972	20,972
	3	Accounts receivable u			
		Less: allowance for doubtful accounts ${f u}$			
	4	Pledges receivable u			
		Less: allowance for doubtful accounts ${f u}$			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see			
		in the set of the set			
	7	Other notes and loans receivable (att. schedule) u			
	•	Less: allowance for doubtful accounts u 0			
	8				
Assets	9	Inventories for sale or use			
SS		Prepaid expenses and deferred charges			
٦	10a	Investments – U.S. and state government obligations (attach schedule)	488,398	540,447	684,988
	b	Investments – corporate stock (attach schedule) SEE STMT 6	400,330	340,447	004,300
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis ${f u}$			
		Less: accumulated depreciation (attach sch.) u			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ${f u}$			
		Less: accumulated depreciation (attach sch.) u			
	15	Other assets (describe u			
	16	Total assets (to be completed by all filers – see the			
4		instructions. Also, see page 1, item I)	536,866	562,817	707,358
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe u)			
	23	Total liabilities (add lines 17 through 22)	0	0	
T		Foundations that follow FASB ASC 958, check here u X			
ses		and complete lines 24, 25, 29, and 30.			
	24	Net assets without donor restrictions	536,866	562,817	
ala	25	Net assets with donor restrictions			
8		Foundations that do not follow FASB ASC 958, check here u			
핔		and complete lines 26 through 30.			
Net Assets or Fund Balar	26	Capital stock, trust principal, or current funds			
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
ets	28	Retained earnings, accumulated income, endowment, or other funds			
SS	29	Total net assets or fund balances (see instructions)	536,866	562,817	
۲	30	Total liabilities and net assets/fund balances (see			
윈	00	instructions)	536,866	562,817	
_	Part I		223,000	552,527	
_		net assets or fund balances at beginning of year – Part II, column (a), line 29 (mus	st agree with		
1			=	1	536,866
•		of-year figure reported on prior year's return)		•	25,951
		r amount from Part I, line 27a			43,331
		r increases not included in line 2 (itemize) u		.	E60 017
		lines 1, 2, and 3			562,817
5	Decr	eases not included in line 2 (itemize) u		5	FC0 015
_6	ı otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	o), line 29	6	562,817

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Part IV Capital Gains	and Losses for Tax on Investm	nent Income			
	be the kind(s) of property sold (for example, real estate 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 SEE WORKSHEET					
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis nse of sale	` '	ain or (loss) s (f) minus (g))
а					
b					
C					
d					
e					
	ing gain in column (h) and owned by the	foundation on 12/31/6	69.	(I) Gains (C	col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) (j), if any	col. (k), but r	not less than -0-) or (from col. (h))
a					
b					
С					
d					
е					
	loss), enter -0- ir (loss), enter -0- ir (loss) as defined in sections 1222(5) and	n Part I, line 7		2	40,674
If gain, also enter in Part I, line	8, column (c). See instructions. If (loss),	enter -0- in			00 505
				3	-28,597
	Jnder Section 4940(e) for Redu				
	TION 4940(e) REPEALED ON DE	ECEMBER 20, 20	<u> 119 – DO NOT (</u>	JOINIPLE I E.	
(a) Reserved	(b) Reserved		(c) Reserved		(d) Reserved
Reserved					
2 Reserved				2	
3 Reserved				3	
4 Reserved				4	
5 Reserved				5	
6 Reserved				6	
7 Reserved				7	
8 Reserved				8	

Form **990-PF** (2020)

	990-PF (2020) CHRISTINE E. MOSER FOUNDATION ort VI Excise Tax Based on Investment Income (Section 4940(a),		353117	00 i	ofr	otiono		Р	age
		. ,		ee II	istru	ctions	<u>, </u>		
1a	Exempt operating foundations described in section 4940(d)(2), check here u and Date of ruling or determination letter: (attach copy of letter if near			s)					
b	Reserved				1				708
С	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, e	enter 4% of		[
	Part I, line 12, col. (b).								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	/; others, er	nter -0-)		2				(
3	Add lines 1 and 2				3				708
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, e	nter -0-)		4				(
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5				708
6	Credits/Payments:								
а	2020 estimated tax payments and 2019 overpayment credited to 2020	6a		452					
b	Exempt foreign organizations – tax withheld at source	6b							
С	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments. Add lines 6a through 6d				7				452
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is a	attached			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				258
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	aid		u	10				
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax u				11				
Pa	rt VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local	legislation of	or did it					Yes	No
	participate or intervene in any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pur	rposes? See	e the						
	instructions for the definition						1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi								
	published or distributed by the foundation in connection with the activities.								
С	Did the foundation file Form 1120-POL for this year?						1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during								
	(1) On the foundation. u \$ (2) On foundation managers	s. u \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political experience								
	on foundation managers. u \$								
2	Has the foundation engaged in any activities that have not previously been reported to t	the IRS?					2		X
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its govern	ning instrum	ent, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed co	opy of the o	hanges				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the	year?					4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? \dots						5		X
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	ed either:							
	 ● By language in the governing instrument, or 								
	• By state legislation that effectively amends the governing instrument so that no mand	datory direct	ions that						
	conflict with the state law remain in the governing instrument?						6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of the foundation have at least \$5,000 in assets at any time during the year?	complete Pa	art II, col. (c), a	nd Pa	rt XV .		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instru CT								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to								
	(or designate) of each state as required by General Instruction G? If "No," attach explar	-					8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of								
	4942(i)(5) for calendar year 2020 or the tax year beginning in 2020? See instructions for								

complete Part XIV

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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names and addresses

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Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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	11		X
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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address u N/A			
14	The books are in care of u ROBERT A. SCALISE, JR. Telephone no. u 86	0-229-	-036	9
		5051		
15	Located at u NEW BRITAIN CT ZIP+4 u 00 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	, <u>.</u>		u [
13	and enter the amount of tax-exempt interest received or accrued during the year			u L
16			Yes	T No
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority	16		No X
	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			
Dr	the foreign country u			
Г	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Tv	TNA
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	' ' ' '	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes	No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		-	
		√A 1b		
	Organizations relying on a current notice regarding disaster assistance, check here u			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		4	
	were not corrected before the first day of the tax year beginning in 2020?	√A 1c	\bot	
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)):			
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2020?	No		
	If "Yes," list the years ${f u}$ 20 \dots , 20 \dots , 20 \dots			
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? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.)	1/A 2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	u 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	No		
b	If "Yes," did it have excess business holdings in 2020 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? (Use Form 4720, Schedule C, to determine if the			
		I/A 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable nursose that had not been removed from jeonardy before the first day of the tay year beginning in 20202	4h	1	x

D	art VII-B Statements Regarding	ng Activities for Which Forr	4720 May Ro F	Poduired (con	tinuod)			
		_	1 4/20 Iviay De r	required (COII	iliriueu)		Vac	Na
эa	During the year did the foundation pay or (1) Carry on propaganda, or otherwise a	-	n 4045(a)\2		Yes X No		Yes	No
				Ц	res 21 No			
	(2) Influence the outcome of any specific directly or indirectly, any voter registr		-		Yes X No			
	(3) Provide a grant to an individual for tr				Yes X No			
	(4) Provide a grant to an individual for it			Ц	165 21 110			
	section 4945(d)(4)(A)? See instruction	-			Yes X No			
	(5) Provide for any purpose other than i			Ц	165 21 110			
	purposes, or for the prevention of cru				Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did a				163 11 110			
b	in Regulations section 53.4945 or in a co				N/A	5b		
	Organizations relying on a current notice					1 55		
c	If the answer is "Yes" to question 5a(4),				u _	١ ا		
	because it maintained expenditure respo			N/A	Yes No			
	If "Yes," attach the statement required by	Regulations section 53 4945–5(d).						
6a	Did the foundation, during the year, recei	= ::	pav premiums					
					Yes X No			
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit cont	ract?		6b		Х
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?		Yes X No			
b	If "Yes," did the foundation receive any p					7b		
8	Is the foundation subject to the section 4	960 tax on payment(s) of more than	\$1,000,000 in					
	remuneration or excess parachute payme	ent(s) during the year?			Yes X No			
Pa	art VIII Information About Of	ficers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Emplo	yees,		
	and Contractors							
1	List all officers, directors, trustees, and	foundation managers and their co	mpensation. See in	structions.	T			
			(b) Title, and average	(c) Compensation	(d) Contributions t		vnense a	ccount
	(a) Name and a	ddress	hours per week	(If not paid,	employee benefi plans and deferre	t (e) E	xpense a ner allowa	
			hours per week devoted to position		employee benef	t (e) E		
	DBERT A. SCALISE JR.	NEW BRITAIN	hours per week devoted to position TRUSTEE	(If not paid, enter -0-)	employee benef plans and deferre compensation	t (e) E d oth		ances
35	OBERT A. SCALISE JR. 5 PEARL STREET, SUITE 301	NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00	(If not paid,	employee benef plans and deferre compensation	t (e) E		
35	DEERT A. SCALISE JR. 5 PEARL STREET, SUITE 301 ARY ENGELS	NEW BRITAIN CT 06051 NEW BRITAIN	hours per week devoted to position TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	employee beneft plans and deferre compensation	t (e) E d oth		ances 0
35 MZ	OBERT A. SCALISE JR. 5 PEARL STREET, SUITE 301 ARY ENGELS 5 PEARL STREET, SUITE 301	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	t (e) E d oth		ances
35 MZ 35	DBERT A. SCALISE JR. 5 PEARL STREET, SUITE 301 ARY ENGELS 5 PEARL STREET, SUITE 301 CCHELE VAN EPPS	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	0 (e) E		o 0
35 MZ 35	OBERT A. SCALISE JR. 5 PEARL STREET, SUITE 301 ARY ENGELS 5 PEARL STREET, SUITE 301	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	t (e) E d oth		ances 0
35 MZ 35	DBERT A. SCALISE JR. 5 PEARL STREET, SUITE 301 ARY ENGELS 5 PEARL STREET, SUITE 301 CCHELE VAN EPPS	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	0 (e) E		o 0
35 MZ 35 M3	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	0 (e) E		o 0
35 MZ 35	DBERT A. SCALISE JR. 5 PEARL STREET, SUITE 301 ARY ENGELS 5 PEARL STREET, SUITE 301 CCHELE VAN EPPS	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	0 (e) E		o 0
35 MZ 35 M3	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 COMPENSATION OF five highest-paid em	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	0 0 0		o 0
35 MZ 35 M3	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 COMPENSATION OF five highest-paid em	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation ine, enter (d) Contributions to employee beneft	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee beneft plans and deferre compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ner allowa	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and d	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ 35 M3 35	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0
35 MZ	DBERT A. SCALISE JR. DEARL STREET, SUITE 301 ARY ENGELS DEARL STREET, SUITE 301 CHELE VAN EPPS DEARL STREET, SUITE 301 Compensation of five highest-paid em "NONE."	NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 NEW BRITAIN CT 06051 ployees (other than those included baid more than \$50,000	hours per week devoted to position TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 Hours per week	(If not paid, enter -0-)	employee beneft plans and deferre compensation ne, enter (d) Contributions to employee beneft plans and deferred plans and de	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expense a	0 0

Form **990-PF** (2020)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n four	ndations,
1	see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	639,119
b	Average of monthly cash balances	1b	35,418
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	674,537
e	Reduction claimed for blockage or other factors reported on lines 1a and		0, 1,00.
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	674,537
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	10,118
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	664,419
6	Minimum investment return. Enter 5% of line 5	6	33,221
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ound	
	and certain foreign organizations, check here u and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	33,221
2a	Tax on investment income for 2020 from Part VI, line 5 2a 708		
b	Income tax for 2020. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	708
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,513
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	32,513
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	32,513
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	24,678
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	24,678
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,678
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found:	ation	

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Pa	art XIII Undistributed Income (see instructions	<u>s)</u>			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2020 from Part XI,	Corpus	Years prior to 2019	2019	2020
	line 7				32,513
2	Undistributed income, if any, as of the end of 2020:				
а	Enter amount for 2019 only				
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2020:				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through e				
4	Qualifying distributions for 2020 from Part XII,				
	line 4: u \$ 24,678				
а	Applied to 2019, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
	Applied to 2020 distributable amount				24,678
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2020				
	(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:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
е	Undistributed income for 2019. Subtract line				
	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2020. Subtract lines				
	4d and 5 from line 1. This amount must be				
_	distributed in 2021				7,835
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 2015 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2021.				
4.0	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Page **10**

<u> Pa</u>	rt XIV Private Operating Fou	undations (see in	structions and Par	rt VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ating		
	foundation, and the ruling is effective for	2020, enter the date of	of the ruling	u		
b	Check box to indicate whether the foundation				942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	aurig rouridation door	Prior 3 years	3 . <u>()</u> (0) 00	Y / Y
_u	income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
	investment return from Part X for	(-)	(0) = 0.10	(0) = 0.10	(,	
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
_	(1) Value of all assets					
	(2) Value of assets qualifying under					
L	section 4942(j)(3)(B)(i)					
b						
	of minimum investment return shown in					
	Part X, line 6, for each year listed					
С	"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)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inform	ation (Complete	this part only if	the foundation ha	nd \$5.000 or more	in assets at
	any time during the ye	• •	•		40,000 01 111010	m doodto di
1	Information Regarding Foundation Ma					
a	List any managers of the foundation who	=	e than 2% of the total	contributions received	by the foundation	
u	before the close of any tax year (but only				-	
	SEE STATEMENT 8	ii tiley have contilibut	ed more than \$5,000)	. (See section 507(d)(2)-)	
		own 10% or more of	the steel of a corporat	tion (or an equally large	nortion of the	
b	List any managers of the foundation who			· · · · · · · · · · · · · · · ·	portion of the	
	ownership of a partnership or other entity N/A) or which the loundar	ion has a 10% or grea	aler interest.		
		0'' 0-1				
2	Information Regarding Contribution, G		-			
			•	ble organizations and o	•	
	unsolicited requests for funds. If the foun		ants, etc., to individua	ils or organizations und	er other conditions,	
	complete items 2a, b, c, and d. See instr					
а	The name, address, and telephone numb	er or email address o	f the person to whom	applications should be	addressed:	
	SEE STATEMENT 9					
b	The form in which applications should be	submitted and inform	nation and materials th	ey should include:		
	SEE STATEMENT 10					
C	Any submission deadlines: ONGOING					
		cuch as by assaranh	ical areas, sharitable f	iolds kinds of institution	os or othor	
d	Any restrictions or limitations on awards,	sucii as by geograph	icai areas, criantable f	icius, kii ius oi institutio	is, Ur Utilel	
	factors: ROCKY HILL, CT AREA	AND OTHER	SELECTED OF	CANTZATTONG	l_	
	TOOKI HILLIA OI WEE	THILL OFF	CILLOTTO OF	CONTACTOR TONG	•	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year GOODSPEED OPERA HOUSE FOUND NONE 501C3 PO BOX A EAST HADDAM CT 06423 THEATRE IMPVTS 1,500 LITERACY VOLUNTEERS 20 HIGH STREET NONE 501C3 NEW BRITAIN CT 06051 COMMUNITY 7,500 FRIENDS OF DINOSAUR PARK AND ABORET 400 WEST STREET NONE 501C3 ROCKY HILL CT 06067 EDUCATIONAL 1,500 ROCKY HILL HISTORICAL SOCIETY INC PO BOX 185 NONE 501C3 ROCKY HILL CT 06067 PROGRAMS & **EXHIBITS** 1,500 CONNECTICUT PUBLIC LIBRARY 231 CAPITOL AVENUE NONE 501C3 HARTFORD CT 06106 **PROGRAMS** 5,000 CT COUNCIL FOR PHILANTHROPY 75 CHARTER OAKE AVE NONE 501C3 HARTFORD CT 06106 **PROGRAMS** 5,000 22,000 Total u 3a **b** Approved for future payment N/A **Total** u 3b

Part XVI-A	Analysis of Income-Producing Act			100011	'	raye 12
	nounts unless otherwise indicated.		business income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
_	ervice revenue:			+ +		(Coo mondonono)
				+ +	+	
_						
_1						
e f				+ +		
	nd contracts from government agencies					
	o dues and assessments					
	savings and temporary cash investments			14	44	
	and interest from securities			14	16,404	
	ncome or (loss) from real estate:				10,101	
b Not del	nanced property bt-financed property					
6 Net rental in	ncome or (loss) from personal property				+	
				14	1,239	
R Gain or (los	stment income ss) from sales of assets other than inventory			1	40,674	
	or (loss) from special events			+ - +	10,071	
	t or (loss) from sales of inventory					
	nue: a				+	
					+	
					+	
e						
	dd columns (b), (d), and (e)			0	58,361	(
	line 12, columns (b), (d), and (e)					58,361
	t in line 13 instructions to verify calculations.)				·············· ·• —	
Part XVI-B		complishme	nt of Exempt F	Purposes		
Line No.	Explain below how each activity for which income		-	_	ed importantly to the	
q	accomplishment of the foundation's exempt purpo	ses (other than b	by providing funds f	or such purp	oses). (See instruction	ons.)
N/A						
	1					

Part	,	Information Rega					ationships Wi	th Noncharitable	Ex		ge 13 t
4 5		<u>Organizations</u>								V	Na
	_	anization directly or ind				_				Yes	No
		01(c) (other than sections	on 501(c)(3)	organizations) or i	in section 527, re	elating to politica	al				
	ganization:	om the reporting found	ation to a no	oncharitable over	nt organization o	f.					
	ansiers in Cash							,	la(1)		х
` '									a(1)		X
	ther trans	ssets							a(2)		
		f assets to a noncharit	ahla avamnt	organization				,	b(1)		х
(2)) Durchas	es of assets from a ne	oncharitable	exempt organizati	ion				b(2)		X
(3)) Rental o	of facilities, equipment,	or other ass	sets					b(3)		X
(4)	Reimbui	rsement arrangements	S						b(4)		X
									b(5)		X
		ance of services or m							b(6)		х
		acilities, equipment, m		_					1c		х
	•	r to any of the above	-								
		goods, other assets, o			-		-				
		transaction or sharing	_		=						
	ine no.	(b) Amount involved		e of noncharitable exem				ansactions, and sharing arra	ngeme	nts	
N/A											
de	scribed in	ation directly or indirect section 501(c) (other	than section			k-exempt organ	izations	[] Ye	s X	No
<u> </u>		nplete the following so a) Name of organization	nedule.	(b) Type of o	organization		(c) Descrip	ation of relationship			
	•	y realite of organization		(b) Type of (organization		(0) 200011	alon or relationship			
		alties of perjury, I declare the						my knowledge and belief, i	is true),	
	correct, ar	nd complete. Declaration of p	reparer (other the	han taxpayer) is based	on all information of	which preparer has	any knowledge.	May the IRS discus	s this r	eturn	
Sign								with the preparer s	no <u>wn</u> b	elow? _	_
Here								See instructions.	X	Yes	No
							TRUS	TEE			
	Signa	ature of officer or trustee			Date		Title				
	Print/Tv	pe preparer's name			Preparer's signatu	re		Date		Ol · ·	<u> </u>
		, ,, ,, , , , , , , , , , , , , , , , ,			, and a signature					Check self-em	_
Paid -	CHRIS	STOPHER B. CO	NLEY					11/12	/21		, .,
Prepare	I Firm's n	CHITTA	LARTIN,	DIPIRO 8	SOKOLO	WSKI, LI	LC	PTIN P00		552	
Use On	ly		MAIN SI					Firm's EIN , 06-0			

MIDDLETOWN, CT 06457-2809

860-347-5689

Phone no.

Form 990-PF	Capital Gains and Losse	es for Tax on Inve	estment Inc	come	2020	
Name	j <u> </u>		,g	Employer Ider	ntification Number	
CUDICETNE E MOC	IED EOIDDAELON			06 1353	117	
(a) List and descri	IDER FOUNDATION ibe the kind(s) of property sold, e.g., real estate,	(k) How acquired	06-1353 (c) Date acquired	(d) Date sold	
	varehouse; or common stock, 200 shs. MLC Co.	,	P-Purchase D-Donation	(mo., day, yr.)	(mo., day, yr.)	
(1) ABBVIE INC			<u> </u>	05/12/20	10/23/20	
(2) ACTIVISION BLI			P	04/16/20	11/24/20	
	INES LTD		P	04/24/20	11/17/20	
(4) AKAMAI TECHNOL			P	05/12/20	11/17/20	
(5) AMERICAN EXPRE (6) ANGLOGOLD ASHA			P P	06/03/20 08/21/20	08/21/20 11/17/20	
	NTI LTD A CORPORATION		<u>Р</u> Р	04/29/19	03/20/20	
DI 1 GIID 0 GII TIIG	A CORPORATION		 P	02/19/20	03/20/20	
DI 1 CUID 0 CUI	BLE MUNI BOND		P P	03/25/20	11/17/20	
			P	10/03/19	01/29/20	
(10) BLACKSTONE GRO (11) CVR ENERGY INC			P	04/11/19	03/20/20	
(12) CITRIX SYSTEMS			P	05/12/20	06/30/20	
(13) CLOROX CO			P	02/19/20	05/21/20	
	BRANDS INC		P	04/16/20	10/23/20	
(15) DIGITAL REALTY			 P	05/12/20	11/24/20	
				007 ==7 = 0		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba	asis ale	(h) Gain (e) plus (f)	or (loss) minus (g)	
(1) 5,571		6	,061		-490	
(2) 6,189			,488		701	
(3) 6,651			,600		1,051	
(4) 6,077			,774		303	
(5) 5,479		5	,970		-491	
(6) 5,557		6	,661		-1,104	
(7) 3,792			, 947		-2,155	
(8) 3,896			,280		-2,384	
(9) 4,267			, 837		430	
(10) 7,965			,045		1,920	
(11) 2,623			,730		-3 , 107	
(12) 5,295			,686		-391	
(13) 7,771			,423		1,348	
(14) 6,108			,484		624	
(15) 5,658		5	, 697		-39	
				I		
(i) F.M.V. as of 12/31/69	ing gain in column (h) and owned by the (j) Adjusted basis as of 12/31/69	e foundation on 12/31/69 (k) Excess of co over col. (j), if a	l. (i) ny	(I) Gains (Col col. (k), but not les Losses (from	. (h) gain minus s than -0-) Or col. (h))	
<u>(1)</u>					-490	
(2)					701	
(3)					1,051	
(4)					303	
(5)					-491	
(6)					-1,104	
(7)					-2,155	
(8)					-2,384	
(9)					430	
(10)					1,920	
(11)					-3,107	
(12)					-391	
(13)					1,348	
(14)					624	
(15)					-39	

Form	990-PF	Capital Gains and Losses	for Tax on Ir	vestment In	come	2020
	For calen	dar year 2020, or tax year beginning		, and ending		
Name					Employer Ide	ntification Number
СН	RISTINE E. MOS	ER FOUNDATION			06-1353	117
	(a) List and describ 2-story brick wa	be the kind(s) of property sold, e.g., real estate, arehouse; 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.)
(1)	DOMINION ENERGY	Y INC		P	05/12/20	11/24/20
(2)	DOMINOS PIZZA	INC		P	04/16/20	12/09/20
	DOW INC			P	11/04/19	03/30/20
	FIRSTENERGY CO			P	02/19/20	04/30/20
		CORP		P	04/24/20	11/18/20
<u>\ - / </u>	GILEAD SCIENCES			P	03/30/20	07/29/20
	HESS CORPORATION			P	09/20/19	03/20/20
<u>\ - / </u>	HEWLETT PACKARI	D ENTERPRISE		P	11/04/19	02/19/20
	KB HOME			P	02/19/20	03/30/20
``		PORATION		P	06/03/20	12/09/20
	MODERNA INC			P	05/12/20	08/21/20
	NETFLIX INC	TNO		P	04/16/20	11/18/20
	NORTONLIFELOCK	INC		P	08/21/20	11/24/20
- /	PHILLIPS 66 PROCTER & GAMB	r &		P P	05/21/20 04/16/20	08/21/20 05/21/20
(15)	PROCIER & GAMB.	<u>LP</u>		<u> </u>	04/16/20	05/21/20
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth	ner basis of sale	(h) Gain (e) plus (f)	or (loss) minus (g)
(1)	5,823			5,805	(,, (,	18
(2)	5,793			5,362		431
(3)	3,208			6,154		-2 , 946
(4)	5,094			6,473		-1,379
(5)	5,474			5,697		-223
(6)	4,871			5,085		-214
(7)	2,791		6,119			-3,328
(8)	5,348			6,168		-820
(9)	2,905			6,508		-3,603
(10)	6,676			6,169		507
(11)	5,960			5,700		260
(12)	5,793			5,321		472
(13)	5,389			6,655		-1,266
(14)	4,562			5,819		-1,257
(15)	5,145			5,550		-405
Co	omplete only for assets showing	ng gain in column (h) and owned by the f	foundation on 12/31/6	iq.		
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j	of col. (i)	(I) Gains (Col col. (k), but not les Losses (from	. (h) gain minus s than -0-) Or col. (h))
(1)						18
(2)						431
(3)						-2,946
(4)						-1,379
(5)						-223
(6)						-214
(7)						-3,328
(8)						-820
(9)						-3,603
<u>(10)</u>						507
(11)						260
(12)						472
(13)						-1,266
(14)						-1,257
(15)		1	Ì		1	-405

Christine B. Moser Foundation Colorador Colorado	Form 990-PF	Capital Gains and Losses	for Tax on Inv	estment Inc	come	2020
Christine E. Moser Foundation Colorador Colorado		dar year 2020, or tax year beginning		, and ending		
(b) List at the earth is shorted by injurience and a content on the state of th	Name				Employer Idei	ntification Number
	CHRISTINE E. MOSI	ER FOUNDATION			06-1353	117
10	(a) List and describ 2-story brick wa	e the kind(s) of property sold, e.g., real estate, rehouse; or common stock, 200 shs. MLC Co.		P-Purchase	(c) Date acquired (mo., day, yr.)	
13 SHOPTFY INC	(1) ROKU INC			P	10/08/19	06/03/20
A TIX COS INC		RES FUNDS EURO				
15 UNITED RENTAL SINC P 11/04/19 03/30/20						
10 23/19 03/20/20 08/21/2	·					
77 VALERG ENERGY CORP P 05/12/20 08/21/20 09 VERIZON COMMUNICATIONS P 05/12/20 11/11/20 09 VERIZON COMMUNICATIONS P 05/12/20 11/11/20 09 VEREY INC P 02/19/20 04/24/20 09/219/20 04/24/20 09/219/20 04/24/20 09/219/20 04/24/20 09/219/20 09/2						
P QAREY INC						
		ICATIONS				
11 200M VIDEO COMMUNICATIONS INC		TES TNC				
122 CARLYLE GROUP INC	X -7					
MAZON COM INC	1					, ,
APPLES INC P 10/22/14 07/29/20 P 03/12/19 03/20/20	. ,					
(f) Cross sales price (f) Depreciation allowed (gr allowable) (gr	<i>,</i>					
(or allowable) (in plus expenses of sales (in) plus (i) mirus (i) (ii) 5,927 (co. ft) gain mirus (iii) (iii) 5,927 (co. ft) gain mirus (iii) (ii	(15) BP ADR SPONSORI	ED		P	03/12/19	03/20/20
(or allowable) (in plus expenses of sales (in) plus (i) mirus (i) (ii) 5,927 (co. ft) gain mirus (iii) (iii) 5,927 (co. ft) gain mirus (iii) (ii						
20	(e) Gross sales price					
33						
(4) 6 , 396					-	
(i) F.M.V. as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) F.M.V. as of 12/31/						
(6) 2,536						
17						
(8) 6,336 5,797 539 (9) 4,491 6,435 -1,944 (10) 4,350 5,432 -1,082 (11) 6,701 2,546 4,155 (12) 8,226 6,034 2,192 (13) 7,370 2,457 4,913 (14) 12,064 3,316 8,748 (15) 2,269 5,533 -3,264 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (1) F.M.V. as of 12/31/69 (1) Adjusted basis as of 12/31/69 (1) Gains (Col. (h) gain minus col. (h) in or less than -0-) of col. (h) unto less than						
(i) F.M.V. as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iii) F.M.V. as of 12/31/69 (iv) F.M.V. as of 12/31/69 (i						
(10) 4,350						
11						
12						
(13) 7,370 2,457 4,913 (14) 12,064 3,316 8,748 (15) 2,269 5,533 -3,264 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (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 (l) Gains (Col. (h) gain minus col. (k), but not less than 0-90 or Lesses (from col. (h)) (l) Casies (from col.				6-034		
12,064 3,316 8,748 15 2,269 5,533 -3,264	(13) 7 - 370			2.457		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (i), if any col. (ki), but not less than -0-y of Losses (from col. (h)) col. (ki), but not less than -0-y of Loss			'	3,316		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) (1) -126 (2) -10,767 (3) -2,180 (4) -539 (5) -2,162 (6) -3,544 (7) -3,544 (7) -3,99 (10) -1,944 (10) -1,082 (11) -1,082 (11) -1,082 (11) -1,082 (12) -1,192 (13) -1,193 (14) -1,193 (14) -1,193 (15) -1,194 (16) -1,194 (17) -1,194 (18) -1,194 (19) -1,194 (
(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 col. (k), but not less than -0-) of Losses (from col. (ii)) col. (k), but not less than -0-) of Losses (from col. (iii)) col. (k), but not less than -0-) of Losses (from col. (iii)) col. (k), but not less than -0-) of Losses (from col. (iii)) col. (k), but not less than -0-) of Losses (from col. (iii)) col. (iii) any col. (iii) col.		a gain in column (h) and owned by the		•		•
10,767 33 2,180 2,180 44 539 559 66 -2,162 66 -3,544 77 77 78 78 79 79 79 79	<u> </u>	(i) Adjusted basis	(k) Excess of	col. (i) f any	(I) Gains (Co col. (k), but not les Losses (from	. (h) gain minus s than -0-) Or col. (h))
(3) 2,180 (4) 539 (5) -2,162 (6) -3,544 (7) -1,040 (8) 539 (9) -1,944 (10) -1,082 (11) 4,155 (12) 2,192 (13) 4,913 (14) 8,748	(1)					
539 55 -2,162 66 -3,544 77 -1,040 (8) 539 (9) -1,944 (10) -1,082 (11) 4,155 (12) 2,192 (13) 4,913 (14) 8,748	(2)				_	
155	(3)					
(6) -3,544 (7) -1,040 (8) 539 (9) -1,944 (10) -1,082 (11) 4,155 (12) 2,192 (13) 4,913 (14) 8,748	(4)					
77	(5)					
(8) 539 (9) -1,944 (10) -1,082 (11) 4,155 (12) 2,192 (13) 4,913 (14) 8,748						
(10) -1,944 (10) -1,082 (11) 4,155 (12) 2,192 (13) 4,913 (14) 8,748						
(10) (11) (12) (13) (14) (14) -1,082 (1,155 (2,192 (4,913 (4,913						
(11) 4,155 (12) 2,192 (13) 4,913 (14) 8,748						
(12) 2,192 (13) 4,913 (14) 8,748						
(13) 4,913 (14) 8,748						
(14) 8,748	(13)					
	(14)					
(15) -3,264	(15)					-3,264

Form 990-PF	Capital Gains and Losses	for Tax on Investmen	t Income	2020
	ndar year 2020, or tax year beginning	, and end	ina	2020
Name		,	-	entification Number
CHRISTINE E. MOS	ER FOUNDATION		06-1353	3117
(a) List and descril 2-story brick wa	be the kind(s) of property sold, e.g., real estate, arehouse; or common stock, 200 shs. MLC Co.	(b) How acqu P-Purchas D-Donation	se (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) BARRICK GOLD C	ORPORATION	P	01/07/19	11/18/20
(2) BLACKROCK INCOL	ME TR INC	P	02/08/19	04/30/20
(3) BLACKROCK INCOM		P	02/08/19	05/12/20
(4) BLACKROCK INCOL		P	02/08/19	05/21/20
3 /	BLE MUNI BOND	P	11/30/18	11/20/20
	SQUIBB	P -	12/05/19	12/09/20
(7) CHEVRON CORPOR	ATION	P	02/14/19	02/19/20
(8) CONOCOPHILLIPS	T.E. CODD	P	02/14/19	03/20/20
(9) COSTCO WHOLESA		P P	05/31/17 10/12/18	12/09/20 04/16/20
(10) WALT DISNEY CO	AIL VIN T	P	10/12/18	12/09/20
(11) HOME DEPOT INC (12) INTUITIVE SURG	ICAL INC	P	10/13/17	04/16/20
<u>. , , , , , , , , , , , , , , , , , , ,</u>	PORATION	P	11/28/12	04/16/20
(14) NEWMONT CORPOR		P	04/18/19	11/18/20
(15) NEXTERA ENERGY		P	12/18/18	12/09/20
(13) 112112121 221212	2110		12/20/20	127 037 20
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gai (e) plus (i	n or (loss) i) minus (g)
(1) 12,488		6,633		5,855
(2) 30,203		28,986		1,217
(3) 18,510		17,392		1,118
(4) 12,169		11,582		587
(5) 65,736		53,255		12,481
(6) 6,244		6,144		100
(7) 5,423		5,839		-416
(8) 2,398		4,410		-2,012
(9) 3,382		1,624		1,758
(10) 6,382		7,110		-728
(11) 8,493		5,295		3,198
(12) 6,508		6,826		-318
(13) 7,401		3,638		3,763
(14) 12,209		6,699		5,510
(15) 10,809		6,517		4,292
Complete only for assets showing	ng gain in column (h) and owned by the f	oundation on 12/31/69	(N. Coine (O.	ol (h) gain minus
(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	(I) Gains (Cocol. (k), but not le Losses (fror	n col. (h))
(1)				5,855
(2)				1,217
(3)				1,118
(4)				587
(5)				12,481
(6)				100
(7)				-416 -2 012
(8)				-2,012 1,758
(9)				
(10)				3,198
(11)				-318
(12)				3,763
(13) (14)				5,510
(15)				4,292
(10)		1		1/4/4

Form 990-PF	Capital Gains and Losses dar year 2020, or tax year beginning	s for Tax on Investmen		2020		
Name		·	Employer Ide	ntification Number		
CHRISTINE E. MOS	ER FOUNDATION		06-1353	117		
(a) List and describ	be the kind(s) of property sold, e.g., real estate, rehouse; or common stock, 200 shs. MLC Co.	(b) How acqu	ired (C) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1) NVIDIA CORP		D-Donation P	03/18/19	07/29/20		
2) NUVEEN TAXABLE	MUNI INCOME	P	11/30/18	11/17/20		
3) PAYPAL HOLDINGS	5 INC	P	11/22/17	12/09/20		
4) SALESFORCE.COM	INC	P	09/12/18	01/22/20		
5) TWITTER INC		P	04/29/19	05/12/20		
6) VISA INC		P	09/18/17	01/22/20		
7) WALMART INC	OMD 3 ND/	P	11/22/17	12/09/20		
	ON S CO	P P	04/11/19	04/16/20 06/03/20		
9) BECTON DICKINSO 10) JP MORGAN CHASE		P	07/24/02	03/20/20		
11) OF MORGAN CHAST			J// 24/ UZ	05/20/20		
12)						
13)						
14)						
15)						
		1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gair (e) plus (f	n or (loss)) minus (g)		
6,705		2,741		3,964		
28,244		24,239		4,005		
6,512		2,311		4,201		
2,402		2,011		391		
5) 4,418		5,938		-1,520		
2,292		1,160		1,132		
7) 7,413		4,823		2,590		
8) 3,966		5,745		<u>-1,779</u>		
9) 7,986		2,318		5,668		
10) 5,212		1,395		3,817		
11) 12)						
13)		<u> </u>				
14)						
15)						
	ng gain in column (h) and owned by the		(I) Gains (Co	ol. (h) gain minus		
(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	col. (k), but not le	(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) Or Losses (from col. (h))		
1)				3,964		
<u>2</u>)				4,005		
3)				4,201		
4)				391		
5)				-1,520		
6)				1,132		
7)				2,590		
8)				<u>-1,779</u>		
٥١				5,668		
<i>'</i>		i		3,817		
9)						
10) 11)						
10) 11) 12)						
10)						

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Statement 1 - Fo	orm 990-PF, Part I,	Line 11 - Oth	er Income
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Description	Re	Investment Income	Adjusted Net Income		
PORTFOLIO INCOME	\$	1,239	\$ 1,239	\$	
TOTAL	\$	1,239	\$ 1,239	\$	0

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
LEGAL FEES	\$	556	\$	278	\$		\$	278
TOTAL	\$	556	\$	278	\$	0	\$	278

Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total		Net _Investment		Adjusted Net		Charitable Purpose	
ACCOUNTING AND TAX RETURNS PREPA	\$		\$		\$		\$	
TOTAL	\$	0	\$	0	\$	0	\$	0

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	<u> </u>	Total		Net Investment		usted Net	Charitable Purpose	
WEBSITE DESIGN	\$	629	\$		\$		\$	629
TOTAL	\$	629	\$	0	\$	0	\$	629

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Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total		Net _Investment		usted Net	Charitable Purpose	
EXCISE TAX	\$ 300	\$	102	\$		\$	
FOREIGN TAX	 183		183				
TOTAL	\$ 483	\$	183	\$	0	\$	0

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	 Total		Net Investment		ısted let	Charitable Purpose	
	\$	\$		\$		\$	
EXPENSES							
INSURANCE	926		926				
INVESTMENT FEES	4,884		4,884				
DUES & SUBSCRIPTIONS	610						610
MISCELLANEOUS	 2,322		1,161				1,161
TOTAL	\$ 8,742	\$	6,971	\$	0	\$	1,771

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year		Basis of Valuation	Fair Market Value	
ABBOTT LABS COM	\$	\$	5,058	COST	\$	7,007
ALPHABET INC CLA	4,958		4,958	COST		10,516
AMAZON.COM INC	4,915		2,458	COST		9,771
APPLE INC	7,263		3,946	COST		9,554
BECTON DICKINSON & CO	2,318			COST		
BLACKROCK DEB STRAT FD INC	53,287			COST		
BLACKROCK INCOME TR INC	59,302			COST		
CONOCOPHILLIPS CORP	4,410			COST		
COSTCO WHOLESALE CORP	5,051		3,427	COST		7,159
FACEBOOK INC COM	5,827		5,827	COST		8,195
HESS CORPORATION	6,119			COST		
HOME DEPOT	5,295			COST		

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Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	eginning of Year	 End of Year	Basis of Valuation	F 	air Market Value
HUMANA INC	\$ 5,973	\$ 5,972	COST	\$	8,616
JOHNSON & JOHNSON	9,118	9,117	COST		10,859
JP MORGAN CHASE & CO	1,395	6,243	COST		7,624
MCDONALDS CORP	3,638		COST		
MICROSOFT CORP	4,118	4,117	COST		10,009
NUCOR CORP		6,959	COST		6,542
NVIDIA CORP	5,482	2,741	COST		8,355
PAYPAL HLDGS INC	4,853	2,542	COST		7,729
REGENERON PHARMACEUTICALS INC		4,735	COST		4,831
THE BLACKSTONE GROUP LP	6,045		COST		
THERMO FISHER SCIENTIFIC	1,003	1,003	COST		11,645
WALMART STORES	9,357	4,534	COST		6,775
VERTEX PHARMACEUTICALS INC	4,911	4,911	COST		7,563
VISA INC CL A	4,429	3,269	COST		6,781
NUVEEN TAXABLE INCOME	53,791	29,545	COST		36,813
BOEING		6,504	COST		8,348
INTUITIVE SURGICAL INC	6,826		COST		
NEWMONT MINING	6,699		COST		
NEXTERA ENERGY	6,517		COST		
SALESFORCE.COM	7,424	5,413	COST		7,789
SOUTHWEST AIRLINES	,	6,788	COST		6,758
WALT DISNEY CO	7,110	7,009	COST		8,153
ADOBE INC	5,743	5,743	COST		10,002
BANK OF AMERICA	5,947	•	COST		•
BARRICK GOLD CORPORATION	6,633		COST		
BP	5,533		COST		
BRISTOL-MYERS SQUIBB CO	6,144		COST		
CARLYLE GROUP LP	6,034		COST		
CHEVRON CORPORATION	5,839	13,546	COST		12,076
CVR ENERGY INC	5,730	, -	COST		, -
DOW INC	6,154	6,122	COST		8,159
HEWLETT PACKARD ENTERPRISE CO	6,168	-,	COST		0,-00
IRON MOUNTAIN INC	6,041	6,011	COST		5,601
QUALCOMM INC	6,162	6,162	COST		11,426
ROKU INC	6,053	- ,	COST		,
SHOPIFY INC	5,874		COST		
TWITTER INC	5,938		COST		
	3,230		0001		

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Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	E	Beginning of Year		End of Year	Basis of Valuation	Fair Market Value	t
UNITED RENTALS INC	\$	6,126	\$	5,965	COST	\$ 9,2	<u>—</u> 76
UNITEDHEALTH GROUP INC	•	5,850	'	5,850	COST	7,72	
VALERO ENERGY CORP		6,080		6,810	COST	7,18	
WEYERMAUSER COMPANY		5,745		,	COST	•	
WILLIAMS COMPANIES INC		5,562			COST		
ISHARES TRUST MSCI EMG MKT EFT		30,782		95,548	COST	107,99	90
SPDR INDEX SHARES FUNDS EURO STOXX		30,826			COST		
ADVANCED MICRO				5,992	COST	10,45	55
ARES CAPITAL CORP				13,396	COST	14,22	21
BLACKROCK CORE BOND TRUST				68,110	COST	69,58	35
BLACKROCK INC.				6,329	COST	6,49	94
BLACKROCK TAXABLE MUNI BOND				30,631	COST	35,93	38
CATERPILLAR INC				6,809	COST	7,09	99
CF INDUSTRIES HOLDINGS INC				6,795	COST	6,85	52
CHIPOTLE MEXICAN GRILL				5,720	COST	8,32	
CRESTWOOD EQUITY PARTNERS				6,958	COST	7,93	
ENCORE CAPITAL GROUP				6,424	COST	6,93	
ETSY INC				6,783	COST	7,29	
FEDEX				6,469	COST	9,86	
FREEPORT-MCMORAN INC				6,659	COST	12,12	25
GENERAL ELECTRIC				13,153	COST	15,17	
MARATHON PETROLEUM CORP				5,841	COST	6,70	00
MARVELL TECH GROUP				6,909	COST	7,55	
NEW MOUNTAIN FINANCE CORP				6,852	COST	6,86	
PIONEER NATURAL RESOURCES				6,907	COST	6,83	
SHERWIN-WILLIAMS CO				5,828	COST	6,61	
STARWOOD PROPERTY TRUST INC				7,184	COST	7,19	
TAKE-TWO INTERACTIVE SOFTWARE				5,751	COST	8,93	
TEXAS INSTRUMENTS INC				6,918	COST	6,89	
UNITED PARCEL SERVICE INC				6,650	COST	6,50	
ZOOM VIDEO COMMUNICATIONS INC				2,546	COST	5,73	34
TOTAL	\$	488,398	\$	540,447		\$ 684,98	38

Federal Statements

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Statement 7 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

APPLY AND DEVOTE THE PROPERTY AND INCOME EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, EITHER DIRECTLY OR BY CONTRIBUTIONS TO ORGANIZATIONS DULY AUTHORIZED TO CARRY SUCH ACTIVITIES;

SEE LIST OF GRANTS AWARDED IN SEC. XV 3.

Statement 8 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager

FOUNDATION IS FUNDED BY AN INVESTMENT PORTFOLIO CONTRIBUTED BY CHRISTINE MOSER (DECEASED)

Statement 9 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description

C/O ERICSON, SCALISE & MANGAN, PC 860-229-0369 35 PEARL STREET NEW BRITAIN CT 06051 RSCALISE@ESMLAW.COM

Statement 10 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

THE ORGANIZATION ACCEPTS THE COMMON GRANT APPLICATION FORM DEVELOPED BY THE CONNECTICUT COUNCIL FOR PHILANTHROPY. THE APPLICATION CAN BE FOUND ON THE ORGANIZATION'S WEBSITE: CHRISTINEMOSERFOUNDATION.ORG

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

ONGOING

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

ROCKY HILL, CT AREA AND OTHER SELECTED ORGANIZATIONS.

Name

FORM 990-PF

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2020

Department of the Treasury Internal Revenue Service

CHRISTINE E. MOSER FOUNDATION

u Attach to the corporation's tax return.

uGo to www.irs.gov/Form2220 for instructions and the latest information. Employer identification number

06-1353117

owed	Generally, the corporation is not required to file Form 222 and bill the corporation. However, the corporation may sting the estimated tax penalty line of the corporation's income.	ll use	Form 2220 to figure the	e penalty. If so, enter t			
	rt I Required Annual Payment	c lax i	etum, but do not attac	111 01111 2220.			
	·						708
1	Total tax (see instructions)			1 1		1	700
2a	Personal holding company tax (Schedule PH (Form 1120	, .	,	2a		-	
b	Look-back interest included on line 1 under section 460(b	, , ,					
_	contracts or section 167(g) for depreciation under the inc					-	
C	Credit for federal tax paid on fuels (see instructions)					۱ مر	
d	Total. Add lines 2a through 2c					2d	
3						3	708
4	does not owe the penalty					3	700
4	the tax year was for less than 12 months, skip this line and enter					4	408
5	Required annual payment. Enter the smaller of line 3 c					+	100
J	the amount from line 3		•			5	408
Pa	rt II Reasons for Filing—Check the boxe						
1 6	Form 2220 even if it does not owe a p		117	•	incu, inc	corporatio	ii iiidst iiic
6	The corporation is using the adjusted seasonal instal		•	·			
7	The corporation is using the annualized income insta						
8	The corporation is a "large corporation" figuring its first			on the prior year's tax	.		
	rt III Figuring the Underpayment	or roqu	and motaminon bacca	on the prior your o tar			
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day		, ,	` ,	•		, ,
	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th						
	months of the corporation's tax year. Filers with installments due on						
	or after April 1, 2020, and before July 15, 2020, see instructions	9	07/15/20	07/15/20	09/1	5/20	12/15/20
10	Required installments. If the box on line 6 and/or line 7 above is						
	checked, enter the amounts from Schedule A, line 38. If the box on						
	line 8 (but not 6 or 7) is checked, see instructions for the amounts to						
	enter. If none of these boxes are checked, enter 25% (0.25) of line 5						
	above in each column	10	102	102		102	102
11	Estimated tax paid or credited for each period. For column (a) only,						
	enter the amount from line 11 on line 15. See instructions	11	152				300
	Complete lines 12 through 18 of one column before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12		50			
13	Add lines 11 and 12	13		50			300
14	Add amounts on lines 16 and 17 of the preceding column	14				52	154
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	152	50		0	146
16	If the amount on line 15 is zero, subtract line 13 from line 14.						
	Otherwise, enter -0-	16		0		52	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line						
	15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	0	52		102	0
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line	40	FO				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2020)

F	Part IV	Figuring 1	the Penalty								
			_			(a)	(b)	(с)	(d)
19	Enter the date	of payment or the	15th day of the 4th m	onth after							
	the close of th	e tax year, whiche	ver is earlier. (C corp.	orations with							
	tax years end	ding June 30 and	S corporations: Use	3rd month							
	instead of 4th	month. Form 990-	PF and Form 990-T	filers: Use 5th							
	month instead	of 4th month.) See	e instructions		19	SEE	WORKSHE	ET			
20			f installment on line 9		20						
21			4/15/2020 and before		21						
22	Underpaymen		nber of days on line 21 366	x 5% (0.05)	22	\$		\$	\$		\$
23	Number of day	ys on line 20 after	6/30/2020 and before	10/1/2020	23						
24	Underpaymen		nber of days on line 23 366	x 3% (0.03)	24	\$		\$	\$		\$
25	Number of day	ys on line 20 after	9/30/2020 and before	1/1/2021	25						
26	Underpaymen		nber of days on line 25		26	 \$		\$	\$		 \$
				x 3% (0.03)		Ψ		Ψ	Ψ		Ψ
27	Number of da		12/31/2020 and before the of days on line 27		27						
28	Underpaymen	t on line 17 x	365	× 3% (0.03)	28	\$		\$	\$		\$
29	Number of da	ys on line 20 after	3/31/2021 and before	7/1/2021	29						
30	Underpaymen		nber of days on line 29 365) x *%	30	\$		\$	\$		\$
31	Number of day	ys on line 20 after	6/30/2021 and before	10/1/2021	31						
32	Underpaymen		nber of days on line 31 365	x *%	32	\$		\$	\$		\$
33	Number of day	ys on line 20 after	9/30/2021 and before	1/1/2022	33						
34	Underpaymen		nber of days on line 33 365	} x *%	34	\$		\$	\$		\$
35	Number of da	ys on line 20 after	12/31/2021 and before	e 3/16/2022	35						
	,	<u>Num</u>	nber of days on line 35	į.	36	e e		\$	\$		\$
30	Underpaymen	COLLINE I/X	365	x *%		\$					
37	Add lines 22,	24, 26, 28, 30, 32,	34, and 36		37	\$		\$	\$	 	\$
38	Penalty. Add	columns (a) throug	h (d) of line 37. Enter	the total here and	on Forn	n 1120, line 3	4; or the comparabl	e			_
	Dan for all and									1 20 10	• 7

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2020)

Form 2220	Form 2220 Worksheet								2020
		For calendar	r year 2020, or tax y	ear beginning		, and	d ending		
Name								Employer lo	dentification Number
CHRISTINE	E.	MOSER	FOUNDATIO	N				06-135	3117
Due date of esti			1st Quarter 07/15/2	<u>0</u>	2nd Quarter 07/15/20	52	3rd Quarter 09/15/2	<u>0</u> 102	4th Quarter 12/15/20
Prior year overp	ayment	applied		152					
Date of payment		1st Pa	ayment	2nd Payment	3rd P	ayment	4th Pays 12/15		5th Payment
QTR	F	ROM	TO	UNDE	RPAYMENT	#DAYS	RATE	PEN	IALTY
2	7/:	15/20	12/15/20		52	153	3.00		1
3	9/:	15/20	12/15/20		102	91	3.00		1
		TOTAL	PENALTY						2

=========

06-1353117 FORM 990-PF ESTIMATES

Form	990-W			related Business Exempt Organizat			OMB No. 1545-0047
Depa	rksheet) rtment of the Treasury hal Revenue Service	ons) est information. enue Service.		2021			
1	Unrelated business taxable income	e expected i	n the tax year			1	
2	Tax on the amount on line 1. See in					2	
3	Alternative minimum tax for trusts.	See instru	ctions			3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instruc	tions				5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
10a	Subtract line 9 from line 8. Note: I						
	required to make estimated tax pa	ayments. Pri	vate foundations, see	1	1		
b	instructions Enter the tax shown on the 2020 i				1,000		
b	the tax year was for less than 12 r						
	from line 10a on line 10c						
С	2021 Estimated Tax. Enter the sn	naller of line	10a or line 10b. If the orga	anization is required to			
	skip line 10b, enter the amount fro	m line 10a	on line 10c			10c	1,000
			(a)	(b)	(c)		(d)
11	Installment due dates. See						
	instructions	11	05/17/21	06/15/21	09/15/21		12/15/21
12	Required installments. Enter						
	25% of line 10c in columns (a)						
	through (d). But see instructions						
	if the organization uses the						
	annualized income installment						
	method, the adjusted seasonal						
	installment method, or is a "large						
	organization."	. 12				_	1,000
13	2020 Overpayment. See						
	instructions	13					

For Paperwork Reduction Act Notice, see instructions.

Payment due (Subtract line 13

from line 12)

Form **990-W** (2021)

1,000

Form 990-PF	Un ₀	derdistribution and Exc	cess Distributions for Part)	(III	2020
	For calendar	year 2020, or tax year beginning	, ending		
Name					
				Employer Id	lentification Number
CHRISTINE	E. MOSER	FOUNDATION		06-135	3117

Undistributed Income Carryovers Form 990-PF, Part XIII

	Pri	or Undistributed Inc	ome		Next Year Carryover			
Tax Year	Nontaxable or Previously Taxed	Taxable in 2020	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2021		
Years prior								
20 16		_						
20 17								
20 18								
2019								
2020			32,513	24,678		7,835		
	er to Next Year					7,835 7,835		

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XIII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2015		
2016		
2017		
2018		
2019		
Current Year Excess Distribution Generate	0	
Total Carryover to Next Year	0	

Form In 990-PF	terest and Penalty \	Norksheets			2020
For calendar year 2020, or ta	ax year beginning	, and endir	g	Γ	
ame				l axpayer lo	dentification Number
CHRISTINE E. MOSER FOUNDAT	<u>ION</u> Late Payments and Fai	lure to File Works		06-135	3117
	-		No. of		
Description TAX ON RETURN 5/15	Amount 256	Balance 256	Days	Rate	Late Interest
INTEREST 5/16-6/30		256	46	3.00	
INTEREST 7/1-9/30 INTEREST 10/1-11/15		257 259	92 46	$\frac{3.00}{3.00}$ -	
Total interest on late payments					
Total interest on late payments Total failure to file penalty				····· =	
				_	
	Failure to Pay Penalty	Worksheet	No. of		
Description 7.11.41.5	Failure to Pay Penalty Amount	Balance	No. of Months		FTP Penalty
			Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
		Balance	Month		FTP Penalty
Description TAX FOR PENALTY 5/15-11/15		Balance	Month		FTP Penalty

Form 990-PF	Electronic Funds Wi	ithdrawal	2020
	For calendar year 2020 or tax year beginning	, ending	
Name		Employer I	dentification Number
CHRISTINE	E. MOSER FOUNDATION	06-135	3117

Form Payment Record

This record is included with the IRS electronic file for taxpayers who elect to pay their tax balances by electronic funds withdrawal

Routing Transit Number	211170101
Bank Account Number	10068766
Type of Account	CHECKING
Taxpayer Phone Number	860-229-0369
Requested Payment Date	11/15/21
Amount of Tax Payment	269

DO NOT SUBMIT THIS DOCUMENT TO THE IRS

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Federal Statements

FYE: 12/31/2020

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager			Amount		
FOUNDATION IS FUNDED BY AN CONTRIBUTED BY CHRISTINE		LIO	\$ \$	0	
TOTAL			۶		
	Taxable Interest on	Investmen	<u>ts</u>		
Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
INTEREST	\$ 44		14		
TOTAL	\$ 44				
	Taxable Dividends fr	om Securit	<u>ies</u>		
Description	Amount	Unrelated Business	Exclusion Code	Postal Code	US Obs (\$ or %)
DIVIDENDS	\$ 16,404		14		
TOTAL	\$16,404				
	Other Investmen	t Income			
Description	Amount	_	nrelated usiness	Exclus Cod	
PORTFOLIO INCOME	\$ 1,	239			14
TOTAL	\$ 1,	239			